

Social Services Program (SSP)

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List of Abbreviation

Abbreviation	Details
SSP	Social Services Program
VSWA	Voluntary Social Welfare Agencies
(CCCs)	Core Commitment for Children
UNICEF	
LW	Lactating Women
PWs	Pregnant Women
FDMA	FATA Disaster Management Authority
SSFA	Small Scale Funding Agreement
CMAM	Community based Management of acute Malnutrition
IYCF	Infant Young Child Feeding Program
OTP	Outdoor therapeutic program
UNICEF	United Nations Children Fund
CCCs	Core Commitment for Children
WFP	World Food Programme
SAM	Severe Acute Malnourished
MAM	Moderate Acute Malnourished
SC	Stabilization Center
CM	Community Mobilization
MNCH	Mother and Child Health Care
LHWs	Lady Health Workers
HRH	Human Resources Health
HF's	Health Facilities
CHC	Community health Center
EPI	Expanded Programme on Immunization
CV	Community Volunteers

SOs	Social Organizers
Katchiabadi	Slum of mud areas
RNA	Rapid Need Assessment
FGD	Focus Group Discussion
KII	Key Informant Interviews
PDPA	People's Democratic Party of Afghanistan
UNHCR	United Nations Human Rights Commission for Refugees

About Social Services Program

Social Services Program (SSP) is a registered non-political, non-governmental and non-commercial/profit organization established in 2003 and registered with Social Welfare Department Khyber Pakhtunkhwa (KPK) under VSWA (Voluntary Social Welfare Agencies) Registration and Control Ordinance 1961 (XLVI of 1961) and under Government of Pakistan Kashmir Affairs and Northern Areas and States and Frontier Regions Division via notification bearing number F.5(15) AR-II/2003 (dated 19th April 2003), and renewed vide No-ACR(S/AR/734 on Dated 16-03-2015.

SSP overall operations are supervised and guided by a 8 member's Board of Directors chaired by globally renowned Development and Public Health Specialist Dr. Waqar Ajmal. Under the close supervision and guidance of the BoD, a team of committed professionals is trying their level best to uplift and address the core issues faced by the most neglected and often deprived communities throughout KPK, ensuring their access to economic opportunities, quality education, improved environment, access to clean drinking water and improved sanitation facilities, access to primary health care facilities, gender equality and community empowerment through participatory development initiative.

SSP's primary focus is to improve the existing means of livelihood, introduce nontraditional cash crops, develop micro enterprise, propose market lead vocational trainings, improve the existing literacy rate etc. mobilize mass community through awareness campaigns, walks and seminar's etc. Reduce the mortality rate and create a hygienic environment is the prime goal of our Primary Health Care interventions.

Institutional building at the grass root level is one the core strength of "SSP", and Community Participation / ownership are our main keys of success. Social accountability, transparency and impartiality are the core values of SSP, thus community owned and driven approach earned a very

good name to SSP at the grass root level. It boosted our level of Trust and CONFIDENCE with the target communities. SSP has established a network of local institutions and local management system, which is building their capacities through different skills enhancement trainings at community levels.

Most vulnerable and willing families are encouraged and motivated to come forward and play their due role in the overall development of their own area and thus it provides an opportunity to the most vulnerable ones to get benefit from different programmatic interventions.

MISSION

To create an enabling “environment” for relevant stakeholders to contribute to the ongoing development efforts, to reduce poverty, illiteracy and mortality rate in the target area’s through the provision of basic social and economic infrastructure to individuals, groups, families and formal institutions, to bring about a positive social change through self help and partnership at all levels.

VISION

SSP envisions to launch a self sustain development model for poverty, illiteracy and mortality reduction in the target area’s through the provision of basic social and economic infrastructure and by enabling them to assess, plan, manage, control and to optimally utilize available resources for themselves.

AIMS & OBJECTIVES

The main objectives are as follows:

- 1- The existing means of livelihoods will be improved and multiplied through the development of rural areas and resources of the land, undertake support measures, programs, plans and schemes for rural development and its socio-economic welfare and modernization.
- 2- Progressive and willing farmers are provided with improved Agriculture supplies and technical knowhow with special focus on the promotion of horticulture industry. Extension services are also provided in the selected areas.
- 3- Effective measures are being taken for the promotion of both formal and non formal education in close coordination with education Department.
- 4- MCH programs will be launched to improve mother and child health through awareness raising and mass community mobilization, free medical camps, etc.
- 5- To address and fill the gender gap, female’s focused programs are launched and priority will be given to CFW and CFT etc.
- 6- A net work of formal institutions is being developed and capacitated to take the development initiatives at their own level.

7- To support vulnerable families/individuals of disaster/conflict stricken areas through Disaster Risk Reduction measures/management, relief, early recovery and development activities.

SSP's Approach

- Community Participation
- Impartiality
- Transparency
- Self Assessment
- Self Accountability



"Community Participation, Impartiality and Transparency", the core values of SSP, religiously followed at all levels.

MESSAGE FROM CHAIRMAN BOARD OF DIRECTORS

Today, global hunger and malnutrition continue to pose a major challenge for national development, quality of life and wellbeing, and an increasingly complicated concern for the Asia Pacific Region. About 870 million people are currently undernourished in the world, and nearly 62% of them belong to the Asia Pacific Region (approximately 563 million).

Reports show that, worldwide 60% of the under nutrition are women and girls. 26% of the world children are stunted, and almost 30% of the population suffers from one or more micronutrient deficiencies. Asia and the Pacific Region account for one third of globally stunted children. When we look around ourselves, we find that millions of women and children are starving, millions of them go to bed every night on an empty stomach, and they are at the mercy of a "silent tsunami", malnutrition.

I am also sure that, you all are aware of this fact that 100 children are dying around the world every 10 minutes from hunger related issues. We are facing a challenging situation across the globe and



especially in under developed countries where the situation is worse. Community based management of malnutrition approach is gaining roots and acceptance at the grass root level which indeed is a very good sign and I am sure that, through these integrated sincere efforts we can curb this menace.

DR.WAQAR AJMAL

MESSAGE FROM CO-CHAIRMAN BOARD OF DIRECTORS

It gives us immense pleasure to share this information that, Social Services Program mostly succeeded in the timely provision of life saving preventive and promotional nutritional services for vulnerable children (boys and girls), pregnant and lactating women both at community as well as facility level. CMAM & IYCF protocols and guidelines were religiously followed, with the help of the parent department, SSP established OTP and SFP sites at each health facility and it was ensured that the affected families and our target population should be provided nutritional services at their door steps. The access of the affected families especially that of under 5 years children was ensured and every one of them received minimum care as per national, international guidelines set forth for a population affected by emergencies..



In line with the minimum standards (SPHERE) and UNICEF Core Commitment for Children (CCCs) the specific objectives, SSP ensured the provision of lifesaving nutrition services for acutely malnourished children (boys and girls) less than five years of age and pregnant and lactating women (PLW) suffering from acute malnutrition through a community and facility based nutritional management approach. Timely and successful completion of the project in a life threatening environment was a big challenge, however, the community interaction strategy which was designed for this specific project ensured timely provision of lifesaving nutrition services for acutely malnourished children (boys and girls), pregnant and lactating women in the affected population (off-camp IDPs and hosting communities), establishment of a strong surveillance system, emphasis on capacity building and on job training of health care providers for all assigned union councils, close coordination with the parent department and local administration further added to the smooth service delivery system. We hope that, in light of the recommendations and findings of this report, the resource's provider will divert more resources to this part of KPK and will also address the core underlying causes of Malnutrition in the area. Whatever SSP achieved, its sole credit goes to the un-tired and sincere efforts of the field workers and we highly appreciate and admire their efforts. Keep the flag of SSP high and sky is the limit for you all.

Dr SALIM JAVED GANDAPUR

EXECUTIVE SUMMARY

After a yearlong break SSP once again gained a moment to start working on projects that assisted SSP organizational structure to redefine once again both in operational and programmatic level too. In 2011 SSP signed a Memorandum of Understanding on March 14th 2011 with NCHD for the establishment of 15 female adults literacy centers. On June 15th, SSP was entrusted by FAO/WFP to carry out DLA (detailed livelihood assessment) survey from June 15th till July 20th in three districts of KPK, namely Tank, DI Khan and Shangla. The sincere efforts of SSP were highly appreciated by FAO and WFP as in light of the feedback they received directly from the respondents from the field (100 % accuracy). This was the main assignment SSP has done in 2011 along with other short period relief projects too. Due to lack of funding and limited resources SSP focused on restructuring the organizational capabilities along with orientation of SSP in different platforms throughout the year. that finally resulted in achieving successfully a nutrition project in 2013.

UNICEF, Nutrition Cluster a “Lead Agency” has been supporting the ongoing humanitarian response for IDPs and affected hosting communities of FATA in KPK since 2008. The malnutrition of children below 5 years and PLWs in the remote and hard to reach areas of KPK is very high and especially in the conflict affected areas like Tank, i.e. 10-15%. The area was fully deprived and also affected through the IDPs influx; more than 13000 families are still living in there, it bears 13% case load of the overall IDP’s load. SSP’s own assessment shows that around 30% are living in the project operational area.

At the time of execution of this project none of the implementing Partner of UNICEF was working there. Cluster members requested UNICEF to provide opportunity to local organizations, which are their regular members and are contributing to the cause of the nutrition cluster, but they neither have funds nor access to funding opportunities to implement CMAM & IYCF related interventions. The group members proposed to the UNICEF, that they can support such proactive organizations under the umbrella of UNICEF-SSFA (Small scale funding agreement). It was further recommended that, for active members of the KPK/FATA nutrition cluster who yet have not entered in to any agreement either with UNICEF or with WFP, may be provided this opportunity. The proposal was accepted unanimously and calls for request were issued accordingly.

After initial scrutiny of application, the concept notes of the shortlisted organizations were presented to TRC (technical review committee). After technical review by the Technical Working Group/committee (TWG) (comprising of DoH, UNOCHA, WHO, WFP, UNICEF, Merlin,

Johanniter International, CERD and PEACE), SSP's proposal was accepted and recommended for formal assessment and funding. SSP signed SSFA with UNICEF Peshawar on 21st October, 2013. Staff recruitment was immediately initiated and both Nutrition Coordinator and Admin and Finance persons were onboard in the first week after signing the SSFA. For staff hiring, advertisement was floated in local newspapers of DI Khan, Google group to NGO network and own promotional page on FB. The details of the whole project activities are as follow;

PROVISION OF EMERGENCY NUTRITION SERVICES TO THE CONFLICT AFFECTED POPULATION AND HOST COMMUNITIES IN DISTRICT TANK

SSP signed small scale funding agreement with UNICEF on 21st of October, 2013. Recruitment of staff was done well in time, five days orientation training on CMAM & IYCF was organized at JIRGA HALL Tank. Effective and timely coordination with relevant quarters yielded excellent results both for the project and SSP. All the relevant stakeholders were on board before the formal start of the project. Tentative project execution plan was shared with provincial Nutrition cell, PDMA, KPK, DC TANK and DOH. SSP formally started outreach activities in the mid of November, 2013. SSP believes in community participation and social accountability at the grass root level, for which, SSP field teams established deep rooted cordial relationship with the local communities. In this era of religious activation, the religious leaders i.e. Ulama enjoy affirmative role in the society and SSP proudly enjoys perfect alignment with them, which was assertively subjugated in the project.

During the mobilization campaign, SSP's senior management reached the remotest areas of the assigned union councils, which had been the no go areas for both government functionaries and the NGOs for many years. SSP was welcomed everywhere without any security threat. Besides formal community sessions and corner meetings, door to door visits were paid by the community outreach workers and they identified malnutrition cases both at community and domestic levels. Identified cases either were referred for management to the concerned centers after registration, enrollment at the BHU level.

To increase coverage, SSP introduced the concept of corner meetings in the project area. Community outreach workers were allowed to conduct corner meetings where minimum participation remained (7-15) persons. The purpose of these sessions was to raise the awareness of community about the program and discuss child & mother health issues with open mind, for which VVCs were fashioned. During these visits, SSP field staff (Health and Nutrition Educators) also conducted sessions both at facility and community levels. They delivered the key messages related to health, nutrition and IYCF in light of Islamic teachings. All the necessary record was kept in the concerned BHU, which included screening register for 6-59 months old children & PLWs and attendance sheet of the participants who attended sessions. In spite of all the odd circumstances, volatile law and order situation and complete uncertainty, SSP field staff left no stone unturned in reaching to their ultimate beneficiaries and as a result surpassed most of the agreed targets before the end of the project. The last week was spent on follow up visits and issuance of one month ration to the registered OTP cases. OTP cases were on the spot referred to BHU for further investigations and registration as SAM or MAM as per CMAM protocol. Their MUAC, weight and height were used as key tools/indicators for the analysis and differentiation at community level. While chasing the agreed target of screening of 6-59 months old children, SSP surpassed by 21% and that of PLW by 4%. Identification and enrollment of MAM cases by 30%, distribution of MM tablets (PLWs) by 8%, achieved 100% target of health, nutrition and IYCF sessions, while surpassed the target of participation/attendance by 11%. Screening of PLWs was comparatively easy however the identification of PLWs (SFP) in light of the recommended protocol was not an easy task and SSP hardly reached to 66% of the agreed target and that of OTP. SSP received some of the supplies late from UNICEF like MM tablets (PLW) and MM sachets for kids. During first cycle (November) no distribution of these two items as SSP received them in December. In spite of all efforts, SSP hardly reached to 69% of the agreed target under MM sachet. Establishment of SFP and OTP sites was also achieved at both locations.

Overall Objective of the Project:

1. To support the government of KPK to ensure provision of life saving preventive and promotional nutritional services for vulnerable children and PLWs at both community and facility level.
2. And to ensure that these services are in accordance with nationally and internationally accepted standards of care for emergency affected population.

SPECIFIC OBJECTIVES

1. To provide lifesaving nutrition services to acutely malnourished children (boys and girls) < 5 years of age and PLWs.
2. To prevent malnutrition in early childhood through protection and promotion of improved child feeding, strengthening the caring capacity and practices of family members and healthcare providers (facility, community and family level).
3. To contribute to prevention and treatment of micronutrient deficiency in them through provision of micronutrient supplements like Vitamin A and de-worming campaigns.

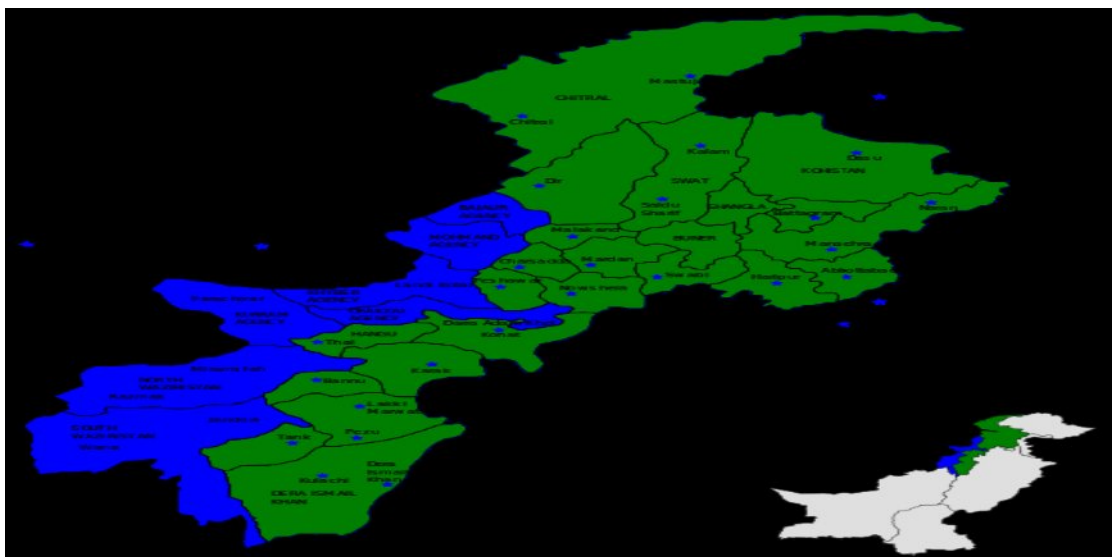
AGREED OUTPUTS

1. Nutritional screening of 3,276 children aged 6-59 months.
2. Enrolment of 328 of Moderate Acute Malnourished Children aged < 5 years in SFP.
3. Enrolment of 164 Severe Acute Malnourished Children for OTP.
4. Facilitate referral of 33 SAM Children with Medical Complications to proper facilities
5. Ensure de-worming of 1,327 children aged 24-60 months (70% coverage) through Mother & Child Week or the target static centres as per protocols.
6. MM Supplementation of 2,293 children aged < 5 years (70%).
7. Screening of 2,166 PLWs.
8. Provision of multi-micronutrient tablets (90 Tablets/PLW) to 1733 PLW (3 months).
9. Enrolment of 325 pregnant and lactating women at risk of malnutrition (MUAC < 21 cm) for supplementary feeding, was missing.

IMPACT AREA-TARGET POPULATION

Tank is the capital city of Tank District, KPK, of Pakistan. Previously it was housed in a fort where Sir Henry Durand (lieutenant-governor of Punjab) was killed in 1870 and is the terminus railway station of Tank-Mari Indus Narrow gauge railway line. Tank is located near Waziristan, north-west of the Indus River and close to the Takht-i-Sulaiman range. Total population is 238216, with male/female ratio of 1.09, who mainly speak Saraiki (a Punjabi variant) and Pashtu. People were living peacefully & happily before the advent of conflict around 1970s, but are now in real agony due to conflict and natural disasters. They are faced with influx of myriads of IDPs from FATA and Afghanistan. SSP was entrusted to establish both OTP and SFP sites at BHU Chadrar in UC Jatataar and at BHU Ronwal in UC Ronwal. Total population of both union councils is 45126 (Ronwal 21089 and Jatataar is 24037). It was also assumed that in Ronwal UC approximately 1350 IDPs are residing (rough estimates) and in Jatataar UC the number of

IDPs/families 2750 HH. This assumption was not correct and the actual population (Host verses IDPs) came out to be, as is shown in table 1.

**Table 1: Breakup of IDPs and host communities HHs**

Serial No	Type of households	Union councils		Total (HH)
		Ronwal (HH)	Jatataar (HH)	
1	Host Communities	2684	1519	4203
2	IDPs	183	1375	1558
Total		2868	2894	5761
Area Covered (HH)		1167	1212	2379
Coverage in terms of %		41%	42%	41%

Source: SSP own DATA, EPI, and ECP. Note average population in UC Ronwal is 8.30 and that in Jatataar is 8.35 respectively.

STAFF RECRUITMENT

Staffing in any project is an important and crucial assignment; SSP devotedly followed the guidelines set forth for the purpose. The vacancies were advertised in a local newspaper of DI Khan, floated on NGO network on Google, FB on SSP's page - "Social Services Program Pakistan" - and personal contacts. As a result 1390 persons not only from different cities of Pakistan but also from abroad consented to work for this august project of SSP.

Recruitment of local candidates was encouraged for obvious reasons. A three members committee was constituted, beside SSP's head of program, Nutrition Coordinator and deputy project coordinator (a female with rich experience in IYCF) facilitated the selection process. All the short listed candidates were thoroughly interviewed and the list of selected candidates was handed over to HR and Finance for further processing. Entire team was selected in the presence of Nutrition Coordinator, the field in charge.

STAFF TRAINING

Five days comprehensive training on CMAM and IYCF was organized at Jirga Hall Tank from 2-6 November, 2013. Training module and agenda were prepared in light of CMAM and IYCF requirements and protocols. UNICEF training guidelines were followed. This is worth mentioning that, SSP conducted this training without external support either from the UNICEF or from their implementing partner. SSP's Nutrition Coordinator was the main facilitator supported by deputy project coordinator and head of program too. Following facilitators conducted the same training.

It was a very challenging assignment for SSP as we never conducted such trainings before; however, the newly recruited team leader with the assistance of a female colleague who also worked with a number of organizations in the same field, made it possible. SSP's head of program also facilitated the training and had sessions on institutional buildings, mobilization, and community organization and most importantly on what would be the community interaction strategy of SSP for this very project. SSP approached the DC Tank, who kindly allowed SSP to conduct staff training at JIRGA hall within the official premises. Twelve SSP staff (Nutrition Assistants, Health and Nutrition Educators, Community outreach workers both male and females) participated in the same workshop.

OBJECTIVES OF TRAINING

The objective of the training was to provide a learning opportunity to all the newly hired staff regarding important aspects of healthcare. It was designed on CMAM & IYCF model. The main objective of CMAM approach is to reduce the disease burden due to malnutrition, significantly via provision of supplements, awareness at community and facility level and interlink it with the PHC and secondary care services.

SPECIFIC OBJECTIVES OF THE TRAINING WERE

1. To train the Nutrition Assistant / Health and Education Promoter / Outreach Worker regarding CMAM Approach.
2. To train the above mentioned staff for using best anthropometry assessment methods in community as well as in static center.

3. To mobilize the local community regarding nutrition and value of balance diet and basic causes of malnutrition.

4. To enable the NA/H&E/OW to implement CMAM Approach in their respective communities
5. To learn IYCF practices.
6. To increase awareness of staff about organization agenda/program, rules, target areas, etc.
7. To ensure the advantages of exclusive breastfeeding. Establish and train a pool of well-trained officers as future “trainers”, (IYCF practices model).

TRAINING METHODOLOGY

The proposed five days orientation training was facilitated by well qualified trainers. It was designed on participatory approach, emphasis of the trainers remained on: “to elicit” approach rather to enforce. To make a live training, different tools were used like Power Point presentations, multimedia, group discussion, plenary, quiz and demonstration etc. Although it was the first ever of its kind formal training on CMAM organized by SSP without external support, SSP opted to utilize its own human resource. It was so successful, that from now onward

SSP also created a “core team of trainers” whose services will be used in the future and thus reduced the level of dependency. During the training all the trainers shared their local experience, lesson they learned and expertise to sharpen the knowledge of the trainees and thus ensured the quality of the training to maximize the learning outcomes. Civil administration Tank facilitated us and DC, Assistant Commissioner, Assistant Political Agent and Additional Deputy Commissioner Tank on the last day of the training attended the concluding ceremony and they were given detailed briefing on the Nutrition project with special emphasis on agreed targets and what would be the implementation strategy of SSP.

FORMATION OF “Village Volunteer’s Committees” VVCs

Keeping in view the time constraints and security threats in the impact area, Social Services Program introduced a new concept of development which was never used before, yielded excellent results, helped a lot the field staff of SSP in reaching their agreed targets. Social Services Program established a total of 11 VVCs (4 male and 6 females) in both union councils with a total membership of 39 volunteers. Males VVCs were established in Chadrar, Adamabad in UC Jatataar and at Gara Shahbaz and BaraKhail in Union council Ronwal. Female VVC were established in village Kot Mettu, Chadrar and Dayal jamal, Gara Hayat in Jatataar while only two were established one each at Ronwal and Gara Shahbaz in union council Ronwal. Membership of male VVCs was 19 and that of female VVCs was also 19 .



COORDINATION, FOLLOW UP, MONITORING, APEX VISITS AND WAREHOUSE

To support the COWs job and to reach as much as possible the ultimate beneficiaries of CMAM and IYCF, SSP introduced a new concept in the project area which yielded excellent results. Village volunteers were identified during the routine screening and enrollment process. It was mandatory for a COW to identify at least one willing volunteer and on reaching to the minimum level 3 on female side and 5 on male side, formation of a VVC was initiated and their services were used in the remaining area both for screening and health and nutrition plus IYCF sessions.

COORDINATION AND LIAISON

Effective and timely coordination with relevant quarters is one of the key to success. SSP values it. Most of the time, senior management of SSP goes for coordination and liaison with donors as well as other stakeholders. Before the launching of the project, SSP's Head of Program approached Dr. Qaiser, in charge of the Provincial Nutrition Cell, DG, PDMA, KPK, as well as civil administrations at the district level was also taken on board. In particular, SSP's Management held introductory meetings with; Mushtaq Khan Jadoon, Commissioner DI Khan, Mr. Muhammad Farooq, DC



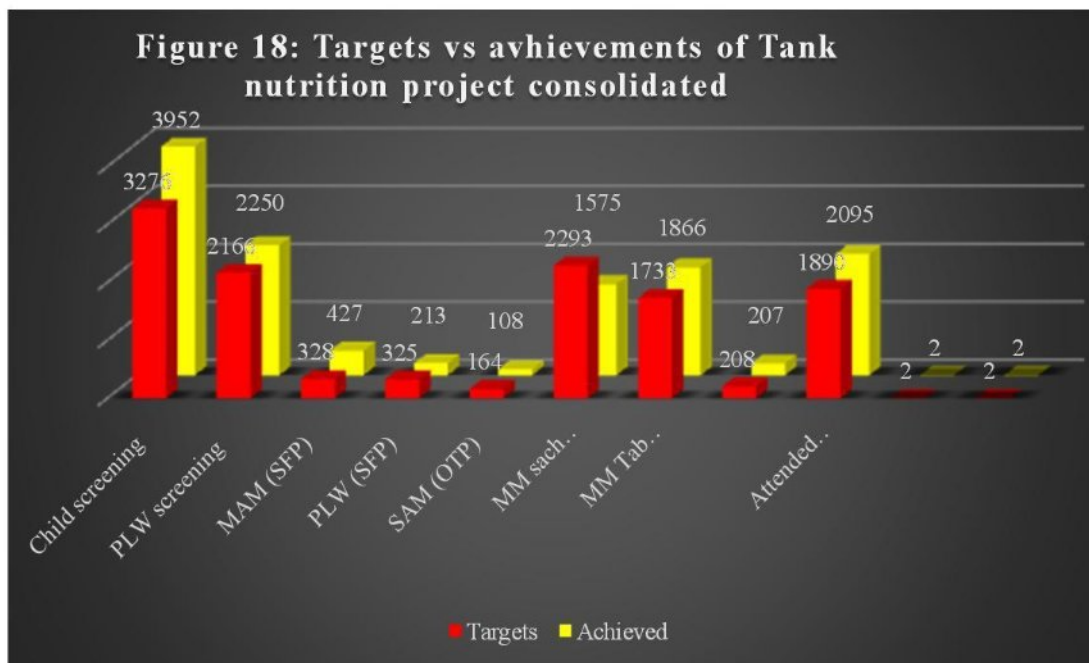
Figure 1 SSP HoP meeting with District Health Officer

Tank, Dr. Aslam Baloch, DHO Tank and Mr. Sadaqat Ullah ACO Tank.

The overall objective of these meetings was to share information with regards to the ongoing Nutrition Project, about its scope, geographical coverage and proposed activities and expected outcomes. As a result of these courtesy calls, SSP was able to get NOC for the same project in three working days. SSP formally signed a MoU with the health department duly signed by the District Health officer Dr. Aslam Baloch. In this regard he also issued a letter to the concerned BHU in-charge for cooperation and facilitation and provision of separate rooms for SSP female staff at facilities level. SSP was provided independent rooms with enough space for breast feeding corners.

TARGETS VS ACHIEVEMENTS

Description of Project Activities		Target	Achieved	% Achievement
Target Facilities	SFPs	2	2	100%
	OTPs	2	2	100%
Screening	Children < 5 years	3276	3,952	121%
	PLWs	2,166	2,250	104%
MAM (SFP)	Children < 5 years	328	427	130%
	PLWs (SFP)	325	213	66 %
SAM (OTP)	Children	164	108	66 %
Deworming	Children (24-60 months)	1,327	0	0
MMS	Children (MM Sachets)	2,293	1,575	68 %
	PLWs (MM Tabs)	1,733	1,866	108
Nutrition Education, IYCF	Sessions	208	207	100 %
	Beneficiaries	1,890	2,095	111(10/ session



The general public attending the various sessions was enthusiastic and attendance was 111%. SSP succeeded in establishing the SFP & OTP centers at local and district headquarters and in this regard its achievement was 100%. When it came to the comparison of 2 UCs, the performance of Ronwal was better than Jatataar as is shown in Table 3.

Table 3: UC wise Targets VS Achievements

Activity	Target	Achieved	Boys	Girls	% Achievement
UC JATATAAR					
Screening of children	1638	1935	933	1002	118
SAM for OTP	82	50	20	30	61
MAM for SFP	164	169	67	102	103
PLWs identified	1083	1201	P	L	
			465	736	110
PLWs for SFP	162	69	23	46	42

UC RONWAL					
Screening of children	1638	1,994	941	1053	122
SAM for OTP	82	58	21	37	70
MAM for SFP	164	253	115	138	154
PLWs identified	1083	1034	P	L	
			469	565	96
PLWs for SFP	162	143	60	83	88

ISSUE'S FACED DURING THE IMPLEMENTATION OF THE PROJECT

1. Non availability of SFP supplies by WFP.
2. Volatile Law and order situation.
3. Un-certainty.
4. Non availability, late receipt of MM Tab and Sachet plus delay in anthropometric instruments (Height Boards, etc.).
5. Scattered & non-adjacent UC's villages were not easy to manage, difficult both for beneficiaries and CMAM staff.
6. Non availability of Stabilization center in the impact area as well in the adjacent district.
7. Near Expiry CMAM MM Supplementation, shorter shelf life. (31st March 2014) 120 pack (bottles).
8. Non Cooperative behavior of the DHO and LHV's especially at Chadrar BHU
9. Last but not the least, very limited rather negligible support for the organization (head office), which not affected the operations however if provided more better results could be attained.

This project enjoyed adequate media coverage both in local and national dailies.



LESSONS LEARNED

1. Coordination with all stakeholders and influencers is essential for smooth running and successful completion of project activities.
2. Complete structure of CMAM is essential for the successful implementation of CMAM and IYCF intervention and its impact.
3. Transparent and impartial approach during implementation is the key to success, keeping low profile and involvement of the local influential, volunteers has no alternative, especially in a highly sensitivity area for all organizations.
4. Keeping onboard the target communities and unbiased approach in selection of beneficiaries will not only increase the credibility of the organization but will also sky rocket the acceptance of the program and that of organization too.
5. Always hire program staff from the local market, will solve 85% of the field problems, by hiring a local staff member, you are indirectly winning the moral support of at least from 5-7 families.
6. Without the involvement of the local communities, we cannot ensure successful implementation and timely completion of the project.

TRUE STORIES FROM THE FIELD

Annex 1. First story: A family decimated by Malnutrition, Heart Touching Story.

“Chadrar in UC-Jatataar” of District Tank (KPK).

Since a few years, Syed Gulaam and his wife Naik Bibi, 35, face a terrible drama. One by one, four of their seven children died, due to malnutrition. The last one, Shabana, 8 months old, died on Friday (6th December, 2013). She died of marasmus, a severe form of malnutrition. In other words she died of hunger, like previously her two brothers and one of her sisters.

NaikèBibi, Shabana’s mother , already gave birth to seven children. But among them only three daughters are still alive, aged 7, 4 and 2. The last one, 2 years old, is also suffering of malnutrition. Her MUAC (Mid-upper arm circumference) is 11.2, her weight 7 kg.

The root cause of all this? NaikBibi’s milk stops automatically after two months

Adding poverty to this and it becomes a disaster. “When my milk stopped, I gave milk to Shabana from a baby bottle. But then she went dehydrated, she was suffering from vomiting and diarrhea. Then she became too weak to take milk by herself and it was like that for the last three months. She died because of that.”

Shabana’s agony: The females in this part of the world usually clean their utensils with ashes on a cloth. Shabana’s mother did the same and then she rinsed the baby bottle with water from the well.



SHABANA'S STORY - SHABANA'S MOTHER WITH TWO OF HER THREE REMAINING DAUGHTERS

Syed Gulaam, Shabana’s father, works since eight years in a brick’s fabrick where he is earning 7000 rupees per month, ie about 47 Euros. To visit a doctor in these areas is very expensive. The first specialist is about 10 kilometers away.

Shabana was screened by SSP team on Thursday December 5th and then she was referred by them to the district head quarter hospital to show her to a child specialist.SSP learned later, that unfortunately, on that day, the husband was not present so it was not possible for the mother to take her alone to the hospital. So they opted to consult a street doctor (*hakim*) instead of a professional one. Naik Bibi went back home with a prescribed syrup: CEFRESH 125mg (CEPHRADINE) and BabiTanek. Shabana did not survive.

MEHREEN FOR OTP AT CMAM SITE BHU RONWAL



Figure 2 Mehreen Story

Case study of RANWAL 1

Name	Mehreen
Father name	_____
Mother name	Shaheen
FATHER OCCUPATION	LABOUR
DATE OF ADMISSION	Dec, 2 nd , 2013
MUAC at first visit	
MUAC at last visit, 6 th January, 2014	
Weight at first visit	5.2
Weight at last visit	6.9
Registered as	OTP

Jalil Before Admission



Jalil After Admission



JALIL AN OTP CASE AT CMAM SITE BHU CHADRAR

Name	Jalil
FATHER NAME	Sahib Jan
MOTHER NAME	Shamim
REG NO	SSP Tank 019
FATHER OCCUPATION	Casual labor
DATE OF ADMISSION	18.12.2013
MUAC AT 1ST Visit	8.3
MUAC AT LAST VISIT, 8 th January, 2014.	9.2
WEIGHT AT 1ST VISIT	8.3
WEIGHT AT LAST VISIT	7.4
AGE	7 years

CONCLUSION

During the project life (November, December and January, 2014) SSP's field teams identified and registered 108 cases (41 boys and 61 girls) of acute malnutrition in their target UCs, (namely Jatataar and Ronowal), 03% of the agreed targets. 427 (182 boys and 245 girls) MAM cases, more than the agreed targets. More disturbing, 66% of the identified OTP cases were identified in the same area (Chadrar) in UC Jatataar of District Tank. 2250 PLWs were screened and the percentage of SFP (PLWS) remained at 10% (213) out of which 129 lactating and 84 pregnant were registered for supplementary feeding program. 61% lactating and 39% pregnant, Lactating mothers need special attention. SSP's total screening of under five was 3952 (1883 boys and 2069 girls) 48%:52% respectively. Besides these indicators, kids with disabilities in less than five year children in both the impact union councils are more than the minimum number. This needs special attention otherwise it could lead to a misfortune.

RECOMMENDATIONS

The screening is important, but comes to be useless if, it is not followed by an evaluation and action plan. Whatever assessment is made or conclusions are drawn, remedies must be instituted to correct the odd findings of the study. Here it is recommended that:

1. These findings should be evaluated to confirm the true picture.
2. Other agencies or offices should jump in the arena to correct the odds of the community as malnutrition in this area has reached to a “now or never” situation. If not addressed now, it can take many precious lives.
3. Food supplies should be rushed in to save these malnourished children and pregnant & lactating women.
4. Treatment facilities should be augmented in the area.
5. Hygiene and sanitation needs to be improved.
6. Safe water provision should be ensured as unsafe water spreads different diseases adding in the malnutrition.
7. Perpetual studies like this should be a routine matter, so that malnutrition and other diseases are gauged at proper time and remedies sought well in time.

PICTORIAL HIGHLIGHTS OF THE PROJECT ACTIVITIES

SSP Staff Training





Session by Community outreach workers





BBCM and Village Volunteer Committee Members



Field Monitoring Visit's by NC & HOP



Field activities at a glance



External Monitoring and other field activities





(Widows' the prisoners of Tandur)



Project Title: *Rehabilitation of “War and Conflict affected Families” in Islamabad through integrated development efforts.*

BACKGROUND

Women who were engaged in this project were widows, Afghan refugees, having 7 kids in average to feed in their families, and spend 6 to 8 hours daily, from 4 pm till 12 pm, sitting on the side of the road with their kids, in front of a Tandur - to get a few breads in order to survive. Left to their houses located about 15 km away from the Tandur. Every day, even when it is raining, these women are waiting for their daily bread, which depends on the generosity of the passersby. For example, if someone buys 30 breads, the owner will distribute the 30 breads to the females accordingly.

Around 800 Nan (breads) prepared each day in one Tandur, there are 5 such Tandur in the Afghan district of Islamabad. Each widow gets in average 10 Nan daily for her whole family. Sometimes, especially on Friday, they get also rice or kebabs. SSP submitted a proposal through crowd funding forum to help these widows to find a decent life by teaching them a trade and providing a working tool, bring to their home prepared meals for their families for six months, allowing children who work (re) take the path school ... all this has a cost. In a first step, we will limit ourselves to around 15 families in this project, selected among the neediest ones.

SSP became the first NGO who involved the ultimate beneficiaries in the process of procurement. One young guy two females were given cheques of Rs.30000, 25,000 and 23000 respectively for RECKSHA, HAND CART and caps material. 5 women were involved in micro enterprise 6 were provided with sewing machines respectively

Duration: 12 months

Global Budget: 16.19 million

Program Delivery: 12.75 millions

Operations plus admin cost: 03.44 millions

In Islamabad, sector G-9/4, since years, 100 to 200 poor women are condemned to spend every night six to eight hours on a sidewalk (from 4:30 till 11:00 pm), just to receive a few nans. Most of them are widows and are accompanied by their children who are trying to sleep or to make their homework on the same sidewalk. Late in the night, they share a taxi to come back to the kachiabadi (slum of mud-made houses).where they live, fifteen kilometers away. They are not allowed by the owner of the tandur to leave before 11 pm.

1. Situation Analysis

Every evening, a group of women invariably arrives between 4pm and 5pm in front of a tandur (nan oven, the nans are the common round shaped breads in Central Asia and Pakistan). They stay there up to 11 or 12 pm, sitting cross-legged on plastic mats laid on the dust of the sidewalk, right in front of a tandur, together with their children. 60% of them are widows with a big family to feed – in average seven children. Why? To receive a few nans for free, and possibly on Friday, a half chapal kebab inside their nan. It depends on the generosity of the benefactors.

Most of them are issued from the Afghan refugees families displaced by the Soviet invasion of Afghanistan (1979 - 1989) that never managed to overcome misery since then, other women are from the conflict displaced families from Fata (Federally Administered Tribal Areas) (see also the annex at the end of this document).

Most of them live in the kachiabadi situated in sector I11, 15 kilo meters away, without any transportation mean. Sometimes they "hitchhike", sometimes they share the fare of a van or a "Suzuki". Late in the evening the children exhausted fall asleep but they have to wait for the time of departure, half past eleven, before travelling the long return journey that awaits them a the tandur owner does not allow them to leave before eleven.

Four to five such tandur in Islamabad Afghan district operate on the same system of charity and are doing good business: The owner of the tandur cooks around 500 nans in advance. Then the benefactors come and buy 30 or 50 nans or even more. The owner then distributes equally to each woman. Some benefactors include rice or something else. But this is rare. Women are not allowed to leave before 11 pm in the night as the owner wishes to sell all his prepared nans and if the benefactors are not enough, it is he who provides the remaining nans.

MEDIA COVERAGE of THE PROJECT

- Women prisoners of bread: <http://sylvielasserre.blog.lemonde.fr/2013/05/18/pakistan-women-prisoners-of-bread/>
- Prisonnières du pain : <http://sylvielasserre.blog.lemonde.fr/2013/05/19/pakistan-les-captives-du-pain/>
- A radio program is also to be broadcasted soon on them (September 2013, Radio Télévision Suisse).

2. SSP's Rapid Need Assessment results

A 6 members team carried out a Rapid Need Assessment (RNA) exercise for SSP. The main objective of this exercise is to determine the main issues being faced by these women and their urgent needs to get out of this inhuman situation.

Two teams each one consisting in two females enumerators and one male facilitator conducted detailed interviews in order to collect information about their socio-economic profile, health and education, existing means livelihoods, etc.

The assessment included following questions:

- Respondents Profile (name, area of origin, current location, family members, number of boys and girls, number of earning hands in family, marital status)
- Financial condition (source of income, monthly expenditures, rent of house and transport they pay to reach the tandur, how many nan etc. they get per day.
- Support they need for their families, If they have some skill which should be polished and provided help with, equipment they need)
- Lastly, do they get any help from any organization, NGO or individual?

Keeping in view the routine of the “bread prisoners” widows, SSP carried out this exercise from 8 till 10:30 pm. Both teams visited three such tandur and conducted Key Informant Interviews (KII) and a Focal Group Discussion (FGD) too with the females and covered 30 females.

Results of the KII and FGD are as follows:

- These women have to face many problems like: lack of regular income, shortage of food items for their own as well as for family survival.
- They are living in very unhygienic conditions: 100% are exposed to both water born as well as communicable diseases in the kachiabadi.
- Every female spends approximately from 50 to 70 rupees daily on transportation.

- On average they spend 4 to 5 hours daily on the road side and get 10 to 15 breads.
- There are no education facilities for their kids.
- They feel insecure.
- Many male members of the family are drug addicts.
- Some have no shelter facilities and are living under tents, exposed to harsh weather.

RNA Results:

A total of 300 females are daily visiting these three well established centers, 60% (180) are widows. 20% of the respondents said that,(60 females) their husbands are drug addict and the children cannot work). If we multiply this number with the number of family size which is 8.5, total number of indirect dependants/beneficiaries becomes 2550 individuals amongst which 918 are small children's (36%) both girls and boys. 30 women's are the sole earners for their families (10%)

- The average family size is 8.5 persons with 45 % under 18.
- 60% of the women are widows, 20% of the respondent said that either their husbands or sons are drug addicts and only 1% divorced.
- 10 % women's are the sole source of income for their family.
- 15 % of the children are working, either in the fruit market or to collect papers in the streets and are not going to school.
- 45 % of the respondents complained about the unhygienic conditions they are facing. They demanded for the provision of sanitation and safe drinking water facilities.
- 50 % of the respondents also expressed the need for mosquitoes nets
- 25 % demanded for a primary schools for the kids
- 30 % asked for cash grants for the establishment of micro enterprises.
 - 20 % agreed that training in sewing and design together with the provision of sewing machines could be a permanent source of income for them.

It appears also that:

- Their area of origin is Afghanistan. Their current location is slums of Islamabad and surroundings.

-They pay 3000 rupees rent in the kachiabadi for a single room, without electricity nor tap water and any other basic facilities.

-Many of the women have stitching skills but no sewing machines available, others are searching to work as maids but due to no CNIC they are failing to get any job, and some cannot work because of illness or age factor.

- Some were supported by Benazir Income Support Program in the past but not anymore. No other organization helped ever.

Solutions:

If they are provided with a proper source of income, this could result in minimizing the above mentioned problems. They can be provided with sewing machines and improve their stitching skills which would help them earn their living. Cash grants could be another potential income in order to generate an activity for them, market led vocational trainings and livelihood asset creation can also be introduced and will for sure help them.

In light of the findings of the above mentioned RNA exercise, following could be the best activities for them:

OBJECTIVES OF THE PROJECT

- 1) To organize in the slum free food distribution to these isolated women
- 2) To enable working children to go to school. The project aims to settle their tuition and pay compensation to relatives in exchange for "lost wages"
- 3) To provide training and isolated women what enable them to launch a microenterprise.

Proposed Activities:

- 1- Under Livelihood asset creation, SSP intends to provide 180 sewing machines to the widows along with pedestal stands (per unit cost is 15000 including cover and stand)(2.7 millions)
- 2- Market led vocational trainings. SSP intends to provide vocational trainings to a total of 270 females in sewing and cutting plus micro enterprise development and promotion. (15000 per unit, honorarium 7000/month plus trainers fee and training material etc)) (4.05 millions)
- 3- Provision of Cash grants to 90 women's including those who are the sole earners of income for their families for the establishment of small scale enterprises (50000 per family) (4.5 millions)
- 4- Provision of 600 Mosquito's nets, 2 per family (per unit cost 2500, (1.5 millions)

Required Budget:

Duration of the proposed project is one Year (12 months)

- 1- Program delivery global budget (12.75 millions)
- 2- Total Operational cost including admin cost (3.44 millions)
- 3- Grand Total (16.19 millions)

Historical Background

Afghans began fleeing their country in April 1978, when the Marxist People's Democratic Party of Afghanistan (PDPA), overthrew the government of Muhammad Daoud (who had himself seized power from his cousin Afghan king Zahir Shah in a bloodless coup in 1973). The trickle of refugees accelerated when the Soviet Union invaded in December 1979, ostensibly to restore order to the country as the PDPA became increasingly splintered. While political infighting was certainly a problem, some observers also noted that Afghanistan's leadership had begun irking Moscow by making decisions without Soviet approval. The Soviet attempt to subjugate the Afghans was at times particularly brutal, including the alleged use of torture and collective punishment. By the beginning of 1981, some 3.7 million refugees had fled to Iran and Pakistan.

Profile of Remaining Refugees

UNHCR estimates that, as of December 2006, perhaps 2.46 million registered and unregistered Afghans are currently living in Pakistan. Who among these Afghans is a refugee and who is not is a matter of debate. Still, perhaps as many as 3.5 million registered and unregistered Afghans still live in exile. In Pakistan, 80 percent of those remaining have been there for more than two decades; 50 percent were born in exile.

Population Breakdown

A census was completed by UNHCR and the Government of Pakistan in March of 2002 that provided a clear picture, for the first time in years, of the Afghan population in Pakistan. The census found 3,049,268 Afghans living in Pakistan, 42% of them in camps and 58% in urban areas. Over 81% of the Afghans were Pashtuns, with much smaller percentages of Tajiks, Uzbeks, Turkmen, and other ethnic groups (source: Census of Afghans in Pakistan, 2005, Ministry of States and Frontier Regions, Government of Pakistan, p. 9). The census revealed two related factors that could have profound implications for the future of repatriation from Pakistan. First, the vast majority of Afghan families in Pakistan arrived in the first years of the refugee crisis; over 50% arrived in 1979 and 1980 alone. Second, it appears that a very substantial number of the Afghans remaining in Pakistan were in fact born in Pakistan — not Afghanistan.

Encouraging Afghans who have been living for two and a half decades outside their country — some of whom, in fact, may never have even set foot in Afghanistan — to repatriate may be a distinct challenge in the coming months and years.

PICTORIAL HIGHLIGHT OF THE PROJECT ACTIVITIES





ANNEX:
List of selected Beneficiaries for the Widows of Tandur project

S.NO	Name	Father/Husband name	Address (current one)	Domicile	Family Members	Remarks
1	Khan Begum	Pervaiz	MeeraAbadi (Khachiabadi) G 11/2 Islamabad	Nowshera	8	Selected for sewing machine along with table
2	Gull Bibi	Said Muhammad	MeeraAbadi (Khachiabadi) G 11/2 Islamabad	Sherzad (Afghanistan)	11	Selected for to manufacture Afghani caps
3	Dill Shaad	Falak Naaz	MeeraAbadi (Khachiabadi) G 11/2 Islamabad		8	Selected for sewing machine including table
4	Shafiqa	Gull Noor	Motor Way Chok26 Near Rawalpindi	Tagab Afghanistan	5	Selected for sewing machine including table
5	Roshan	Abdul Wahad	Fauji Colony Peer Vadayie, Rawalpindi	Jalalabad (Afghanistan)	10	Selected for TUCK shop – not included in the project
6	Amina	Gull Bahaar	3,mohallah Nasir Abad near G-11 Islamabad	Nowshera	5	Selected for sewing machine including table
7	Mumtaz Begum	Hakeem Shah	MeeraAbadi (Khachiabadi) G-11 Islamabad	Mardan	7	Selected for Cloths business
8	Anjuman	Nasir Khan	Motor way ChokTarnool Choki Islamabad	Charsadda	7	Selected for Cloths business.
9	Nazish	Abdul Rehman	Naseer Abad street 3, near G-11	Dargae (SWAT)	2	Selected for Cloths business
10	Aman Gul	Awal Gull	Fauji colony, Rawalpindi	Kabul (Afghanistan)	10	Selected for cart fruit and vegetable sale
11	Gulraj	Saida Gull	Ali purFarash 70 mile phase 1 colony Islamabad	Nowshera	9	sewing machine and including
12	Refaeda	Karam Khan	NaseerAbadi Street no 4 near G-11 Islamabad	Sawabi	5	Selected for sewing machine including table
13	Shahda Bibi	Haider Khan	House# 2A-1616/5 street# 12 dhokmungtal Rawalpindi	Peshawar	6	Selected for Cloths business.
14	Ruqia Bibi	Muhammad	26 number area	chahar Dar in Afghanistan	12	Selected for Cloths business.

			G-14 Islamabad			
15	Laeq Zada	sir fayaz khan	Ali PurFarash street # 9 Islamabad	Bannu	9	Selected for Stitching machine including table
16	Shazia	Assad U ullah	Khachiabadi, I-11 Islamabad	Islamabad	9	Not Included in the project
17	Fouzia	Akhtar Gull	Peer Wadayimohallahshah ra colony Geraaj factory Rawalpindi	Peshawar	9	Not Included in the project

STAFF CAPACITY BUILDING

By the end of 2014, a total of seven permanent staff members were part of the SSP team that included head of programs (HoP), Manager operations; finance manager; project manager; logistic officer; monitoring and reporting officer; a program officer; and administration manager. BoD (Board of Director's) is the leading decision making body, comprised of 7 members. Most of them are development professionals having decades of experience in community development some of them are working with the different National and International NGOs or providing voluntary services to mega programs. This governance structure makes SSP more accountable to the local communities and more responsive to addressing their needs.

Moreover specialized classification of the staff members into four (04) broad categories continued in 2014: Program and Development unit; Publications, Training and Event Management; and Administration and Finance. SSP evaluated its staff through two main indicators, in 2015: on monthly or assignment basis, and on an annual summative basis. The evaluations assessed staff promotions and incentives.

MOUS AND COLLABORATION

Since its inception in 2003, SSP has been in a continuous process of developing formal and in formal linkages and collaborations with national and international level institutions that have

common thematic areas on which SSP is already working. The organization has entered into collaborations and signed memorandum of understanding with various organizations and institutions.

CONTACT DETAILS

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Field Office

Old Sui Gas Office Tank City, District Tank

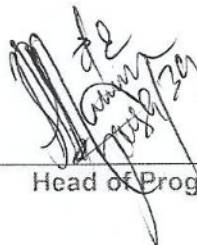
AUDIT & FINANCIAL REPORT 2013-14

SOCIAL SERVICES PROGRAM (SSP)
RECEIPTS & PAYMENTS ACCOUNT
FOR THE YEAR ENDED 30TH JUNE, 2013

	2013	2012
	(Rupees)	
<u>RECEIPTS</u>		
Opening Balance	242,970	861,611
Receipts from Patients	208,370	195,340
Donations	567,000	887,500
	1,018,340	1,944,451
<u>PAYMENTS</u>		
Staff Salaries	138,600	612,000
Office Rent	354,000	480,000
Staff Training Expenses	-	18,537
Legal & Professional	25,000	25,000
Printing & Stationery	19,247	37,492
Electricity	7,439	-
Depreciation	15,351	41,329
Travelling Expenses	25,895	46,150
Entertainment	21,632	84,269
Medicine Expenses	234,408	286,020
Miscellaneous	7,698	70,684
	849,270	1,701,481
Surplus	169,070	242,970

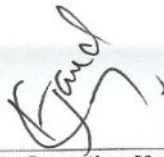

 Senior Operation Manager





 Head of Program

SOCIAL SERVICES PROGRAM (SSP)
STATEMENT OF FUND ACCOUNT
AS ON 30TH JUNE, 2013

	2013	2012
	(Rupees)	
Surplus	169,070	242,970
TOTAL	169,070	242,970
Fixed Assets	138,162	153,513
Advances, Deposits & Prepayments	22,000	-
Cash and Bank Balances	8,908	89,457
TOTAL	169,070	242,970



Senior Operation Manager



Head of Program



PARTNERS



ULULE Crowded Funding Forum



Federally Administered Tribal Areas (FATA)



World Food Programme