

Social Services Program (SSP) ANNUAL REPORT



Islamabad Head Office 08, Third Floor,
Raja Haq Nawaz Plaza G-11 Markaz
Islamabad

(SSP) Social Services Program URL:

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2014-2015

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List of Abbreviation

Abbreviation	Details
SSP	Social Services Program
HC	Hosting community
HF	Health facility
HFA	Health facility assessment
HNE	Health & nutrition education
IYCF	Infant & young child feeding
KK	Khandar Khan Khel
KP	Khyber Pakhtun Khwa
L	Lactating
APA	Assistant political agent
AS	Agency surgeon
BHU	Basic health unit
CD	Civil dispensary
CHC	Community health center
Children	Children 6-59 months old
CMAM	Community management of acute malnutrition
D2D	Door to door
ERF	Emergency response fund
FATA	Federally administered tribal area
FDMA	Fata disaster management authority
FR	Frontier region
GAM	Global acute malnutrition (SFP+OTP)
MK	Momand Khel
MMR	Maternal mortality rate
MoU	Memorandum of understanding
MSF	Mother support forum
NOC	No objection certificate
OTP	Outpatient therapeutic program
P	Pregnant
PC	Project coordinator
PDMA	Provincial disaster management authority
PLW	Pregnant & lactating women
SFP	Supplementary feeding program
TDP	Temporarily displaced person
TK	Takhti Khel
U5	Under 5 years
UC	Union Council

VVC	Village Volunteer Committee
ZPK	Zaraki Pirba Khel
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WFP	World Food Programme

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

In the current scenario, where divisions and despairs, intolerance and hatred, self-indulgence and materialism, poverty and disproportionate accumulation of power and wealth are so dominant, the search for best possible alternatives that is rooted in the diverse religions and cultures of every human society is of vital importance. Unity in diversity, co-existence, sharing of resources and helping the needy ones become a liability for every single individual of the society to follow and apply it in their both personal and professional lives too. By looking at this rationale SSP started its own initiative to help and assist needy women those who were not having any source of income generation mechanism by their own. That idea was formally practiced when SSP started this idea as a project that titled ***“Widows of Tandur Project”*** back in February 2014. This project started with hiring two young Pashtun women in the Islamabad locality June 2014. SSP selected 13 women who belongs to very poor and needy families of that Katchi abadi area. On the very first stage of their pilot project effort there were total 14 beneficiaries all were women included in this project.

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, SSP limits that to around 15 families in this project, selected among the neediest ones. The request of SSP was welcomed and received 21% more than the requested amount. SSP again conducted a final assessment and selected 15 most deserving women (families) for the subject program. Organized a one day session with all the identified beneficiaries to discuss “what can they do and how they will go about” thus involved the ultimate beneficiaries’ right from the beginning. 07 women demanded for stitching-sewing machines, 04 wanted to start cloths business, one requested for a RECKSHA, one for handcart, one requested for the provision of necessary material to re-start cap making and another one asked for a tuck shop. Three days orientation training was organized for 07 women on the usage of stitching machines, 04 selected entrepreneurs were taken to Nowshehra to select for themselves what kind of cloths they want and thus 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. SSP plans this project as part of its own intervention in future too.

Another milestone achieved by SSP last year by launching a Project with UNOCHA on November, 2014. This project was designed in line with Nutrition cluster Strategic result “Nutritional Status of Girls, Boys and Women are protected from the effects Humanitarian Crisis”. That project was initiated in 4 union councils including Takhti Khel, Zaraki Peer Bakhel, Khandar Khan Khel and MomandKhel in FR Bannu. The overall objective of the project is to ensure the access of the malnourished children under five and PLWs to Nutritional Services both static centers and community outreach. And to facilitate and support active SAM and MAM cases of malnourishment.

Overall activities of SSP has been contributing to promote better livelihood opportunities through best health and nutrition facilities for the people living their lives as deprived ones after the conflict hit in those areas. Where every citizen belongs to any sect of the society can endure and share equal resources. Where Justice prevails and humanity is considered of utmost importance. SSP involves local people to take part in the activities to promote acceptance and respect of each other, realization of their basic rights and obligations.

Details of the Project Activities in 2015

a) Provision of Emergency Nutrition Services for TDP's and Host Communities in 4 union councils (Takhti Khel, Zaraki Peer Bakhel, Khandar Khan Khel and MomandKhel 3, 4) in FR Bannu

Social Services Program launched CMAM & IYCF Project in 4 UCs of FR Bannu on December 17, 2014, after signing MoU with ERF on December 08, 2014. FDMA issued required NOC on December 10, 2014, in spite of the fact that all the formalities had been completed by November 07, 2014. This along with SSP's internal issues and other formalities with ERF delayed the subject project by almost one month. The inauguration ceremony was attended by almost all the stake holders. Staff training was conducted on December 13-15, 2014. This program caters for both TDPs & HCs of the impact area. By December 21, 2014 all the 4 CMAM centers had been established with the minimum required equipment and furniture.

The field activities were started from December 22, 2014. In December 2014 SSP field teams reached and screened 1629 children (841+788) and 492 PLWs. Out of these children 86 (37+49) were registered for SFP and 27 (9+18) for OTP. Out of these PLWs 28 (3 pregnant & 25 lactating) were registered for SFP. In December 259 (196+63) IYCF & HNE sessions were conducted and 1675 (474+1201) persons attended these sessions.

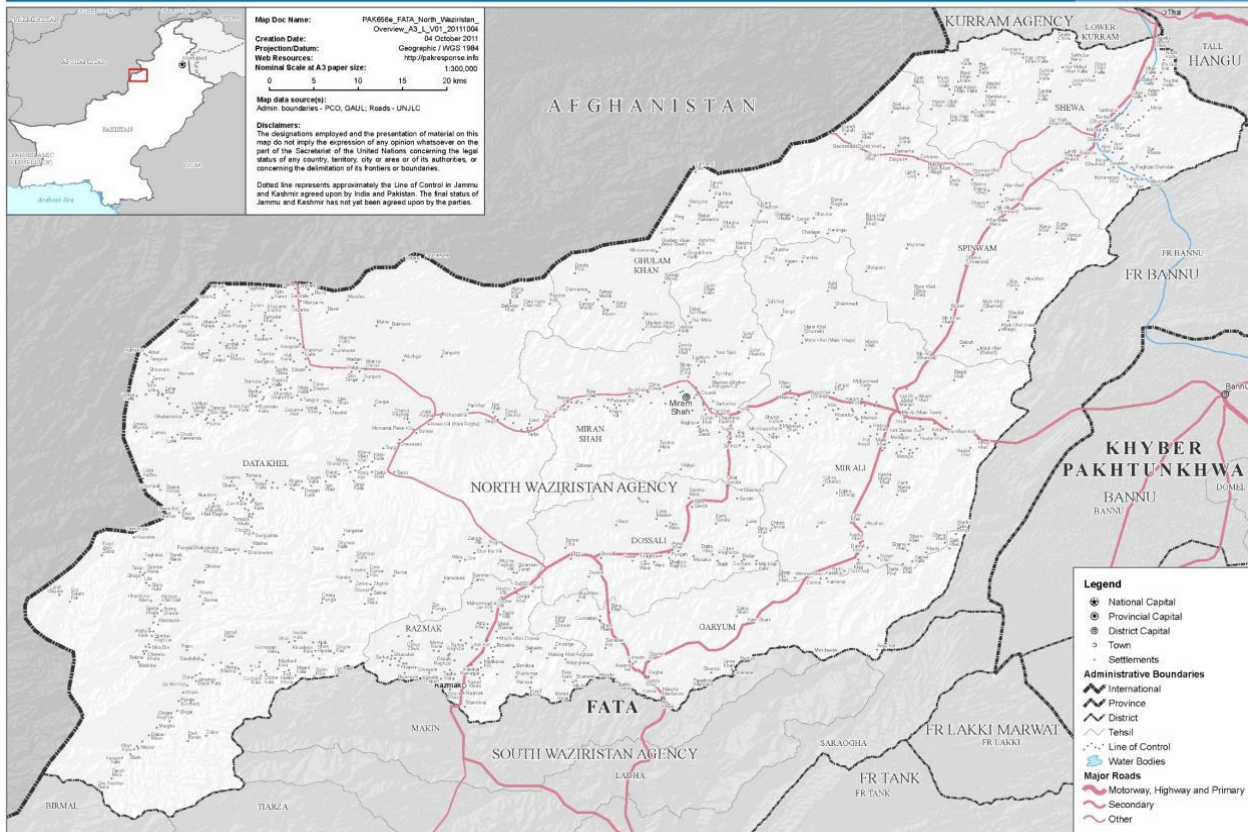
SSP established Supplementary Feeding Program (SFP) and Outpatient Therapeutic Program (OTP) at all targeted health facilities. Malnourished cases with medical complications referred through OTP to the nearest Stabilization Centre which is located at Women and children Hospital Bannu. SSP established an effective “Community Outreach” component to facilitate program interventions through nutrition assistants, female community outreach workers, IYCF counselors and male social organizers. SSP with the involvement of project support institutions (VVC’s) village volunteer committee and mother support forums (MSFs) field teams were allocated to identify the active cases of malnutrition, trace default cases, and facilitate the referral mechanism of malnourish cases to the concerned SFP/OTP site.

SSP educated local communities through formal health and nutrition education sessions that increased the local knowledge with regards to nutrition and its related issues. Malnourish cases with medical complications referred to the nearest SC. Moreover side by side with the promotion of nutrition education and services, SSP also conducted sessions for the promotion and protection of IYCF improved practices in the impact areas of the project.

Activities completed under this project:

- Establishment of 4 CMAM centers in 4 Targeted UCs:
- Orientation Sessions on CMAM and IYCF for CMAM centers staff and BHU/CD health staff
- CMAM services in target UCs (screening of U5 children & PLWs, + Registration of MAM, SAM
- Treatment of micronutrient deficiencies for U5 children, PLWs through Multiple Micronutrient supplement and de-worming
- Formation of Mother Support Forums, Nutrition promotions sessions by MSFs for PLWs
- Awareness sessions of the promotion of IYCF improved practices and Hygiene promotion
- Formation of Village Volunteers Committees, actively facilitating the work of the field teams

FR BANNU



Staff Capacity Building Initiatives:

By the end of 2015, a total of eight 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 2015: 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.

ANNEXURE

ANNEX I

PROJECT LOCATIONS

District(s)	Tehsil(s)/UC(s)	Percentage of activities (Total must be 100%)
FR Bannu	Takhti Khel	25.12% Target, Achieved 28%
FR Bannu	Zaraki Pirba Khel	24.87% Target, Achieved 26%
FR Bannu	Khandar Khan Khel	28.79 %target, Achieved 20% due 2 Scattered and distant population
FR Bannu	Momand Khel	21.22 %Target, Achieved 26%

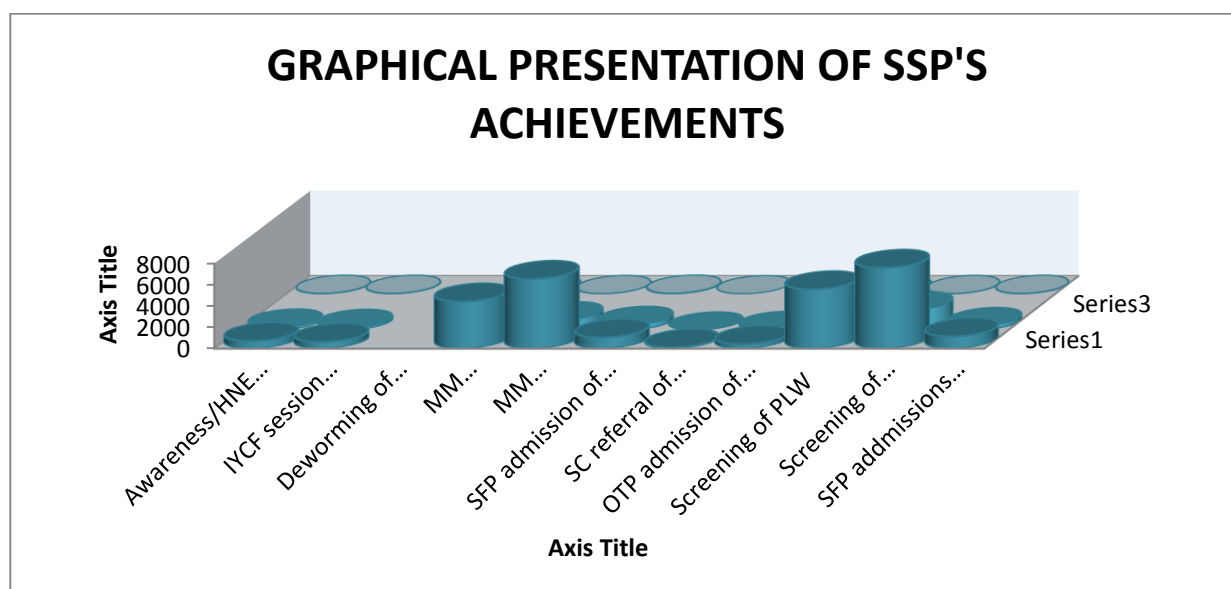
ANNEX II

SUMMARY OF ACHIEVEMENTS AS SEEN AGAINST THE PROJECT TARGETS:

S.NO	PROJECT ACTIVITIES	PROJECT TARGET	ACHIEVED IN FEBRUARY	ACHIEVED %
1	Awareness/HNE sessions for men & women	718	278	38.71
2	IYCF session conducted	622	250	40.19
3	Deworming of children	-	-	-
4	MM supplementation for PLW	4423	834	18.85
5	MM supplementation for children	6550	960	14.65
6	SFP admission of MAM children	1044	532	50.95
7	SC referral of SAM children with complications	103	1	1
8	OTP admission of SAM children	418	58	13.87
9	Screening of PLW	5573	1142	20.49
10	Screening of children	7594	1922	25.37
11	SFP admissions of MAM PLW	1150	420	36.52

ANNEX III

Achievement in different activities as seen against the targets in January 2015



ANNEX IV
List of BoD Members

S.NO	Name	Qualification	Exp: in Yrs	Designation	Remarks
1	Dr.Weqar Ajmal	MBBS	22	Chairman	Development and P&H Specialist,
2	Dr Salim Javed	M.B.B.S	30	Director	Health Dept.
3	Sheikh Jamil Khan	M.A	30	Director	DG Board of Investment Pakistan
4	Maj (R) Aminullah Khan Gandapur	BA.	30	Director	Administration/Governance
5	Syed Amir Ul Hassan	MSc (Hons) Agri-RD	30	Director	Livelihoods
6	Sanaullah Khan	NRM	30	Director	Director Economic Growth, PDMA
7	Shafiq Ur Rehman Yusufzai	M.Com (Mgt)	18	Member	Program Mgt
8	Miss Sana Jalil	MA (IR)	08	Member	Educations

Pictorial Highlights of the Project



True Success Stories/Case Studies

Success Story of Zaitoona

29 year old Miss Zitoona resident of village Azar Mandi in UC Momand Kheel, was identified as Lactating (SFP) case on February 2nd 2015. She is the mother of six children's (04 daughters and 02 sons. During her first visit, she was in a panic conditions, was extremely depressed.

First Visit:

Her initial findings of the assessment carried by SSP field staff shows that her MUAC reading was 19.3. During 101 sessions she disclosed that her husband is a drug addict with no Job and they are fighting with poverty round the clock. She further disclosed that some time it becomes impossible for her to feed all the children up to the desired level. She was pregnant of her second semester. She was admitted as SFP patient with her initial MUAC reading 19.3 and her treatment was started from the same day.



Second Visit

Zaitoona again visited facility on the completion of 15days interval; surprisingly her MUAC was 19.4 and was comparatively well. She shared with SSP staff that she consumed all the Food (Halwa) of CSB. She appreciated the counseling session taken with her by IYCF counselor and disclosed that she shared the same information with her other friends in the village and they also accepted the message. During her second visit a detailed 101 session was conducted with her all the necessary key messages with regards to IYCF were shared with her. .

3rd Visit

On her third visit March 5th, zaitona for her third follow up visit visited the health facility and when her MUAC was taken it was 22.6 that show that zaitona is now physically recovered and enjoying life with her Kids and addict husband...She thanked the project and resources provider and said that, I was due to weakness was unable to properly take care of myself and that of my children but now I feel better and comparatively taking better care of my family.



Success Story of Saloria

It was February 6th, 2015 during routine screening at village Noor Aslam Qala in UC Momand Khel, field team Saloriya daughter of Razullah Khan for admission in OTP. She belongs to village Noor Aslam Qala 4-5 KM away from the health facility and it takes 45 minutes to reach to hospital.

She was extremely weak and her conditions were not up to the mark. She was suffering from severe fever and chest infection too; her mother disclosed that she is suffering from diarrhea since several days. During assessment her MUAC reading was recorded 11.4. She was admitted to OTP and her treatment was started as per CMAM protocol. RVPS food was issued to her and her mother was oriented on how to prepare it.

After one week, SSP field team paid a follow up visit and it was witnessed that she improved a lot. A few positive changes were also witnessed by the team like no more fever and diarrhea and she could easily take food. Her MUAC reading on the same day was 11.5. For the Third follow up visit she was brought to the facility by her parents and surprisingly her MUAC reading on the third visit was recorded 11.8. SSP team had a one o one session with her mother on health and nutrition and how can we keep our kids away from such cases.

For the 5th Follow up visit, SSP field team visited her house and detailed assessment was made, the findings were extremely encouraging and her MUAC was exactly 12.00. She was referred to the facility for admission in SFP.

Her mother appreciated and thanked SSP Project and their work, and says that SSP Project give a new and healthy life to her child. And she termed the project Allah's Blessings on them.

Way Forward

SSP always intends to promote a culture of acceptance at all levels of every project intervention. Where fragmented societies can not only accept the changes but can also play their vital role to participate effectively for their sustained and developing future. SSP implemented a successful project in FR Bannu areas, where before that no single NGO has reached out. SSP got this opportunity for the very first time. Those positive steps actually strengthen SSP's outreach in such hard areas where organizations i.e. working in development sector don't have easy approach.

SSP launched with the financial support of Emergency Response Fund (ERF) Pakistan a three months project on "Provision of Emergency Nutrition Services for TDP's and Host Communities in four union councils (Takhti Khel, Zaraki Peer Bakhel, Khandar Khan Khel and MomandKhel 3,4) in FR Bannu for the conflict affected TDPs and host communities in four union councils of FR BANU. Global budget of the project was 70000 USD excluding supplies. THIS IS WORTH MENTIONING THAT SSP BECAME THE POINEER OF INTRODUCING CMAM AND IYCF PROJECT IN FR BANNU, No else NGO either local or INGO worked in the same buffer ZONE before. SSP was entrusted by the state departments to work there and for the first time in the same region some organization successfully completed a launched project. SSP signed formal agreement with ERF on 8th of December 2014 for three months and the projected ended on 12th of March, 2015. At the end of the project treatment cycle was completed by the WFP.

Recently SSP has signed a Memorandum of Understanding (MOU) on 18th of February, 2016 with the United Nations office for the Coordination of Humanitarian Affairs (UNOCHA) Pakistan chapter for the CMAM & IYCF project " *Provision of Emergency Nutrition Services to Returnee's and Stayee's in Two Tehsils namely Serwakai and Tiarza of South Waziristan Agency (SWA)*". The project is already launched there at the SSP regional office at Tank district. In this proposed project SSP will conduct a total of 1,440 health, nutrition & IYCF sessions in 6 nutrition sites, wherein a total number of 14,400 beneficiaries (10,080 women and 4,320 men, at 70:30 ratio) will participate. All the caretakers, grandmothers, mother in law, husbands and women others than PLWs, will be the intended beneficiaries of these sessions and will get the understanding of health and nutrition, which will increase their knowledge and understanding of malnutrition and its causes.

CONTACT DETAILS

1- Shafiq Ur Rehman Yusufzai

Head of Programs

Cell: 0345-5910510, 0300-5632003

Tel: +92-51- 2361122

E.mail: info@ssp.pk.org, ssp.pk.org@gmail.com, Shafiq.yousafzai@gmail.com

2- Khurram Javed Gandapur

Senior Manager Operations

Cell: 0300-8591112

Email: mkhurramj@hotmail.com

Islamabad office:

Office 08, Third Floor, Raja Haq Nawaz Plaza

G-11 Markaz Islamabad

(SSP) Social Services Program

URL: www.ssppakistan.org

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Tweeter: https://twitter.com/SSP_KP

Field Office

Old Sui Gas Office Tank City, District Tank

AUDIT REPORT 2014-2015

		AMOUNT (Rupees) 2015	AMOUNT (Rupees) 2014
3. PROVISION OF EMERGENCY NUTRITION SERVICE TO TDP's & HOST COMMUNITIES-ERF			
Staff cost		2,983,200	1,445,096
Supplies commodities and material	3.1	575,546	100,020
Travelling expense		1,032,208	374,087
Operational cost	3.2	470,798	141,803
Indirect program cost		495,300	-
		<u>5,557,052</u>	<u>2,061,006</u>
3.1 SUPPLIES COMMODITIES & MATERIALS			
Establishment cost for CMAM		226,910	58,900
Joint evaluation meeting		17,850	-
Strengthening of target health facilities visibility		-	41,120
Referral support to complicated		11,455	-
Orientation sessions		161,895	-
Awareness Session for MSF		72,165	-
Cost of cooking utensils		30,920	-
Cost of demonstration materials		54,351	-
		<u>575,546</u>	<u>100,020</u>
3.2 OPERATIONAL COST			
Communication		45,600	44,878
Stationery		109,402	-
Generator rent		51,716	-
Fuel cost of generators		21,192	-
Field office rent		90,000	96,925
Warehouse rent		81,000	-
Office supplies		35,260	-
Office utilities		34,628	-
Labour charges		2,000	-
		<u>470,798</u>	<u>141,803</u>
4 PROVISION OF EMERGENCY NUTRITION SERVICE TO TDP's & HOST COMMUNITIES-WFP			
Staff cost		1,140,000	-
Indirect program cost		100,000	-
Operational cost		500	-
		<u>1,240,500</u>	<u>-</u>

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5. CASH AND BANK BALANCES

Cash in hand
Cash at bank, current account, Pak Rupees
Cash at bank, profit & loss account, Pak Rupees

**AMOUNT
(Rupees)**

**AMOUNT
(Rupees)**

88,000	-
19,836	-
3,688	119,126
<u>111,524</u>	<u>119,126</u>

6. DATE OF AUTHORIZATION

The financial statements were authorized for issue by the Board of Directors on 21-09-2016



SENIOR OPERATION MANAGER



HEAD OF PROGRAM

PARTNERS



Federally Administered Tribal Areas (FATA)

