



SOCIAL SERVICES PROGRAM

2015-16

2015-16

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ANNUAL REPORT

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List of Abbreviation

Abbreviation	Description
SSP	Social Services Program
KPK	Khyber Pakhtunkhwa
VSWA	Voluntary Social Welfare Agencies
FATA	Federally Administered Tribal Areas
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
SFP	Supplementary Feeding Program
LW	Lactating Women
PW	Pregnant Women
PHPF	Pakistan Humanitarian Pool Fund
UNOCHA	United nation office for the coordination of Humanitarian affairs
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

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 eight 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 network 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

Social Services Program has started a mega project of MNCH services through mother and child days at FR Bannu in 2015 that conferred an edge to the organization that leads its positive role after successfully completing a project earlier in this conflict hit area once again. Before this project SSP completed the nutrition project with the financial support of Emergency Response Fund (ERF) Pakistan, that was 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 Momand Khel) in FR Bannu for the conflict affected TDPs and host communities in four union councils of FR Bannu. 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 project ended on 12th of March, 2015. At the end of the project treatment cycle was completed by the WFP.

KPK and FATA have been experiencing significant population movement due to conflict, sectarian violence and military operations since July 2008. This inflicted huge losses to the infrastructure & life. The June 15, 2014, military operation against the armed non-state militants in North Waziristan Agency (NWA); caused scale displacements of people to neighbouring FR Bannu, Lakki Marwat, Karak, Dera Ismail Khan and Bannu in KPK; Bakkar and Fatehjang in

Punjab Province and other parts of the country, as well as, to Afghanistan. According to FATA Disaster Management Authority (FDMA) more than 1 million IDPs were registered, majority of them are women (32%) and children (42%) who are the most vulnerable.

FR Bannu being in close proximity to NWA had to host significant number of IDPs, which overburdened its already resource constrained health and MNCH services. To respond to the situation, UNICEF and other humanitarian partners supported government to fill critical gaps in health and nutrition in Bannu & other areas; but FR Bannu remained a neglect.

FATA in general and FR Bannu in particular is one of the most disadvantaged and underserved regions, with very poor health indicators having MMR of 380/100,000 LB, U5 mortality of 104/1000 LB and IMR of 86/1000 LB. There were very poor EPI coverage (19.6% BCG coverage on recall) and only 20 LHWs worked for the whole region (covering only 4.2% population). Most of the health facilities were nonfunctional and the functional ones had constrained human resource health (HRH) and particularly the female (nurses & doctors), which was a barrier to the provision of quality MNCH services to IDPs and hosting communities. Resultantly ANC and delivery through SBA were very poor leading to increased MMR in the region, very low literacy rate (4.6% adult literacy) and rigid socio-cultural norms further aggravated the situation. Hygiene and sanitary conditions especially of women & children were at the worst, which put them at the risk of communicable and waterborne diseases. The worsening situation warranted an immediate redressal on priority basis to avoid preventable morbidity and mortality among affected population.

SSP having a strong presence in the area was entrusted to fill the gaps in MNCH services 3 health facilities and provide community based MNCH services to 100,000 people. The support was formalised through Project Cooperation Agreement which was in line with Multi Year Work Plan 2013-15, IR 1.4, activity 1.4.4, provide support to government and NGOs/CSOs for coordinated health (MNCH) response in emergencies.

Due to this SSP become the very first national NGO who was entrusted for implementation of this vital MNCH project in FR Bannu.

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.

Details of the both the projects including nutrition and MNCH project and the current ongoing project activities are as follow;

ON GOING EFFORTS

➤ Provision of Emergency Nutrition Services to the Returnees/Stayee's in Sarwakai sub division of South Waziristan Agency

Social Services Program (SSP) is currently implementing “CMAM and IYCF” project in SARWAKAI sub division of South Waziristan Agency (SWA) with the financial support of Pakistan Humanitarian Pooled Fund (PHPF), UNICEF and World Food Programme (WFP). Under the same project 5 CMAM static centers will be established at 5 different health facilities from where emergency nutrition services will be provided to intended beneficiaries. Through community outreach component, SAM, MAM and SC cases will be identified, enrolled/registered and treated as per CMAM and IYCF protocol. Expected outcomes by the end of the project are given below. This project was expected to start from 1st March, 2016 however due to delays in obtaining NOC was started from May 1st 2016 and PHPF granted two months (NCE) till October 30th 2016.

Expected Outcomes:

There are two major groups of potential or direct beneficiaries i.e. children of 6-59 months and PLWs, whose detailed breakdown is given in the below, Target Population of the proposed 3 tehsils 15,701 and 100% of it will be covered under the proposed project interventions .

Expected outcomes of the proposed project are

- Screening: # of children 6-59 months of age (12.1% of total population) 9,055 (females 4,434 and male 4,618) 10.9% of the target population.
- SFP: # of Moderate Acute Malnourished Children (10% of 6-59 months children) 1,245 (610 females+635 males)
- OTP: # of Severe Acute Malnourished Children (5% of 6-59 months children) 498 (244 female+254 male)
- SC: # of SAM Children with Medical Complications (5% of 6-59 months children)-20% of SAM 125 (61 female+60 male)
- De-worming: # of Children (24-60 months) (12 % of total population)-70% coverage 3882(1878 females+1954 males)
- MM Supplementation: # of Children (6-59 months) (12.1% of total population)- 70% coverage,5,317PLWs.
Pregnant/Lactating Women:
- Screening: # of Pregnant and lactating women-PLW (8% of target population) 6,646
- MMS: # of PLW provided multi-micronutrient supplements [80% of PLW] to 5,317 PLW's
- SFP: # of PLW at risk of malnutrition MUAC < 21 cm [15% of total PLW] 1,371 (PLWs (SFP)
- Sessions # of Sessions conducted for IYCF and Maternal Nutrition Promotion 1,344.

Targets vs. Achievements

Updated Progress of Nutrition Project in South Waziristan- August 2016.			
S.No	Activities	Target	Achievement
1	Children Screened	9055	4632
2	OTP Cases Identified	498	124
3	SFP Cases Identified	1245	618
4	PLW Screened	6646	3497
5	PLW SFP Cases	1371	436
6	Children OTP Admissions	498	97
7	Children SFP Admissions	1245	616
8	PLWs SFP Admissions	1371	394

“Pictorial Highlights of Nutrition Project South Waziristan Agency”





➤ **“Provision of Community Based MNCH Services through Mother and Child Days in FR Bannu”**

North-western areas of Khyber Pakhtunkhwa (KPK) and Federally Administrated Tribal Areas (FATA) have been experiencing significant population movement due to conflict, sectarian violence and military operations since July 2008. This inflicted huge losses to the infrastructure & life. The June 15, 2014, military operation against the armed non-state militants in North Waziristan Agency (NWA); caused scale displacements of people to neighbouring FR Bannu, Lakki Marwat, Karak, Dera Ismail Khan and Bannu in KPK; Bakkar and Fatehjang in Punjab Province and other parts of the country, as well as, to Afghanistan. According to FATA Disaster Management Authority (FDMA) more than 1 million IDPs were registered, majority of them are women (32%) and children (42%) who are the most vulnerable.

FR Bannu being in close proximity to NWA had to host significant number of IDPs, which overburdened it's already resource constrained health and MNCH services. To respond to the situation, UNICEF and other humanitarian partners supported government to fill critical gaps in health and nutrition in Bannu& other areas; but FR Bannu remained neglected.

FATA in general and FR Bannu in particular is one of the most disadvantaged and underserved regions, with very poor health indicators having MMR of 380/100,000 LB, U5 mortality of 104/1000 LB and IMR of 86/1000 LB. There were very poor EPI coverage (19.6% BCG coverage on recall) and only 20 LHWs worked for the whole region (covering only 4.2% population). Most of the health facilities were nonfunctional and the functional ones had constrained human resource health (HRH) and particularly the female (nurses & doctors), which was a barrier to the provision of quality MNCH services to IDPs and hosting communities.

Resultantly ANC and delivery through SBA were very poor leading to increased MMR in the region, very low literacy rate (4.6% adult literacy) and rigid socio-cultural norms further aggravated the situation. Hygiene and sanitary conditions especially of women & children were at the worst, which put them at the risk of communicable and waterborne diseases. The worsening situation warranted an immediate redressal on priority basis to avoid preventable morbidity and mortality among affected population.

In this connection one of UNICEF partner SSP having a strong presence in the area as entrusted to fill the gaps in MNCH services 3 health facilities and provide community based MNCH services to 100,000 people. The support was formalized through Project Cooperation Agreement which was in line with Multi Year Work Plan 2013-15, IR 1.4, activity 1.4.4 {provide support to government and NGOs/CSOs for coordinated health (MNCH) response in emergencies}.

Considering the sensitivity of the issue, UNICEF and SSP agreed to invest in strengthening of MNCH services both at health facility and community level through filling of critical gaps in health facility and establishment MNCH services provision at the doorstep of the community.

Rationale for MNCH services project in FR Bannu

- Many of these events could have been averted through
-Provision of optimal care at basic health HF level.
- Although progress has been made in increasing the coverage of several key reproductive, maternal, newborn and child health interventions over the past two decades, but there has been limited progress in
-Improving maternal and pediatric outcomes because of a major gap between coverage and the quality of care provided in HFs.
- Therefore, Improving the quality of HF based healthcare services

Making quality an integral component of scaling up interventions to improve health outcomes of mothers, newborns and children is of utmost importance.

Health Infra Structure & Services in FR Bannu

- The Directorate of Health FATA has been striving to promote a healthy society through a network of facilities & services, with its representative in each agency & FR area. It manages
 - 11 BHUs,
 - 7 CHCs,
 - 01 MCH Center,
 - 52 CDs and

- 02 labor suits here.
- There is no Tehsil or District level hospital.
- MCH situation of the area has not improved and 66% of the PLs & 72% mothers had not visited a Health Facility (HF).
- 13% of respondents blamed cultural & religious belief and taboos, and 15% reported lack of HF in their area for their health problems.
- All the health facilities are in a poor state of functioning.
- The state of affair in 1 BHU (Qamar Qalay, in UC Zaraki Pirba Khel) and 2 CHCs (Asif & Khanay in UCs Momand Khel & Takhti Khel respectively) is:
 - Civil works:
 - Both the CDs lack rooms for FMO & LHV.
 - None had the functional labour room facility.
 - Only the BHU had accommodation for the FMO/LHV.
 - HHR: Only the BHU had one MO and one LHV posted.
 - All the facilities were deficient in equipment and supplies.
 - All had dearth of medicines.

UNICEF intervention:

- Apart from these facts, the complex emergencies in the area aggravated the situation.
- This lead the UNICEF to come to the rescue of people of the area and IDPs from NWA
- And there was this MNCH project, through MCDs

SPECIFIC OBJECTIVES OF THE PROJECT:

1. To strengthen MNCH & EPI Services; through filling of critical HR, equipment and supplies gap in target HFs to ensure quality MNCH Services for HCs and TDPs.
2. To provide ANC, NC and PNC to PLs from the target populations.
3. To improve health and nutritious status of women and children's of IDPs and host communities living in target Union Councils of Bannu by ensuring immediate access to life saving communities based MNCH package
4. To develop functional referral linkages from community to PHC facilities and onward to secondary or tertiary care hospital if needed.
5. To deworm all children 2-5 years in target union councils
6. To identify epi defaulters and provide routine vaccination services to all children under 2 years of age and pregnant women in target areas
7. To provide MM Sachet tablets to children 6-59 months age and PLWs
8. To deliver health, nutrition and hygiene behavior communication messages for improving health and nutritional status of internally displaced mothers and children
9. To provide health, nutrition and hygiene commodities to registered families and pregnant women

PROPOSED ACTIVITIES OF THE PROJECT

The key activities to be undertaken to achieve the stated objectives are: -

1. Advocacy meetings with local elders and elected representatives, influential, local HFs staff and community stakeholders for introducing the MCH & hygiene promotion package.
2. Training of the project staff on social mobilization, health/nutrition & hygiene promotion and registration
3. Establishment of MNCH services with 24/7 EmOc services in three facilities
4. Provision of antenatal, natal and postnatal services
5. Social Mapping of the target Union Councils
6. Conducting Health, Nutrition and Hygiene Promotion session by social organizers and LHVs/female Assistant for promoting appropriate homecare, nutrition and hygiene practices for mother, newborn and children among the families
7. Arranging/conducting Mother and Child days at already identified places for delivering MCH and hygiene promotion package comprising immunization and basic MNCH services (ANC, provision of CDK, NBK, deworming, ORS, LLINs, MMS/MMT)
8. Setting up health committees to improve referral and utilization of facility and UC and village level.

OUTCOME OF THE INITIATIVE

- At the end of project, a minimum of the 80% of the target are achieved with detail as follows
 1. 80% of 12000 children (24-59 months) receive de-worming treatment during outreach visit visits by community volunteers.
 2. Vaccination status of 80% identified defaulters from 7000 eligible children (U2 years) and 4000 PLs will be screened for vaccination and defaulters will be vaccinated with relevant antigen
 3. 80% of 33332 families (PL/children) have increased access to life saving interventions package.
 4. 80% of 4000 pregnant women have increased access to appropriate MNCH services through skilled person in an equitable manner
 5. 80% of 30,000 children (6-59 months) and 16000 PLWs receive MMS
 6. 80% of 1000 PLs delivered at Health Facility level through SBAs
 7. 80% of 16666 families are reached through health and hygiene promotion sessions for behavior change communication messages
 8. Health facility based Committees (VHCs) organized and functional for all the three health facilities.

TARGETED POPULATION

Direct beneficiaries of the project are:

- ❖ PLs
- ❖ LWs
- ❖ Children 6-59 months old
- ❖ U2 years
- ❖ 2-5 years



IMPLEMENTATION PERIOD

6 months

Start date June 27, 2015

End date November 30, 2015

Launching Ceremony:

Launching ceremony regarding “Provision of Community Based MNCH Services through Mother and Child Days in FR Bannu” arranged in Bannu Press Club. Different stakeholders from line departments as well as community participated in the event.



HEAD OF PROGRAM SHARING PROJECT DETAILS WITH PARTICIPANTS



SENIOR MANAGER OPERATION WELCOME ADDRESS TO PARTICIPANTS

ACHIEVEMENTS AGAINST THE TARGETS FOR DIFFERENT ACTIVITIES

❖ ESTABLISHMENT OF 3 MNCH CENTERS IN 3 UNION COUNCILS

- One at each of the UCs
 - Ziraki Pirba Khel,
 - Muhmand Khel and
 - Takhti Khel

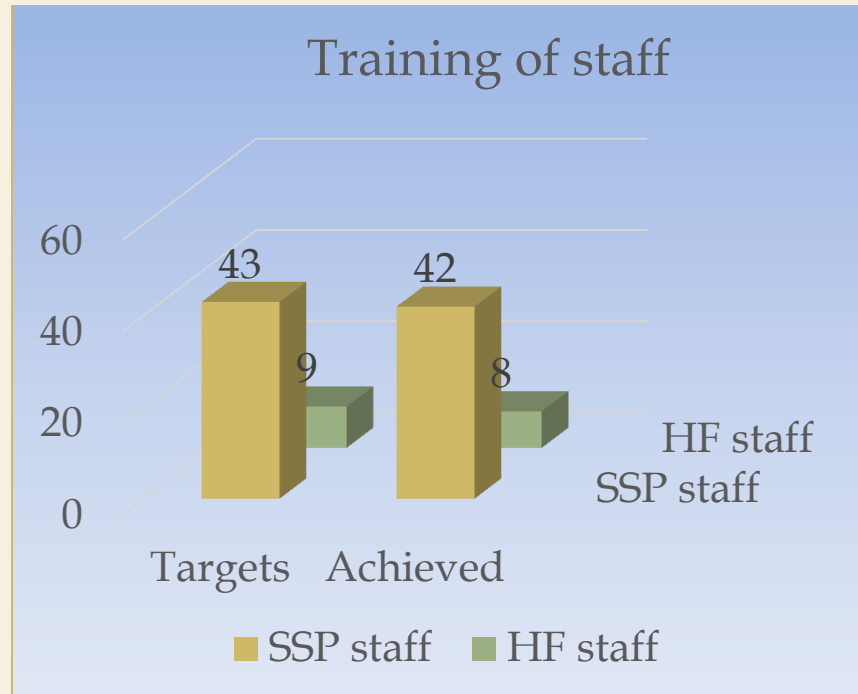
Achievement 100%



❖ TRAINING & CAPACITY BUILDING OF HEALTHCARE PROVIDERS OF SSP & FR BANNU HEALTH SERVICES

- It was targeted and to build the capacity of
 - 43 SSP work force and
 - 09 healthcare providers from the respective HFs

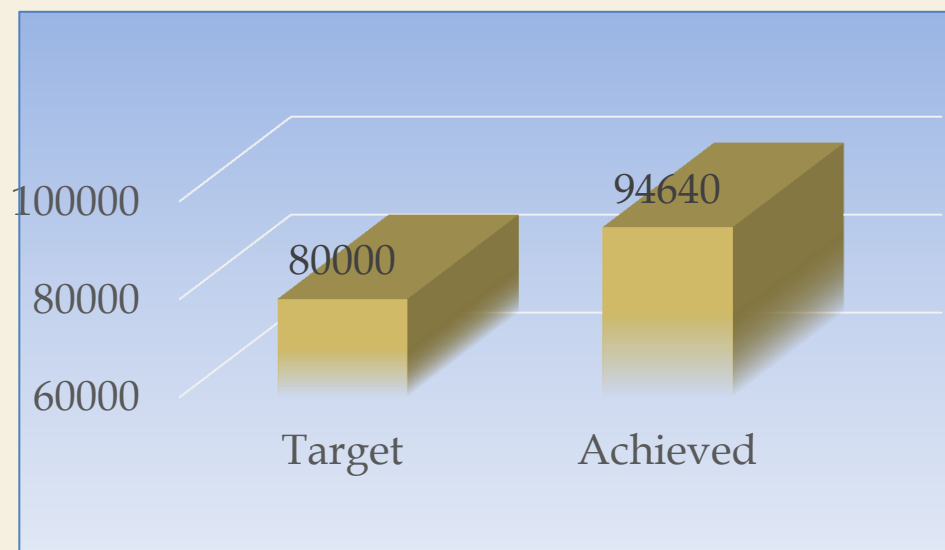
Achievement 100%



❖ POPULATION COVERAGE

- Target 80% (80,000) of the assigned Population i.e., 100,000 individuals in the concerned UC's of FR Bannu
- **Achievement 118.3%**

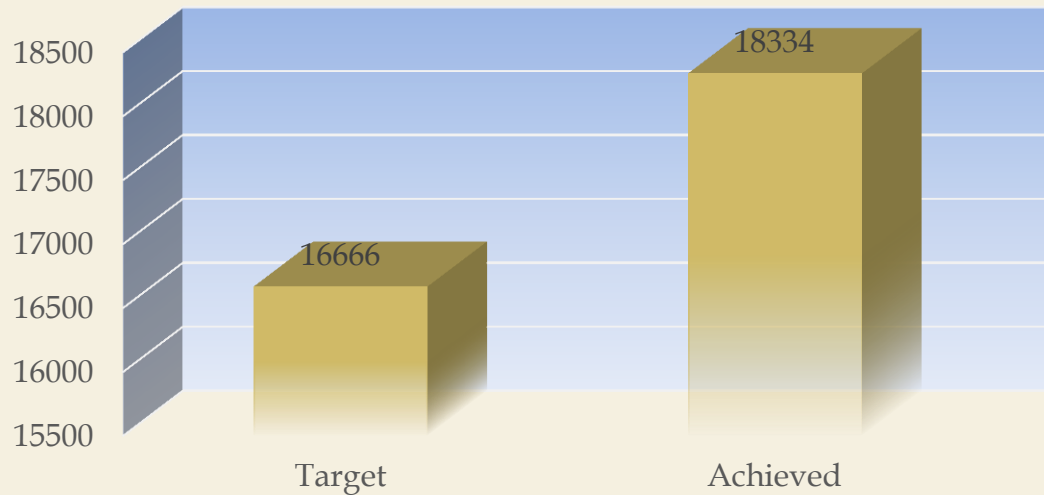
POPULATION COVERAGE



❖ REGISTRATION OF THE FAMILIES

- Target was to reach (16666) families in the assigned area of FR Bannu
Achievement 110%

REGISTRATION OF THE FAMILIES



❖ VACCINATION U2 YEARS CHILDREN

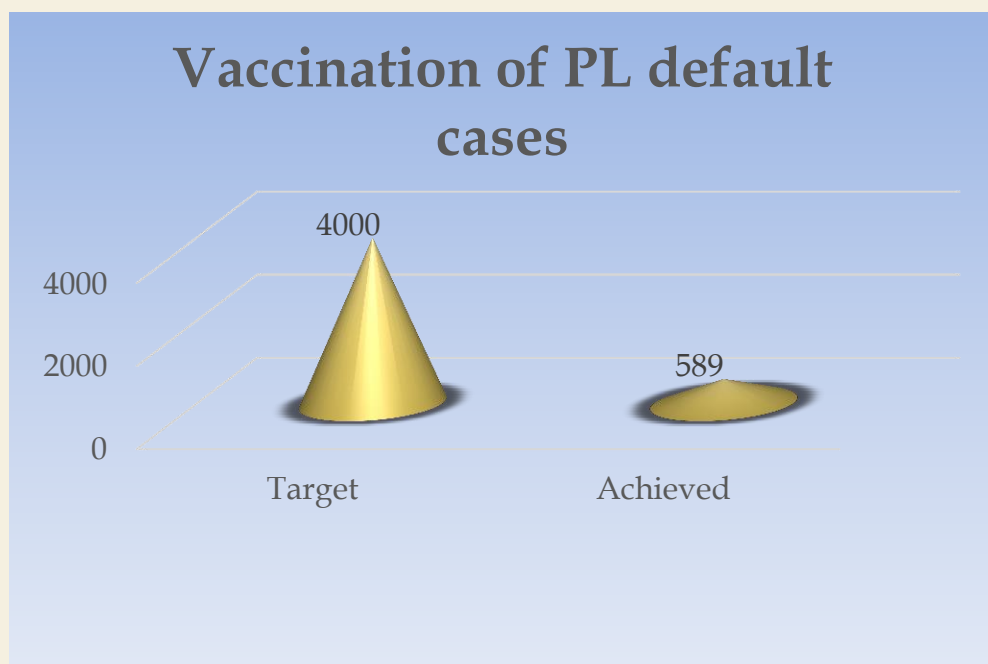
- Target was to vaccination of 7000 eligible children (under 2 years)
Achievement 72%

Vaccination U2 children



❖ VACCINATION OF PL DEFAULT CASES

- Target was to screen 4,000 pregnant ladies for vaccination and defaulters will be vaccinated with relevant antigen
Achievement 15%

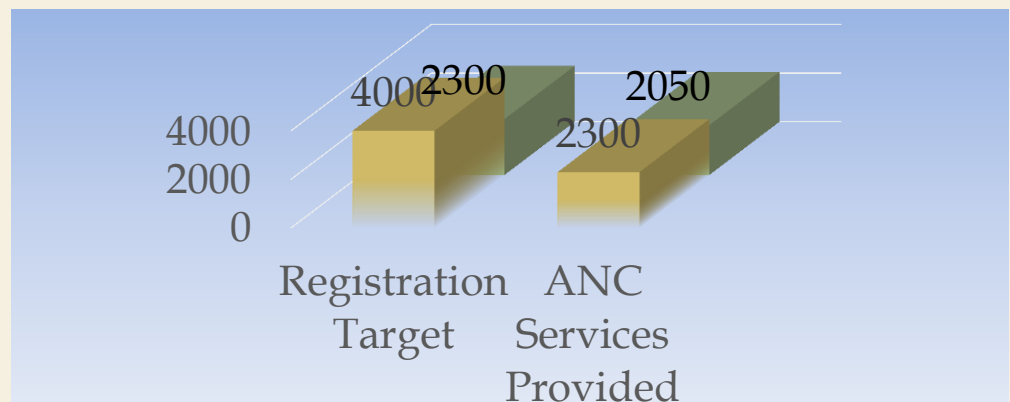


❖ **PLS HAVING INCREASED ACCESS TO MNCH SERVICES**

- Target was that 4,000 PLs have increased access to appropriate MNCH services through skilled persons in an equitable manner.

Achievement 58%

INCREASED ACCESS TO MNCH SERVICES FOR PLS



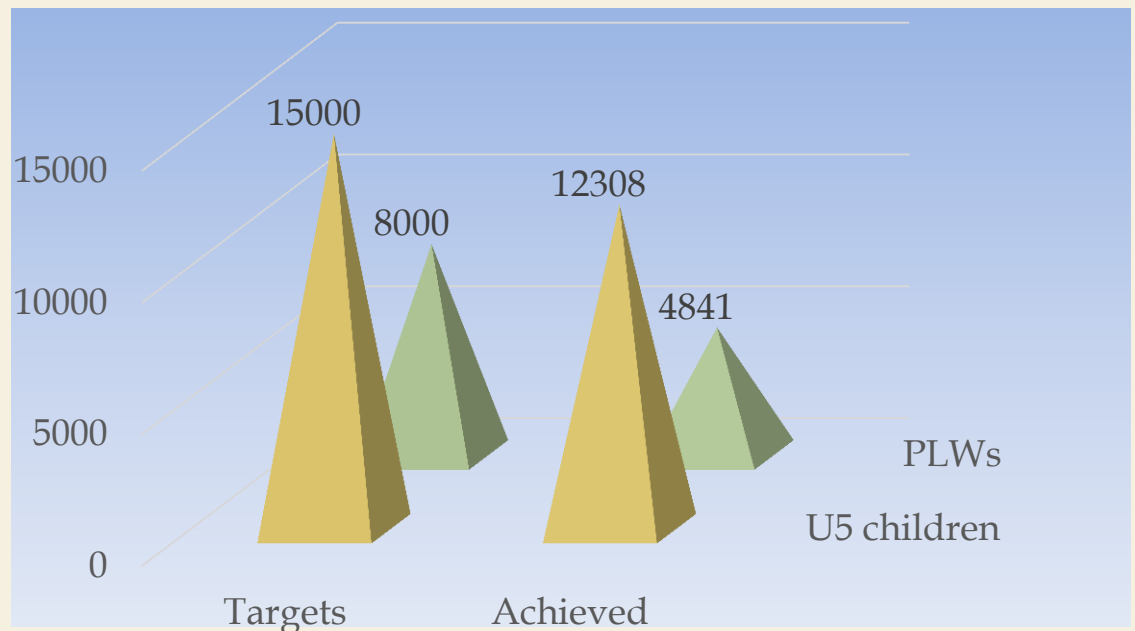
❖ **MM SUPPLEMENTATION TO U5 CHILDREN & PLWS**

- Targets was 15,000 (6-59 months) children out of 8000 PLWs receive MM supplementation

• **Achievement**

- **Children (12308) 82%**
- **PLWs (2811+2030) 61%**

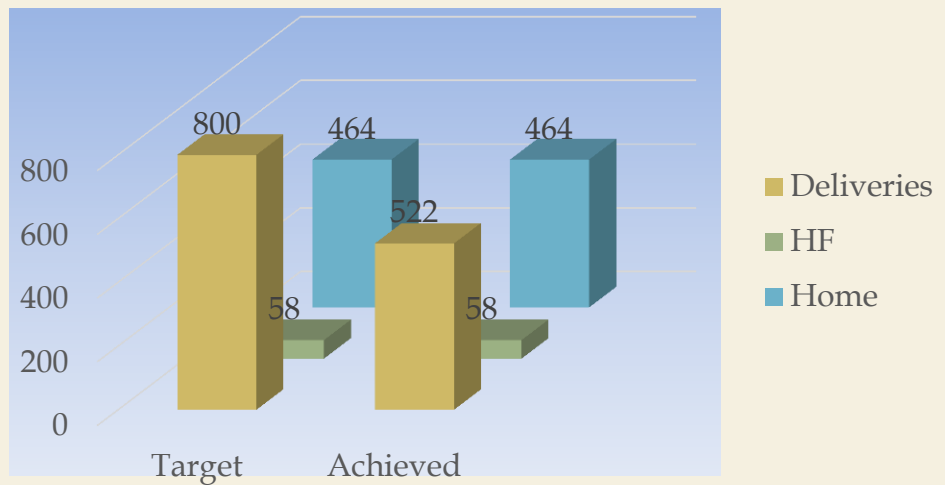
MM supplementation for U5 children & PLWs



❖ PLS DELIVERED AT HF LEVEL

- 80% (800) of 1000 PLs delivered at Health facility level through SBAs. Breakdown is
 - At home 464
 - At HF 58
- **Achievement 65.25%**
- The breakdown of achievements
 - At home 464
 - At HF 58

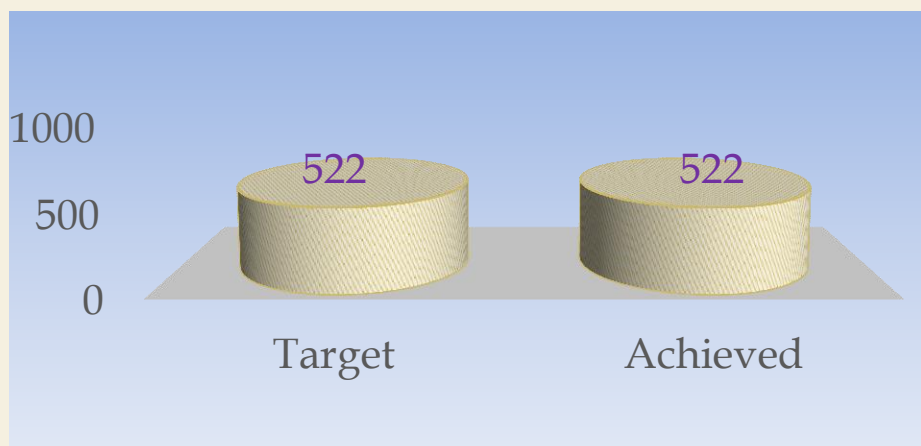
PLs delivered at HF level



❖ POSTNATAL CARE TO THE PLS DELIVERED

- 100% of the 522 PLs delivered are provided postnatal care at the health facility.
- **Achievements 100%**

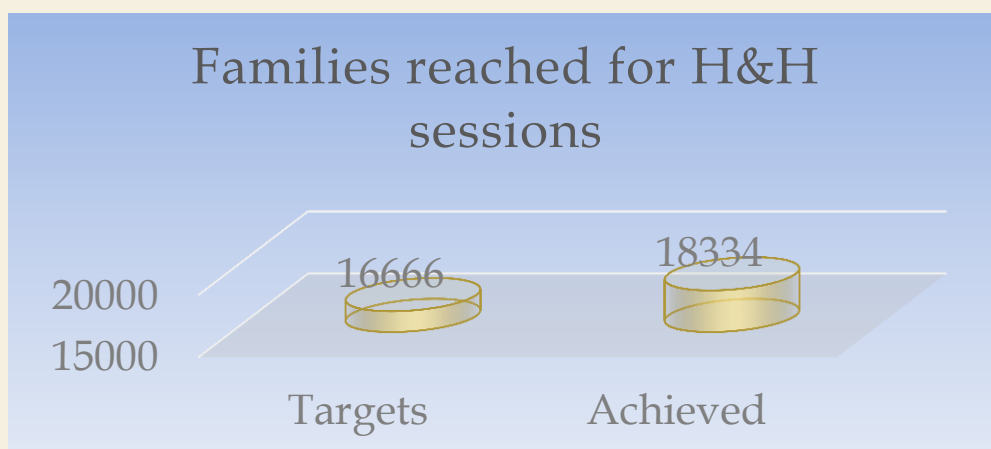
POSTNATAL CARE TO DELIVERED PLS



❖ FAMILIES REACHED THROUGH HEALTH & HYGIENE SESSIONS

- 100% of 16,666 families will be reached through health and hygiene promotion sessions for behavior change communication messages.

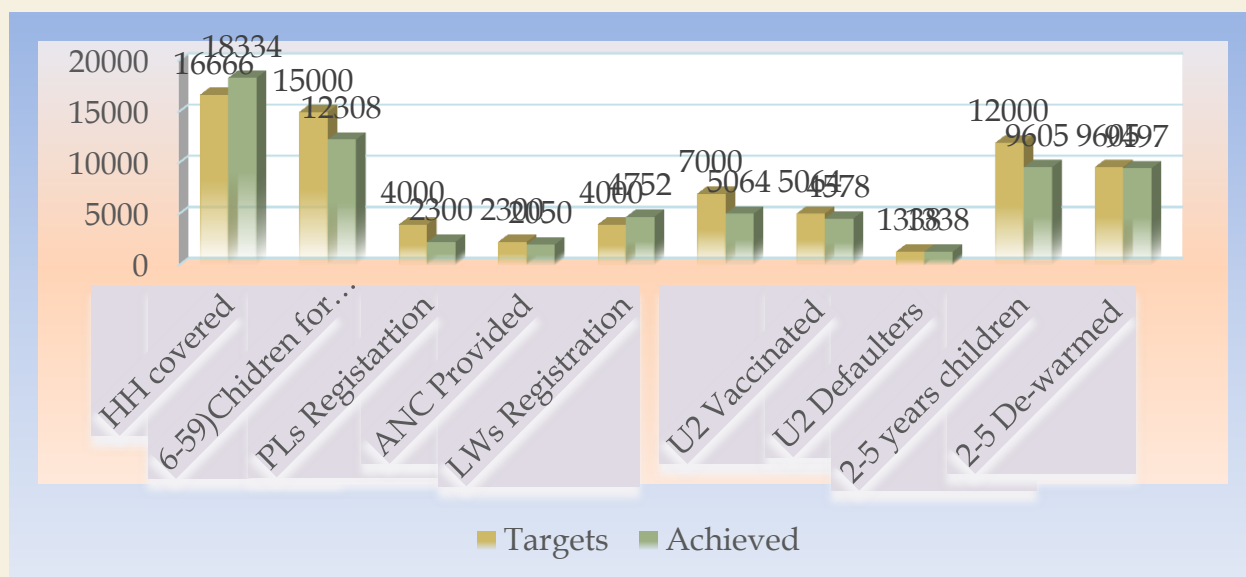
- **Achievements** **110%**



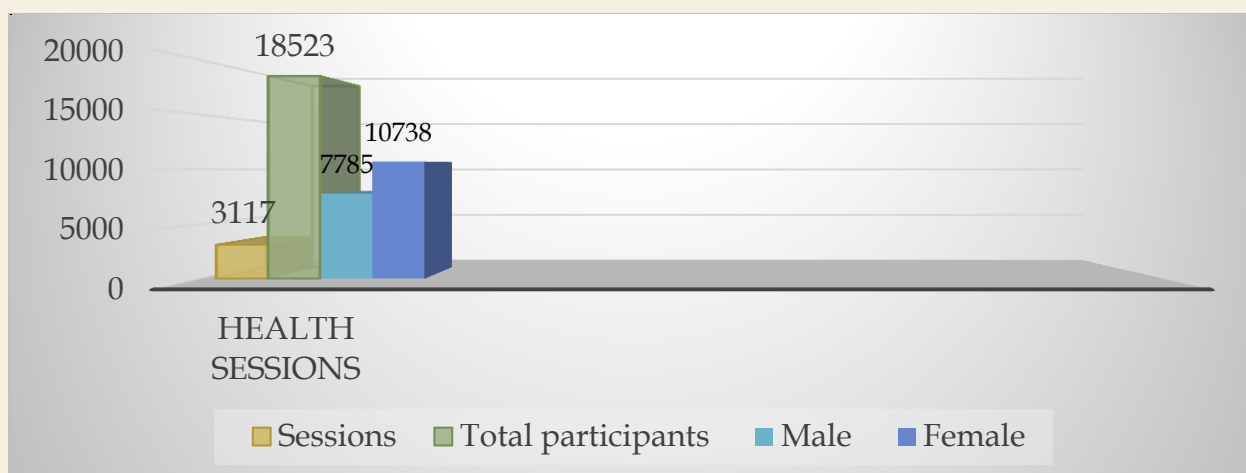
❖ REFERRAL OF COMPLICATED CASES OF PREGNANCIES

- 100% of the cases of complicated pregnancy were referred to tertiary healthcare facility
- 213 cases

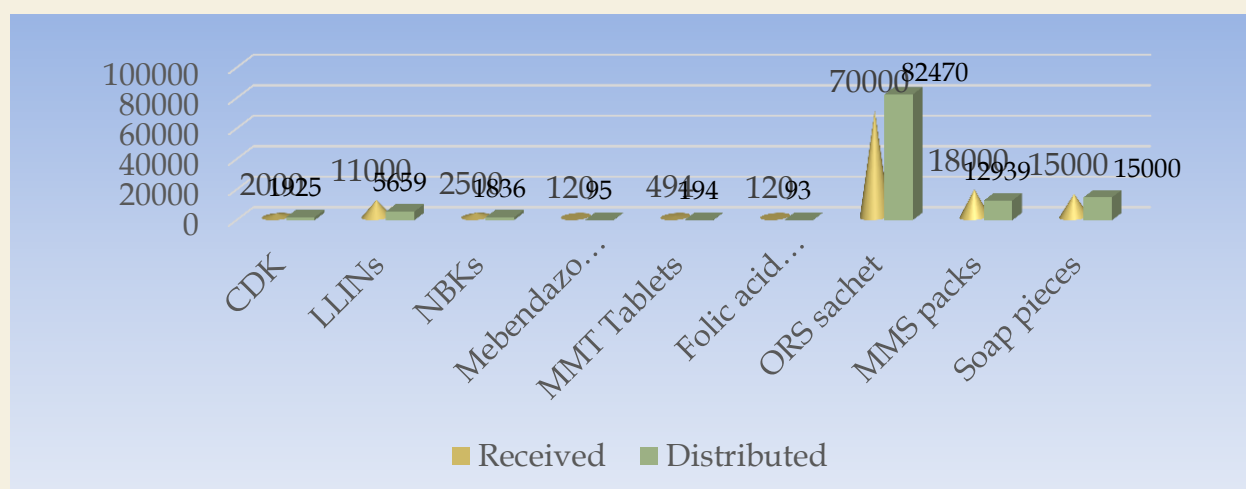
CATEGORIES OF BENEFICIARIES REACHED



HEALTH SESSIONS



NFIs and other commodities distribution



❖ KEY ACHIEVEMENTS UNDER MNCH & MCD PROJECT

1. Improvement in immunization status % of FR Bannu through D2D visits of Community Volunteers (CVs) on daily basis for by round reports.
2. Local population was persuaded to routinely visit the HFs for their health related issues, through community mobilization by SSP's SOs & CVs.
3. General population's trust was built on local healthcare system and importance of proper check-up during Pregnancy.
4. UNICEF partnership & continued support internally strengthened the monitoring & financial system of SSP on long term basis.

5. Strong bondage & linkages were developed with FDMA, Agency Health Services and other relevant stakeholders, which enabled SSP to deliver in the best way.
6. Regular participation in monthly National/Provincial cluster meetings was ensured for better coordination between other implementing partners.
7. Participation in Mid/Annual Review meetings was ensured, which permitted to review our strategies and make appropriate changes if needed.
8. Joint process monitoring allowed the SSP to stick to our goals and allowed us to identify the gaps in thereof.
9. Hiring of approximately 80 persons from FR Bannu & NWA IDP's, was an excellent experience, which alleviated their sufferings and increased the workability of the SSP.

❖ **KEY ISSUES, CHALLENGES AND CONSTRAINTS**

1. Lower literacy rate of the impact area adversely affected the progress project and at times hampered it.
2. Some cultural taboos & ill beliefs, especially about the vaccination & taking the honorable lady wives out for treatment and especially for issues related to reproductive health was a great issue and it was a real time challenge to break them.
3. The security situation of the area was not ideal and repeated curfews affected the progress badly at times. Anyhow at times it facilitated the work.
4. Women empowerment is a threatening or irritating word in this male dominated society.
5. Law and order situation in the area was not up to the mark, despite courageous efforts by security agencies.
6. Provision of medicine remained an issue throughout the period, as people insisted for that along with food & NFI's, MMS, MMT and Folic Acid Tablets.
7. Floods in the summer season affected the progress, especially in the Takhti Khel UC.
8. Essential medicines for safe delivery could not be provided in spite of the best efforts to procure the same by SSP.
9. Similarly, non-availability of essential medical equipment's/instruments also affected the safe home/HF based deliveries.

WAY FORWARD

- As this program has benefitted the masses this needs to be continued
- Not only continued, but its impact areas should also be increased
- Whole of the FR Bannu population should be considered to benefit from this project
- This project needs to be integrated with nutrition and primary health program
- SSP offers it's our services for the same.

PICTORIAL HIGHLIGHTS OF THE PROJECT ACTIVITIES



BHU before SSP took over



After SSP's interventions



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.

NET WORKING AND LINKAGES ESTABLISHMENT

SSP believes in synergy, networking ,capacity building of local CSOs and linkages establishment, technical guidance and support in linkages establishment, in this regard SSP supported a local CSO (SAHARA), umbrella organization of the COs established by different development organization before and after the earth quake in the valley. They were introduced to the local social welfare department and now are a registered entity.

This small initiative created a very good ground for both SAHARA and SSP in the Valley. Since last year June, SSP and SAHARA are jointly operating in the valley and both the organizations are trying their best in creating awareness amongst the local communities with regards to social accountability, both organization has very exceptional acceptance at the community level.

CONTACT DETAILS

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Tweeter: https://twitter.com/SSP_KP

Field Office

Old Sui Gas Office Tank City, District Tank

FINANCIAL REPORT 2015-2016

SOCIAL SERVICES PROGRAM
Consolidated Financial Report July 01, 2015
to June 30, 2016

Particulars	Amount (Rs).
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Ordinary Income/Expense

Income

Income

7000 · Funds from donors

Sylvie lasserre

7014 · Sylvie lasserre	937,440.00
Total Sylvie lasserre	937,440.00
7010 · ERF Nutrition Project	1,176,795.30
7011 · WFP	1,929,074.00
7012 · UNICEF	16,006,285.00
7013 · PHPF	9,349,499.00
7015 · SSP Core	809,503.00
Total 7000 · Funds from donors	30,208,596.30

Total Income	30,208,596.30
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Total Income	30,208,596.30
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Expense

Expenditure

8000 · Staff cost

8001 · Nutrition Project Coordinator	904,538.00
8002 · Admin/Logistic/Finance Officer	571,568.00
8003 · M&E Officer	100,000.00
8004 · MIS/NIS Assistant	336,719.00
8005 · Security Guard/Helper (FO&WO)	750,115.00
8006 · Team Leader/Medical Officer	1,336,796.00
8007 · Female Nutrition Assistants	355,161.00
8008 · Male Community Mobilizers	1,157,537.00
8009 · Nutrition and Health Educators	360,699.00
8010 · Community outreach workers	508,177.00
8011 · Female IYCF Supervisor	100,000.00
8012 · Female IYCF Counselors	225,661.00
8013 · Honoraria for BHU staff add sup	113,000.00
8015 · Female Medical Officer	908,322.00
8016 · Lady Health Workers	2,182,936.00
8016.1 · Assistant LHV	625,100.00
8016.2 · Vaccinators	731,432.00
8016.3 · Community Volunteer Male	939,789.00
8016.4 · Community Volunteer Female	973,186.00
8016.5 · Logistic Assistant	292,863.00

SOCIAL SERVICES PROGRAM

Consolidated Financial Report July 01, 2015 to June 30, 2016

Particulars	Amount (Rs).
8016.6 · Admin Assistant	244,486.00
8017 · Executive Director Salary	172,295.00
Total 8000 · Staff cost	14,040,380.00

8020 · Supplies Commodities & Material

8021 · Establishment cost for CMAM cnt	108,045.00
8023 · Referral support to complicated	109,768.00
8024 · Orientation sessions	87,050.00
8026 · Cost of demonstration materials	42,740.00
8028 · Honoraria for BHU health staff	100,000.00

Total 8020 · Supplies Commodities & Material 537,603.00

8030 · Travel

8031 · Vehicle rental including driver	3,575,341.00
8032 · POL	1,750,219.00
8033 · Rental Ambulance Running	546,416.00

Total 8030 · Travel 5,871,976.00

8040 · Operational cost

8041 · Communication (int, fax, ptcl)	119,172.85
8042 · Stationery	181,830.00
8045 · Field Office rent	841,408.00
8046 · Warehouse rent	375,990.00
8047 · Office supplies	231,931.00
8048 · Office utilities	76,519.00
8049 · Bank Charges	5,950.00

8050 · Labor Charges 5,000.00

Total 8040 · Operational cost 1,837,860.85

Total Expenditure 22,287,819.85

8060 · Training/Refreshment of Staff	74,160.00
8070 · Advocacy meeting	213,610.00
8080 · Project Launching	30,000.00
8090 · Review Meeting	81,957.00
8100 · Female Hostel Rent	47,450.00
8102 · Printing & Stationary	80,579.00
8103 · Equipment for staff	447,903.00
8106 · Staff DSA	187,500.00
9000 · Indirect programme support cost	1,920,115.00

Total Expense 25,371,093.85

SOCIAL SERVICES PROGRAM
Consolidated Financial Report July 01, 2015
to June 30, 2016

Particulars	Amount (Rs).
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Net Ordinary Income 4,837,502.45

Other Income/Expense

Other Expense

Office & Ware House repairs

8052 - Office & ware house repairs & m	58,000.00
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Total Office & Ware House repairs	58,000.00
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Total Other Expense	58,000.00
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Net Other Income -58,000.00

Net Income 4,779,502.45

Prepared & Checked by



Javed Iqbal
Finance Manager

Approved by



Shahid ur Rahman Yousaf Zai
Head of Program

September 26, 2016

*The report is generated from SSP Financial program

PARTNERS

