SOCIAL SERVICES PROGRAM

CMAM & IYCF PROJECT TANK

PROVISION OF EMERGENCY NUTRITION SERVICES FOR IDPS AND HOST COMMUNITIES IN UNION COUNCIL RANWAL & JATATAAR IN DISTRICT TANK

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Malnutrition is a common scene in Tank district of KPK. One of the study child from the project shows many signs of malnutrition including thinning of the hair & skin, a variety of skin lesions, loss of pigmentation, rocketry rosary, cheilitis, muscle wasting and critically low MUAC measurement.

Reference: Grover, Zubin; Ee, Looi C. (2009). "Protein Energy Malnutrition". Pediatric Clinics of North America 56 (5): 1055–1068.

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TABLE OF ABBREVIATIONS

Abbreviation	Description
BHU	Basic Health Unit
CMAM	Community Management of Acute Malnutrition
DC	Deputy Commissioner
CIS	Community Interaction Strategy
COW	Community Outreach Worker
DG	Director General
DI Khan	Dera Ismail Khan
DoH	Department of Health
FATA	Federally Administered Areas
FB	Face Book
H&E	Health & Education
HH	Household
HoP	Head of Program
HR	Humane Resource
IDP	Internally Displaced Person
IYCF	Infants Young Child Feeding
JUI	Jamiat-e-Ulama-e-Islam
KPK	Khyber PakhtoonKhwa
MAM	Moderately Acute Malnutrition
MM	Multi Micronutrients
MPA	Member Provincial Assembly
MoU	Memo of understanding
MUAC	Mid Upper Arm Circumference
NA	Nutrition Assistant
NB	Nota Bene (note well)
NC	Nutrition Coordinator
NGO	Non-Governmental Organization
NOC	No Objection Certificate

OTP	Outdoor therapeutic program
OW	Outreach Worker
PATA	Provincially Administered Areas
PDMA	Provincial Disaster Management Authority
PLW	Pregnant & Lactating Women
PTI	Pakistan Tehrek-e-Insaf
SAM	Sub-Acute Malnutrition
SFP	Supplementary Feeding Program
SMP	Social Mobilization Process
SSFA	Small Scale Funding Agreement
SSP	Social Services Program
TWG	Technical Working Group
UC	Union Council
UNICEF	Unite for Children
UNOCHA	United nation office for the coordination of Humanitarian affairs
VVC	Village Volunteer Committee
WFP	World Food Program
WHO	World Health Organization

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MASSAGE 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

ACKNOWLEDGEMENTS

I on the behalf of Social Service Program (SSP) would like to highly appreciate the entire UNICEF Health Team for their trust and providing SSP this opportunity to prove its worth. This was indeed a turning point in SSP's life.

SSP duly acknowledges the moral support and facilitation it received from DG, PDMA's and his staff for the cooperation it enjoyed during the processing of NOC.

SSP acknowledges the facilitation, protection and provision of logistics by the local administration of district Tank. SSP was the first ever NGO who used JIRGA HALL at deputy commissioner's (DC) office, both for staff training and for closing ceremony of the project. Dynamic, energetic, motivating and enlightening personality of Mohammad Farooq Khan-DC Tank was the steering force behind all this, for which he is endorsed. The establishment of a Stabilization center for the malnourished children and mothers was a challenging job and at this moment Commissioner DI Khan, Mushtaq Khan Jadoon was a beacon of hope for us and he truly came to our rescue and we managed to get one at DHQ Hospital Tank.

It will be a sheer injustice if SSP does not acknowledge the services of health department of Tank district and DI Khan division. They and the staff of Ronwal & Jatataar BHUs were very much supportive, cooperative and accommodative.

Last but not the least, SSP's appreciation goes to all those who directly or indirectly contributed to the success of this project, we cannot ignore the efforts of the field staff, especially that of the community outreach workers who knocked every door at the cost of their lives. They deserve a big hand, whatever Social Services Program achieved today, its sole credit goes to their un-tired sincere efforts.

SHAFIQ UR REHMAN YOUSAFZAI

BACKGROUND INFORMATION

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.

So the southern KPK was in real need of nutrition intervention. 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 SSP's own promotional page on FB.

A three member's selection committee was constituted, headed by SSP's Head of Program. The same committee conducted interviews; SSP Nutrition Coordinator and Deputy Project Coordinator were members of the selection committee. The selected persons were hired on contract basis. Five days orientation training was organized for project staff on "CMAM and IYCF". Field work was started immediately after the training. It is worth mentioning that local administration suspended NGO's activities in the District during Muharram. SSP hired field staff from the local area; they opted to carry on with low profile the routine activities even during suspension. In spite of all odd circumstances, volatile law and order situation, moreover in a life threatening environment, SSP successfully completed all the three rounds of the project (November-December, 2013 and that of January, 2014).

EXECUTIVE SUMMARY

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 (basic Health Units).

OBJECTIVES OF THE CMAM & IYCF PROJECT

Overall objective of the project were:

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 WERE

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.

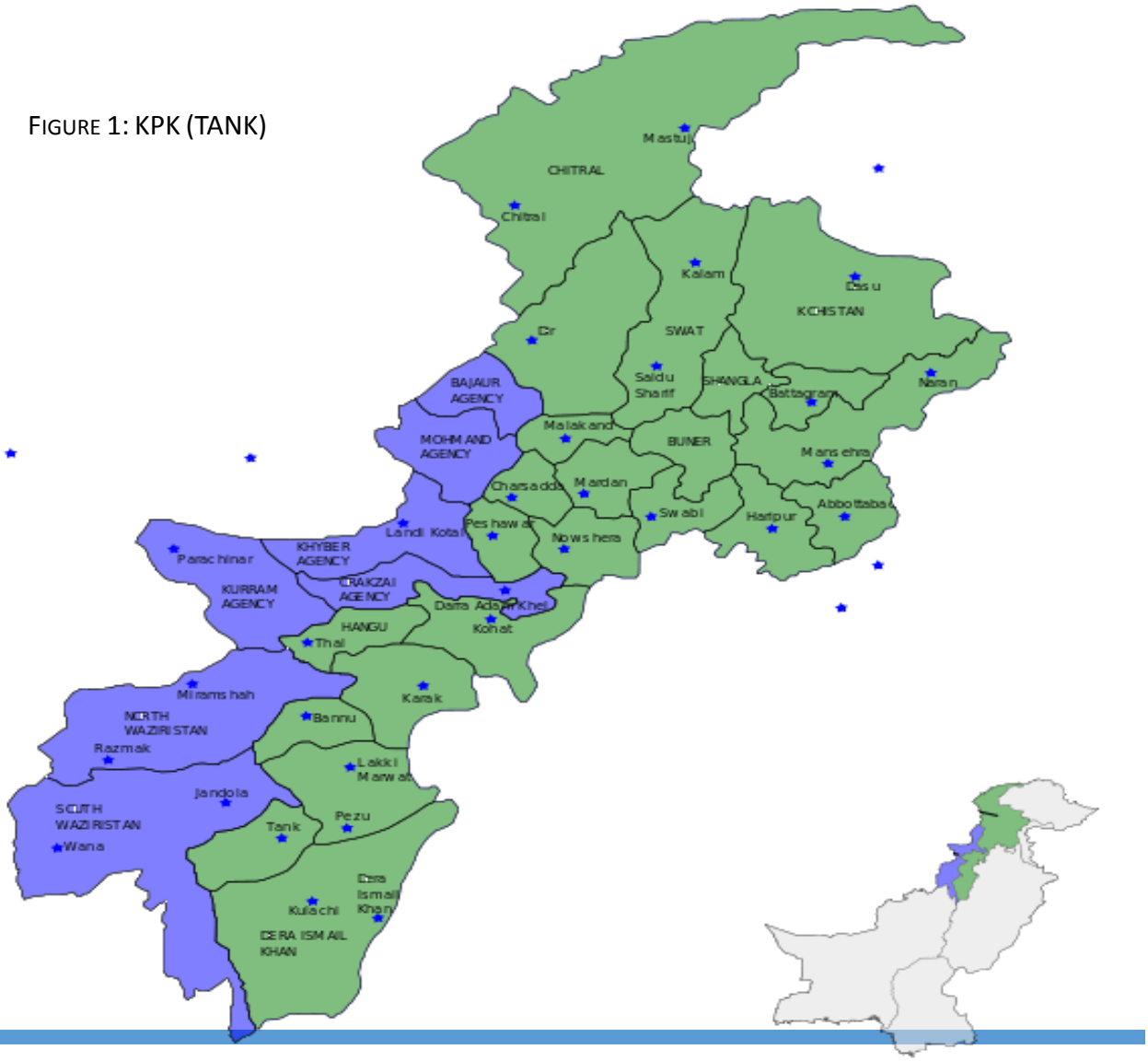
AGREED OUTPUTS

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

FIGURE 1: KPK (TANK)



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	IDP's	183	1375	**1558**
Total		**2868**	**2894**	**5761**
Area Covered (HH)		**1167**	**1212**	**2379**
Coverage in terms of percentage		**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.

PICTORIAL HIGHLIGHTS

FIGURE 2: SSP, HOP DURING SESSION

FIGURE 3: SSP-NC DURING DEMONSTRATION

FIGURE 4: GROUP DISCUSSION

FIGURE 5: GROUP PRESENTATION

FIGURE 6: SESSION ON IYCF

FIGURE 7: BRIEFING ON CMAM

KICK OFF MEETING AT CHADRAR - THE WAY WE PROCEEDED

FIGURE 8: KICK OF MEETING IN COMMUNITY

A field office was established in Tank, CMAM sites both for OTP and SFP were also established at basic health unit Chadrar and Ronwal. Necessary furniture was provided to the BHUs along with banners, name plates and sign boards. After the completion of orientation training, field staff, on a very short notice, organized a kick off meeting at Chadrar, the main and biggest village in union council Jatataar. Ex Nazim and local political leaders attended the same. The outcome of the same meeting was that, the community realized and assured that, the medical technician will be invited and all issues related to BHU will be resolved. SSP facilitated the same meeting too and the Medical technician agreed upon that, initially he will be visiting the BHU three working days in a week. This is worth mentioning that, the same health facility

FIGURE 9: RECONCILIATION MEETING AT BHU CHADRAR

remained closed for months and there was a dispute between the locals and medical technician. SSP established CMAM outpatient therapeutic program (OTP) and supplementary feeding program (SFP) sites at the same facility and started work accordingly.

Figure 10: Basic Health Unit Chadrar before SSP Nutrition Interventions

Figure 11: After SSP interventions and Reconciliation efforts

NB: The renovation work in the same BHU was carried out from SSP own resources.

ADVOCACY-MOBILIZATION

Mass Community Mobilization

In order to successfully and timely implement CMAM & IYCF project in a life threatening environment, SSP has adopted a two prong strategy with primary focus on to identify and build the capacity of the existing traditional institutions and parallel formation of village volunteers committees (VVCs) at village/muhallah level. SSP community outreach workers with the support of technical staff have ensured the participation of all relevant stakeholders in the assigned union councils. Village Volunteers were involved both on male and female side during

screening of under 5 children and PLWs. During 5 days orientation training, special attention was given to SMP and SSP own CIS.

FIGURE 12: PICTORIAL HIGHLIGHTS OF THE MASS COMMUNITY MOBILIZATION IN RONWAL AND JATATAAR UCS OF DISTRICT TANK.

The Primary focus of SSP, COWs remained the use the services of existing traditional institutions, secondarily SSP also initiated a new development concept VVCs. This is completely a new idea and it yielded excellent results. The structure of a VVC on male side was from 5-7 willing volunteers and on female side was from 5-7. In the future, the members of these VVCs will be formally trained. During the project life SSP field staff conducted a total of 207 sessions on Nutrition, Hygiene and IYCF in the assigned union councils wherein 2095 community members both male and female participated which is 11% more than the agreed targets.

PROJECT MONITORING

To ensure timely implementation of the ongoing project, SSP introduced a unique format of weekly work plan. Here every staff member was expected to submit his/her weekly work plan to the admin-finance colleague, on an easy to understand format-consolidated work plan and the same was shared with Islamabad office, which also enabled the core office to monitor the field activities of the field staff. If a staff member wants to change the venue/place, he/she was supposed to communicate one day before to the line supervisor and the same was communicated to senior management accordingly. Besides NC's round the clock availability to facilitate the field staff to the best of his capabilities, senior management from Islamabad also paid perpetual visits to the project area.

Since the beginning, SSP's Head of Program himself visited Tank 5 times, attended community meetings and had sessions with the field staff. He had a series of consultative meetings with all the relevant stakeholders including the leaders of different political parties. MPA Mahmood

Khan, who is also chairman of the District Detect Committee was given a detailed briefing on the project, provincial minister for revenue was taken in to confidence, PTI and JUI local leadership was also taken onboard. Detailed progress of November was also shared with the Commissioner DI Khan Mr. Mushtaq Khan Jadoon, who applauded the efforts of SSP and that of UNICEF. However he showed his concerns over the percentage of MAM and non-availability of supplementary food component. He also assured that he will take up the issue of establishing a stabilization center in TANK with the relevant quarters. A half day monthly progress review meeting was also held, the same was attended by all field staff.

It is important, as Ulema have great influence over the local people motivation and attitude towards health matters. During the recent visit of the Head of Program to Tank, field team organized a formal community at Chadrar Jamia Masjid with the Mehsud tribe IDPs. This is worth mentioning that during the last 5 or 6 years, as per local elders, neither a single government servant nor the representatives of an NGO visited the same area. The meeting was presided by the local Imam Masjid and at the end, Ulemas and elders of the same village agreed and assured their full support to SSP field staff, they also agreed and allowed our female staff to start the screening of under 5 years children.

FIGURE 13: FORMAL COMMUNITY SESSIONS BY SSP HEALTH & NUTRITION EDUCATORS

FIGURE 14: SSP NC AND HOP DURING FIELD MONITORING VISIT

FIGURE 15: HIGHLIGHTS OF COMMUNITY OUTREACH ACTIVITIES FOLLOW UP VISITS, COUNTER CHECK OF PROCEDURES, MEETING WITH VVC MEMBERS AND REGISTRATION OF THE CASES AT A BHU

FORMATION OF "Village Volunteer's Committees" VVCs.

Keeping in view the time constraints and security threaths 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 coulcil 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.

FIGURE 16: 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 Tank, Dr. Aslam Baloch, DHO Tank and Mr. Sadaqat Ullah ACO Tank.

FIGURE 17: SSP HOP MEETING WITH HEATH DISTRICT HEALTH OFFICER

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 independents rooms with enough space for breast feeding corners.

RESULTS (ACHIEVEMENTS)

All these efforts yielded us a very interesting mosaic of the understudy UCs of the Tank district amidst the broader canvas of conflict and natural disasters. These UCs had great influx of IDPs from the adjoining conflict affected areas (the war on terror), which were a real burden on their frail economy. These UCs had 4706 HHs consisting of 66.47% HCs and 33.53% IDPs for further breakdown see table 1 above.

SSP was assigned certain targets to be achieved and it proudly battled fiercely for their achievement. SSP was given the target of screening 3276 children 6-59 months old children and 3952 were actually screened, affording us an opportunity to soar high with 121% achievement for detail see table 2 and figure 18. Gender wise more girls (52%) than the boys (48%) were screened. Amongst the total 2250 PLWs screened 42% were pregnant and 58% lactating.

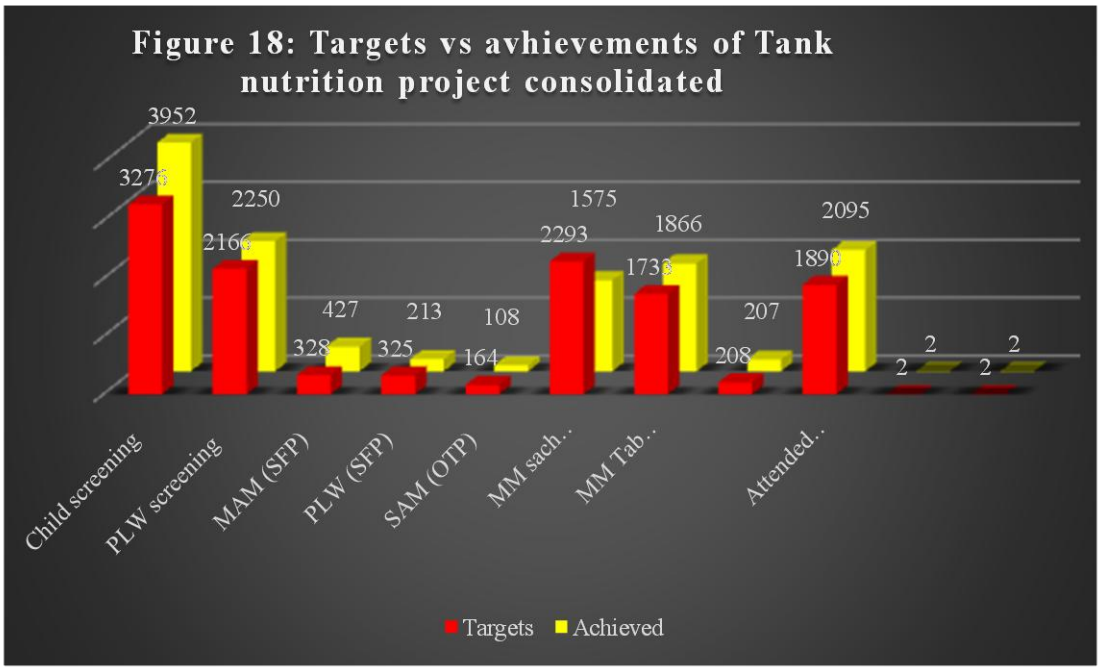
Astonishing the SSP progress was hampered in SFP & OTP screening activities, where we lagged behind by 34%, as our achievement was 66%.

For SFP 427 (11%) children were selected, which were 57% girls and 43% boys. PLWs screened were 2250 and 213 (10%) were SFP cases (pregnant 39% and lactating 61%).

From 3952 children 3% (108) were screened as OTP cases (girls 62% and boys 38%).

TABLE 2: DETAILS OF AGREED OUTPUTS AND ACHIEVEMENTS (CONSOLIDATED).

Agreed out puts	Targets	Achieved	% Achievement
Screening of children	3276	3952	121
Screening of PLW	2166	2250	104
MAM (SFP)	328	427	130
PLW (SFP)	325	213	66
SAM (OTP)	164	108	66
MM sachets for children	2293	1575	69
MM tablets for PLW	1733	1866	108
Health, Nutrition + IYCF sessions	208	207	100
Session attendance	1890	2095	111
SFPsites established	2	2	100
OTPsites established	2	2	100



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 shelve 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.

FINANCIAL AND SUPPLIES STATUS AT THE END OF THE PROJECT

1	UNICEF AND SOCIAL SERVICE PROGRAM			
2	NUTRITION PROJECT			
3	BUDGET ANALYSIS / VARIANCE			
4	DATED FROM OCT 2013 TO JAN 2014			
5		ANALYSIS OF TOTAL BUDGET		
7	BUDGET LINE	TOTAL BUDGET	TOTAL EXPENSES	VARIANCE FROM TOTAL BUDGET
8				
9				
10	1.1.1 Nutrition Coordinator	180,000	180,000	-
11	1.1.2 Nutrition Assistants (Female)	210,000	210,000	-
12	1.1.3 Health And Nutrition Educator	150,000	150,000	-
13	1.1.4 Community Outreach Worker	360,000	360,000	-
14	1.1.5 Admin Financ/Logistics Support	150,000	150,000	-
15	1.1.6 Nis Assistant	75,000	75,000	-
16	1.1.7 Security Guards/Support Staff	72,000	72,000	-
17	1.2.1 Training Of Project Staff On Cmam And Iycf	75,000	68,303	6,697
18	1.2.2 Honoraria For Target Facilities Staff [Incharge+Lhv]	60,000	60,000	-
19	1.2.3 Monitoring Bysenior Ho Staff	120,000	119,793	207
20	1.2.4 Estabilshment Of Nutrition Program Field Office	50,000	58,900	(8,900)
21	1.2.5 Furniture, Sign Board, Banners	40,000	41,120	(1,120)
22	1.3.1 Communication/Stationary	45,000	44,878	122
23	1.3.2 Field Mobility And Monitoring Costs + Pol	360,000	374,087	(14,087)
24	1.3.3 Field Office,Warehouse Rent & Handling Charges	120,000	96,925	23,075
25				
26		**2,067,000**	**2,061,006**	**5,994**
27				

FIGURE 19: FINANCIAL PROGRESS

SUPPLIES STATUS

Table 4: Stock position

Item	Received	Used	Handed over	Handed over to
RUTF (Plumpy nut)	164 Ctn	98	66	Prime Foundation
MM Tablets	156 pac	46	90+20	Prime Foundation + BHU's (RWL, CHD)
MM Sachet	960pac	610	350	Prime Foundation
Amoxiline	50 Bottles	50	-	-
Chloroquiene	195 Bottles	-	195	BHU's (RWL, CHD)
Folic acid	50pac	30	20	Prime Foundation

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

FIGURE 20: MEDIA COVERAGE

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**.**

ANNEXURES

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

FIGURE 21: SHABANA'S STORY - SHABANA'S MOTHER WITH TWO OF HER THREE REMAINING DAUGHTERS

well.

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 22: MEHREEN'S STORY

Case study of RANWAL 1

Name	Mehreen
Father name	_____
Mother name	Shaheen
FATHER OCCUPATION	LABOUR
DATE OF ADMISSION	Dec, 2nd, 2013
MUAC at first visit	11.0
MUAC at last visit, 6th January, 2014	**12.1**
Weight at first visit	5.2
Weight at last visit	**6.9**
Registered as	OTP

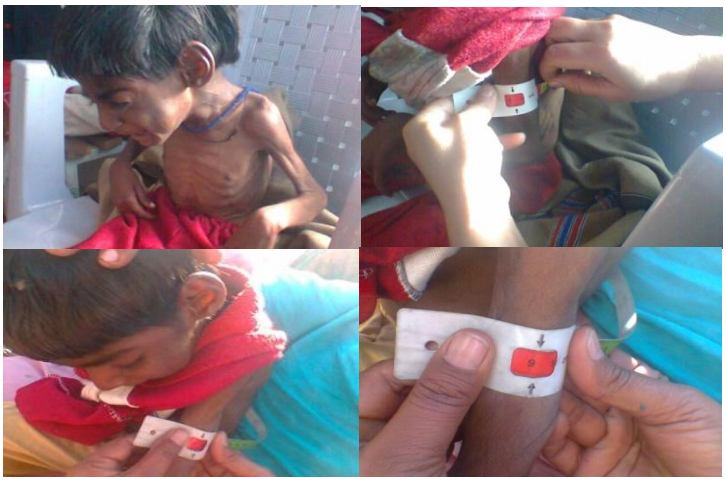


FIGURE 23: JALIL CASE

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, 8th January, 2014.		**9.2**
WEIGHT AT1ST 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.