Final Narrative Report – [*ERF-DMA-3474-271]*
Emergency Response Fund – Pakistan

OCHA

SECTION I – GENERAL INFORMATION:

1. Implementing Organization	**Social Services Program**	**2. Acronym**	**SSP**
3. Project code	**ERF-DMA-3474-271**		
4. Project title	**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 Banu**		
5. Organization Field Office focal point	a. [Wahab Gull Yousafzai, Project Coordinator, wahabgul20@gmail.com, 03447178642.]		
6. Organization HQ focal point	a. [Shafiq Ur Rahman Yousafzai; Head of Program; ssp.pk.org@gmail.com, info@ssppakistan.org , 0300 5632003, 051 2361122.] b. [Dr. Arshad Mahmood Uppal, Director Health & Nutrition, amuppal@live.com, 03335165232.]		
7. Clusters/Sectors of intervention	Nutrition		
8. Project Duration, and Start and End date	[03 months] [08/12/2014 - 12/03/2015]		
9. Total original project budget in US$	Total budget: [US$ 70000] Total funds requested from ERF: [US$ 70000]		
10. Expenditure during the reporting period	[US$ 69,104.57]		
11. Has other funding been secured for this project?	No		

SECTION II – EXECUTIVE SUMMARY:

12. Direct beneficiaries reached	**Families**	**Men**	**Women**	**Boys**	**Girls**	**Total**
Planned:			5,573	3,873	3,721	13167
Achieved:			3,314	4,082	4,138	11534

13. Description of direct beneficiaries reached	**Temporarily displaced people**	**Host communities**	**Other** (Please specify)	**Total**
Planned:	5,925	7,242		13,167
Achieved:	3,285	8,249		11,534

14. Indirect beneficiaries reached	Planned: 13860
	Achieved: 16463

SECTION III – Humanitarian Context, Coordination and Cross Cutting Issues

15. Humanitarian Context Analysis

As a result of war on terror in Afghanistan, the retreating militants took refuge in adjoining areas and North Waziristan Agency (NWA) in Federally Administrated Tribal Areas (FATA) of Pakistan, is one of those. These non-state militants became problematic and Government of Pakistan (GoP) launched an operation against them, on June 15, 2014. This led to large scale displacements of the NWA population to neighboring districts of Bannu, FR Bannu, Lakk I Marwat, Karak, Dera Ismail Khan and Kohat in Khyber Pakhtunkhwa; Bakkar and Fateh Jhang in Punjab and other parts of the country, as well as, to Afghanistan.

On July 18, 2014 PDMA published a cumulative number of TDPs as 992,990 individuals, 90,809 families (males 256,345, females 284,257 and children 452,288). Children and women made 74% of them (OCHA Site Rep No. 10. September 02, 2014 and MIRA Bannu report of July 2014).Bannu and FR Bannu being in close proximity to the scene have faced the major brunt (~80%). This has adversely affected the existing basic social amenities such as housing, health services, education, food supplies, water, sanitation and overall infrastructure. The poor are settled in FR Bannu as they couldn't move on.

This situation led to rise in acute malnutrition in them, and children & PLWs were especially affected. Nutrition in the KPK & FATA was not up to the mark prior to this complex emergency, which had been endorsed in UNICEF Evaluation Report, of September 2012. According to this report the overall nutritional situation in KPK and FATA was not ideal. In fact 48.7% children U5 were stunted, 17.3% wasted and 24% underweight. It was worse than the national status for which the figures are 43.7%, 15% and 31% respectively (refer Nutrition Cluster Bulletin Pakistan KPK Jan-Aug 2014, published in September 2014). UNOCHA's MIRA report of July 2014 for TDPs at Bannu; concluded, that, as a result of this emergency there was a) Reduction in breastfeeding, which led to increase in malnutrition among children less than 2 years of age and subsequent increased risk of diarrhea; b) Uncontrolled Distribution of Milk Powder, disturbing normal IYCF practices; c) Reduction in consumption of food among young children, leading to calorie and other nutrient deficiencies; d) Deterioration of Nutrition Situation, on MUAC measurement 20% of children between 6-59 months old were found malnourished, of which 5% were severely malnourished and 60% of study children were ill during previous two weeks and e) Burden of Infectious Diseases was on increase, which further aggravated malnutrition.

SSP conducted its own need assessment in the 4 UCs of FR Bannu in August, 2014 through in-depth interviews and focus group discussions. Lack of health infrastructure, damaged equipment and furniture, insufficient medicines, lack of trained human resources were a few issues that were highlighted.

The only TDP's camp at Baka Khel was also located in one of these UCs i.e., Takhti Khel. The breakdown of TDP's in the impact union councils of proposed nutrition project is shown in table below:

Breakdown of TDP's in the impact area (4 UCs of FR Bannu) of proposed nutrition intervention				
UC of the proposed intervention	Males	Females	children	Total
Takhti Khel	1264	1458	2139	4861
Zaraki Peer Bakhel	1251	1443	2116	4810
Khandar Khan Khel	1449	1672	2452	5573
Momand Khel, (3,4)	1068	1232	1808	4108
Total	5032	5805	8515	19352

16. Coordination

Please explain how your organization has ensured coordination with humanitarian partners and local/national authorities during the implementation of the project.

SSP was the sole actor in the FR Bannu. It enjoyed an excellent cooperation from the local communities, health authorities and local administration. Agency Surgeon FR Bannu visited SSP nutrition sites more than twice during the implementation period. He was more than satisfied by the performance of the SSP. On the request of SSP he deputed female staff to all the four health facilities.

SSP maintained a close liaison with all the humanitarian actors working in the adjoining settled areas of Bannu. Excellent working relationship was maintained with them. However SSP had certain overlapping issues with 2 INGOs:

- Baka khel TDP camp was in Takhti Khel UC of FR Bannu, which is one of our target UCs and SSP had an NOC to work there. ACF was also operating there. The matter was taken up with donor i.e., ERF and it was decided that SSP will not operate in Baka Khel TDP camp and hence the camp was excluded from SSP's jurisdiction.
- In Kandar Khan Khel UC, SSP had an overlapping issue with Merlin. UNOCHA was approached for that and its local representative decided that EPI covered areas for the respective health facilities should be taken as the catchment areas for the screening of the children and PLWs. This decision was honored by the both NGOs.
- SSP had been in close contact with all the national agencies like security, health and local administration. FDMA & PDMA was onboard throughout the project.
- FDMA & PDMA meetings had been a regular feature and SSP attended these meetings, which provided a forum to discuss day to day issues.
- District authorities at Bannu were also kept on board about the progression of this project. All were on board and was kept up to date on the project activities and progress.
- Provincial authorities at Peshawar were also in picture about how the project progressed.
- Nutrition cluster meeting were regularly attended by SSP representative at UNICEF office at Peshawar.
- A close liaison was kept with the other NGOs working at Bannu and these were kept informed about the project progress.
- Close liaison was maintained with the TDP secretariat and it was informed about day to day progress.
- 4W matrix and NIS data was shared with all the relevant stakeholders.
- Consultative meetings with key stakeholders (DHO, UNICEF, WFP and Government): After the approval of project, SSP director health & nutrition/head of program held consultative meetings with the Agency Surgeon FR Bannu, Assistant Political Agent FR Bannu, UNICEF and WFP before launching the project. Nutrition Coordinator, throughout the project held progress sharing and review meetings on weekly basis with the parent department and FDMA/PDMA officials at the district level. At provincial level Director Health & Nutrition /Head of Program met the relevant quarters especially NUTRITON Cell and TDP secretariat on monthly basis or as and when invited for coordination meetings and do shared project updates, with ERF, UNICEF and WFP. Issues related to the program and lessons learnt were also shared at the cluster level.

17. Gender

Please explain how gender considerations were mainstreamed in project implementation, and which activities promoted gender equality. Assess what was the actual Gender Marker of the project.

Gender Code 2A – Potential to contribute significantly to gender equality.

The total workforce of the project was 40, which included

- 33 (25 females & 8 males) field staff for facility & for community outreach activities;
- 7 for project support function

Females made 62.54% of the total staff, and 75.75% of the field staff. This ensured the SSP's pledge of women empowerment in the field. This was to ensure easy access of the women to the project benefits.

SSP conducted 1494 sessions against the target of 1344 (11% more in terms of sessions). Total participation of both male and female was 16463 (22% more in terms of beneficiaries' participation).

The above mentioned figures show that the project implementation ensured female participation, to enable them to practice the knowledge gained through these sessions, which also promoted the safe IYCF practices. Practical demonstrations on preparation of balanced diet for the women & the children were arranged and this is worth mentioning that 50% of these sessions were conducted by the members of the MSFs and female members of VVCs.

18. Accountability to Affected Populations

Please describe how beneficiaries and affected populations have been involved in the different stages of the project management cycle - needs assessment, project design, implementation and what feedback, complaints and communication mechanisms were put in place.

Beneficiaries were actively involved during the assessment phase of the project and they shared information related to health and nutrition in their local context. Their contributions were not up to the desired level during the design stage however, the parent department was involved and contributed to the best of its capabilities. During other stages of the project, local communities played a visible and leading role through their representatives in Village Volunteers Committees (VVCs) and Mother support Forums (MSF).

Findings of the projects were shared on weekly basis with VVCs and MSFs members during routine field visits. This sensitized them for more active and supportive participation in the project implementation, especially in the follow ups and tracing of default cases. This effort also created a sense of ownership of the program.

As an exit strategy, these project support institutions were encouraged to take over the charge of project and continue propagating the knowledge they have gained about nutrition and its related issues.

Before the start of the project, SSP organized a mega project launching event at Bannu city. All the relevant stakeholders were invited. Around 100 local elders from all the four assigned UC’s, civil administration, health department, other NGO’s and local media participated in the event. No other NGO organized such an event, as there are more than two dozen of them, operating in the settled areas of Bannu district. The occasion was graced by TDP committee chairman, who in his concluding remarks assured an unconditional cooperation with SSP. He also appreciated the recruitment of locals and TDP’s in SSP staff and reiterated, that this will enhance the acceptability of the program in the community and lead to successful completion of the project.

Complaints Mechanism.

SSP established a simple complaint redressal mechanism to enable the beneficiaries to register their complaints and have an early and prompt to them. A complaint box was put up in each CMAM center, which was opened weekly, to address the complaints. A fully empowered committee consisting of Team leader, IYCF supervisor and M&E officer was formed to deal with the complaints. Beside this arrangement, SSP also prepared four banners, one at each center with clear cut message in Urdu. Three hot lines were shared with the beneficiaries, to enable them to have an easy access to the senior management of SSP. Head of program, Nutrition coordinator and M&E officer’s cell numbers were shared publicly.

SECTION IV – LOGICAL FRAMEWORK:

Overall project objective: To provide nutrition services to **7,594 children U5** and **5,573 PLWs** of NWA TDP and Vulnerable Host Communities in 04 UCs of FR Bannu.					
	Description		**Target**	**Achieved**	**Means of verification**
Output 1. Life Saving CMAM services are provided to children U5 and PLWs.					
Activity 1.1 Establishment of **04** CMAM centres in **04** Targeted UCs					
Indicator 1.1	# of CMAM centres operated	END POINT	4	4	• Monthly Progress Reports • Screening and enrolment registers
Activity 1.2: Orientation training on CMAM & IYCF to project and DoH staff.					
Indicator 1.2	a. # of sessions b. # of participants (% male, % female)	END POINT	a. 3 days orientation sessions b. 47 participants (32 women, 15 men) 68% female, 32% males	a. 1 training session for 3 days b. 47 (32 (68%) female 15 (32%) male	• Nomination letter by DoH • Training Report • Event pictures
Activity 1.3: Screening of U 5 year children + Registration of SAM, MAM and PLWs					

Indicator 1.3	a. # children screened b. % of screened children with SAM/MAM referred to CMAM centres c. % of referred SAM/MAM cases registered at CMAM centres d. % of registered SAM/MAM cases cured e. % of SAM/MAM cases defaulted f. # of PLW screened g. % of PLWs with MAM referred to CMAM centres h. % of MAM PLWs registered at CMAM centres i. % of registered MAM PLWs cured j. % of MAM PLWs defaulted	END POINT	a. 7,594 children screened b. 100% (899) of screened children with SAM/MAM referred to to CMAM centres c. 70% (629) referred SAM/MAM children registered at CMAM centres d. 60%o f registered SAM/MAM children cured e. 30% of SAM/MAM children defaulted f. 5,573 PLW to be screened g. 100% (496) PLWs with MAM referred to CMAM centres h. 70% (347) MAM PLWs registered at CMAM centres i. 65% of registered MAM PLW cured j. 30% of MAM PLW defaulted	a. 8220 (4082 male & 4138 female) b. 899 (399 male & 500 female) c. 854 (135%) d. Nil, minimum 60 days required to be cured, SFP supplies received late e. 0 f. 3314 (59.47%) g. 496 h. 496 i. 0 supplies received late j. 0% default	• Referral slips • Screening registers • Registration card • Ration card • Stock consumption report
Activity 1.4 Treatment of micronutrient deficiencies for U5 children, PLWs through the provision of Multiple Micronutrient supplement and de-worming tablets					
Indicator 1.4	a. #of children received MM supplementation b. # of PLWs received MM supplementation c. # of children provided de-worming medication	END POINT	a. 5,295 children to be provided with MM supplements b. 4,459PLW will be provided with MM supplements c. 3,414 children to be de-wormed through medication	a. 980 b. 2397 c. Nil medicines were not available	• Beneficiary list • Screening book/register • Stock consumption report

Output 2. IYFC improved practices are promoted among PLWs					
Activity 2.1: Formation of Mother Support Forums, Nutrition promotions sessions by Mother Support Forums for PLWs					
Indicator 2.1	a. # of Mother Support Forums (MSF) formed and fully functioned b. # of IYCF and Nutrition promotion sessions by MSF's for PLWs c. # of participants/PLWs attended MSF sessions	END POINT	a. 8 MSF fully functional b. 16 IYCF and Nutrition promotion sessions by MSF for PLWs c. 96 PLWs and other women will attended MSF sessions	a. 8 MSF formed b. 16 c. 453 Females participated P=128, L=264 and other=061	• Participants List • Session Report • Pictures of session
Activity 2.2: **IYCF and Hygiene promotion through awareness sessions.**					
Indicator 2.2	a. # of sessions b. %age of sessions on female side, %age sessions on male side c. # of Female Participants, # of male Participants	END POINT	a. 1344 community awareness sessions by COW's+ IYCF Councillors b. 887 session on female side, 456 awareness sessions on male side c. 8870 female and 4560 male will attended these awareness sessions	a. 1494 (111%) b. 1189 on female (134%) and on male side 305 (67%) only c. 13237 female (149%) & 3226 male (71%) participated in these sessions	• List of participants • Activity Report • Pictures of the event
Activity 2.3 Formation of Village Volunteers Committees					
Indicator 2.3	a. # Of VVC's formed. b. # of female VVC's and # of male VVC's. c. # Members of female VVC's and # of members of male VVC's	END POINT	a. 20 VVC's formed and are active. b. 8 female VVCs and 12 male VVCs c. 40 members of female VVCs and 84 members of male VVCs	a. 21 (105%) b. 8 female & 13 male c. 40 female & 83 male	• Volunteers list with contact details, • Office bearers list Minutes Register

SECTION V – PROJECT ACTIVITIES AND WORKPLAN:

19. Project activities
Activity 1.1: Establishment of 4 Static CMAM centers in 4 Targeted UCs: These centers were established one in each health facility namely, Civil Dispensary Mureeb Khel in UC Takhti Khel; Civil Dispensary Shan Kandi in UC Momand Khel; Community Health Center Kot Hazirulla Serki Khel in UC Khandar Khan Khel and Basic Health Unit Shair Gull in UC Zaraki Pirba Khel. Agency Surgeon (AS) FR Bannu is responsible for looking after health of the people of FR Bannu. He was taken on board and it was with his consent that SSP selected these health facilities. For this the AS cooperated to the required level both in men and material. All necessary furniture and fixture were provided in each health facility till December 22, 2014. **Activity 1.2: Orientation Sessions on CMAM and IYCF for CMAM centers staff and BHU/CD health staff:** At the launch of the project, 3 days orientation training was organized by SSP at Aamir Hotel in Bannu with effect from December 13th, 2015 till December 15th, 2014. Forty seven persons including SSP own project staff and healthcare providers attended the same workshop /training. SSP's own team facilitated the training, however the District Coordinator Integrated program Bannu, Mr. Nasir Khan also facilitated a few sessions especially on Stabilization Centers and its related issues. **Activity 1.3: CMAM services in target UCs (screening of U5 children & PLWs, + Registration of MAM, SAM cases and their referral to SFP/OTP/SC for treatment:** This activity was carried out by the facility based and community outreach staff jointly. Mass community mobilization campaign was launched in the impact union councils through social organizers and leading role was played by the VVC's both on male as well as female side. During project life 8220 children U5 (male-4082 and females-4138) 2012 in Zaraki peer Ba Khel, 1807 in Khandar Khan Khel, 2241 in Momand Khel and 2160 in Takhti Khel union council respectively. 3314 PLWs (855 pregnant and 2459 lactating) 1078 in Zaraki Peer Ba Khel, 463 in Khandar Khan Khel, 902 in Momand Khel and 871 in Takhti Khel were screened out by community outreach workers. 668 MAM (Males-303 and females-365) 160 in Zaraki Peer Ba Khel, 87 in Khandar Khan Khel, 209 in Momand Khel and 212 in Takhti Khel UC respectively . 231 SAM children (Male-96, females- 135) 54 in ZPK, 61 in KKK, 56 in MK and 46 in TK were identified as a result of MAUC measurements in accordance with the established criteria as per CMAM/UNICEF protocols. Similarly 496 MAM PLWs were also identified in light of pre-defined CMAM protocols. All identified MAM & SAM cases were referred to their respective CMAM static center established at the at the health facilities, where they were enrolled/registered after re-examination/assessment and were treated in SFP & OTP. Only 5 SAM children with medical complications were referred to Stabilization Center at Women & Children Hospital, Bannu. SSP beard all outdoor treatment expenses of the SC patients. As for reaching to the beneficiaries was concerned; there was some underachievement of the targets. On the whole it was planned to reach total of 13,167 beneficiaries, whereas SSP could reach 11,534 of them. It was mainly the TDP segment of the beneficiaries, which could not be reached as planned. The targets in TDPs are underachieved because: - • Initially our proposed TDPs calculation included Baka Khel camp in Takhti Khel UC of the impact area. This was a concentration camp of TDPs. This camp was excluded from the jurisdiction of SSP and was given to Merlin for nutrition intervention. • The TDPs were on a constant shift to the other safe/settled areas of district Bannu, and many had left by the time the activities were started. • Overlapping of areas with Merlin & ACF in Zaraki Pirba Khel, Khandar Khan Khel and Takhti Khel UCS.

Activity 1.4: Treatment of micronutrient deficiencies for U5 children, PLWs through Multiple Micronutrient supplement and de-worming: 980 children were provided with 14,700 MM Sachet & 2397 PLWs were treated with 71,910 MM tablets for micronutrient deficiencies with MM supplementation. Children ≥ 24 months could not dewormed due to the non-availability of medicines.

Activity 2.1: Formation of Mother Support Forums, Nutrition promotions sessions by MSFs for PLWs: To actively involve the beneficiaries in the process and to support and facilitate the work of IYCF counselors at outreach level 08 mother support forums 2 in each union council were formed with a total of 96 members (PLWs and others women etc.). 16 formal demonstration sessions were conducted (02 with each MSF) 453 participants (128 pregnant, 264 lactating and 61 others), were trained in improved IYCF practices, benefits of exclusive breast feeding, how to address issues of complications of breast feeding and how to prepare hygienic complementary feeding etc. Besides this these forums also facilitated FGD's in their respective areas, if we look at the number health and nutrition sessions conducted on female side is 1189 wherein 13,237 females participated. The share of If IYCF sessions was 801 with total participants 8969. With the help of these awareness sessions SSP succeeded in the sensitization of the target population on health and nutrition issues, it greatly facilitated the project activities especially promotion of IYCF improved practices.

Activity 2.2: Awareness sessions of the promotion of IYCF improved practices and Hygiene promotion:
During the project life a total of 1494 against the target of 1344 were conducted both at facility and outreach level too wherein a total of 16463 (male/females) participated. Number of male participants was 3226 only and that of females was 13237. Average participation on female side was more encouraging then that on the male side. These sessions were conducted with both individuals and groups in the targeted UCs. Different kind of beneficiaries (caretakers, grandmothers, mothers in law, husbands and women others than PLWs) were invited in these sessions. The basic aim of these sessions was to provide understanding of health and NUTRITION and increase their knowledge and understanding of malnutrition, improved IYCF practices and its causes.

Activity 2.3: Formation of Village Volunteers Committees, actively facilitating the work of the field teams:
To facilitate and support the community outreach component of the project, SSP established 201 VVCs (village volunteers committees), both on male and female side (08 on female and 13 on male sides). The proposed structure was 3-5 members/volunteers on female side and 5-7on male side. Number of village volunteers on female side was 40 (5 per VVC) and on male side it was 83 (6.38 per VVC). These volunteers of VVCs facilitated process of community mobilization, identification of SAM and MAM active cases and also supported project staff in follow ups and also identification of default cases in their respective areas.

SECTION VI – IMPLEMENTATION:

20. Key achievements and lessons learned
Explain the achievements and challenges in project implementation. SSP implemented the project without a co-partner. Before the start of the project, SSP organized a project launching ceremony at Bannu city, the same was attended by all relevant stakeholders from the concerned union councils and from the line departments too. Community elders, elected representatives, Agency Health Officials, local religious leaders and CSOs were invited and given a detailed briefing on CMAM and IYCF interventions. Involvement of religious leaders and recruitment of local staff benefitted the SSP efforts to make the project a success. - Explain discrepancies between intended and reached beneficiaries/targets, and any significant changes in the

project implementation.

All these efforts fetched SSP the best results of its project implementation.

Screening of the U5 children were the best and SSP not only achieved the targets, but in fact was much above the targets as its achievement was 108%. This was a result of the best efforts and team work from SSP and the leading role played by VVCs formed in the catchment areas. In spite of all these achievements there were some deficiencies. On the whole it was planned to reach total of 13,167 beneficiaries, whereas SSP could reach 11,534 of them. It was mainly the TDP segment of the beneficiaries, which could not be reached as planned. The reasons for this were; a) Baka Khel TDP camp in SSP impact area was handed over to Merlin, b) the TDPs were on a constant shift to the other safer places, and many had left by the time the activities were started and c) overlapping issues with Merlin & ACF in some UCs. These issues were settled with the kind intervention of the donor agency. Though this affected performance of SSP but created a better understanding and working environment between three implementing partners.

The SAM cases turned out to be less than the estimated i.e., 61.59%. The reason behind this was that the estimates were made according to the MIRA report for Bannu, July 2014, which reported malnutrition in children to be 20%. In 2012 GAM rate in KPK/FATA was 15% as stated in UNICEF CMAM evaluation for Pakistan. This shows that the situation worsened in these two years. However it was seen with great satisfaction that this rate is actually 10.96% in FR Bannu both in TDPs & HCs.

Deworming of 3415 U5 children was targeted. This target could not be achieved, because the required medicines for deworming were not received from the concerned quarters.

MM supplementation was planned for 5295 U5 children, but only 18.5% could be supplied with such supplementation. MM supplementation was planned for 4459 PLWs, but hardly 53.75% could be supplied. This was because supplies from WFP & UNICEF were received in little quantity and also very late, i.e.

- On December 27, 2014: 50 cartons of RUTF, 30 bottles of MM tablets
- On February 07, 2015: 25 cartons of RUTF, 90 bottles of MM tablets & 480 packets MM sachets (02 carton)
- On February 24, 2015: 25 cartons of RUTF, 10 bottles of MM tablets.

PLWs screening SSP target was 5573, but only 59.47% could be reached. This is because of rigid tribal customs, where in women, especially the child bearing age ones are not allowed in the public and some even do not let them face even stranger women, another reason is the scattered population and difficult to reach terrain.

To achieve the targets, SSP own community interaction strategy was followed and all the established institutions (VVC's and MSF's) were involved in mass community mobilization campaign, which resulted in increased awareness sessions from planned 1344 to 1494, which are almost 111.16%. Amongst these 1494 sessions 305 were for males & 1189 for females. These sessions were targeted for 13440 participants, but instead 16463 (3226 males & 13237 females) persons attended these sessions, which is 122.49% (49% more in terms of participation and 34% in terms of sessions) for females. This is worth mentioning that participation on female side was more encouraging (11.13/session as compared to male participation 10.57/session.

21. Key management and financial issues

- Explain any management and financial challenges – e.g. delays in recruitment, delays in receiving funding, project strategy or budget modification.

The recruitment for the project was well in time.

There were some procedural delays in the receipt of funds from the donor agency, SSP received 1st trench (80%) after 40 days of the start of the project. However SSP managed to keep the wheel in motion through its own resources for the initial push of the project.

No major strategic change was made in project. No major budgetary modification was made in the project only minor changes were timely communicated to ERF in staff cost and proceeded in light of the proposed modification.

22. Monitoring and reporting

- Explain the monitoring arrangements for the project: how data was collected, how progress against indicators was monitored, and how monitoring data was fed back into decision making.
- If applicable, describe remote monitoring arrangements.
- Explain if any internal or external evaluations of the project will be carried out.

SSP formulated a monitoring system to ensure that all programmatic activities are in line with agreed targets and standard protocols of CMAM & IYCF. Progress reports were generated and submitted to ERF, UNICEF, WFP and department of health (DoH) FR Bannu; on weekly basis. Nutrition Project Coordinator, in consultation with Team Leader and IYCF supervisor, prepared a detailed monitoring plan for routine CMAM activities, both at the health facility and in the community outreach level. Involvement of each staff member was ensured, through a comprehensive weekly and consolidated work plan. The process was monitored at two levels; indicators monitoring through data collection, timely feedback provided to both the project manager and the head office. Routine monitoring covered assessment of program implementation, program records/reports by project staff, mobilization, and formation of program support institutions (VVCs and MSFs).

SSP appointed a full time dedicated M&E Officer for this project, who was based in Bannu. He spent 4 days a week in the field with one day in hand for reporting. He used to accompany field teams on daily basis and visited both facility and community outreach on the same day. He ensured that the field teams were following the process and recommended CMAM protocols. He kept an eagle's eye on the default cases and referral gap. SSP established a fully functional complaint mechanism at the facility level. He provided feedback to COWs & IYCF councilors to bring necessary improvements in the quality of services. Besides NPC, TL and IYCF supervisor also regularly visited project sites and monitored the ongoing activities. SSP also employed the following monitoring mechanisms:

1. Desk monitoring via MIS system: Beneficiaries' database both in electronic and hard copies was maintained, which include Standard CMAM recording tools and Nutritional Information System (NIS) to ensure proper follow up of enrolled cases in CMAM program. Quality data collection, analysis, interpretation and utilization of NIS as a monitoring tool for analysis of malnutrition trends and respond accordingly was ensured. Data was collected and entered onto NIS on daily basis.
2. Field Monitoring: Field monitoring remained an integral part of all the activities of SSP to carry out regular supportive supervision and provide on-job support to the field teams. SSP's team members (Nutrition Project Coordinator, Team Leader, IYCF supervisor and M&E officer) conducted periodic assessments and joint monitoring with Agency Health Department and other stakeholders like UNICEF/WFP/ERF throughout the project implementation. Monthly field visits were recorded in the form of trip reports clearly explaining the objectives of the visit and the outcomes. This maneuver highlighted the emerging ground realities, issues, challenges and opportunities. During routine supportive supervision, M&E officer randomly verified the daily reports submitted by COWs and IYCF councilors. For technical support and on job training Nutrition Project Coordinator also visited health facilities and community outreach once a week or as and when required. For operational and programmatic support, senior program, operation staff from SSP Islamabad office including

the head of program & Director Health & Nutrition also spent 2/3 days in the field in each fortnight. The nature of these visits remained purely facilitative, supportive and to resolve all programmatic related issues on the spot. VVC's were duly involved in the identification of intended beneficiaries and follow ups too however their involvement in remote monitoring could not happened however they do conducted community meetings on behalf of SSP during curfew.

3. Review Meetings: Regular review meetings were arranged at regular intervals like: -
   a. Community feedback by visiting communities: Program support institutions established by SSP (VVCs and MSFs) were the primary contact for field staff and all communication related to communities were channeled through them. They organized formal focal group discussions for field staff, which proved to be the best way to get feedback from the community regarding project interventions and efficacy.
   b. Technical observations on service deliveries by SSP staff: NPC, TL and IYCF supervisor, justified their presence in the field. Director Health & Nutrition from the core office paid periodic field visits to check whether the field staff is following recommended protocols or not. On spot decisions were made in case of any deviation.
   c. Focus group discussions with identified community focal persons: NPC, M&E Officer and Team leader regularly held FGDs with the identified community elders to get their feedback. VVCs and MSFs organized and facilitated these sessions/discussions, which helped the staff to take timely decisions.

SSP also employed following internal reporting mechanisms:

1. Weekly Status Report: Weekly report for screening, sessions, NIS standard report, NIS analysis and consolidated data was prepared and duly shared with relevant stakeholders, i.e. ERF, UNICEF, WFP, DG FDMA, Commissioner DIKHAN, DCO & DHO Bannu, Agency Surgeon FR Bannu, APA FR Bannu, deputy director provincial Nutrition coordination cell and TDP secretariat for information and record.
2. Monthly Progress Report: Monthly progress report both figurative and narrative was prepared on the prescribed format and shared with all relevant stakeholders.

SECTION VII – FUNDS UTILIZATION (uncertified)

23. Total ERF Funding	Expenditures	Balance
69,999.92 USD	**69,104.57 USD**	**895.35 USD**
Please explain summary of changes of expenditure against approved budget, budget modification , no-cost-extension, etc.		

SECTION VIII – PROJECT LOCATIONS:

24. Project locations in (Province/Agency)		
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%**

PICTORIAL HIGHLIGHTS OF THE PROJECT