

Annex C: Program Document

PART 1: PROGRAM DOCUMENT – TO BE DRAFTED AND FINALISED WITH THE CSO

Section 1. Program & CSO overview			
1.1 submission reference	Program	UNICEF Office	Peshawar, KPK, Pakistan
		Program Title	Provision of Community Based MNCH services through Mother and Child Days in selected UCs of FR Bannu
		Submission date	April 14, 2015
1.2 Organization information		Organization Name	Social Services Program
		Acronym	SSP
		Name of Organization Head	Mr. Shafiq ur Rehman Yousafzai
		Title of Head	Head of Program
		Email of Head	SSPpak@gmail.com
		Phone of Head	Office: 051-2361122 Cell: 0300 5632003
		Name of Progr. Focal Point	Dr. Abdul Jamil
		Title	Health & Nutrition Specialist
		Email	ajamil@unicef.org
		Telephone	091-570 1315 (Ext. 3160), 0345-914 1102
1.3 Program information		Duration	6 months; From: May,1 st , 2015 To: October 31 th , 2015
		Geographical coverage	KPK, Pakistan
		Population focus	Number of beneficiaries /groups, 100,000 (TDP's+HC's)
1.4 Program budget		From CSO	315,000 1.18%
		From UNICEF	26,346,330 98.82%
		Total	26,661,330 100%

Section 2. Program description

<p>2.1 Rationale/ justification (3 to 5 paragraphs; max 400 words)</p>	<p>North-western areas of Khyber Pakhtun Khwa (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.</p> <p>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.</p> <p>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 sociocultural 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.</p> <p>In this connection one of UNICEF partner 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}</p>
<p>2.2 Expected results (No narrative required)</p>	<p>“What” this Program will achieve The table below defines the Program results framework (results and their link to results defined in the country Program and/or humanitarian response plan; specific indicators, baselines, targets and MOV for each Program output).</p>

Result statement	Performance indicator/s	Baseline	Target	Means of Verification
Corresponding result from Country Program/ Humanitarian Response Plan	Children, mothers & pregnant women benefit from high impact maternal, newborn and child survival and development interventions.			

Result statement	Performance indicator/s	Baseline	Target	Means of Verification
<p>Program Output 1:</p> <p>Atleast 80% of 16666 families are visited and registered for mother and child days activities.</p>	a. # of families registered during door to door outreach activities.	Nil	16,666	<ul style="list-style-type: none"> - Family Registration records - Project reports - Field Visits & monitoring reports
<p>Program Output 2</p> <p>At least 80% of 12,000 children (2-5 years) receive Deworming treatment.</p>	a. % of target children provided deworming medication.	Nil	12,000	Deworming records
<p>Program Output 3:</p> <p>Vaccination status of at least 80% of 7,000 children (<2 years) and 4000 pregnant ladies identified and all the defaulters / due receive relevant vaccination</p>	<p>a. % of target children (< 2 years) and pregnant ladies identified as defaulters</p> <p>b. % defaulter/due children & PLs who receive relevant routine vaccination</p>	Nil	<p>a. 7,000 < 2 years children and 4,000 pregnant ladies</p> <p>b. 20% (1,400 U2 children and 800 PLs)</p>	<ul style="list-style-type: none"> - EPI Registration records - Vaccination record of teams - Field monitoring / random checks
<p>Program Output 4:</p> <p>Around 80% of 4,000 pregnant ladies receive proper ANC services.</p>	<p>a. # of pregnant ladies identified and registered & referred to M&C day's events for receiving the package.</p> <p>b. # of registered pregnant ladies who received ANC services.</p>	Nil	4,000	<ul style="list-style-type: none"> - ANC Registers - Events Reports/Pictures

Result statement	Performance indicator/s	Baseline	Target	Means of Verification
Program Output 5: Around 80% of 8,000 PLWs receive health, nutrition and hygiene commodities (CDKs, Baby Kits, Hygiene Kits & LLINs)	a. % of target PLs who received CDKs & Baby Kits. b. % of target PLWs who received hygiene kits & LLINs	Nil	a. 8,000 b. 8,000	- Distribution records/pictures - Field monitoring/random checks - Clusters updates
Program Output 6: Around 80% of 15000 children (6 to 59 months) and 16,000 PLW receive multi-micronutrient supplementation.	a. % of children (6-59 months) who received MM sachets b. % of target pregnant ladies provided multi-micronutrient tablets.	Nil	A. 15,000 children B. 16,000 PLWs	- Distribution records/pictures - Field monitoring/random checks - Clusters updates
Program Output 7: Around 80% of 8,000 women (pregnant/ lactating) receive appropriate health, nutrition & hygiene education messages.	a. # of health and hygiene sessions conducted on daily basis b. % of mothers reached with key messages on IYCF & appropriate sanitation/ hygienic practices.	Nil	a. 8,000 PLWs b. 100%	- Meetings minutes - Sessions Reports/Pictures
Program Output 8: Around 80% of 1000 Pregnant ladies delivered at the Health facility level through SBAs	a. # of PLs delivered b. # of complicated cases referred secondary level care.	Nil	a. 1,000 b. 100%	- Labour Room Register - Progress Reports
Program Output 9: Around 80 % of the delivered PLs are provided postnatal care at the health facility.	% of delivered PLs. provided post natal care	Nil	100%	- Labour Room Register - Progress Reports

<p>2.3 Gender, Equity and Sustainability (3 paragraphs; max 250 words)</p>	<p>This project had Gender Code 2A, and it contributed significantly to gender equality.</p> <p>This project was envisioned with uplift of health & nutrition status of children and pregnant women; they were the pivot of all time activities.</p> <p>Priority was given to female staff for these services. We had total of 50 staff members in the project and females formed 42% of them. Out of 13 community volunteers 53.85% were females and all (100%) of the clinical & preventive staff (FMOs, LHVs & Assistant LHVs) were females. So we had an excellent presence of females in our project.</p> <p>This intervention introduced the culture of Maternal, Child and Neonatal Care to the target population. A proper referral mechanism was established where complicated cases were referred to concerned health facility for further care. Once the awareness, liaison and demand were created, Health Department enhanced the provision of services to the communities. Local capacity was built through involvement of local communities in project implementation. Involvement of Ulama from the hosting communities and IDPs had longterm positive implications on the overall development the process. Above all displaced population was empowered and communities became more informed in seeking positive health behaviours and became agents of change, after they settled back to their place of origin.</p>
<p>2.4 Partner's contribution (1 paragraph; max 100 words)</p>	<p>SSP implemented the project under the leadership of Health Department & MNCH Program, and in close Collaboration with EPI, LHW Program, Health & Nutrition working group and district management. UNICEF provided all the required technical support, necessary logistics and bore operational cost of the activities. Coordination mechanism was developed/strengthened with other stake holders working in the impact area. Considering the cultural norms and influence of Ulama in the society, local Ulama and leaders of the community were actively involved at all levels of organisation and their involvement was key to success for this intervention.</p>
<p>2.5 Other partners involved (1 paragraph; max 100 words)</p>	<p>The project was implemented by SSP under the leadership of FATA Health Department in close coordination with MNCH program and FR Bannu management. The package was delivered through trained field staff mainly recruited from the local communities.</p> <p>The project was monitored by UNICEF, DoH FATA, MNCH Program FATA, Organisation own monitors along Health Clusters through report sharing, visits, review meetings and community feedback.</p>

<p>2.6 Other considerations (3 paragraphs; max 250 words)</p>	<p>The project ensured provision of life saving emergency health services to the affected population residing in the catchment areas of 3 selected health facilities of FR Bannu. The package of services catered the emergency health needs of around 100,000 affected populations residing in Host Communities in FR Bannu.</p> <p>The cooperation was in line with UNICEF Pakistan’s Core Commitment for Children (CCC) in emergencies and Emergency Preparedness Response Plan (EPRP) of UNICEF. Moreover, commitment to improve maternal & child health status remained a key priority in the framework of “One United Nations” initiative. This partnership significantly contributed towards reduction of U5 and maternal mortality by providing effective community and facility based MCH services that met national and internationally recommended minimum standards of care for population affected by emergencies. Through this joint cooperation UNICEF provided operational costs and necessary supplies to SSP, required for emergency health response focusing on MNCH & EPI.</p> <p>The package of services agreed between UNICEF & SSP was designed to respond to the urgent health needs and also focused on the early recovery aspects of the MCH program. At the Health facility level critical HR, equipment and supplies gaps for MNCH were filled for MNCH & EPI services targeting 100000 individuals from IDPs and hosting communities. 24/7 Basic EmOC was established in 3 target health facilities (BHU Sher Gul Khan, CHCs Asif and Khane). Institutional deliveries were promoted. Ambulance services were made available and functional referral system from community to tertiary care hospitals was introduced for complicated obstetric cases. The services also targeted PLWs and U5 children for curative services.</p>
<p>2.7 Additional documentation (1 paragraph; max 100 words)</p>	<p>Additional documentation can be mentioned here for reference.</p>

Section 3. Program work plan and budget

The table below defines the Program implementation work plan (the specific activities to be undertaken towards achievement of each of the Program outputs; the schedule of implementation; and the planned budget, including the CSO and UNICEF's contributions to the Program).

Result Level	Result/activity	Timeframe in months						Total (CSO+UNICEF)	CSO contribution	UNICEF contribution	
		M1	M2	M3	M4	M5	M6			Cash	Supply
Progr. Output 1:	At least 80% of 16666 families are visited and registered for mother and child days activities in Catchment Area of 3 Selected UCs in FR Bannu, FATA, namely Mohmand Kheil, Zaraki Pir Bakheil and Baka Kheil. Performance indicator(s), - # of families registered during door to door outreach activities.							10,204,000		10,174,000	30,000
Act.1.1	Project launching	X						30,000	0	30,000	
Act.1.2	Staff hiring & organise capacity building training of 56 healthcare workers in community nutrition & MCH, service delivery, planning and monitoring in 3 UCs of FR Bannu	X						6,744,000	0	6,744,000	
	Mapping in the target union councils	X						0	0	0	
Act. 1.2	Door to door outreach activity by Out Reach Workers (ORW) and community volunteers for registration and sensitization in 48 villages of the target UCs	X	x	x	x	x	X	3,060,000		3,060,000	

Result Level	Result/activity	Timeframe in months						Total (CSO+UNICEF)	CSO contribution	UNICEF contribution	
		M1	M2	M3	M4	M5	M6			Cash	Supply
Act. 1.3	Provide MCH and nutrition equipment & supplies in 3 health facilities	X			x			340,000	0	340,000	0
Act. 1.4	Program management and technical supervision (Generator procurement cost)	X	x	x	x	x		30,000	0	0	30,000
Progr. Output 2:	At least 80% of 12,000 children (2-5 years) receive Deworming treatment Performance indicator(s): - % of target children provided deworming medication.							36,120	0	0	36,120
Act 2.1	Procurement of medicines for deworming	X						29,520	0	0	29,520
Act. 2.2	Deworming of all eligible children by ORW/SMs	X	x	x	x	x		6,600	0	0	6,600
Progr. Output 3:	Vaccination status of at least 80% of 7,000 children (<2 years) and 4000 pregnant ladies identified and all the defaulters / due receive relevant vaccination Performance indicator(s): - % of target children (< 2 years) and pregnant ladies identified as defaulters - % defaulter/due children & PLs who receive relevant routine vaccination							0	0	0	0
Act 3.1	Provision of EPI services (vaccination of children against target disease and pregnant women against tetanus)	X	x	x	x	x	x	0	0		0
Act 3.1											

Result Level	Result/activity	Timeframe in months						Total (CSO+UNICEF)	CSO contribution	UNICEF contribution	
		M1	M2	M3	M4	M5	M6			Cash	Supply
Progr. Output 4:	Around 80% of 4,000 pregnant ladies receive proper ANC services. Performance indicator(s): - # of pregnant ladies identified and registered & referred to M&C day's events for receiving the package. - # of registered pregnant ladies who received ANC services.							6,905,000	0	0	6,905,000
Act 4.1	Sensitization of communities on key health, nutrition and hygiene messages	X	x	x	x	x	x				
Act 4.2	Provision of MCH package to all eligible families on M & C Days events	X	x	x	x	x	x				
Act 4.3	Provision of ANC services to pregnant women	X	x	x	x	x	x	3,825,000			3,825,000
Act 4.4	Distribution of available health, nutrition and hygiene commodities (CDKs, LLINs, Hygiene Kits, Baby Kits,)	X	x	x	x	x	x	3,080,000			3,080,000
Progr. Output 5:	Around 80% of 8,000 PLWs receive health, nutrition and hygiene commodities (CDKs, Baby Kits, Hygiene Kits & LLINs) Performance indicator(s): - % of target PLs who received CDKs & Baby Kits. - % of target PLWs who received hygiene kits & LLINs							480,000	0	0	480,000
Act 5.1	Distribution of available health, nutrition and hygiene commodities (CDKs, LLINs, Hygiene Kits, Baby Kits,)	X	x	x	x	x	x	480,000			480,000
Act 5.2											

Result Level	Result/activity	Timeframe in months						Total (CSO+UNICEF)	CSO contribution	UNICEF contribution	
		M1	M2	M3	M4	M5	M6			Cash	Supply
Progr. Output 6:	Around 80% of 15000 children (6 to 59 months) and 16,000 PLW receive multi-micronutrient supplementation. Performance indicator(s): <ul style="list-style-type: none"> - % of children (6-59 months) who received MM sachets - % of target pregnant ladies provided multi-micronutrient tablets 							1,062,000	0	0	1,062,000
Act 6.1	Distribution of MM sachets to U5 children	X	x	x	x	x	x	450,000			450,000
Act 6.2	Distribution of MM tablets to PLWs	X	x	x	x	x	x	612,000			612,000
Sub-total for the outputs											
Progr. Output 7:	Around 80% of 8,000 women (pregnant/ lactating) receive appropriate health, nutrition & hygiene education messages. Performance indicator(s): <ul style="list-style-type: none"> - # of health and hygiene sessions conducted on daily basis - % of mothers reached with key messages on IYCF & appropriate sanitation/ hygienic practices. 							0	0	0	0
Act 7.1	Sensitization of communities on key health, nutrition and hygiene messages	X	x	x	x	x	x				
Act 7.2	Safe IYCF practices demonstration sessions & HNE sessions for the PLWs	X	x	x	x	x	x				

Result Level	Result/activity	Timeframe in months						Total (CSO+UNICEF)	CSO contribution	UNICEF contribution	
		M1	M2	M3	M4	M5	M6			Cash	Supply
Progr. Output 8:	Around 80% of 1000 Pregnant ladies delivered at the Health facility level through SBAs Performance indicator(s): - # of PLs delivered - # of complicated cases referred secondary level care.							0	0	0	0
Act 8.1	Delivery of PLs at the health facility through trained staff.	X	x	x	x	x	x				
Act 8.2	Referral of complicated cases to the secondary and tertiary health facilities at Women & Children Hospital Bannu.	X	x	x	x	x	x				
Progr. Output 9:	Around 80 % of the delivered PLs are provided postnatal care at the health facility. Performance indicator(s): - % of delivered PLs. provided post natal care							57,300	0	0	57,300
Act 9.1	PLWs provided postnatal care at the health facility	X	x	x	x	x	x				
Act 9.2	PLWs provided postnatal care at the community level	X	x	x	x	x	x	57,300			57,300
Progr. Output 10	Effective and efficient Program management							6,754,000	315,000	6,439,000	0
Act 10.1	Standard activity: In-country management & support staff pro-rated to their contribution to the Program (representation, planning, coordination, logistics, admin, finance)							1,770,000	315,000	1,455,000	

Result Level	Result/activity	Timeframe in months						Total (CSO+UNICEF)	CSO contribution	UNICEF contribution	
		M1	M2	M3	M4	M5	M6			Cash	Supply
Act 10.2	Standard activity: Operational costs pro-rated to their contribution to the Program (office space, equipment, office supplies, maintenance)							4,774,000	0	4,774,000	
Act 10.3	Standard activity: Planning, monitoring, evaluation and communication, pro-rated to their contribution to the Program (venue, travels...)							210,000		210,000	
Sub-total for program costs								25,498,420	315,000	16,613,000	8,570,420
HQ costs	HQ technical support (7% of the cash component)							1,162,910	0	1,162,910	0
Total program document budget								26,661,330	315,000	17,775,910	8,570,420

* UNICEF specifies whether subsequent year funding in the program budget is indicative for planning purposes only. UNICEF Offices can add additional columns for multi-year planning.

Section 4. Partnership review (To be completed with UNICEF as part of finalization of the program document)

4.1 Financial management assessment (if applicable)	Date planned/ completed		
	Risk rating	Low / Medium / Significant / High / Non-assessed	
4.2 Assurance activities planned for the Program duration	Type	#	Date planned/ frequency
	Programmatic visits		
	Spot checks		
	Audit	Yes	
4.3 Other	Partnership review		
4.4 Cash transfer modality(ies)			
4.5 PRC Ref.#			

Section 5. Other requirements

5.1 Additional reporting required	<p>Specify any reporting requirements in addition to the FACE form and attached standard Program progress/final report</p> <p>SSP and UNICEF had been in regular coordination for the execution of all the agreed activities and DoH & other stakeholders were taken on board. SSP Project Coordinator professionally looked after all the affairs along with his team. He met with all the stakeholders and shared project updates with them, every fortnightly and health cluster was regularly kept informed of all the progress.</p> <p>In addition to SSP's own M&E system, UNICEF's field office conducted two monitoring visits to ensure that the project implementation was in accordance with agreed timeframe & budget. They verified the reported progress on ground. UNICEF kept an eagle's eye on our financial management including records of expeditors, and details of vouchers and invoices. In this regard SSP & UNICEF had a joint review meeting at SSP Project Field Office at Bannu on September 18, 2015, wherein the overall progress was scrutinized and the UNICEF team was informed that the reporting format was complicated, who in turn advised to build the capacity of our team and stick to the SOPs.</p> <p>SSP had its own M&E officer, who ensured that all the activities were with the agreed protocol. He regularly checked the reported results on ground and continuously gave a feedback to the project coordinator, who in turn made remedial measures in the light of his findings.</p>
5.2 Applicable technical specifications	<p>The package of services agreed between UNICEF & SSP was to respond to the urgent health & nutrition needs of mothers and children (MNCH component). In FR Bannu there was a critical HR, equipment and supplies gaps, at health facility level. This gap was plugged and optimum MNCH and EPI services were</p>

or guidance

ensured. Moreover 24/7 Basic EmOC services was established in 3 health facilities with a functional referral arrangement for complicated cases. Mother and Child Days package was delivered at community level; which focused on social mobilization, Health Education, EPI, ANC, Deworming, multi-micronutrient supplementation and provision of life saving commodities like clean delivery kits, newborn kits and LLINs; to mother and children. This intervention left back the legacy of MCH services in the area, community awareness and empowerment and improved functionality and utilization of health facilities. The traditional views were challenged and the community elders & Ulama were our natural allies to overcome the community acceptability.

This project focused on 3 UCs, where 3 health facilities were selected to cater for around 100,000 populations, for both community and facility based interventions. PLs were provided ANC, PLWs provided with Multi micro nutrient supplementation, 2-5 years' children were dewormed, U2 year default children were identified and registered for vaccination and U5 children were provided multi-micronutrient supplementation, according to LFA above.

The project was implemented by SSP under the leadership of FATA Health Department in close coordination with MNCH program and FR management. The package was delivered through trained field staff recruited from the local community. The community and its elders & leaders were taken on board and agreed participation was key to our success.

The project was monitored jointly by UNICEF, DoH, MNCH Program FATA, Organization own monitors along with Health & Nutrition clusters through report sharing, visits, review meetings and community feedback.

The proposed project was designed to address the immediate MCH, immunization, nutrition and hygiene related needs of the beneficiaries; which were met through appropriate services provision in the community and health facilities. To reach out to maximum of them families in SSP with the collaboration of UNICEF and a good support & guidance of FATA Health Services and FR Bannu management adopted following strategies.

- Strengthening of target health facilities namely BHU Zaraki Pirba Khel, CHC's Khane & Takhti Khel for MNCH and EPI services with the provision of HRH (WMOs, LHVs and vaccinators), supplies and equipment. Relevant medicines were provided by WHO and Agency Surgeon FR Bannu.
- SSP's community outreach component was established and community was mobilized. This included
 - a. Services: Health education, vaccination of eligible children & PLs, Deworming of children (2-5 years), ORS distribution, ANC with referral of complicated cases, promoting institutional deliveries/delivery through SBA, and organizing communities through formation of facility based health committee for improvement of community participation in the management of the facility
 - b. Establishment of a functional referral system from community to PHC center and onward to Women and children Hospital Bannu. For this well equipped functional ambulance service was provided.
 - c. Provision of life saving commodities: Health, Nutrition and Hygiene commodities (clean delivery kits to all pregnant ladies and new born kits to all last trimester PLs/delivered ladies, LLINs to all PLWs) and nutrition supplements (multi-micronutrient sachets & tablets and Deworming) for eligible mothers & children.
- Social mobilization and communication in shape of launching ceremonies and use of both electronic and print media was part of the strategy.
- For effective implementation local elders, religious leaders and local health facility staff was involved in initiation & implementation.

	<ul style="list-style-type: none"> □ At the community level the package was provided to the families through a team of dedicated workers under the supervision of a team leader. The team operated from concerned health facility. Each team was further subdivided into (A) Two social mobilization sub teams comprising one male and one female community volunteers from the local communities of the concerned area and (B) one MCH package services and health, nutrition and hygiene commodities distribution team comprising 1 LHV, 1 Female Assistant, 1 Vaccinator. The team worked in close coordination with the Lady Health Workers/Supervisors of the target villages. □ The project was coordinated by a Project Coordinator who was supported by Finance, Logistic and MIS assistants for data entry. □ Social Mobilization sub teams worked and registered all eligible children and PLs in the target villages one day before administration and distribution of the MCH package. On the same day deworming of all children was done and MM tablets were distributed to all mothers. They facilitated community volunteers in registration and social mobilization activities in their catchment area. □ Service provision team delivered services package of ANC, immunized eligible children and PLs, provided them with lifesaving, health, nutrition and hygiene commodities. □ The team also conducted health, nutrition & hygiene education sessions for pregnant & lactating women in the community. □ The community organizers mobilized the community and formed health committees at different levels; especially at the facility level. The social mobiliser met with them regularly and got the feedback for further action. <p>Project data was entered and updated daily. The progress was shared weekly with HEPR and DGHS Office, MNCH Program and UNICEF.</p>
5.3 Supply considerations, if applicable	Specify any protocols, lead times and other key considerations related to supply requirements
5.4 Other	

6. Signatures and date

<p>_____</p> <p>SHAFIQ UR RAHMAN YOUSAFZAI (HEAD OF PROGRAM)</p>	<p>_____</p> <p>UNICEF Representative name, signature and date</p>
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PART 2: PROGRAM PROGRESS/FINAL REPORT – TO BE COMPLETED BY CSO AS PART OF REPORTING WITH FACE

Section 1. Program & CSO overview			
1.1 Program reference	UNICEF Office	Peshawar, KPK, Pakistan	
	Progr. Title	Provision of Community Based MNCH services through Mother and Child Days in selected UCs of FR Bannu	
	PRC Ref. #	<ol style="list-style-type: none"> 1. IR 1.4/activity 1.4.4 of the (MYWP 2013-15): Provide support to government and NGOs/CSOs for coordinated health and MNCH response in emergencies. 2. UNICEF core commitments for children (CCCs) in emergencies <ol style="list-style-type: none"> a) <u>CCC2</u>: Children and women access life-saving interventions through population- and community-based activities b) <u>CCC3</u>: Children, adolescents & women equitably access essential health services with sustained coverage of high-impact preventive & curative interventions. a. <u>CCC4</u>: Women and children access behavior-change communication interventions to improve health-care and feeding practices. 	
1.2 Organization information	Organization / Acronym	Social Services Program/SSP	
	Name of Head Organization	Shafiq ur Rehman Yousafzai	
	Title of Head	Head of Program	
	Email of Head	SSPpak@gmail.com	
	Phone of Head	051-2361122 Cell: 0300 5632003	
	Name of Prgr. Focal Point	Dr. Abdul Jamil	
	Title	Health & Nutrition Specialist	
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	Telephone	091-570 1315 (Ext. 3160), 0345-914 1102	
1.3 Program information	Progr. Duration	6 months	
	Start date	03/2015	
	Reporting period	From: March 16, 2015 To: September 15, 2015	
1.4 Budget information	Program budget	Cash:	Pkr 18,090,910 Pkr 17,775,910 Pkr 315,000
		Supply:	Pkr 8,570,420 Pkr 8,570,420 Pkr -
	Total	Pkr 26,661,330 Pkr 26,346,330 Pkr 315,000	
		Usd 263,634 Usd 260,519 Usd 3,115	

	UNICEF contribution		
	Funds received to date		% of total
1.5 Partner Contribution made to date			
1.6 Signature of Authorized Official		Date:	

2. Reporting on results achieved

The table below provides an overview of results achieved during the reporting period and cumulatively since the onset of the program.

Program Outputs*	Performance indicator*	Targets*	Achievement in reporting period**	Cumulative progress to date**	Overall Status (select)	Narrative assessment/ summary of progress**
Progr. Output 1 At least 80% of 16666 families are visited and registered for mother and child days' activities.	# of families registered during door to door outreach activities.	16,666		18,309 (109.86%)	Met	This was possible through continuous & vigilant supervision by the core staff of the project
Progr. Output 2 At least 80% of 12,000 children (2-5 years) receive Deworming treatment.	% of target children provided deworming medication.	12,000		9,479 (78.99%)	Met	Community outreach component in spite of difficulties delivered the best
Progr. Output 3 Vaccination status of at least 80% of 7,000 children (<2 years) and 4000 pregnant ladies identified and all the defaulters / due receive relevant vaccination	a. % of target children (< 2 years) and pregnant ladies identified as defaulters	7,000 U2 children and 4,000 PLs		4,396 (62.8%) children and	On track	There was a low coverage as for immunization is concerned and rigid local norms, illiteracy and ground security (repeated curfews) were the reasons for low achievement. At times vaccination had to be stopped.
	b. % defaulter/due children & PLs who receive	20% (1,400 U2 children and 800		2,604 (186%) children	Constrained	

	relevant routine vaccination	PLs)				
Progr. Output 4: Around 80% of 4,000 pregnant ladies receive proper ANC services.	a.# of pregnant ladies identified and registered & referred to M&C day's events for receiving the package.	4,000		2,280 (57.00%)	On track	This achievement in the tribal areas like FR Bannu is ideal. The HFs in tribal are established under political influence and patients from other tribes don't like to visit the HF in other tribe's area.
	b. # of registered pregnant ladies who received ANC services.	4,000		2,280 (100.00%)	Met	
Progr. Output 5: Around 80% of 8,000 PLWs receive health, nutrition and hygiene commodities (CDKs, Baby Kits, Hygiene Kits & LLINs)	a. % of target PLs who received CDKs & Baby Kits	8,000		5,642 (70.50%)	Met	This target could be managed through community outreach component
	c. % of target PLWs who received hygiene kits & LLINs	8,000				
Progr. Output 6: Around 80% of 15000 children (6 to 59 months) and 16,000 PLW receive multi-micronutrient supplementation.	a. % of children (6-59 months) who received MM sachets	15,000		12,276 (81.84%)	Met	Community outreach component made it possible
	b. % of target pregnant ladies provided multi-micronutrient tablets.	16,000		4,407 (27.54%)		PLs usually avoid taking any medicine during pregnancy as there is strong belief that allopathic medicines harm their babies
Progr. Output 7: Around 80% of 8,000 women (pregnant/lactating) receive appropriate health, nutrition & hygiene education messages.	a. # of health and hygiene sessions conducted on daily basis	8,000		7,000 (87.50%)	Met	Community outreach component made it possible
	b. % of mothers reached with key messages on IYCF & appropriate	100%		7,000 (100.00%)	Met	

	sanitation/ hygienic practices.					
Progr. Output 8: Around 80% of 1000 Pregnant ladies delivered at the Health facility level through SBAs	a. # of PLs delivered	1,000		62 (6.20%)	Constrained	In spite of media information and repeated massages through our community outreach components women could not be taken out for medical/obstetric consultation and treatment. Illiteracy, rigid tribal customs and old believes were the main issues involved in this low achievement.
	b. # of complicated cases referred secondary level care.	100%		0		
Progr. Output 9: Around 80 % of the delivered PLs are provided postnatal care at the health facility.	% of delivered PLs provided post natal care	1,000		566 (56.60%)	On track	This was possible through community outreach component.
Challenges / bottlenecks faced in the reporting period	<p>SSP was the first national NGO who was entrusted for implementation of this vital MNCH project in FR Bannu. During implementation many challenges and bottlenecks were faced like: -</p> <ul style="list-style-type: none"> • Vaccination had to be stopped by Agency Surgeon on the pretext of lack of proper training to the vaccination staff. A refresher course was arranged with his help and staff was trained by WHO representative. This exercise yielded very encouraging results. • Floods during the monsoon season affected the field activities and progress was hampered. • Security situation in two of the UCs namely Mohmand Khel and Takhti Khel was not ideal as off and on there was a curfew and activities had to be restricted for days. • CHC Asif and CHC Khane were ghost facilities and were non-functional since these were built. Instead the maliks of the area were dwelling there with there families and at time these served the purpose of hujras for them. • It was really difficult to convince them that they should vacate these for the purpose those were built. • Beside this the local communities were reluctant to visit these two politically established health facilities of FR Bannu. There in the tribal area it is difficult to convince a person to visit a facility in the area of some other tribe. This impasse couldn't be overcome, in spite of our best efforts and involvement of Agency Health and Management Authorities, though there was a little laxation. • These facilities were approved by mutual consensus of Agency Surgeon and representatives of UNICEF. The patient flow during the reporting period was very low in Takhtikhel and Mohamnd Khel. 					

Proposed way forward

Though the SSP managed to meet certain targets; but it lagged behind in some vital areas. It is proposed that: -

- Technical staff as vaccinators, LHVs, technicians and alike should be provided with enough time to work under close expert supervision at some secondary or tertiary health facility. Though we recruit a trained staff but at times we are caught unaware.
- The proposed health facilities should be selected after their meticulous survey and getting an assurance that these are not located or built on political or tribal motives.
- While working in tribal areas Political Agent should be on board and the project team should meet him and discuss day to day issues with him to get immediate remedial measures.
- Capacity building exercises or workshops should be a regular feature of any organization on monthly or fortnightly basis.
- Project Manager should review the SOPs and watch his team while working and correct them on spot and discuss those issues in the a meeting to follow.

* Information directly extracted from Section 2.4 of the signed Program document.

** Information to be updated upon submission of the report.

PICTORIAL HIGHLIGHTS OF THE PROJECT



