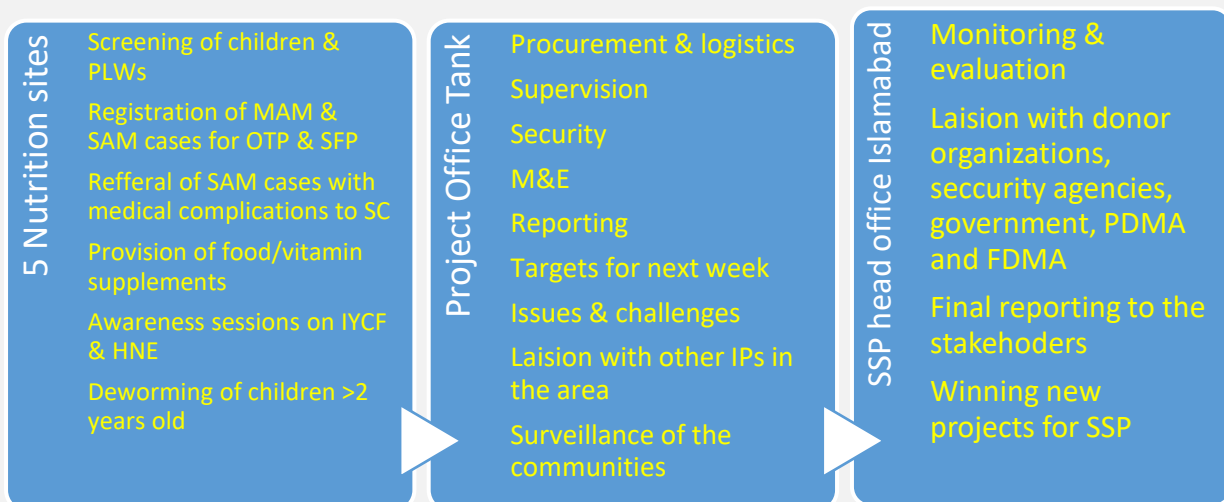

Project Completion Report May-December, 2016

Provision of Emergency Nutrition Services to the Stayee's and Returnee's of Five Union Councils namely Moula Khan Sarai, Pastai, Rashwara (Barwand), Tor-Raghzai and Siplatoi of Tehsil Serwakai South Waziristan Agency

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ABBREVIATIONS

♀	Female
♂	Male
APA	Assistant political agent
AS	Agency surgeon
BHU	Basic health unit
CD	Civil dispensary
CHC	Community health center
Children	Children 6-59 months old
CMAM	Community management of acute malnutrition
D2D	Door to door
PHPF	Pakistan Humanitarian pool fund
FATA	Federally administered tribal area
FDMA	Fata disaster management authority
FR	Frontier region
GAM	Global acute malnutrition (SFP+OTP)
HC	Hosting community
HF	Health facility
HFA	Health facility assessment
HNE	Hygiene & nutrition education
HNE	Health & nutrition education
IYCF	Infant & young child feeding
CDP	Civil Dispensary Pastai
KPK	Khyber Pakhtunkhwa
L	Lactating
LHW	Lady health worker
CDS	Civil Dispensary Siplatoi
MMR	Maternal mortality rate
MoU	Memorandum of understanding
MSF	Mother support forum
NOC	No objection certificate
OTP	Outpatient therapeutic program
P	Pregnant
PM	Project Manager
PDMA	Provincial disaster management authority
PLW	Pregnant & lactating women
SFP	Supplementary feeding program
SSP	Social services program

TDP	Temporarily displaced persons
FC	Field Coordinator
U5	Under 5 years
COW	Community Out Reach Worker
NA	Nutrition Assistant
SO	Social Organizer
UC	Union council
VVC	Village volunteer committees
IYCF	Infant and Young Child Feeding

Executive Summary

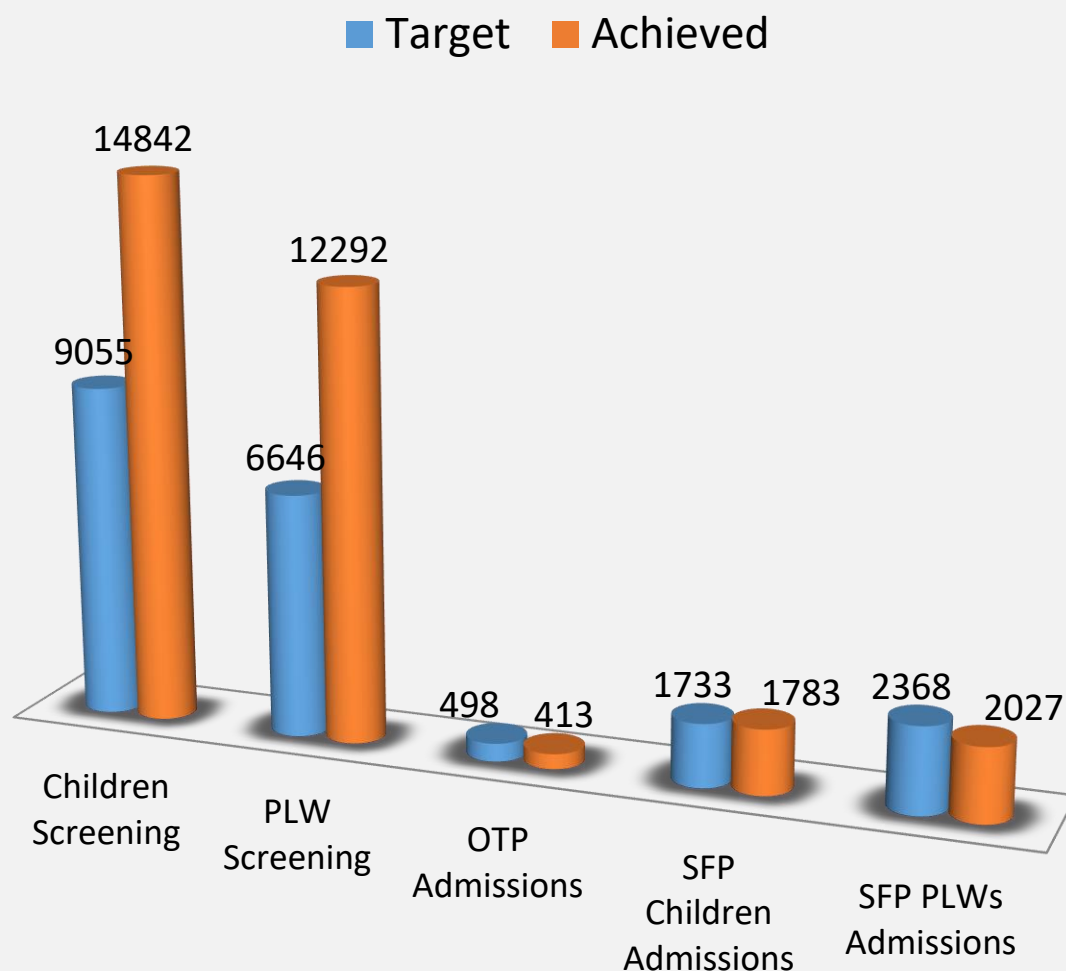
Under the proposed project, SSP was expected to cover a total of 83,073 individuals which is 60% of the total population (138,456). Five health facilities were selected in consultation with department of health and Pakistan Army. At the time of submission of proposal to PHPF four health facilities were proposed in SARWAKAI sub division and one health facility was in Tiarza sub division (model health facility Tiarza) however during implementation, Pakistan Army and Nutrition cluster together suggested to SSP to select all the five health facilities in SARWAKAI sub division, Tiarza model health facility was assigned to health department and secondly at that time the area was not fully cleared, thus SSP established four CMAM static centers at four different health facilities namely Moula Khan Sarai (THQ), Rishawra, Tor Raghazai, Pastai and Siplatai CD.

In Siplatai area the health facility was completely destroyed and no rented accommodation was available there too, PHPF in light of the dire need asked SSP to continue the provision of nutrition services in the same area through mobile camping and thus throughout the project life, services were made available to the local population through mobile CMAM. The project was supposed to start from March 1st, 2016 however due to delay in NOC, it delayed for almost two months which compelled SSP for two months NCE. Entire Field staff was onboard from May 1st, office was rented during March 1st, a security guard and one vehicle for the facilitation of administrative work was hired from March, the rest were hired from May 1st, 2016.

Five days staff training was organized at DIKHAN with effect from 25th April 2016. Staff was deputed in their respective geographical areas from May 1st 2016 however; Pakistan Army, Health Department and FDMA asked SSP to stop the field operations until the receipt of supplies both from UNICEF and WFP. SSP received supplies on June 6th and 9th from UNICEF and WFP respectively. Field activities were started with full swing from 9th June. This is worth mentioning that twice supply chain break was recorded during the month of September and October. MMS, MMT and Folic acid were short at the beginning of the project and secondly during mid-point shortage was recorded which is one of the main reason behind the under achievement of MMS and MMT distribution during 1st six months. During the project life following achievements was made.

S.NO	Description	Project Target @ 60% Coverage	Achieved In Reporting Period	%age Coverage @100%
1	Screening of children U5	9055	14842	98 %
2	Screening of PLWs	6646	12292	111%
3	OTP admission of SAM children	498	413	50%
4	SC referral of SAM children with complications	125	5	2%
5	SFP admission of MAM children	1245	1783	86%
6	SFP admissions of MAM PLWs	1371	2027	89%
7	MMS (Children)	6314	8480	81%
8	MMS (PLWs)	5317	4019	45%
9	Deworming of children	4071	3229	48 %
10	H&N, IYCF Sessions	1344	1092	81 %

During the project life cycle a total of 1676 children under five and PLWs were discharged from the program (MAM-805, MAM PLWs 678 and SAM 193). Total default was recorded 33 (MAM 27, PLWs 02 and SAM 04). To ensure social accountability and smooth implementation of the project, SSP established five BFC's one at each facility, 10 mother support forums (02 at each site) and 30 village volunteers committee's (12 female and 18 male) with a total membership of 124. Under the umbrella of IYCF, SSP field teams were able in conducting 294 awareness sessions regarding improved IYCF practices, 178 one to one sessions at the BFC's and 20 demonstration sessions were also conducted wherein 321 female participated. Globally in 492 sessions 3190 females participated and at least had an opportunity of share their issues with the field staff. 463 health and nutrition plus mobilization sessions were also conducted on male side where the total participation remained 4304 where on female side total of 629 sessions were conducted in which total of 5859 female participated.



Legal Status of Organization

Social Services Program (SSP) is a registered non-political, non-government and non-commercial/profit organization established back in 2003. Registered with Social Welfare Department Khyber Pakhtunkhwa (KPK) under VSWA (R&C) Ordinance 1961 via registration number DSW/NWFP/2042, Dated! (20th Jan 2003). Ministry of Kashmir Affairs and Northern area's and States and Frontier Regions Division SAFRAN via notification bearing number ACR(S) (22)/AR/734 16th Day of March 2015.

Currently we are working in the field of health & Nutrition focusing on the prevention of Malnutrition related Morbidity and Mortality in the most vulnerable group of the Community i.e. Children of age 6-59 months and Pregnant and Lactating Mothers Through CMAM & IYCF Program and To provide proper Anti-Natal & Post-Natal care to the Mothers by providing 24/7 EMOC services through Mother Child days.

Previous Nutrition and MNCH Services

Social Services Program Pakistan with Expertise in Nutrition and Maternal, neonatal and Child Health have completed 4 fully Funded projects in the red zone areas of Khyber Pakhtunkhwa, FR Regions and FATA. The details of which are given below;

S.NO	Project Name	Area of Intervention	Funded by	Project Status
1	CMAM & IYCF	Tank KPK	UNICEF	Completed
2	CMAM & IYCF	FR Bannu	ERF (UNOCHA) + WFP	Completed
3	MNCH/MCD's	FR Bannu	UNICEF	Completed
4	CMAM & IYCF	SWA FATA	PHPF (UNOCHA)	Completed

BACKGROUND OF THE CURRENTLY COMPLETED PROJECT

South Waziristan Agency (SWA) is part of Federally Administered Tribal Area (FATA) of Pakistan, adjoining Afghanistan. Its population is 596,886 (estimated in 2014) with annual growth rate of 1.95%. It has 8 subdivisions. The people of SWA are mainly orthodox Sunni Muslims. The literacy rate in SWA is 20.3%, having male to female ratio of 5.8. Like other FATA agencies, SWA suffers the same economic and governance problems such as lack of clean drinking water, illiteracy (especially for women), poor infrastructure & communication, poverty, malnutrition etc. SWA total population as per 1998 census was 429841 and projected population as of 2015 is 625593 (Bureau of statistics FATA secretariat Peshawar). It has 8 subdivisions. The proposed impact area is Serwakai and Tiarza Tehsils (population 138,456). Overall food security situation in FATA as well as in South Waziristan is deteriorating. Integrated Food Security Phase Classification analysis which was carried out in 2014 and 2015; depict a trend analysis of food insecurity/food security where South Waziristan Agency was classified in Phase 4 with probability of improvement in food security situation over the next few months to Phase 3 subject to promising returns, improved security situation as well as timely response by the humanitarians and the Government functionaries.

The situation in SWA is getting better; however, the security situation, remoteness and limited humanitarian response are the key challenges in bringing the area back on the track of development. Since the beginning of 2004, Pakistani forces have operated in the SWA against the terrorists, mainly in WANA. Local Elites (Malik's) were motivated and mobilized in support of Pakistan Armed Forces. This joint effort led to the surrender of many suspects, but the sad incidence is mass migration of the locals as IDPs to the other adjoining and distant areas of the country as a result. After the successful completion of the military operation TIDPs have returned to their homeland and the return process is still underway. The area suffers many problems of governance and most parts of it lack even basic necessities of life. In the aftermath of the migration of the local population as a result of WANA operation and now their return from Khyber Pakhtunkhwa and FATA, has badly affected their health and nutrition status. FATA MICS 2009-10 shows that infant mortality rate in SWA is 86 deaths per 1000 live births showing the alarming/emergency situation where immediate humanitarian action is required by all humanitarian actors.

Keeping in view the above mentioned facts and figures, Pakistan Humanitarian Pool Fund (PHPF) announced II standard allocation 2015 to address these humanitarian issues. Social Services Program (SSP) was entrusted and awarded with a Nutrition Project titled *"Provision of Emergency Nutrition Services to returnees and Stayee's in two tehsils namely SARWAKAI and Tiarza of South Waziristan Agency (SWA)."*

Project Objective

To provide Nutrition services to 9055 (4618 male-4437 female) under five years of age and 6646 PLW's at 5 health facilities of Serwakai sub divisions of SWA.

PROGRESS (May- December, 2016)

➤ Administrative Arrangement

Administrative arrangement for the proposed CMAM and IYCF project were carried out at the start of the project and for this purpose Field Office, Warehouse at Tank and vehicles for mobility were hired on rent. Identification and selection of the Vendors were carried and agreement executed with the selected vendors for the double door vehicles.

➤ Staff Hiring

Social Services Program (SSP) floated Advertisement on PAK NGOs Google Group and on SSP's Promotional Page on Face Book. First of all Long listing was carried by the H.R and sent the list to Project Manager for further short listing. All the shortlisted candidates were allowed to sit in written test and interview was conducted on the basis of the qualification of the written test. Offer letters were issued to all the selected candidates and upon their acceptance formal contracts were signed for the project life.

➤ Staff Training

Before the start of the Proposed Project Field activities SSP organized five days training on CMAM and IYCF at the La Cuisine Hotel in D.I.Khan from 25th to 29th April 2016 and after the completion of 1st quarter of the project 3 Days refresher training at Field Office Tank 19th to 21st August 2016. Before starting of the project all the project staff, including healthcare providers participated, in total 41 persons (project staff, field staff and health care providers) while in refresher training the Health staff was not involved. SSP's own team facilitated the trainings. SSP Director Health and Nutrition Dr. Muhammad Arshad Uppal, Head of Program Shafiq Ur Rahman Yousafzai and Wahab Gul Yousafzai Project Manager headed the five days sessions during staff training at D.I.Khan.



Staff Training

➤ Establishment of five CMAM Static Centers

SSP has established five CMAM centers and supplied furniture and other important administrative tools to five hospitals at the proposed project areas at South Waziristan Agency.



Pastai Health Facility



Mobile CMAM at Lower Siplatoi

- 1- Civil Dispensary Rashwara (Barwand) area UC
- 2- Health Facility Pastai area UC
- 3- Category D Hospital, Moula Khan Sarai area UC
- 4- Health Facility Saplotai area UC (The building of CD Siplatoi was fully damaged therefore SSP's field team was unable to establish CMAM & IYCF Center at CD Siplatoi and the activities were carried out through Mobile camping in the home and Hujras of local Malik or other stakeholders)
- 5- Health facility Tor-Raghzi area UC

Establishment of Breast Feeding Corner (BFC's)

Four breast feeding corners have been established one at each assigned facility except CD Siplatoi where the building is fully damaged. These corners are established for the provision of improved Breast feeding practices and to resolve the problems of Lactating mother in a friendly and secured environment.



Jirga at Upper Siplatoi



Jirga at Upper Siplatoi

Purpose of establishing these BFCs are

- Asses the problem of failure of Lactation
- Proper Attachment and Positioning of baby during breast feeding
- Provide satisfactory environment to Mother/caretakers to feel secure and breast feed her child without any hesitation and resolve problem if any
- To provide breastfeeding support to pregnant women and lactating mothers/ caretakers of young girls and boys 0-23 months by establishing "safe and supportive" spaces (Breast Feeding Corners) for breastfeeding,
- For communication, counseling, mentoring supervision by peer support groups, IYCF counselors and health workers and promotion of appropriate complementary feeding (CF).

➤ Grand Launching Ceremony

Social Services Program organized a launching ceremony in Tehsil Serwakai Govt. middle School Deeba, although it was not a budgeted activity even then SSP realized its importance and asked the field staff for the organization of the same event. This is worth mentioning that currently a number of organizations are working in the same area however none of them succeeded in the organization of such an event in spite of their budgetary provisions. After initial meetings with the line department, FDMA and Pakistan Army it was agreed upon that SSP's event will be fully protected by Pakistan Army and Health department will extend possible support. Thanks God that the call of SSP was both accepted and owned by the local communities.



The participation of the local elders to such an extent was not expected however the local professional staff being hired by SSP proved their worth and the successfully organized this historic event which never before happened in the development history of SWA. GMS Deeba was selected as venue for the same function in light of the recommendations of Pakistan Army. Many thanks to them for the arrangements of water supply on the event day. SWA Scouts provided security on the same day as well. Religious leaders, Head of the Local casts and tribes along with

- School Teachers
- Local Health Facility Staff
- Other ORG Staff
- Armed Forces actively participated

➤ Liaison with Line Department (Health) and Donors

SSP has also established very good relationship with health department of FATA, KPK and liaison with them is quite easy. SSP often works to facilitate their programs in its impact areas. SSP enjoys a good respect to the gross root levels i.e., health facility level. The Proposed intervention supplemented the routine business of the parent department and also enhanced their credibility and quality of service delivery which benefited them in the long term.

SSP field staff participated in a coordination meeting organized by Pakistan Army there at the field sites of the project areas. SSP team reached WANA South Waziristan Agency on 3rd May 2016. both SSP field team and the army discussed major concerns regarding the security situation of the project area, situation of the locals and details execution plan of the project with them. SSP, army and local elders there hope for the mutual cooperation and full support till the end of the project.



Jirga at Upper Siplatoi



Jirga at Upper Siplatoi

Moreover SSP actively participated in all the scheduled meetings of Nutrition, Food Security and Health clusters both at the district as well as provincial level. Updated progress was shared with all the stakeholders. SSP had weekly progress review meetings with the AS SWA, who is cooperative and conducive for the program.

Formation of VVC's/ MSF's

During the reporting period SSP's field teams formed **30** Village Volunteer Committees (VVCs) and **10** Mother Support Forums (MSFs).

Ser. No	Health Facilities /UCs	Activities Description					Remarks
			Mother Forums (MSFs)	Support	Village Committees (VVCs)	Volunteer	
		BFCs	Nos.	Membership	Nos.	Membership	
1	MKS	1	2	20	6	26	10 MSF; 2 at each facility site (30 VVC's (12 female +18 males)
2	Pastai	1	2	19	6	26	
3	Saplotai	1	2	21	6	26	
4	Tor-Raghzai	1	2	18	6	26	
5	Rashwara (Barwand)	1	2	18	6	26	
Total		5	10	96	30	124	

To facilitate and support IYCF counselors, both in their assigned areas and at CMAM static centers, SSP established 10 mother support forums, 2 in each nutrition site with 96 members. The formation of these committees/Forums has positively influenced the current completed project in SWA by means of program acceptability and timely provision of Nutrition Services.



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Jirga at Upper Siplatoi

DETAILS OF THE PROJECT ACTIVITIES

a) SCREENING OF 6-59 MONTH OLD CHILDREN (U5)

During the reporting period SSP field teams screened 14842 children (9127♂ 5715♀) which is 98% of the project target. In which total number of identified OTP cases are 413 Children (196 Boys and 217 Girls) and SFP children cases are 1783 Children (948 Boys and 835 Girls).

S.No	Nutrition. Site	Children			PLW		
		Targets	Achieved	%age	Targets	Achieved	%age
1	Moley Khan Serai	1924	2804	87%	1412	2118	90%
2	Rishawra	2136	2971	83%	1568	2574	98%
3	Tor Raghzai	1604	3232	120%	1177	2694	137%
4	Pastai	1788	3490	117%	1312	2256	103%
5	Siplatoi	1603	2345	87%	1177	2650	135%
Total		9055	10706	71%	6646	12292	111%



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ADMISSIONS TO OTP:

A total of 430 children were identified as SAM case and referred for OTP, but only 413 (196 Boys and 217 Girls) reported for treatment.



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Jirga at Upper Siplatoi

SFP ENROLMENT:

Total 1711 MAM children were identified and referred to enroll for Supplementary care. With the total 1711 referred MAM children and 72 more transferred from Out Patient Therapeutic Care center total 1783 (948 Boys and 835 Girls) have been enrolled and the supplementary food has been provided to prevent further malnourishment. They were treated with food supplies from WFP (RUSF).



Jirga at Upper Siplatoi



Jirga at

SCREENING OF PLWs

SSP field teams have reached to 12292 (4026 Pregnant and 8266 Lactating Women) PLWs in the reporting period that is 111% of the total project. Out of total screening 2061 PLWs (601 Pregnant and 1460 Lactating women) are identified as malnourished. All the identified malnourished cases are referred to the nearest CMAM static sites in which 2027 (589 Pregnant and 1438 Lactating) malnourished PLWs were enrolled for the supplementary care.



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REFERRAL to STABILIZATION CENTER (SC)

Five SAM children with medical complication has been identified and referred to the Stabilization Center at WANNA but they refused to go for further treatment due to a very long distance from Serwakai to WANNA. Meanwhile SSP teams have paid visits to their home for Therapeutic care.

Community Referral Form

☒ 1: SFP MUAC <12.5cm to 11.5cm ☒ Date: 5-9-16

☐ 2: OTP MUAC <11.5cm ☐ Oedema: D, +, ++, +++

☐ 3: PLW MUAC <21 cm ☐ Relapse: Y ☐ N

Name of patients: Mil Amza Mother/Husband Name: Muhammad Ali

Age: 36M Sex: (M) MUAC (cm): 12.2

Address: Daud Ragh Zai Referred Health Facility: THO MKS

Union Council: Serwakai District: S.M.A

Name of Referee: Asif Khan Signature of Referee: [Signature]

Signature of Nut: [Signature] Date: 5/9/2016

Jirga at Upper Siplatoi

Community Based Management of Acute Malnutrition (CMAM) Screening Register for Pregnant & Lactating Women

Serial No.	MUAC (cm)	Weight (kg)	Age (years)	Address	Referral	Remarks
264	12.3	34	34	...	...	...
265	12.3	34	34	...	...	...
266	12.3	34	34	...	...	...
267	12.3	34	34	...	...	...
268	12.3	34	34	...	...	...
269	12.3	34	34	...	...	...
270	12.3	34	34	...	...	...
271	12.3	34	34	...	...	...
272	12.3	34	34	...	...	...
273	12.3	34	34	...	...	...
274	12.3	34	34	...	...	...
275	12.3	34	34
276	12.3	34	34
277	12.3	34	34
278	12.3	34	34
279	12.3	34	34
280	12.3	34	34

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PROMOTION OF IMPROVED IYCF PRACTICES AT HEALTH FACILITY (HF) & COMMUNITY LEVEL

This is both fascinating & challenging component of nutrition program. Our teams through consistent & integrated efforts succeeded in conducting 294 IYCF sessions. The IYCF counselors, under the guidance of their supervisor persuaded 2691 women of child bearing age to participate in these sessions. The role of female VVCs & MSF in organizing these sessions is also plausible. These were interactive sessions, where basic breastfeeding knowledge & skills were discussed and demonstrated.

All the women actively participated in these live sessions. They discussed the traditional myths about feeding at large, which cleared their misconceptions about IYCF practices. Beside all these sessions 178 lactating mothers were also educated through **one to one counseling** sessions to resolve all the problems during lactation/Breast feeding.

Demonstration Sessions

Nutrition in particular and our culinary & dietary habits have too much to contribute to our health. Likewise safe IYCF practices are essential to maintain the health of infants and young children; hence this component has been declared the main arm of CMAM. It owes too much to allay the burden of malnutrition. Practical demonstrations of raw food storage, washing, cutting, cooking, display, serving and storage of cooked foods were arranged at each HF. Twenty such sessions has been conducted Four in the catchment area of each health facility. In total twenty (20) demonstration sessions 321 Females participated in which mostly were pregnant and lactating women. The other participants were women of childbearing age, who were either members a female VVC or MSF.

Type of Session	No. of Sessions	Participants
Outreach & Facility Based Sessions	294	2691
One-to-One Counseling Sessions	178	178
Demonstration Sessions (4 per facility)	20	321
Total	492	3190



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Purpose of Cooking Demonstration

- To educate the mothers
- Promotion of IYCF & breast feeding practices
- Promotion of complementary feeding
- Practice of recipes necessary for complementary feeding
- Educate mothers how to prepare different recipes

- Promotion of healthy feeding practices
- Reduction of malnutrition and susceptibility to other diseases

MASS COMMUNITY MOBILIZATION, HEALTH & HYGIENE AWARENESS SESSIONS

To show the adverse impact of unhygienic condition and bad nutrition on health and educate the people how to tackle the issues which causes malnutrition high morbidity rate as well as sensitize the people and delivers the ways how to tackle these problems. Health Facility wise details of Sessions and participants has given in the table

UC wise detail of HNE & community mobilization sessions,

	H & N Sessions				IYCF Female		Other/Mobilization Sessions			
	Male		Female				Male		Female	
	Sessions	Participants	Sessions	Participants	Sessions	Participants	Sessions	Participants	Sessions	Participants
Pastai	29	318	31	229	64	595	60	585	6	89
Tor Raghzai	42	411	52	536	50	480	80	703	28	335
MKS	30	278	50	449	64	575	40	383	21	179
Siplatoi	24	239	37	365	45	433	44	421	8	88
Rishawra	38	314	74	621	71	608	76	652	28	277
Total	163	1560	244	2200	294	2691	300	2744	91	968

Summary of Awareness sessions

	Male Total		Female Total	
	Sessions	Participants	Sessions	Participants
Pastai	89	903	101	913
Tor Raghzai	122	1114	130	1351
MKS	70	661	135	1203
Siplatoi	68	660	90	886
Rishawra	114	966	173	1506
Total	463	4304	629	5859

MICRONUTRIENT SUPPLEMENTATION AND DEWORMING

- 1, 27,200 MM Sachets were distributed among 8,480 children of age of 6-59 months.
- 1, 20,570 MM Tablets were distributed among 4,019 Pregnant & Lactating women.
- 15,300 Folic Acid Tablets were distributed among 1,021 pregnant women.

H.F	MM Sachets for 6-59 children		MMT to PLWs		Folic Acid to PLWs	
	# of Children	# of MMS	# of PLWs	# of MMT	# of PLWs	# of F.A
MKS	1754	26310	782	23460	180	2700
Rishawra	1898	28470	758	22740	212	3180
T.Raghzai	1823	27345	735	22050	201	3015
Pastai	1536	23040	901	27030	239	3585
Siplatoi	1469	22035	843	25290	188	2820
Total	8,480	127,200	4,019	120,570	1,020	15,300

EXTERNAL/INTERNAL MONITORING FIELD VISITS (SUPERVISION VISITS BY PM & CORE STAFF, VISIT BY HOP, UNICEF AND HEALTH DEPARTMENT)

Monitoring and Evaluation

For smooth execution and successful completion of the proposed CMAM and IYCF project, SSP established a fully equipped field office preferably at Tank city, district Tank. Monitoring system designed in line with the guidelines of CMAM and IYCF protocols plus nutrition cluster strategy. Regular progress reports on agreed intervals generated and submitted to concerned quarters. Project Manager, in consultation with project staff prepared detailed monitoring plan Process. 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 (MF's).

SSP hired a full time dedicated M&E Officer for this project. M&E Officer ensured that CMAM and IYCF protocols are religiously followed both at the facility level as well as community level too. Beside M&E officer, NPC, senior staff from the head also visited the project sites; monitored the quality and quantity of the ongoing CMAM and IYCF interventions.



Jirga at Upper Siplatoi



Jirga at Upper Siplatoi

Persons headed Monitoring visits	No. of visits
Head of Program	06
Agency Surgeon	1
Project Manager	23
Field Coordinators	130
M&E Officer	28
UNICEF Representative	01
WFP Representative	05
Political Agent	1
Visits by Army Representatives	6

FINDINGS OF MONITORING

- ❖ Information regarding geographical coverage (catchment area) was missing at the facility level
- ❖ Poor Involvement of both VVC's and MSF in the project implementation
- ❖ Weekly Work Plan was either missing or not displayed at the facility level.
- ❖ Internal visibility needs to be improved
- ❖ Missing of the important charts like Vaccination of under 2 years children and for Pregnant and Lactating Women, importance and schedule for different vaccine etc
- ❖ Non-availability of "Complaint Boxes" in area where no internet, any PTCL and cell service is available, how can one ensure accountability before the communities?
- ❖ Daily Activity/Targets VS Achievements Chart was also missing.
- ❖ WEAK formation of mother support forums and poor performance ,
- ❖ Non availability of necessary supplies like MM sachet and ACHA Mum
- ❖ Field coordinators signatures were missing on important formats
- ❖ URDU speaking IYCF Councilors and COWs affected the quality of work



Jirga at Upper Siplatoi

ACTION TAKEN AGAINST FINDINGS

- Charts were prepared clearly showing the details of villages covered under the project and activities carried out there with the details of identified SAM, MAM and PLWs identified and registered
- VVC's and MSF were practically involved, on job non formal orientation was given to them by FC's and SO's on male side and NA's and IYCF Councilors on female side
- Practice of displaying weekly work plans at the facility level was ensured.
- Vaccinations charts for both the children under five (U5) and PLWs are now being displayed at each facility.

- Daily Activities records including Targets VS Achievements updated Chart on weekly basis is also supervised by the NAs at each health facility.
- With the involvement of mother support forums and females VVC's all the due targets of demonstration sessions were achieved, leading role was given to the MSF and VVC members.

ISSUES & CHALLENGES:

As the proposed project impact area is a tribal area it has many inborn and chronic problems. In spite of the fact that community is cooperative and conducive to our activities, we faced many difficulties.

- Delays in NOC delayed the overall service delivery system in SWA.
- Almost 45 days late start of the Project due to NOC and non-availability of supplies badly affected the treatment cycle.
- Restrictions from the Army side due to Security reason...
- Field movement off and on delayed due to the MOBILITY protocols of the Army, prior approval before movements especially in Pastai and Siplatai areas)
- Staff turnover on female side and non-availability of local trained/untrained female staff
- Damaged health infrastructure (CD Siplatoi).
- Scattered population hilly roads/tracks also affected the referral mechanism
- Lack of Communication, No net No Cell service,
- No Stabilization Center in the region, non-cooperative behavior of SC patients
- Non-availability of MMS, MMT, Folic Acid and Deworming Tablets.(at the beginning of the Project and during mid-period) had a direct impact on distribution
- Non-Availability of RUSF(Acha Mum) during (September-October)

RECOMMENDATIONS AND ACTION TAKEN

- Involvement of Local communities through launching ceremony (200 local Maliks participated)
- Coordination meetings with Pak Army, Head Quarter 132 Wing and establishment and involvement of VVC's (village Volunteers Committee's) yielded excellent results, facilitated field teams in identification and follow ups especially of defaulters
- Pick and Drop facility from SWA till TANK and free accommodation with the help of parent department was provided to project staff
- Mobile camping in the catchment area of CD Siplatoi and MKS
- Access to the Pak Army PTCL facility for staff was ensured, in case of emergency they can talk to their families for a few minutes
- Coordination meeting with G 1 FATA, MS Hospital WANA and Agency Surgeon for the allocation of one Female staff member in Cat-D Hospital for the provision of SC Services
- Formal Meetings with UNICEF for the timely provision of MMS, MMT, Folic Acid Tablets and Deworming
- The duration of the project should be enhanced minimum for further three months, so that the identified MAM & SAM cases can be cured.
- Primary healthcare, MCH and WASH services should be provided in the area to reduce the malnutrition.
- Relaxation in Field Mobility for maximum accesses and coverage
- Provision of Security by Local Authorities i.e. Army, FC and Local administration

BEST PRACTICES AND LESSON LEARNED

- Introduction of the culture of launching ceremony

- Introduction of VVC Concept (Created ownership)
- Introduction of the concept of MOBILE CMAM STATIC centers in the region (Siplatai)
- Introduction of MOBILE BFC corner (Siplatai)
- Introduction of the screening concept of “ screening through mobile camping” (Siplatai and MKS)
- Involvement of VVC members in Monitoring of the ongoing nutrition activities in remote area's (Siplatai)
- Leading role was assigned to MSF and female VVC active members during demonstration sessions
- Demonstration through female village volunteers @ the BFC corners (one to one sessions)

FUTURE PLANS

- ▶ Follow up for further extension of the CMAM & IYCF Program in the existing area of Serwakai SWA.
- ▶ Completion of the treatment cycle of the already enrolled/registered OTP and SFP patients is mandatory, otherwise the objective of the project will not be achieved rather will be partially achieved that's why SSP knocked the doors of PHPF, UNICEF and now is knocking at the door of WFP for the extension of the project in the best interest of the beneficiaries.
- ▶ 4th cycle of TDP's return is already started from 19th October and it is assumed that by the mid of November all the TDP's will returned to their areas of origin, that's also increase the scope of our ongoing project and they do need to be included in the program and benefitted from the emergency nutrition services.
- ▶ In extension preference will be given to local female staff even without experience and will be exposed to extensive training on CMAM and IYCF protocols, this will lead to the creation of a cadre of local development workers who will in future will be playing their due role for the promotion of health and nutrition related issues.

True Case Study

On Thursday (21st July, 2016) SSP Field Staff knocked at the door of Rehmatullah, and during routine door to door Screening found Sever malnourished Ismail (age-12 months) and registered him against (Registration No. 09) in Soor Qamar Village of UC Pastai.

1st visit MUAC **10.0cm**, low body weight **4.9kg** and height 62 cm.

2nd visit: MUAC 10.1cm, Weight 4.9kg and Height 62cm.

3rd visit: MUAC 10.2cm, Weight 4.9kg and Height 62cm.

4th visit: MUAC 10.4cm, Weight 5.1kg and Height 62.1cm.

5th visit: MUAC 10.6cm, Weight 5.3kg and Height 62.1cm.

6th visit: MUAC 10.7cm, Weight 5.4kg and Height 62.1cm.

7th visit: MUAC 10.8cm, Weight 5.5kg and Height 62.1cm.

8th visit: MUAC 11 cm, Weight 5.7kg and Height 62.3 cm.

9th visit: MUAC 11.2cm, Weight 5.8kg and Height 62.3cm.

10th visit: MUAC 11.3cm, Weight 5.9kg and Height 62.3cm.

11th visit: MUAC 11.4cm, Weight 4kg and Height 62.3cm.

In the 12th and final visit the patient was recovered with MUAC 11.5cm, weight 6.4 kg after curing anthropometric status the nutrition assistant (Bilqees Amin) discharge him from OTP center and again admit him in SFP center for further treatment of MAM (Moderate Acute Malnutrition).



BEFORE



AFTER



Huzaifa s/o Abdul Amin

VISIT	MUAC	WEIGHT
1 st	11.6 cm	6.7 kg
2 nd	11.8 cm	6.8 kg
3 rd	11.9 cm	6.9 kg
4 th	12.1 cm	7.0 kg
5 th	12.3 cm	7.3 kg
6 th	12.4 cm	7.5 Kg
7 th	12.6	7.6 Kg
8 th	12.7	7.8 Kg



Before



After

Exit Strategy

Proposed project was implemented in five health units. It was expected that all the enrolled patients will complete their due treatment cycle by the end of the project and will be discharged accordingly however, due to supply chain break down twice during the project implementation, **almost 89% PLWS, 76% MAM children and 75% OTP (registered patients)** could not complete their due treatment cycle and by the closing of the project only 11% of the PLWs, 24% MAM children and 25% of the OTP patients were duly discharged from the program, as exit strategy SSP approached UNICEF and WFP simultaneously and requested them to support the project and complete the treatment cycle, after the two months extension, SSP will critically review the situation and in light of the ground realities will either hand over the remaining case load to other IP of the UNICEF/WFP or will share the detailed DATA with parent department for further follow up and completion of their cycle. All the equipment's and furniture purchased for the establishment of five CMAM static centres was handed over to the concerned health facility and senior officials of the department and Pakistan Army were informed accordingly and list of handed over inventory was duly shared with them.

Pictorial Highlights



Jirga at Upper Siplatoi



Jirga at Upper Siplatoi



Jirga at Upper Siplatoi



Jirga at Upper Siplatoi



Jirga at Upper Siplatoi



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