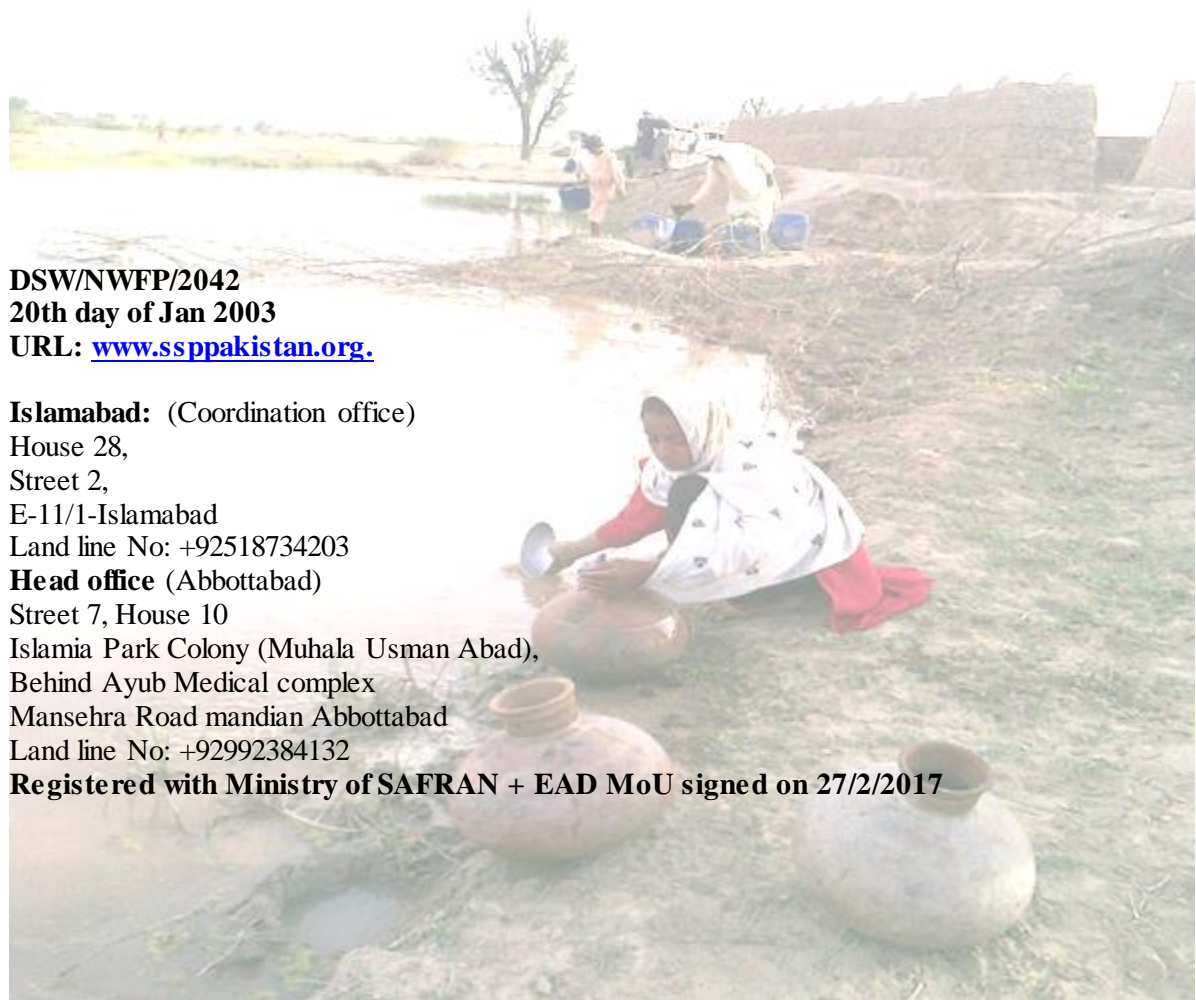




## SOCIAL SERVICES PROGRAM



**DSW/NWFP/2042**  
**20th day of Jan 2003**  
**URL: [www.ssppakistan.org](http://www.ssppakistan.org).**

**Islamabad:** (Coordination office)

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Street 2,

E-11/1-Islamabad

Land line No: +92518734203

**Head office** (Abbottabad)

Street 7, House 10

Islamia Park Colony (Muhala Usman Abad),

Behind Ayub Medical complex

Mansehra Road mandian Abbottabad

Land line No: +92992384132

**Registered with Ministry of SAFRAN + EAD MoU signed on 27/2/2017**

### Social Services Program (SSP)

**ABOUT US:** Social Services Program (SSP) is a registered non-political, non-government and non-commercial/profit organization established in 2003 and registered with Social Welfare Department Khyber PakhtoonKhwa (KPK) under VSWA (R&C) Ordinance 1961. Under the umbrella of SAFRAN SSP was also awarded with allow to work status (ATW) by

Ministry of Kashmir Affairs and Northern areas and States And Frontier Regions Division via notification bearing number ACR(S)(22)/AR/734, Dated 16<sup>th</sup> March 2015. SSP signed a formal memorandum of association (MoU) under the new law for local organizations with the federal government through Ministry of Finance and Economic Affairs Division vide notification bearing number 2(12) NGO/EAD/2016 dated 27<sup>th</sup> February 2017, was one of the first five local NGOs who secured this association with EAD.

SSP overall operations are supervised and guided by a 8 member's (one honorary) Board of Directors chaired by world renowned Development and Public Health Specialist **Dr. Waqar Ajmal**. Under the close supervision and guidance of the Chair and Co-Chair, a team of committed professional's (9 members) is looking after the affairs of the organization under the supervision of Executive Director. SSP's primary focus is the underdeveloped and less served rather often deprived ones in the far-flung areas of KP, to ensure their access to economic, educational, health, improved environment, sanitation, clean drinking water and above all to primary health care, irrespective of their race, gender and color. Formal Institutional building at the grass root level is one the core strength of "Social Services Program". Community driven and led approach is our key of successes. Under the umbrella of local Management system (LMS), SSP was able to establish networks of institutions at community level as per the design of the project and were duly linked with the concerned line department, office bearers were exposed to different trainings which multiplied their skills and improved service delivery mechanism too.

Most vulnerable and wiling families usually encouraged and motivated to come forward and play their due role in the development of their area and ultimately benefitted from different programmatic interventions.

Social Accountability, absolute Transparency and impartiality are the core values of SSP and are religiously followed at all levels.

### **SSP community driven approach!**



***"Community Participation, Impartiality and absolute transparency followed at all levels.***

### **Mission**

To create an enabling environment where all "stakeholders" can easily contribute to the ongoing development efforts, to reduce poverty, illiteracy and mortality rate in the target area's through the provision of basic social and economic infrastructure to individuals, groups, families and institutions at the community level, to bring about a positive social change through self-help and partnership at all levels.

## **Vision**

SSP envisions launching a self-sustain development model against poverty, illiteracy and high mortality ratio in the targeted areas through the provision of basic social and economic infrastructure, by enabling them to assess, plan, manage, control and optimally utilize all the available resources for themselves.

## **Aim/Objectives**

To Improve,

- 1- The existing means of livelihoods through small scale market led interventions, asset creation plus formal trainings. Support measures are provided, involved in planning process for the uplifting of their areas through different community oriented and driven scheme.
- 2- Progressive and willing farmers are provided with improved Agriculture supplies and technical knowhow with special focus on the promotion of nontraditional crops and promotion of horticulture industry. Improved extension services will be introduced and provided in the selected areas.
- 3- Promotion of formal as well as non-formal education under the supervision of parent department (education) especially in the remote parts of the province where literacy rate is extremely poor.
- 4- To improve mother, child health care through awareness raising and mass community mobilization Mother Child Health care and Community based Management of acute malnutrition (CMAM) programs will be launched in the identified districts of KP.
- 5- To clean drinking water and improved sanitation facilities will be ensured through a comprehensive WASH program (CLTS approach)
- 6- A network of community based institutions will be developed and capacitated to undertake take the development initiatives at their own level.

## **Programs**

**SSP intends to:**

- *Establish well equipped hospitals in the most backward districts of KP which will provide quality healthcare services at their door steps on an affordable price, which will include access to advance Laboratory services, X-Rays, Ultrasound, O.T, where 24/7 emergency and labor services will be available and will also to introduce the concept of telehealth care in Pakistan especially the four most back word districts of KP namely Battagram, kala Daka, Shangla and Kohistan.*
- *Set-up a net-work of vocational institutes in collaboration with private/public sector in the far flung and remote rural areas especially in the above mentioned districts of KPK.*
- *Launch a “self-help basis” livelihood support program for the most vulnerable families, under this program, different package like Ramadan and Qurbani and asset creation micro enterprise etc. will be introduced.*
- *Launch special programs for orphans, widows and female headed household with the help of other INGO's and local philanthropists. SSP will also establish/Construct “Well faire/Care Centers” for women and children's in rural areas.*

- *Free **Ambulance service** will also be provided in a state of readiness to meet any emergency in the shortest possible time to the needy ones within the district of operation and in case of emergency to the adjacent districts too.*
- ***Orphans Support Program:** Following services will be provided by SSP to orphans: Food supplies, Medical Facilities, Gifts (on Eid) and Distribution of books, uniforms and scholarships etc. plus Provision of recreation items (Sports kits etc.)*

### **Mass Community Mobilization:**

SSP has adopted a two prong strategy both for the emergency response and early recovery initiatives; SSP primary focus is on to build the capacity of the existing traditional institutions and parallel formation of formal institutions wherever is required. SSP social scientist will ensures the participation of all relevant stakeholders by organizing formal as well informal sessions Participatory Rural Appraisal (PTA), tools and techniques are being used at the field level

To address the requirements of early recovery and emergency projects, (sphere-HAP) standards, SSP executive committee approved the following Community Interaction Strategy (CIS) to be followed/adopted at the field levels for all SSP's program intervention. This process is supposed to be strictly followed in order to ensure transparency, impartiality and most importantly timely delivery of the program deliverables within the agreed time frame with donors.

### **Proposed (CIS) Community Interaction Strategy:**

#### **First Dialogue:**

Expected output:

Identification of Contact person/activist/volunteer

Corner Meeting

Data Collection (Preliminary Information i.e. UC/Village profile)

Date, time and selection of venue for Formal Community Meeting (FCM)

#### **Second Dialogue:**

Expected output:

Formal Community Meeting

Formation of formal institution (Project Implementation Committee) PIC-

Need identification and prioritization through PRA tools

Preparation of execution plan by Project Implementation Committee

#### **Third Dialogue:**

Expected output:

Signing of MoU (memorandum of understanding) with PIC

Sharing of all relevant details of the proposed intervention (cost estimation, modalities of the CFW etc with PIC)

Project Execution/Implementation

#### **Fourth Dialogue:**

Expected output:

Provision of supplies to concerned PIC, follow up visits by the Technical staff/field supervisor's/Monitors for "Quality assurance" Final Disbursement by Finance team and final/completion report by the program/technical staff

### **Hygiene Promotion:**

With the help of village volunteers committees and mother support forums, SSP field teams will identify volunteers to be paid for the same purpose. Under this approach community hygiene promoters will be identified by SSP, will be trained and equipped with necessary promotional material, will be paid under CFW protocols for the days they will work. This approach will provide short terms employment opportunities to the under graduate females/males in their respective areas and will also ensure the sustainability of the program. SSP staff will play the role of a facilitator and that of TOT (trainer of trainer) only.

### **Distribution:**

To ensure maximum transparency, SSP for all kinds of NFI's distribution, will form assessment teams based on the volume and technicality, the assessment teams will carry the assessment in close consultation with Village Volunteers Committees (VVCs)s and Mother Support Forums (MSFs) and program staff who will be conducting assessment will not be involved in the distribution process, distribution will be carried out by a different staff member. SSP field monitors will monitor the distribution process, will do carry post distribution monitoring too for beneficiaries verification and feedback etc. VVCs and MSF's office bearers will be involved in post distribution monitoring and beneficiaries' feedback will also be obtained through these forums in the remote parts of the project.

### **Monitoring and Reporting**

SSP has established an independent Monitoring and evaluation section within the organization which is headed by M&E Manager at the core office. SSP M&E section directly report to the Executive Director and thus is out of the influence of the program section. At the project level a full time dedicated M&E Officer will look after the project activities. For this purpose he/she will prepare detailed monitoring plan which will enable field teams to carry out all programmatic activities as per agreed time frame.

M&E section has developed its own frame work and carrying activities in light of the same frame work. The M&E plan indicates that who will be responsible for what, where and when?, Data is usually collected by the M&E Officer all collected DATA is compiled in a data base both at field office and at head office level too, duly analyzed, necessary remedial actions are recommended/taken in light of the field findings. M&E officer in close coordination with the Project Manager will ensures that every team is accomplishing their due targets within the time line. M&E officer regularly visits the targeted intervention spots, and ensure the timely implementation of the inputs according to the M&E plan. He/she ensures that all the targets are achieved within the specific time period, according to the set indicators. M&E Officer ensures that the project beneficiaries are getting the proposed assistance or not and also to see the access of beneficiaries, regularly prepares progress and monitoring report, which supported with documentary proofs plus pictures taken during visits, also meets with beneficiaries to get feedback from them and to give response to their complaints. These reports are shared with SSP head office on weekly basis. Project Manager in close coordination with M&E Officer ensures the quality of work and transparency in the process of identification of beneficiaries till the distribution of the project inputs.

### **Audit & Accounts**

SSP has a centrally interlinked, computerized accounting system. A full time highly qualified, experienced Finance Controller (Director Finance) is looking after the routine financial transactions, SSP has a very transparent double-entry accounting system in place and for

emergency programs, SSP has well defined decentralized emergency operational tool kit, so SSP has two kinds of financial process and procedures i.e. for emergency response and for early recovery/regular programs. All the operational grants are received by SSP Head Office in accordance with the agreed contracts with the donors. Annual operational plans are prepared and in light of the AWP (annual work plan), financial resources are allocated as per requirement of the program and are released on quarterly and monthly basis as per approved AWP.

Executive Director accords its approval. Budget and work plans agreed with the donors are strictly followed. All the field offices are expected to duly submit their financial reports in time with all relevant supporting documentation. ED and Director Operation and Financial Controller are signatories to the accounts maintained at the Head Office while in the field offices the concerned Project Manager-Project Coordinator and Finance Officers are joint signatories to all the accounts. The accounts of SSP are audited both internally and externally. For internal audit, SSP has its own internal auditor and he conducts internal audit on quarterly basis, however he also pay visits to field offices on need basis to ensure financial compliance. Auditor verifies all the expenses in light of SSP financial rules and guidelines, annual budgets and work plans. He also double checks the monthly bank reconciliation statements. External audit is currently being carried out by MUNEED ZIAUDDIN & CO Chartered Accountants Islamabad on annual basis in accordance with the relevant laws of Pakistan, International Accounting Standards, contracts with donors and creditors and debtors of the organizations.

### **Organizational Structure :**

Executive Director is the head of the organization and responsible to look after the overall affairs of the organization at head office level, he is supported by a team of committed professionals called Sector Specialist (Livelihoods, operation, Health and Nutrition, WASH and Education).

SSP has two tiers organizational structure, with its Head Office in Abbottabad and a coordination office at Islamabad. The beauty of the SSP program is that, it involves all the relevant stakeholders at the field level and thus is trying to ensure Social Accountability at all levels. All the Field offices are headed by Field Coordinators directly responsible to the Sector specialist's at the head office. Each field office has its own setup and are fully equipped with qualified staff (male & female) having rich experience in their relevant field. SSP, Head Office provides technical guidance, advice, support and facilitation to the Field Coordinators.

### **List of Senior Staff members :**

S.NO	Name	Qualification	Designation	Exp: in Yrs	Remarks
1	Shafiq Ur Rehman Yusufzai	M.Com (Mgt)	Executive Director	24	Prog+ Operations
2	Javed Iqbal	B.Com+ CA (AS)	Director Finance	20	Finance & Admin
3	Khuram Javed	B.A/ L.L.B	Joint Director	11	Operations
4	UMAR AWAN	MA Sociology	Director Programs	22	Program
5	Zubair Abbasi	MBA	Logistic Coordinator	10	Logistician
6	Shagufta Hayat	MSc (DSS)	M&E Manager	8	Program Mgt
7	Inam Ur Rehman	MSc	Liaison, Coordination	2	Coordination

8	Tahir Khan Daur	BA	Admin and HR officer	5	HR+ Admin
9	Abdul Basit	CA/ACCA	Internal Auditor	6	Internal Audit

#### **Governing Body:**

**(Board of Director's)** is the highest decision making body, comprised of 7 members. Most of them are development professionals having decades of experience in community development. This governance structure makes SSP more accountable to the local communities and more responsive to address their needs.

#### **List of BoD Members:**

S.NO	Name	Qualification	Experience Years	Designation
1	Dr. Waqar Ajmal	MBBS	25	Chairman
2	Dr Salim Javed Gandapur	M.B.B.S	35	Co-Chairman
3	Shafiq.Ur.Rehman Yusufzai	M.Com (Mgt)	21	Executive Director
4	Khurram Javed Gandapur	B.A/LLB	15	Joint Director
5	Farah Azeem Shah	M.A (P.S)	19	Director (Info/Com)
6	Javed Iqbal Janjua	B.Com/CA	21	Director (Finance)
7	Fouzia Muhmand		15	PR-Legal support
8	Shagufta Hayat		15	Communication/Reporting

#### **Volunteer Advisory Board:**

Social Services Program has also a "Volunteer Advisory Panel" called VAP is consist of three members (professionals), having rich experience in their relevant fields. SSP-VAP, usually assist the Board of Directors and Executive Director as and when required. Every project proposal before the submission to Donor's is shared with board for their expert opinion, necessary amendments and suggestions if any. Program development section keeps a close liaison with all relevant sections for their inputs.

S.#	Name	Qualification
1	Muhammad Naseem	PhD, Bio-Information (Germany)
2	Syed Haleem Shah	PhD, Environmental sciences ( South Korea)
3	Badar U Zaman	M.Phil, Food and Human Nutrition (Belgium)

#### **Social Services Program current Project:**

#### **TAHA MEDICAL AND DIAGNOSTIC CENTRE THAKOT (TMDC-Thakot).**

*Establish of a well-equipped hospitals in the most backward districts of KP was one of our dream which comes true recently, the prime objective of the same was to provide quality healthcare services at their door steps on **an affordable price**, which will include access to advance Laboratory services, X-Rays, Ultrasound, O.T, where 24/7 emergency and labor services, SSP also intends to "introduce the concept of telehealth care in Pakistan" especially the four remotest and back word districts of KP namely Battagram, kala Daka, Shangla and Kohistan.*

Taha Medical and Diagnostic Center (TMDC) a legal baby of Social Services Program registered with health care commission on 14<sup>th</sup> December, 2021 bearing registration number 32224-N.If we look at the three basic socio economic indicators namely health, poverty and literacy, unfortunately Kohistan, Battagram, Kala Daka and two sub divisions of District Shangla namely Besham and Chakesar are at the bottom throughout KP. This was the core reason why social services program management decided to establish such a facility where local communities can reach easily and avail best health care services at affordable price.



Social Services program intends to launch a “telehealth Project” at the same facility and if it worked, will be the first of its kind in our medical history where European/American, Turkish Doctors will be examining online patients with the help of sophisticated technology (Insha Allah).

**Mission/Objective of TMDC Thakot:**

Through, “the provision of exemplary physical, emotional and spiritual care” for our patients and their families, Our Physical efforts will directly contribute to the care of the most neglected and vulnerable ones in the region. Timely provision of highly specialized patient oriented health care services will ultimately reduce and change the health indicators.

**Taha Medical & Diagnostic Center** believes in excellence and leadership, will demonstrate this by providing exemplary health care services for each of our patient and their families. TMDC will ensure professional working environment where each family member is valued,



respected and having access to equal opportunities for personnel and professional growth. TM & DC will strengthen working relationship with relevant stakeholders, will create a culture of self-assessment and social accountability and a tradition of caring.

**Existing Capacity of the Hospital,**

Total capacity pf the facility is 20 however currently 15 beds are available, three beds emergency ward, three beds male ward and four beds female ward, beside this at TMDC four private rooms are also available for those who can afford. Space for a one bed ICU and three beds for NICU is also available. Construction work of the laboratory is about to finish in a few days however TMDC has signed a contract with a local laboratory for filling the gap. Very soon TMDC will be having its own category A laboratory to be supervised by a well-qualified pathologist.

**Available facilities:**

- 1- Functional Operation Theatre and 24/7 pharmacy
- 2- 24/7 emergency services, with the presence of a lady Doctor and casualty medical officer plus staff nurse, Anesthesia Technician, male Nurse and other necessary support staff.
- 3- Vital Monitor ( Three in one)



- 4- Gynea Ultrasound,
- 5- Fully Functional Laboratory where all the routine tests are carried out by well-qualified and experienced staff members at 30 to 35 percent discounted rate.

### TMDC Inauguration Ceremony

Inauguration function was held on Friday June 24 2022 wherein both Tehsils elected chairman participated, Tehsil Nazim Allai Mufti Gulamullah, Tehsil Nazim Battagram Attaullah Khan Tarand, Rashad Khan Ex MPA PMLN from Shangla, Shah Hussain Khan ex MPA from Allai, ex.Senator Mulana Rahat Hussain, Professor retired Dr.Aziz ur Rehman Yousafzai, Bakht Nawaz Khan ex candidate National Assembly, Sahebzada Jawad ED Saiban Mansehra, Akhtar Javed Khan a local development worker and PPP central committee member were among the prominent guest.



### **Recently Completed efforts:**

“Provision of Emergency Nutrition Services to the Returnees/Stayee’s in SARWAKAI sub division of South Waziristan Agency (WFP)”

Social services program (SSP) implemented a six months “CMAM and IYCF” project in SARWAKAI sub division of South Waziristan Agency (SWA) with the financial support of Pakistan Humanitarian Pooled Fund (PHPF), UNICEF and WFP. Under the same project 5 CMAM static centers established at 5 different health facilities from where emergency nutrition services provided to intended beneficiaries. Through community outreach component, SAM, MAM and SC cases identified, enrolled/registered and treated as per CMAM and IYCF protocol. Expected outcomes of the project are given below. This project was expected to start from 1<sup>st</sup> March, 2016 however due to delays in obtaining NOC was started from May 1<sup>st</sup> 2016 and PHPF granted two months NCE till October 30<sup>th</sup> 2016. Further extension was granted by the World Food Program (WFP) for the months of November and December to achieve the case load and under treatment patients of MAM.

### **Achievements**

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

## ***“Pictorial Highlights of Nutrition Project South Waziristan Project”***

### **“Provision of Community Based MNCH Services through Mother and Child Days in**



**FR Bannu”**



In FR Bannu before SSP, not a single development agency was entrusted or authorized to implement a project this credit goes to SSP that it was trusted and allowed to work in this particular buffer zone. Social Services Program Pakistan launched its project titled “Provision of Community Based MNCH services through Mother and Child Days” in three union councils of FR Bannu including e.g Takhtikhel, Mohmandkhel and Ziraki Pirkhel. Social Services Program in partnership with UNICEF, collaboration with Health Department FR Bannu, started interventions. During project life cycle all the criteria fulfilling/target beneficiaries were registered through door to door visits in the concern villages. Following MNCH services were provided:

#### **MNCH Services:**

- 1- Established MCH centers at each selected health facility, one at Zirakipirbakhel, Mohamandkhel and Takhti khel. Ambulance facility was provided for timely referral of serious patients.
- 2- 24/7 EmOc services were ensured at each facility. Around 74 deliveries were facilitated at these centers under the supervision of a trained gynecologist. This is worth mentioning that two of the three assigned health facilities were nonfunctional from the last 10 years. Operationalization of these centers and introduction of institutional deliveries was a big achievement
- 3- Immunization services were also provided.

### **“Achievements under MNCH Project”**



Total Registration (27th July 2015 to 6 Jan 2016)				
S.No	Components	Target	Achieved	Percentage
1	Families	16,666	18,334	110%
2	Pregnant Ladies	4,000	2,300	58%
3	Lactating Mothers	4,000	4,752	110%
4	<2 Years Children	7000	5,064	72%
5	2-5 Years Children	12000	9,605	80%
6	6-59 Months Children	15,000	12,308	82%
7	Population	100,000	94,765	95%
8	Male	48,000	49,441	103%
9	Female	52,000	45,324	87%

SSP Staff received training on Mother and Child Days Project both for round 1 and round 2 including, LHVs, FCVs, Social Organizers, MCVs and Team Leaders. □ 18,334 families were registered during the reporting period out of total 16666 families. □ 2,300 pregnant ladies were registered and 2070 were provided with ANC services □ 4,752 lactating mothers were given PNC services □ 5,064 under 2 years children were registered and 4,578 vaccinated against certain diseases like measles, Penta 1, Penta 2 and Penta 3 and OPV □ 12,308 children (6-59 months) were provided with MMS sachet □ Agreed target of Population was 100,000, which was achieved up to 94,765.

#### “NFI Distribution details”

(27 July 2015 to 6 Jan 2016)							
S.No	Commodities	PLs	LWs	2-5 Years Children	6-59 Months Children	Families	Total
1	CDKs	1,925					1,925
2	LLINs	2,054	3,605				5,659
3	NBKs	1,836					1,836
4	De-worm			9,497			9,497
5	MM Tablets	2,811	2,030				4,841
6	Folic Acid	483					483
7	ORS					16,644	16,644
8	MM Sachets				29,857		29,857

9	Soap					7,676	7,676
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## Pictorial Highlights of MNCH Project FR Bannu



## “Provision of Nutrition Services in Frontier Region (FR BANNU)”

SSP launched with the financial support of ERF (PHPF) Pakistan a three months project on “provision of EMERGENCY NUTRITION SERVICES to the conflict affected population of SWA and host communities in four union councils of FR BANU.

Global budget of the project was 70000 USD excluding supplies. THIS IS WORTH MENTIONING THAT SSP BECAME THE POINEER OF INTRODUCING CMAM AND IYCF Concepts in FR BANNU, No other NGO either local or International worked in the same buffer ZONE before SSP.

### Major Achievements against the agreed Targets

Under this project the details of the few highlighted achievements are as follow,

- **Children Screening:**  
SSP processed the screening of total **8177** children from the host community and from the IPDs children respectively. Children screened from the host commonalities are reported **5877** and from the **2300** children are screened from the IDPs community.
- **Children Outpatient Treatment Program (OTP)Cases:**  
Total **229** cases are identified, **149** from host community and **80** from TDPs population.
- **Children Supplementary Feeding Program ( SFP)Cases:**  
Total **662** cases of SFP are identified in which **434** children from host community and **228** cases recorded from the IDPS children.

- Pregnant and Lactating Women (PLW) Screening:  
From four UCS there are total **3286** PLW screening tests conducted. In which **2346** women identified from the host community and **940** women identified from the IDPs population.
- PLW (SFP) Cases identified/registered:  
**478** Total cases of PLW (SFP) are registered in which **311** cases are identified from the host community population and **167** reported from the IDPs.
- Total Admissions recorded:  
Total Identified SFP+OTP+PLWs: 1369  
Children: OTP –217 and SFP-624

**PLW SFP Admissions registered 476, 299 (host community), 177 (TDPS)**

- Sessions conducted:  
Total **1476** awareness sessions were conducted, in which **1177** sessions were for the female participants in which 13066 female participated. **299** sessions were for the males in which **3152** male participants attended.

### ***Pictorial High Lights of the ongoing Nutrition Project in FR Bannu!***

Mobilization through village Volunteers Committees and Mother Support Forums





## **Nutrition Project in District TANK**

### **Achievements**

The first ever project SSP signed with a UNICEF titled “provision of emergency Nutrition Services to the host communities and conflict affected population (IDP’s) of North Waziristan Agency in two union councils of district TANK.

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

Astonishing the SSP progress was hampered in SFP & OTP screening activities, where we lagged behind by 34%, as our achievement was 66%. For SFP 427 (11%) children were selected, which were 57% girls and 43% boys. PLWs screened were 2250 and 213 (10%) were SFP cases (pregnant 39% and lactating 61%). From 3952 children 3% (108) were screened as OTP cases (girls 62% and boys 38%).

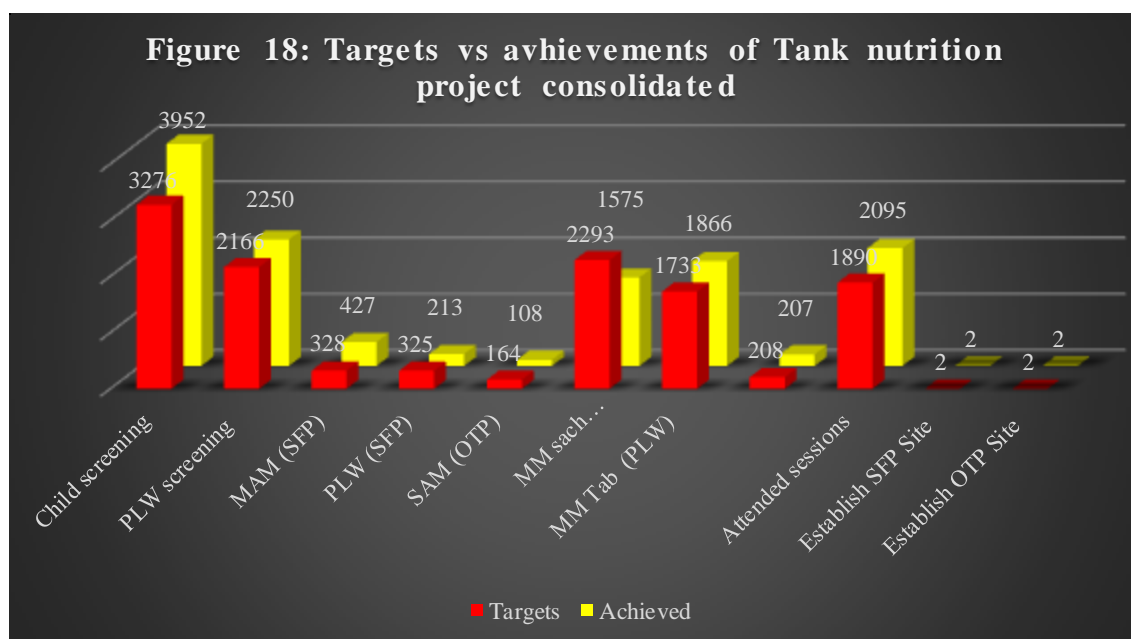
**TABLE 2: DETAILS OF AGREED OUTPUTS AND ACHIEVEMENTS (CONSOLIDATED).**

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

The general public attending the various sessions was enthusiastic and attendance was 111%. SSP succeeded in establishing the SFP & OTP centers at local and district headquarters and in this regard its achievement was 100%. When it came to the comparison of 2 UCs, the performance of Ronwal was better than Jatataar as is shown in Table

#### **“Detailed Livelihoods Assessment in Partnership with FAO and WFP”**

Social Services Program, second formal hand shaking was with FAO and WFP under detailed livelihood and Food Security Assessment (DLFSA) which was carried out in 28<sup>th</sup> flood affected districts throughout Pakistan and SSP was entrusted to work in Tank and DI Khan from 15<sup>th</sup> June till 30<sup>th</sup> July, 2011. Main Objectives of the study are



1-Refine and where necessary refocus ongoing early recovery programs and Projects by Building on the gap analysis.

2-To Support NDMA and other early recovery actors, in preparedness and contingency Planning

3-To provide a robust and consistent base line information against which the impact of ongoing early recovery interventions can be gauged.

This will provide basis for early recovery actors with base line information, for project proposals and to better understand the impact of ER interventions.

#### **Adult Literacy plus Literacy for Health Initiatives in D.I Khan, TANK and Shangla**

Social Services Program Pakistan entered in an agreement with National Commission for Human Development (NCHD) to support the ongoing literacy promotion efforts in three different districts of Khyber Pukhtun Khwa (KPK) namely Tank, DI Khan and Shangla. NCHD is providing literacy books and technical support while SSP PK is sponsoring the TEACHERs salary.

A total of 15 adult female literacy centers (5 in each District) were established 5 in each district. It was a six months program and was completed on September 2011. 450 adult

females received literacy skills (150 in each union council). This six months program was completed on 30<sup>th</sup> September, 2011.

The same program was implemented in union councils Hatala of DI Khan, Ranuwal of Tank District and Kuz Kana of District Shangla. 73% of the learners enrolled graduated-qualified and drop out ratio remained 6.67%.

### **Literacy for Health Initiatives (LFHI)**

The most vulnerable group of our community, mother and child need preventive, primitive and curative aspects of the health care delivery system for disease prevention and its control. The infant and maternal mortality complication of pregnancy and incidence of childhood diseases can also be reduced as women mainly living in the rural areas sometimes die or become seriously ill as a result of pregnancy delivery and after giving birth.

Women who become ill during pregnancy who are in poor nutritional state are likely to give birth to babies who are low birth weight and these babies are more likely to die even before their first birth days. Keeping in view the utmost importance of the PHC, SSP and NCHD jointly launched a comprehensive LFHI (literacy for health initiatives) program in all the established literacy centers.

It's a part of the regular literacy component, under this program literacy teachers are being trained with special focus on the following thematic areas.

- i. Mother & Child health
- ii. Exercises and Nutrition during pregnancy
- iii. Water as a source of good health

A total of 450 adults females were provided with the basic information during the regular literacy program.

### **Orphans support Initiatives in D.I Khan and TANK:**

SSP PK with the financial support of local philanthropist will be looking after 150 orphans in two union councils one each of DI Khan and Tank. They were provided with food basket and cloths etc on the Eid Ul Fiter occasion. Local Philanthropists supported this initiatives.

### **Legal Aid Centre at DI Khan:**

Rural women's, beside so many other socio economic issues, are sometimes compelled to knock the doors of the judiciary at the lower courts for their due rights. To reach the family courts they face so many problems and to address this prime issue of the most vulnerable families, especially that of women's, females facing domestic violence (guidance in civil as well family case).

SSP established a legal aid center at DI Khan to provide guidance and necessary legal support to the needy ones, the services of a retired district judge are hired (voluntarily) along with one male and one female lawyer. During one year SSP was able to facilitate around 25 families has been supported and guided, out of which 9 were family cases, 16 were civil cases. Later the center was closed due to financial constraints.

### **Civil Dispensary at E-11/2 Islamabad:**

To provide primary health care facilities to the most vulnerable families living in the surroundings of E-11 and E-12 sector of Islamabad, poor families who cannot afford to bear cost of treatment and transportation, EX-Director Provincial Health Services Academy and

the Co-Chair of the Social Services Program BoD, last year in November, EX-Director Provincial Health Services Academy and the Co-Chair of the Social Services Program BoD, Dr.Saleem Javed Gandapur last year in November, established a civil dispensary at NPCHS facilitation center behind Masjed e Tuba E-11/2 Islamabad, for the most vulnerable patients and families who can't afford the expenses.

Basic health services and necessary medicine is provided to the most deserving patients and a symbolic fee of Rs.20 is charged, which ultimately goes to the procurement of medicines etc. The dispensary is still functional however and providing health services to the most marginalized families living in the slumps of Islamabad.

On average, 70 patients per day are daily visiting this health facility (males-females and children). So far more than 20000 patients out of this number the number of free examined/treated patients is 16000 (80% of the total examined ones) and the remaining 20%, 4000 patients paid a fee of Rs.20/only. This symbolic amount of doctor's examination fee is being used for the purchase of necessary medicines procurement.

### **Livelihoods Initiatives and Women Empowerment**

#### **Widows of the Tandur Project.**

They are widows, Afghan refugees, have 7 kids in average to feed, and spend 6 to 8 hours daily, from 4 pm till 12 pm, sitting on the side of the road with their kids, in front of a Tandur (local name for the place where bread is cooked) just to get a few breads in order to survive. Then at midnight they go back without any transportation means to their mud made houses, in a slum (we call it here kachi abadi) located about 15 km away from the Tandur. Every day, even when it is raining, these women are waiting for their daily bread, which depends on the generosity of the passersby. For example, if someone buys 30 breads, the owner will distribute the 30 breads to the females accordingly.

**SSP submitted** a proposal through crowd funding forum to help these widows to find a decent life by teaching them a trade and providing a working tool, bring to their home prepared meals for their families for six months, allowing children who work (re-take the path back to school, all this has a cost. In a first step, SSP opted only for 15 families under the same project. Project, and selected among them the neediest ones. It was one of the most successful projects SSP ever implemented. SSP request on the forum was welcomed and was awarded 21% more than the requested amount. Final assessment was conducted and only 15 most deserving women (families) for the subject project were selected. Organized a one day session with all the identified beneficiaries to discuss "what can they do and how they will go about" thus involved the ultimate beneficiaries' right from the beginning.

07 women demanded for stitching-sewing machines, 04 wanted to start cloths business, one requested for a RECKSHA, one for handcart, one requested for the provision of necessary material to re-start cap making and another one asked for a tuck shop. Three days orientation training was organized for 07 women on the usage of stitching machines, 04 selected entrepreneurs were taken to NWSHEHRA to select for themselves what kind of cloths they want and thus SSP became the first NGO who involved the ultimate beneficiaries in the process of procurement. One young guy two females were given cheques of Rs.30000, 25,000 and 23000 respectively for RECKSHA, HAND CART and caps material.



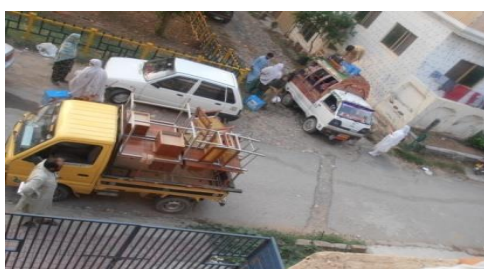
## Assessment Process Involvement of beneficiaries in procurement



Zarghuna bibi receiving cheque



Shada bibi receiving keys of the Recksha



## **Networking and Linkages establishment**

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

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

## **Previous achievements:**

Since 2005, due to limited resources the focus of SSP activities remained on the rural areas of Peshawar and that of DI Khan and Tank. SSP prime focus remained to reach the remotest parts of the province however due to limited economic resources we could not reached to the desired level. We covered a number of villages in all the three districts and hundreds of

families received some kind of support or assistance from SSP during the last three years and especially during the recent floods.

SSP field volunteers helped the INGOs and UN agencies especially OCHA in carrying their initial assessment for general food and NFI distribution. Provision of agriculture inputs to the deserving farmers, and cash for work small projects do contributed to the miseries of vulnerable and flood affected families and IDP of SW. The Confidence building of communities is the most valuable asset of SSP. Community Participation is our main key of success in all our programs. This community participation & mobilization is achieved only after a long struggle and efforts of more than 4 - 5 years of motivation and mass community mobilization.

SSP, being a internal agent knows very well the background of the area, fully familiar with the local traditions, customs and cultural norms etc and is committed to adjust herself for the betterment of her target communities. Apart from NGOs personnel and staff, it has a core of both trained and untrained volunteers in the targeted villages. The different methods of effective communication & mobilization such as workshops, community meetings, corner meetings & slide shows, posters, training of communities, education gatherings, education rallies, motivational campaigns etc. were used for community mobilization, besides these speech competition amongst different schools and sanitations workshops etc. are remained the key interventions of SSP.

**SSP has carried out number of development activities since 2005. Details are given below.**

- conducted five workshops on “gender sensitization/awareness” wherein 250 community representatives/local elites, volunteers participated, the services of a religious scholar were hired and he delivered a compressive lecture on Women’s Rights in Islam.
- SSP Established 50 formal institutions (10 females and 40 males), 20 in Peshawar, 30 in DI Khan., total membership is 750 (15/PIC). 100 office bearers of these PIC’s (both males & females) were exposed to extensive training courses on Participatory Planning& Management, record keeping and conflict management.
- 50 SMC’s are being revitalized in close coordination with the parent department and 50 Teachers received training on “Class Room management and management of adult literacy centers”
- under its micro enterprise development program, SSP has also arranged market lead vocational trainings for the female entrepreneurs, training in advance tailoring was organized and a total of 25 females received this training, beside it under the capacity building component 50 progressive farmers/ entrepreneurs were also exposed to basic marketing training.

### ***Funding Sources!***

- *Individual/group donations/Subscriptions*
- *Fund raising. (institutional donors)*
- ***Our Promoters***
- ***PHPF (Pakistan Humanitarian Pooled Fund)***
- ***UNICEF KPK***
- *Crowed Funding Forum **ULULE** ( recently one project widows of tandur was funded by 100 individuals through same plate form)*



- *Food and Agriculture development organization (FAO)*
- *World food program (WFP)*
- *SAFRAN (Ministry of Tribal Affairs) Govt of PK and Economic Affairs Division (EAD)*

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**SSP Organogram**

