

Project Completion Report

*Community Based Multi Sectoral Integrated Program
(15th February to 14th August 2011)*



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Abbreviations:

CFS	Child Friendly Spaces
CAP	Child & Adolescent Protection
CMAM	Community Based Management of Acute Malnutrition
HH	Household
IYCF	Infant & Young Children Feeding
MOU	Memorandum of Understanding
MAM	Moderate Acute Malnutrition
M&E	Monitoring & Evaluation
OTP	Outpatient Therapeutic Programme
ODF	Open Defecation Free
PCR	Project Completion Report
PCA	Project Cooperation Agreement
PDMA	Provincial Disaster Management Authority
PLW	Pregnant & Lactating Women
PMU	Project Management Unit
RSP	Rural Support Programme
RSPN	Rural Support Programme Network
SAM	Severe Acute Malnutrition
SEP	Supplementary Feeding Programme
SRSO	Sindh Rural Support Organization
TLC	Temporary Learning Centre
TSS	Transitory Shelter School
UC	Union Council
UN	United Nations
UNICEF	United Nation's International Children's Emergency Fund
WASH	Water, Sanitation & Hygiene/Health

Executive Summary:

In July 2010 Pakistan experienced the heaviest Monsoon rains in over 80 years which led to severe flooding in regions lying on the right and left banks of major rivers, particularly the Indus River. These floods propagated disastrous effects, destroying infrastructure, road links and houses –

Particularly Sindh experienced the worst floods in its history. The destruction and displacement has been worse as compared to other parts of the country due to flooding in Indus River and demographically low-level landscape. The flash floods caused disease, deaths, displacement and devastation of physical and social infrastructure. The floods have affected 16 districts out of a total of 23 districts of the province.

UNICEF has been providing funding to SRSO on different projects through RSPN and other RSPs for Education, WASH, child protection, health and nutrition. Through WASH project, more than 80000 HH were been provided with water and sanitation (1800 hand pumps, 6094 pit latrines, hygiene kits and purification tablets) in 7 districts, included the 5 worst affected. Through child protection activities, around 36,477 children registered and provided psychosocial support and recreational activities through 180 mobile CFS and 30 static CFS in Sukkur, Shikarpur and Kashmore. Furthermore, mother and child health care programmes have been provided in Shikarpur and Shahdaddkot since October 2010. After successful completion of the projects within stipulated budget and timeframe, SRSO invited UNICEF for organization's assessment for future partnership. The organizational assessment of financial systems and controls was carried out in the month of November 2010. In result, UNICEF agreed to have partnership with SRSO directly on integrated multi sectoral project with funding of 257.93 million which includes support in both cash and in kind.

This proposed project improved the overall wellbeing of the flood affected community, especially the vulnerable children and mothers of **50,000 HH** residing in the most affected UCs and villages in the districts of **Shahdaddkot, Shikarpur, Kashmore, Jacobabad** and in selected kacha areas of **Khairpur** (based on the rapid assessment carried out by SRSO) by increasing access to an integrated UNICEF basic package of services comprising of WASH, health, nutrition, education and child protection services.

The Project MOU was signed on 15th February 2011 between SRSO and UNICEF and started execution on 1st March 2011. The project staff scrutinizing and hiring was carried out throughout project area on immediate basis. Total 2,031 staff was hired. The main hurdle faced during project hiring was hunting technical personnel like LHWs and nutrition attendants in remote areas where literacy ratio was low and many other organizations were also working. The project executed for 6 months i-e from 1st March to 14th July 2011 and got 03 months no cost extension period till 15th October 2011. Following is the brief of milestones achieved during project tenure:

The project was implemented in 5 districts and distributed Hygiene kits, jerry cans and buckets in 50,000 HHs. 4,500 hand pumps were installed followed by construction of 4,328 latrines with community participation in WASH component. The health and hygiene awareness sessions were conducted in 829 villages where 50,000 HHs were provided basic knowledge about health and hygiene practices especially hand washing etc. 50 villages were declared as ODF (open defecation free) in five districts.

430 temporary learning centers and 40 child friendly spaces were established in Education & Child protection components in which 47,185 children were enrolled and registered in CFSs. 47,185 Out of 71,500 (enrolled children), 17,824 were those who never attended school ever before which remained one of the success stories of the project. The education project provided livelihood opportunity for community members by hiring 430 para teachers who were paid for their services in TLCs.

In Health component, 26,243 children aged between 0-2 years, were registered and immunized through this project. 52,137 children (aged 0-5 years) were provided OPV (oral polio vaccine) followed by 14,548 women of reproductive age who were provided TT vaccine. 34,399 (2-5 years) children were provided Deforming tablets while 2,955 clean delivery kits were distributed in project area. The major achievement of health component was that the whole work was done in non LHW covered area where community was either unaware or deprived of any immunization/vaccination services.

21 OTPs and 21 SFPs were established in nutrition component. 1,952 children were enrolled in OTPs and 408 children were enrolled in SFPs. 32,766 children and 8,990 pregnant and lactating women (PLWs) were screened and provided 8,990 food/treatment. However this was the only component which faced lot of problems in execution as planned, resultantly, same was left incomplete due to shortage of supplies.

Project Background & Description:

UNICEF Funded Community Based Integrated Multi-Sectoral programme is the very first type of integrated project which covered five major components of Hygiene and Sanitation (WASH), Health, Nutrition, Child Protection and Education. The aim of the project during this early recovery and transition phase is to alleviate the suffering and addressing the priority needs of the 50,000 most affected households, by addressing above mentioned components.

The project is in line with UNICEF priorities and national plans and will strengthen the child protection environment and community-based child protection mechanisms to identify and address child protection concerns in the selected (excluding Khairpur and Shahdadkot). The most vulnerable children in the 50,000 targeted households were provided with services in child-friendly spaces, in order to reduce their psycho-social stress level.

The WASH interventions focused on reducing and arresting the incidence of water and sanitation related diseases through the provision of safe drinking water, adequate sanitation coverage and hygiene promotion activities for 50,000 extremely flood affected households requiring immediate needs in their respective returnee villages.

Through the programme the target population (all children 0-5 years and pregnant & lactating women) will be mobilized for vaccination. De-worming tables and TT shots as well as key health messages were provided to prevent the transmission of communicable diseases. 11,328 moderate and severe malnourished in children 6-59 months of age and 4,647 pregnant women and lactating mothers of 33 UCs in 3 districts (in Districts Kashmore, Shikarpur and Jacobabad) will be treated through community based intervention.

Furthermore, the project was ensured the provision of temporary educational opportunities to children between 5-9 in temporary learning centres and TSS (temporary school structures), while the schools are being re-constructed and rehabilitated in the returnee communities. The TLCs and TSS will serve as a link to the formal schooling system, and served an important role in promoting school enrolment.

Community Based Integrated Multi-sectoral programme implemented after completion of baseline survey in 42 severally flood affected union councils of five districts; have covered 777 villages and 57,353 households.

Table 1: District Wise Break up of Project Area:

Location	Target Households	No of Ucs surveyed	Villages surveyed	No of Households in surveyed Villages	Population
Jacobabad	15,000	10	194	17,223	148,909
Kashmore	15,000	10	254	15,345	115,851
Shikarpur	5,000	6	192	13,716	107,068
Shahdadkot	10,000	6	75	4,064	28,190
Khairpur	5,000	10	62	7,005	66,597
Total	50,000	42	777	57,353	466,615

Baseline survey:

This baseline carried out in five districts based on the rapid assessment, the processes involved in this baseline survey provided hands-on training for MER (District level) Professionals, and enumerators for primary data collection, as well as supervisors in the data cleaning and entry stages. Data Analysis and report writing was centralized expertise, within the Head Office Sukkur.

The prime objective of Baseline was to assess the WASH, health, nutrition, education and child protection facilities in these flood affected districts, using this rapid primary data in better implementation of activities and project will improve the overall wellbeing of the flood affected community, especially the vulnerable children and mothers of 50,000 HH residing in the most affected UCs and villages in the districts of Shahdadkot, Shikarpur, Kashmore, Jacobabad and in selected kacha areas of Khairpur by increasing access to an integrated UNICEF basic package of services comprising of WASH, health, nutrition, education and child protection.

The specific objectives of baseline survey:

- To assess the current situation in light of abovementioned project components/indicators (Including community needs and grievances) for policy and programme purpose,
- To establish the baseline of selected project indicators for progress tracking, and
- To capture the impact and guard against the worsening of the development indicators (negative side effect).

Baseline Methodology:

The consultation meetings for selection of the project area were carried out with UNICEF, SRSO project in charges, line departments, district management and other organizations working in same area. The objective was to avoid duplication in terms of services. For health component, non LHW covered areas were identified with consultation of Government Health Department.

The Questionnaire used in UNICEF project baseline survey was developed by SRSO MER Unit Head office with consultation of subject specialists. The indicators were set in accordance with the project requirements in Line with integrated approach of all components. Apart from the General Information portion, the questionnaire is divided into two parts; part one deal with situation prior to the floods (for before and after comparison) while part two deals with the current scenario i-e access of community to the assistance and resources in current situation. After designing, indicators were shared with both UNICEF and SRSO management for their feedback for necessary amendments wherever required and add ups. There are separate portions for each sector i-e Health, Nutrition, WASH and Education & CAP. Considering the capacity issue of field staff, the questionnaire was translated in Sindhi Language to ensure maximum understanding and accuracy in data collection. 10 Teams were composed at district level comprising 01 Co-coordinator, 20 enumerators, 02 Supervisors and 02 data entry operators. Since the questionnaire was quite technical, an intensive orientation spread over 10 days (two days at each district) was conducted by Manager M&E comprising both, classroom training and field testing. The first day involved concept clearance of the survey. This involved, explaining the questionnaires, survey code, ethics and responsibilities of the enumerators during the entire process of field enumeration. The second day was used for field testing of the questionnaires by the enumerators for gaining Hands on experience in carrying out practical data collection from the field.

Baseline Key Findings:

Water and Sanitation:

Results of the rapid assessment reflect that before flood community was having sufficient drinking water which appeared clean at many places. The main source of drinking water was hand pumps. However, after floods, only 22% households have access to drinking water. While as far as sanitation is concerned, it is observed that situation was not so good even before floods. Since the area is backward as compared other operational districts of SRSO, people does not carry out hygiene practices and so is continued after floods. Open defecation is reported 91.7% with only 8.3% households using latrines.

Health:

Health conditions are again reported quite alarming particularly in infant and mortality rate. The average rate of live births during this period is reported 77%. The situation in districts on left river bank is challenging however, Khairpur seems little better as compare to the rest four districts. It is because people are more aware on right side of river Indus and the literacy rate is also increased in khairpur. Non availability of LHW/LHVs can be another reason to justify this rate because majority of the area surveyed was non covered LHW area. Access to the basic Health facilities and poor quality of health facility centers (wherever exists) remained the cry of the community during focus group discussions.

Education and Child Protection:

Children in the affected areas do not have access to schooling, moreover due to the migration during flood also disturbed children schooling. In terms of the total damage to schools in surveyed villages, there are certain districts that have been hit very badly and hence the schools Rapid Assessment for UNICEF Integrated Multi Sectoral Project Monitoring, Evaluation & Research Unit-SRSO are still non functional. The drastic decrease in drop out in enrolment is reported due to non functional schools. However, situation in Khairpur District seems better than rest four districts, where education was discontinued at initial stage because school were occupied by IDPs.

Nutrition:

Women and children are observed severally malnourished in surveyed villages.

Project Indicator wise Achievement:

WASH:

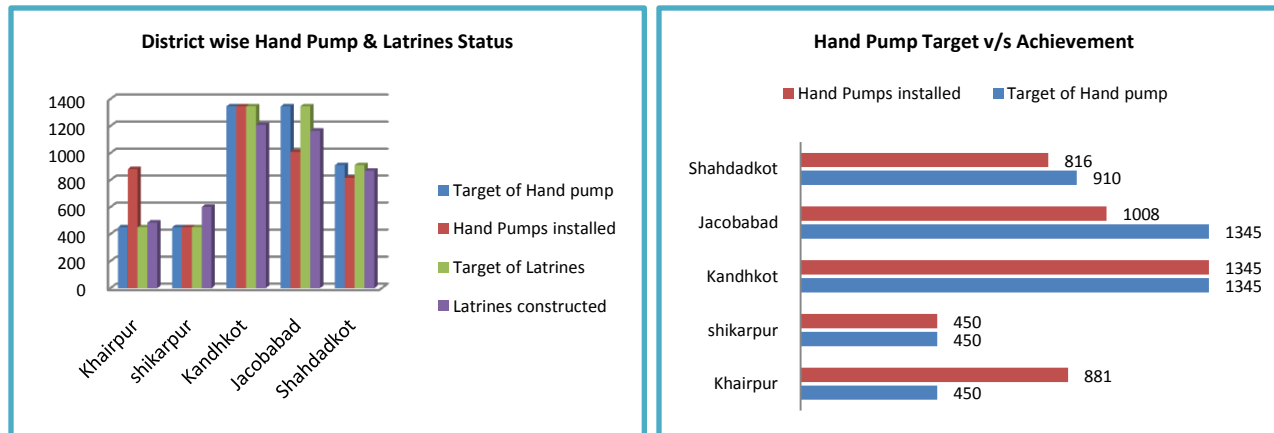
The purpose of the WASH component is the urgent provision/restoration of critical WASH services to flood affected populations in their returnee areas in the five districts. The WASH interventions will focus on reducing and arresting the incidence of water and sanitation related diseases through the provision of safe drinking water, adequate sanitation coverage and hygiene promotion activities for 50,000 extremely flood affected households requiring immediate needs in their respective returnee villages

Table 2: Statistical Summary of Hand Pumps and Latrines in all five Districts of Northern Sindh:

District	Target of Hand pump	Hand Pumps installed	Beneficiaries of Hand Pumps	Target of Latrine	Latrines constructed	Beneficiaries of Latrines
Khairpur	450	881*	58,146	450	485	8,730
Shikarpur	450	450	34,671	450	601	4,511
Kandhkot	1345	1345	103,095	1345	1208	41,910
Jacobabad	1345	1008	65,648	1345	1165	24,400
Shahdadt	910	816	56,101	910	869	8,715
Total	4,500	4,500	317,661	4,500	4,328	88,266

*Khairpur district was affected in 2011 rainfall in Sindh. The targets of 431 hand pump installation were shifted from Shahdadt and Jacobabad to Khairpur with the consent of UNICEF.

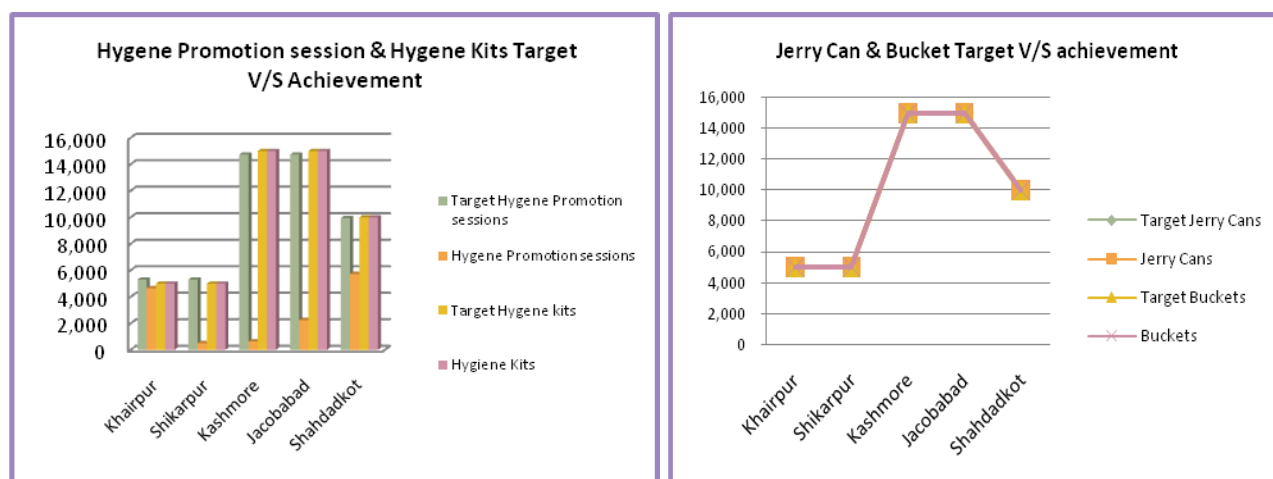
***Reporting Period is from 15th February 2011 to 14th October 2011**



Description: Graph 1 shows that 4,328 (96%) latrines constructed for accessing sanitation against target. If we go by the districts, Khairpur & Shikarpur have achieved 100% targets of latrines while Kandhkot stands at 90%, Jacobabad 87% and Shahdadt 95% of target achievement. Graph 2 shows that 3,972 (88%) hand pumps are installed for accessing safe drinking water benefiting 281,202 community members. The target of Kandhkot and Shikarpur districts were achieved 100%, Jacobabad and Shahdadt remained at 78%, 75% and 90% of target achievement respectively. During 2011 rain fall emergency activities, 431 targets of hand pumps were shifted to Khairpur from Shahdadt and Jacobabad. The addendum was signed by the UNICEF.

Table 3: Statistical Summary of NFI, s Distribution and number of Hygiene promotion session in all five Districts of Northern Sindh:

District	Target Hygiene Promotion sessions	Hygiene Promotion sessions	Target Hygiene kits	Hygiene Kits	Target Jerry Cans	Jerry Cans	Target Buckets	Buckets
Khairpur	5,300	4,650	5,000	5,000	5,000	5,000	5,000	5,000
Shikarpur	5,300	516	5,000	5,000	5,000	5,000	5,000	5,000
Kashmore	14,731	642	15,000	15,000	15,000	15,000	15,000	15,000
Jacobabad	14,731	2,254	15,000	15,000	15,000	15,000	15,000	15,000
Shahdadkot	9,938	5,735	10,000	10,000	10,000	10,000	10,000	10,000
Total	50,000	13,797	50,000	50,000	50,000	50,000	50,000	50,000



The Graph 1 show that 13,797 hygiene promotion sessions were conducted in target districts and 50,000 (100%) hygiene kits distributed to targeted beneficiaries and Graph 2 shows that 50,000 (100%) Jerry Cans & Buckets distributed to targeted beneficiaries. The community was given awareness about the basic health and hygiene practices through these sessions. Women and children were mainly focused. Villages highlighted as more vulnerable during rapid assessment were focused for open defecation free (ODF) model villages. Total ____ (No.) villages were declared as ODF.

Success Story (WASH)

Step towards Awareness



Village Moula Bux Kandrani, situated in UC Bachro 15 k/m away from Jacobabad city, was one of the villages identified as highly vulnerable in terms of health and hygiene practices. The maximum number of HHs was reported practicing open defecation near their houses with leaving excreta there. Women and children responded with no use of soap or hand washing after defecation. The frequency of diseases was also reported high. SRSO UNICEF WASH team visited the village and

had dialogue with the community to convince them for constructing of Pit latrines. Sessions on health & hygiene were conducted with women and children specially. Initially community refused to construct latrines however once latrines were constructed, they (particularly women and children) were reluctant to use those latrines. Community activist **Ms Molai Khatoon** was the one who turned the table. She came forward and supported the project team and helped convincing her village mates. Mst Molai Khatoon was victim of Hepatitis 'C'. She realized the importance of hygiene. She pioneered the campaign and constructed first latrine in her own house which worked as the ice breaker.

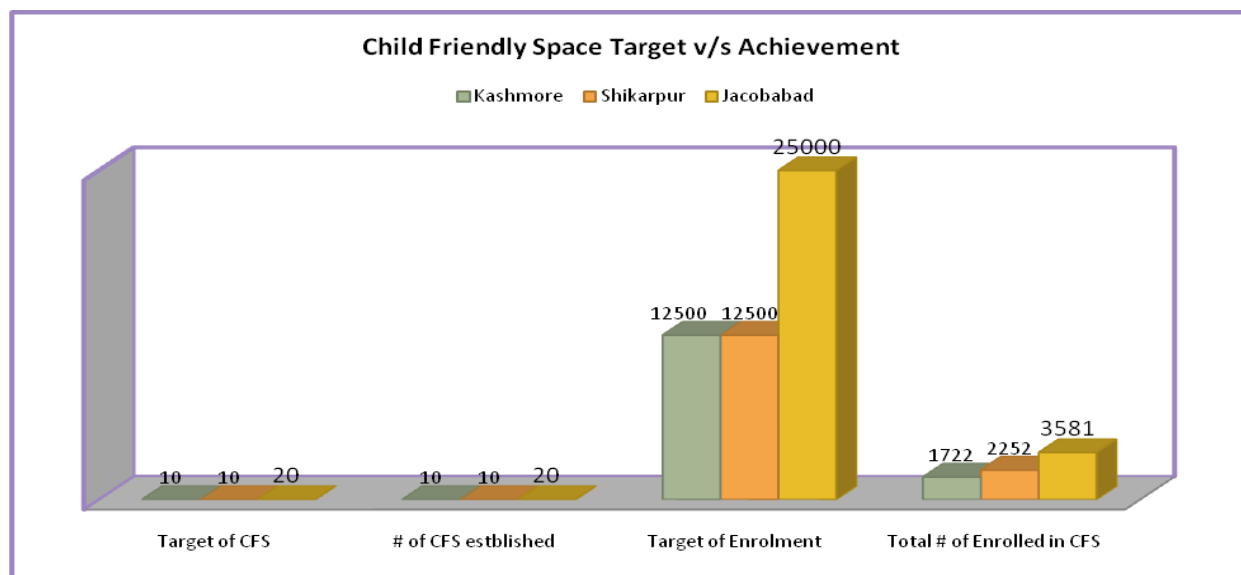
WASH team paid her Rs: 2000 and selected her as a CRP. This is the turning point for us than she regularly conducted sessions in the village and with her efforts community constructed 25 Pit latrines. Now they are aware about health & Hygiene and are using pit latrines on daily basis. Village community is thankful to SRSO UNICEF WASH team for giving awareness.

Child Adolescent & Protection:

The project in line with UNICEF priorities and national plans aimed to strengthen the child protection environment and community-based child protection mechanisms to identify and address child protection concerns in the selected districts (excluding Khairpur and Shahdadkot). 7,775 children in most vulnerable targeted households were provided with services in child-friendly spaces, in order to reduce their psycho-social stress level.

Table 4: Statistical Summary and District Wise Status of Child Friendly Space (CFS):

District	Target of CFS	# of CFS established	Target of Enrolment	Total # of Enrolled in CFS	Target of CFS facilitators Trained	# of CFS facilitator Trained
Kashmore	10	10	12500	1722	20	20
Shikarpur	10	10	12500	2252	20	20
Jacobabad	20	20	25000	3581	40	40
Total	40	40	50000	7555	80	80



This Graph shows that 100% Child Friendly Spaces established against target, 7,555 children enrolled in CFSs and 80 (100%) CFS facilitators were trained in targeted districts.

Success Story (Child protection)

Child Labor



Rafique Ahmed S/O Mor Zado Malik, age 12, lives in village Noor din khan domki, District kashmore. Rafique's father is a poor farmer who hardly affords to feed his family. Education was like dream to this family which could never be fulfilled. Rafique was sent to a carpenter's shop for labour at age of nine only. When SRSO team established CFS in this village, Rafique used to see children studying and engaged in recreational activities. He asked his father to get enrolled but was brutally beaten. SRSO team when came know that, met with Mor Zado and convinced him for Rafique's enrolment. He was sanitized through social mobilization team's continuous follow up which resulted in melting his stone heart and he realized the right of his children. He enrolled not only Rafique but his younger sister as well. Rafique is now more than happy to learn with their peers and is very active in recreational activities. When SRSO team visited him on TLC he expressed his feelings that sitting and playing amongst his fellows is like dream come true.

Education:

Education is the basic right of children but unfortunately in project area, literacy rate was not impressive earlier but it became even worst after 2010 floods. The priority needs of human are changed in emergencies naturally. There were many organizations including government, working on relief and recovery but the most neglected component was education and reopening of schools in these areas. Certainly people become more careless towards their children education while children needed it most to get out of the trauma. For this SRSO and UNICEF collectively took efforts for enhancement of education to flood affected children through this project. The Education component aimed to ensure the provision of temporary educational opportunities to children between 5-9 and establish Temporary Learning Centres TLCs.

Table 5: Statistical Summary of progress of Education component:

District	Target of TLCs	# of TLCs established	Target of Enrolment	Total # of children Enrolled in TLCs	Target of Para teacher Trained	# of Para teacher Trained
Khairpur	50	50	2500	2527	50	50
Kashmore	100	100	5000	4915	100	100
Shikarpur	80	80	4000	4378	80	80
Shahdadkot	100	100	5000	5182	100	100
Jacobabad	100	100	5000	4631	100	100
Total	430	430	21500	21633	430	430

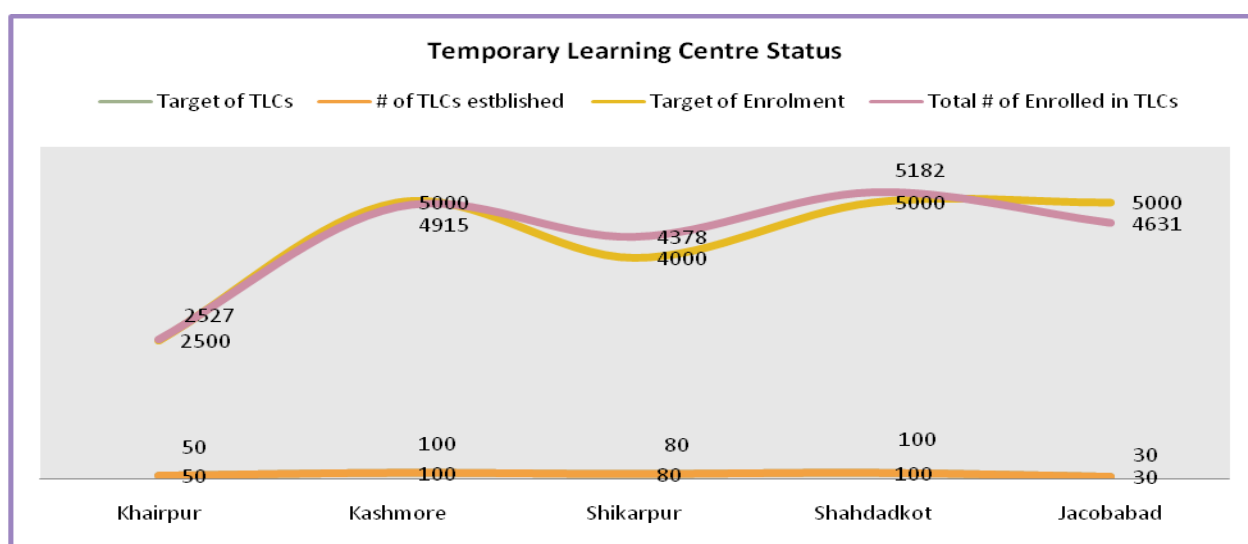


Table 4 shows that 430 Temporary learning Centres were established in 5 districts which is 100% against target. 21,633 children were enrolled in these TLCs. 430 out of 430 Para teachers of TLCs were trained.

Table 6: Statistical Summary Training in Education Component:

Training refers to the acquisition of knowledge, skills, and competencies as a result of the teaching of vocational or practical skills and enhancement of capacity building of human resource to get prolong and improvement of productive results of program. SRSO conducted ToT training for project staff from April 22 to 24, 2011. Following were the training objectives:

Objective of Training:

- Create understanding among TLC Teachers/facilitators about education issues in focusing on the emergency situation.
- Enhance understanding of TLC Teachers/facilitators on TLC methodologies. (TLC material/recreational kit, use of toys, gender/age appropriate activities, referrals and school in a box).
- Orient TLC Teachers about the key role of community mobilization in education.
- Enhance capacity of TLC teacher on the significant role of communication during the interventions of education.
- Equip TLC teacher with facilitation/management skills.
- Orient TLC teacher on their key roles and responsibilities in relation to promote education and enrolment campaign.



Education is the movement from darkness to light



Village Bacho khan Mazari, UC Geehal pur, District Kashmore is one of areas where girls education was dilemma. There are 13 Government primary schools in the UC but mostly schools are non functional. When SRSO project team intervened in the UC, community response was not encouraging at all. People were not willing to listen about educating their daughters. The project team took strong efforts and mobilized the community with emphasis on the awareness of children education specially girls. Gradually people started responding and showed their interest in recreational/ educational activities. TLC was established in this village. 49 children were enrolled out of which 30 were boys 19 were girls. Community actively participated education campaign and increasing enrollment. EDO and DO (Planning & Development) also visited TLC and appreciated the efforts of SRSO and UNICEF. Now community is happy and aware that education plays a vital role to be a good citizen. They feel happy to see pen and book in the hands of their children.

Health:

The purpose of the health component is to reach 300,000 target population (in the non LHW area) in the project districts; Khairpur, Shikarpur, Kashmore, Jacobabad and Shahdadkot to conduct health sessions, convey health messages and ensure that the target population (children 0-2 years, children 2-5 years and currently pregnant & lactating mother) receive vaccination, de-worming tablets and TT shots.

Objective of the Health:

- To develop a community channel for dissemination of messages & supplies Educate community on various preventive mother & child Educate community on various preventive mother
- Health care messages extending the outreach of health department in non served department in non served areas (immunization, TT vaccination & de-worming)

Table 6: Statistical Summary of progress of Health component:

INDICATORS	TARGETS	ACHIEVED
# village awareness campaigns completed	30	19
# household received messages		10,163
# of 0-2 years children registered for vaccination	24,500	26,243
# of regular vaccination sessions organized in the target community.	768	540
# of 0-5 years children provided OPV in coordination with the Polio team	60,617	52,137
# of women provided TT shots in coordination with vaccinators	21,700	14,548
Distribution of Clean Delivery Kits	14,000	2,955
# of Monthly Data provided to area vaccinator.	18	6
# of Children between 2-5 years (in non-LHW covered area) provided De-worming tablets.	31,500	34,399
# of 0-2 years age children (in non-LHW area) immunized.	24,500	23,519
# of Health education sessions organized for prevention of diarrhea	4,212	2,590
# of Health education sessions organized for prevention of pneumonia	4,212	2,666
# of women reproductive age (14-49years) who attended health education sessions	4,212	3,147
# of community resource persons (# of women and # of men) trained in non- LHW covered areas.	1,404	1,404
# of awareness raising sessions organized for C4D activities (as indicated under #14)	46	26

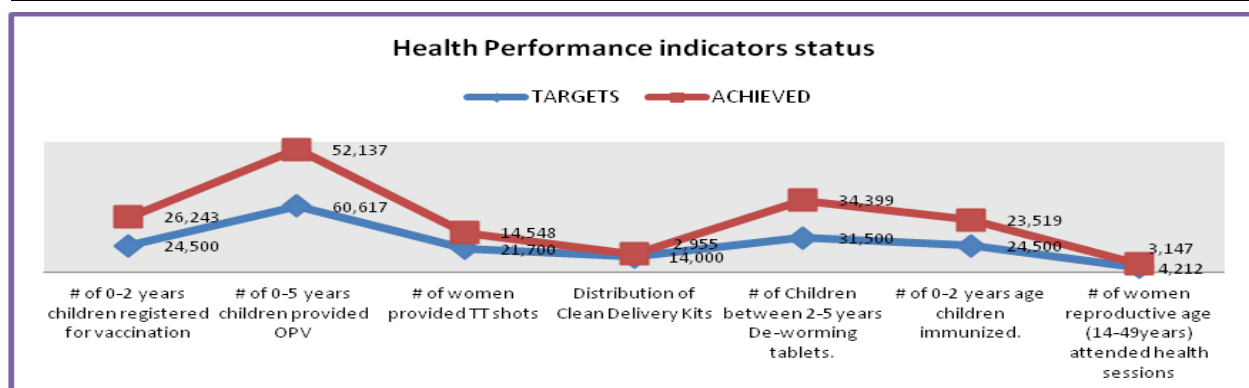


Table 6 shows that 26,243 (age 0-2 years) children were registered and provided vaccination in non covered LHW areas where they were never reached. 52,137 (0-5 years) children were provided Oral Polio Vaccine, 14,548 women of reproductive age were provided TT shots. 34,399 (2-5 years) children provided Deworming tablets,

2,955 clean delivery kits were distributed while 3,147 (14-49 Years) women of reproductive age attended health sessions regarding awareness about prevention of diarrhea and pneumonia.

Capacity Building of the Project Staff:

Various capacity building initiatives were undertaken throughout the project period. The key activities undertaken are as follows:

- SRSO organized an orientation of project staff on project activities and a TOT workshop.
- The workshop was attended by the Social Organizers,
- District Project Officers and LHV/LHWs along with integrated Project staff in five districts of Sindh.
- The TOT was conducted to achieve the following objectives:-
- Develop an understanding of project teams on project interventions and implementation process;
- Conceptual clarity on the roles and responsibilities of different stakeholders in the project;
- Orient the project staff on social mobilization process and working with community organizations for health interventions;
- Understand the social determinants of health and role of social mobilization to improve the health status of the society;
- Build the trainers skills of the participants for effective delivery of training and train the
- participants as trainer for effective and successful trainings of CRPs for project Interventions;
- Build the capacity of project staff in data recording and reporting process of the project;
- To acquaint the participants about monitoring process at different level
- Orientation of SMTs & Training of Trainers (ToT)
- SRSO also organized Community Based Mother & Child Health Care Initiative training. This training helped the participants to familiarize themselves with project objectives and SRSO community mobilization approaches. Participants received clarity on the rationale of the project, its goals and activities and its link with Millennium Development Goals. The ToT particularly focused to build the mobilizers/trainers' capacity as master trainer to effectively conduct the training of CRPs. Particular emphasis was given to enhance their knowledge on technical aspects for various interventions of the project and skills for effective transmission of the knowledge to the CRPs through training. The session on effective communication skills was outsourced to address the training needs of the participants
- This assisted in providing a road map for the timely delivery of the activity. During the ToT, micro plans for CRPs training and community health sessions were prepared and finalized on the standard formats provided by SRSO.
- One day refresher training was conducted for social mobilizers/ trainers of all 04 districts two weeks before the Mother & Child Week. The purpose of the refresher was to assess the retention of messages and skills and addressing gaps in the conduction of effective delivery of training. The feedback from the SMT was also taken on the CRP training held on safe delivery and immunization in their respective districts. During the refresher, progress of the districts against their targets was also shared. Weaknesses were identified and remedial measures were discussed in detail for maximum results. Training plan for forthcoming Mother & Child Week being held in November was also finalized during the refresher session.

Birth spacing is leads to better

To teach people about small steps they can take, and good choices they can make, that lead to better health.

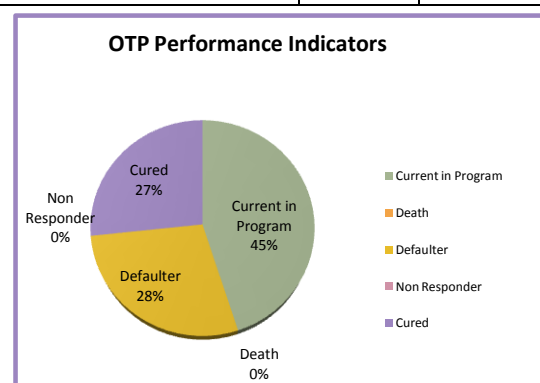
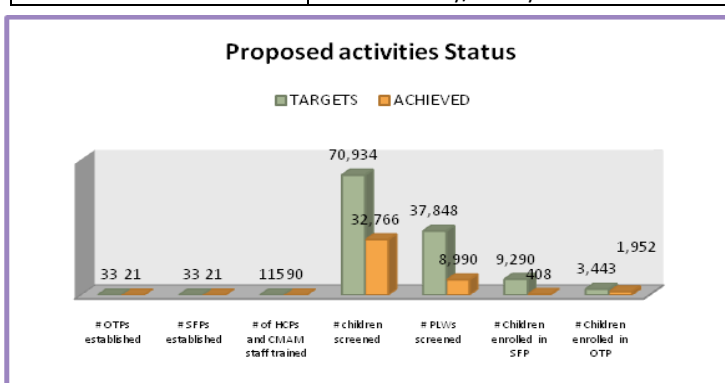
Mr. Ghuhram Gholo 32 years, resident of village Moroo Subhsohi in Union Council Malir at district Khandhkot. When he was 21 years, he married, after 11 years they gave birth to seven children i.e three sons and four daughters. He said that we never thought for “Birth Spacing”. He said that my wife is quite weak and suffers from chronic health problems and the children often remain unwell. The SRSO teams had dialogues with community, mobilize them and diverted their ideology. Ghuhram says, it helped me to understand the reasons for the ill-health of my wife and children. Before that no one from the community or our elders has advised us on the benefits of birth spacing. Our elders are of the opinion that family planning is a sin and against Islamic Ideology but today I discovered that Islam does not oppose birth spacing. Most importantly, I also came to know that birth spacing does not mean family planning the number of children but it is about the health of the mother and child. I want to see my wife and children happy and in good health. We planned for birth spacing, and we visited the nearby BHU (Basic Health Unit) for starting a new life.' 'I am thankful to the SRSO and UNICEF. It has changed our lives. We are not only practicing birth spacing but also sharing that information to the younger generation and married couples so that they will not face the problems we had faced due to our ignorance about birth spacing.'

Nutrition:

The purpose of the Nutrition component is to save lives of malnourished children 6-59 months and PLWs and to ensure that GAM (Global Acute Malnutrition) rate in the affected area is maintained below the 15% emergency threshold by improving nutritional status through provision of effective nutritional services at the community and facility level, to meet national and internationally recommended minimum standard of care for population affected by emergency.

Table 7: Statistical Summary of progress of Nutrition component:

PROJECT OUTPUTS	PROPOSED ACTIVITY	INDICATORS	TARGETS	ACHIEVED
33 SFP and OTPs established.	Map nearest health facilities for CMAM interventions.	# of HF mapped	33	21
	Establish (WFP mandate)/OTP sites and breast feeding corners in the target health facilities in coordination with the health department.	# OTPs established	33	21
		# SFPs established	33	21
33 health care providers (HCPs) from each health facility) of the DoH and approx. 66 from SRSO trained on CMAM/IYCF protocols	16a) Provide training to 33 health care providers (HCPs) from each health facility of the DOH, and a total of 66 SRSO project staff.	# of HCPs and CMAM staff trained	115	90
MAM and SAM cases appropriately identified, refer and followed	Screen 87,136 children and 46,472 PLWs in target areas	# children screened	70,934	32,766
		# PLWs screened	37,848	8,990
	Facilitate enrolment of 11,328 MAM & SAM and 4,647 PLWs in SFP and provide supplementary and therapeutic foods to the identified clients	# Children enrolled in SFP	9,290	408
		# Children enrolled in OTP	3,443	1,952
# PLWs enrolled in SFP	4,484	55		
Approximately 46,000 mothers/caretakers educated on the importance of:	Organize community mobilization sessions and screening	# Community Sessions	1,000	0
• Exclusive breastfeeding up to six months, appropriate complementary feeding	Organize nutrition awareness and hygiene promotion sessions in the health facilities.	# Health & Nutrition sessions	1,000	0
Promotion of good nutrition during pregnancy and lactation	Link target Community to appropriate service through holding regular community/facility based session.	# HF based sessions	0	0



Nutrition Interventions update as of 15th Oct 2011

Nutrition interventions were continued in 20 UCs of district Shikarpur, Jacobabad, Khairpur and Kashmore in collaboration with UNICEF. Despite of many challenges faced in this component including hiring of technical staff to allocation of Govt BHUs for setting up OTPs and SFPs, the project activities achieved following milestones:

Training of 90 field staff.

During reporting period, 32,766 children were screened using MUAC tape to assess their nutritional status. Total 32,766 children and 8,990 PLW were registered in the supplementary feeding program. Total 1,952 children were enrolled in OTP out of which 521 children received treatment in the OTP program while 552 children were dropped due to limited outreach problem. On the completion of the project, 879 patients were hand over to other IPs working on CMAM in respective districts.

SFP Performance:

Unluckily the SFP component couldn't be started due to unavailability of SFP supplies. The supplies didn't receive from WFP due to expiry of FLA.

Gapes/ Challenges:

As CMAM programme was new to the region therefore hiring of the technical staff and their training took time which caused a significant delay in programme initiation. Also the shortage of vehicles was a major hindrance which affected staff mobility badly.

Integration of the CMAM in the existing primary healthcare system of the government.

Mapping of UCs took time and OTPs cannot be established timely. SRSO also faced difficulty in getting health facilities from MoU for establishment of OTPs due to refusal from PPHI and District EDO Health office for the confirmation of facilities for establishment of CMAM sites. This also took time from the programme.

Delay in Supplies from WFP for SFP component.

Table 8: District wise List of OTPs:

S.No	District	Tehsil	UC Name	OTP Site Name
1	Jacobabad	Thull	Taju Khoso	BHU Bahoo Khoso (PPHI)
2	Jacobabad	Thull	Logi	BHU Azizabad (PPHI)
3	Jacobabad	Thull	Thull Nao	PS Gulsher Kanrani
4	Jacobabad	Thull	Ranjhapur	PS Lal Bhatti
5	Jacobabad	Jacobabad	Jacobabad-I (Soomra Mohalla)	GD Soomra Muhalla (PPHI)
6	Jacobabad	Jacobabad	Jacobabad-IV (Family Line)	GD Family Line (PPHI)
7	Jacobabad	Jacobabad	Jacobabad-VII (Jafferabad Mohalla)	GD Jafferabad Muhalla (PPHI)

S.No	District	Tehsil	UC Name	OTP Site Name
1	Kashmore	Kashmore	RB Chachar	BHU Khahi
2	Kashmore	Kashmore	Zoregarh	BHU Zoregarh
3	Kashmore	Kashmore	Buxapur	RHCBuxapur
4	Kashmore	Kashmore	Sodhi	BHU Mando Khan Jakhrani
5	Kashmore	Kashmore	Geehalpur	BHU Din Mohammad Kosh
6	Kashmore	Kashmore	Kumb	BHU Kumb
7	Kashmore	Kashmore	Kashmore-1	BHU Mehrab Mazari

S.No	District	Tehsil	UC Name	OTP Site Name
1	Shikarpur	Lakhi	Rustam	BHU Rustam
2	Shikarpur	Lakhi	Jahan Khan	BHU Jahan Khan
3	Shikarpur	Lakhi	Abdo	BHU Abdo

S.No	District	Tehsil	UC Name	OTP Site Name
1	Khairpur	Sobhodero	Rasoolabad	BHU Rasoolabad
2	Khairpur	Sobhodero	Gadeji	BHU Gadeji
3	Khairpur	Sobhodero	Mudd	BHU Mudd
4	Khairpur	Sobhodero	Hingorja	RHC Hingorja

Table 9 (A): Statistical Summary of Supplies Received:

S.No.	Name of Items	Qty	Remarks
1	Therapeutic Spread Sachets	2,459	Initially 1,980 cartons were received. 479 cartons received later
2	Muac Adult	100	
3	Muac Child	100	
4	Mebendazole Tab	700	
5	Multi micro Nutrient	26518	
6	Mteronidazole	100	
7	Benzyle Benzoate	500	
8	Folic Acid	250	
9	Scale Electronic mother child	33	
10	Boy infant adult height measuring system	33	

Table 9 (B): Statistical Summary of Remaining Stock:

S.No.	Name of Items	Qty
1	Therapeutic Spread Sachets	1,318
2	Muac Adult	37
3	Muac Child	36
4	Mebendazole Tab	10
5	Multi micro Nutrient	22685
7	Benzyle Benzoate	306
8	Folic Acid	146
9	Scale Electronic mother child	33
10	Boy infant adult height measuring system	33
11	Safe Guard Soap	25328

Table 10: Overall Project Result Framework:

Proposed Activities	Expected Outputs (According to PCA)	Actual Project Outputs
1.1 WASH: Girls, boys and women have protected and reliable access to sufficient safe water, sanitation and hygiene facilities.	1.1 (a) 50,000 HH have access to safe drinking water and to use and sanitation facilities.	49,500 HHs have access to safe drinking water by installing 4,500 hand pumps in five districts. Total number of hand pump beneficiaries is 317,661. 4,328 pit latrines were constructed benefiting 88,266 beneficiaries.
	1.1 (b) 20 static CFS (already existing, 30 mobile CFS (already existing) and 40 mobile CFS in a total 270 locations have access to separate sanitation facilities (latrines and hand wash) for boys and girls and safe drinking water	After assessment of existing CFS, 29 out 40 CFS were identified for WASH services. 21 CFS were provided hand pumps and pit latrines which benefited 3,168 enrolled children.
	1.1 (c) 713 TLCs and 500 TSS have access to separate sanitation facilities (latrines and hand-wash) for girls and boys and safe drinking water	Out of total 420 TLCs, 129 TLCs were identified and provided WASH services in project area.
	1.1 (d) 100 ODF women activists in 50 ODF declared villages will be trained with clear message of hygiene promotions.	100 women activists were trained as hygiene promoters who disseminated health and hygiene promotion messages in 50 villages which later declared as open defecation (ODF) free villages.
1.2 Health: Excess mortality among girls, boys and women in humanitarian crisis is prevented	1.2 (a) Children 0-2 years, children 2-5 years and currently pregnant & lactating women) provided access to receive vaccination, de-worming tables and TT shots respectively	26,243 children aged between 0-2 years, were registered and immunized through this project. 52,137 children (aged 0-5 years) were provided OPV (oral polio vaccine) followed by 14,548 women of reproductive age who were provided TT vaccine. 34,399 (2-5 years) children were provided Deworming tablets while 2,955 clean delivery kits were distributed in project area.
	1.2 (b) Health education messages provided to 113,699 women of reproductive age and school age children	The health targets were revised as given in the PCA. Out of 12,636 (revised target) of women of reproductive age, 8,403 were provided health education awareness messages while 10,163 HHs were provided same messages through awareness campaigns at village level.
	1.2 (c) Involve religious leaders to promote health and hygiene messages including vaccination and immunization announcements	29 awareness raising sessions were organized for C4D activities in which religious leaders were involved to promote health & hygiene messages including vaccination and immunization announcements. The feedback from community was remarkable which helped in achieving project goals.
1.3 Education: Girls and boys access safe and secure education and critical information for their own well being	1.3 (a) 21,500 children (with a focus on 5-9 years of age) are provided with learning and recreation needs at 70 on-going TLCs and 360 new TLCs, along with WES facilities, in 5 districts (Jacobabad, Kashmore, Kamber-Shahdatkot, Shikarpur and Khairpur).	7360 new TLCs were established in project duration however 70 TLCs were ongoing TLCS which were established before project inception with funding of UNICEF and were adopted in integrated project. Total 21,766 children were enrolled in 430 TLCs.
	1.3 (b) At least 120 school sites for setting up of TSSs identified in conjunction with EDOs Education and communities.	UNICEF provided list of 95 sites which were surveyed and shared with UNICEF as required. SRSO was bound to identify these sites only which was done accordingly.

Proposed Activities	Expected Outputs (According to PCA)	Actual Project Outputs
1.4 Child and Adolescent Protection: Girls' and boys' rights to protection from violence, abuse and exploitation are sustained and promoted	1.4 (a) 50,000 (30,000 new and 20,000 already enrolled) children provided life skills training and participate in recreational and educational activities as part of psycho-social support in Kashmore, Shikarpur and Jacobabad.	Target of providing life skill training to 50, 000 children was set initially on basis of both static and mobile CFS which was later revised by UNICEF and it was decided to focus on static CFS only. The training was provided to 7,595 children enrolled in 40 CFS. In addition to this, 21,766 children enrolled in TLCs were also provided same life skills training and participated in recreational and educational activities in Kashmore, Shikarpur and Jacobabad districts after getting go ahead from UNICEF.
	1.4 (b) 80 new CFS facilitators, 1 new district Coordinator and 16 new monitors trained to manage and monitor CFS activities.	80 CFS facilitators, 1 district coordinator and 16 monitors were provided training to smoothly run ad monitor the project activities.
	1.4 (C) 56 already existing CP committees and 30 new CP committees established to strengthen community based child protection mechanisms including the identification and referral of CP cases	Total 96 CP committees were established and strengthened to address child protection issues and to identify and refer CP cases in project areas. During project tenure, 5 CP cases were identified and addressed through referral mechanism. Case studies of these cases are already shared with unicef.
	1.4 (d) 25,000 affected beneficiaries receive supplies including clothes, slippers, torch and necessary kitchen utensils	7,595 affected beneficiaries (families of CFS enrolled children) were provided supplies including cloths, slippers, torch and necessary kitchen utensils.
1.5 Nutrition: The nutrition status of girls, boys and women is protected from the effects of humanitarian crisis	33 SFP and OTPs established.	21 OTPs and SFPs were established in Shikarpur, Khairpur, Jacobabad and Kashmore.
	33 health care providers (HCPs) from each health facility) of the DoH and approx. 66 from SRSO trained on CMAM/IYCF protocols	90 health care providers and project staff was trained on CMAM /IYCF protocols.
	MAM and SAM cases appropriately identified, refer and followed	32,766 children and 8,990 PLW were screened. Total 2,360 children were enrolled (408 in SFP and 1,952 in OTP) while 55 PLWs were enrolled in SFP.

Project Challenges and Limitations

During the reporting period, SRSO had faced various difficulties. However, most of them were properly managed and overcome, leading to a lessened impact that significantly hamper the smooth implementation of the activities:

- The problem faced by the project team at the implementation stage was delay in supplies especially in nutrition and child protection components that directly affected to the project activities due to this cause teams could not achieve their said targets.
- Integrated project first time implemented in Pakistan because of that project team faced many difficulties like integration concept, team work & coordination.
- During the implementation stage the selection criteria of integration was main challenge for project team they had to establish all components activities in one village according to criteria but individually it was not a easy because in education component 430 TLCs had to establish but WASH targeted activities were more than TLCs and in non LHWs areas other components activities could not establish easily, child protection activities were not established in districts Shahadadkot and khairpur.
- Project funds were not transfer on timely during reporting period because of that IP have faced difficulties in implementation.
- At the beginning of the project, the team had some difficulties to find out the exact location as well as their focal points and key persons.
- The recruitment process was delay so it's also affected the implementation.

Visitors Gallery



Ms: Karren allen CEO UNICEF Visiting Child Friendly space at Village Qadir Pur Mahar, District Jacobabad



Ms: Karren Allen CEO UNICEF visiting Outpatient Therapeutic Program at Village Jahan Khan, District Shikarpur.



CEDA Team visiting hand pumps at village Landhi Ali Murad Shah District Jacobabad.



CEDA Team & Muhammad Hashim Leghari COO SRSO interacting with community for Health & Nutrition activities.



CEDA Team visiting Health & Hygiene activities at village Masoo Khan Machi, District Shikarpur.



CEDA Team attending Health & Nutrition session at village Masoo Khan, District Shikarpur.

Monitoring & Reporting Mechanism:

Monitoring Strategy:

As for as the field monitoring visits are concern, District M& E officer ensured the monitoring by visiting the Project activities and ensured the proper facilitation to teams when ever required by the UNICEF team. Head Office Monitoring Officers visited the target districts each month to carry out random sampling of beneficiaries, ensured transparency and reliability of the progress reported to UNICEF. Monitoring took place on continuous basis by third party (APEX& HRDS) nominated by UNICEF. The APEX monitoring team (consultant monitors) continued to monitor the interventions and briefed on the new strategy of work of UNICEF and they provided with an updated monitoring tools. HRDS random visited the project activities according to SRSO field team work plans. HRDS specially monitored the WASH activities on regular basis.

Reporting:

Project reports were updated on daily basis at SRSO districts and head office level and were shared with management and donor on daily and weekly basis. A reporting format was designed as per monitoring index defined in PCA and was implemented with consent of both parties. The project completion report (both physical and financial progress) was agreed to be submitted after one month of the project completion.

Table 11: Statistical Summary of Staff budgeted in the FLA and actually employed:

S. No.	Component	Staff/Position	Budgeted (No.)	Recruited (No.)	Remarks
1	WASH	Wash Specialist	1	1	
2	WASH	Senior Engineer (Coordinator)	3	3	
3	WASH	Hygiene Supervisor	5	5	
4	WASH	Sub Engineers	6	6	
5	Child Protection	Child Protection & Education (Coordinator)	3	3	
6	Child Protection	CFS Facilitator	80	80	
7	Education	Education & Child Protection Specialist	1	1	
8	Education	Community Based Sports & Recreation Facilitator	430	430	
9	Nutrition	Health & Nutrition Specialist	1	1	
10	Nutrition	Nutrition Coordinator	3	3	
11	Nutrition	Nutrition Assistants	33	33	
12	Nutrition	Nutrition Attendants	33	33	
13	Health	District project Officer	5	5	
14	Integrated	Finance Officer	1	1	
15	Integrated	Administration & Logistic Assistant	3	3	
16	Integrated	MIS Information Officer	5	5	
17	Integrated	Daily Labor for distribution Team	10	10	
18	Integrated	Warehouse Guards	8	8	
19	Integrated	Social Mobilizer/ Health & Hygiene Promoter	1400	1400	

**Table 12: Financial Summary of Project:
Detail of Budget and Advance VS Expenses of UNICEF(Multi-Sectoral Project)**

S#	PARTICULARS.	TOTAL BUDGET Rs.	TOTAL ADVANCES Rs.	TOTAL EXPENSES Rs.	REMAININGS AGAINST ADVANCES Rs.
1	UNICEF (WASH SECTOR)	27,695,000	27,100,000	23,978,095	3,121,905
2	UNICEF (CHILD PROTECTION) SECTOR.	11,540,000	4,082,000	10,157,010	(6,075,010)
3	UNICEF (HEALTH) SECTOR.	2,942,000	-	1,572,936	(1,572,936)
4	UNICEF (NUTRITION) SECTOR.	8,499,000	-	8,483,998	(8,483,998)
5	UNICEF (EDUCATION) SECTOR.	7,917,500	4,069,516	4,183,360	(113,844)
6	UNICEF PROG. IMPLIMENTATION SUPPORT COST.	21,401,507	18,765,000	17,677,669	1,087,331
TOTAL AMOUNTS RS.		79,995,007	54,016,516	66,053,068	(12,036,552)

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