August– December 2015

Terminal Report (August – December 2015)

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Project Terminal Report

Submitted by: CRDO Buner

Period Covered: August – December 2015

District: Buner

Date of Submission: 04/02/2016

Project Background:

The security situation in Khyber Pakhtunkhwa remains volatile due to conflict in FATA and Malakand agency since July 2009. This Instability in the region disturbed common people lives in each and every aspect, as Health and Nutrition services provision is one of the main responsibility of the state and child malnutrition rates throughout Pakistan remain persistently high. The National Nutrition surveys (NNS 2011) depicts a worrying situation of malnutrition in Pakistan. According to NNS 2011 the malnutrition levels across Khyber Pakhtunkhwa are above the cut-off for a serious public health problem [wasting=17.2%, stunting=47.8% and underweight=24.1%].These problems of poor nutrition are compounded by severe food insecurity and poor food intake, particularly by women, children and girls in some districts of Khyber Pakhtunkhwa including Buner .

To address the problem of malnutrition in District Buner, a comprehensive nutrition response strategy has been planned by Community Research and Development Organization with the support of World Food Programme for implementation of CMAM Project in the food insecure district Buner of Khyber Pakhtunkhwa. CRDO intervention aims to provide MCHN services through establishing SFP sites in Government primary health care facilities and education on IYCF and birth preparedness. CRDO is committed to improve the Nutritional status of under-five children and women, and protecting them from the effects of humanitarian crisis.

Based on these realities CRDO started its nutrition intervention activities in the 11 union council of district Buner from July 2013 and trying to secure a strong base for effective delivery of consolidated nutrition services in the proposed union councils of district Buner, which will significantly contribute towards reduction of under-five mortality and prevent the escalation of malnutrition by providing effective nutritional services that meet national and internationally recommended minimum standards of care for affected population.

Total Tonnage Requested:

District	Duration	WSB	Oil	RUSF	Grand Total (MT)
Buner District	01st August – 31st December 2015	60.241	12.048	27.199	99.487

Caseload by union council against its total population:

S. No	Union Council	Tehsil	Health Facility	Population	SFP children (6-59 month)	Siblings	PLW
1	Noorezi	Gagra	BHU Cheena	23171	227	0	226
2	Daggar	Daggar	CD Bagra	18095	177	0	176
3	Nawagai	Chamla	CH Nawagai	29591	289	0	289
4	Torwasak	Daggar	BHU Torwarsak	28330	277	0	276
5	Karapa	Daggar	BHU Naway Kalay	23521	230	0	229
6	Gagra	Gagra	BHU Gagra	32507	318	0	317
7	Dewana Baba	Gagra	RHC Dewana Baba	25555	250	0	249
8	Mali Khail	Daggar	RHC Jowar	36377	355	0	356
9	Elai	Daggar	BHU Elai	36781	360	0	359
10	Gadezai	Gadezai	THQ Pacha	35295	345	0	344
11	Pacha	Gadezai	THQ Pacha	19703	193	0	192
	Total			**308926**	**3022**	**0**	**3012**

Targets Achieved (August to December 2015):

Beneficiaries	Screening	Total Admission	Total Cured	Defaulter	Non cured	Moved out	Total Exit	ALOS
Children	32595	2625	2753	24	42	1074	3893	78
PLW	37670	2359	2644	62	39	1335	4080	94

Targeting and social mobilization:

The community outreach component is the core component of CMAM approach, providing access to the affected communities through active screening, social mobilization and developing linkages. CRDO trained teams of Social mobilizers (Male and Female) delivered key information on CMAM, IYCF, Health and Hygiene promotion through community mobilization in order to achieve the objectives of the outreach component. The outreach teams at each union council were supported by facility based staffing (Medical officer and Nutrition assistant).

The FLA target assigned to CRDO Buner was to cover a population of 154463 out of total population 308926 with targeted group of MAM children and MAM pregnant and lactating women with a MAM children Caseload 3022 and PLW caseload 3012.
Active Screening protocol both in community and static base were followed with a MUAC criteria for MAM children as 11.5-12.5cm for 2 months minimum and up to 4 months maximum and for PLW as <21cm with 4 months with two fallow up visits during each month.

The outreach teams focused on the following tasks;

- Conducted rapid nutrition assessment (using MUAC) through Health Facility based and door to door campaign in the community. (Census approach, active screening and door marking approach). Community resource persons from respective communities provided the linkages to overcome the social barriers)
- Referred cases of severe acute malnutrition to Stabilization center in DHQ hospital District Buner.
- Arranged and organized meeting with the community elders, key community leaders and hired community resource person and village health committee.
- Conducted Health education and awareness sessions in community.

In addition breast feeding messages and sessions were delivered to pregnant and lactating mothers at each health facility level, in which pregnant women are counseled about exclusive breast feeding, complementary feeding, complementary feeding foods choice and proper positioning techniques and other Public health problems.

Implementation Process:

Reference to the meeting held on 9th May 2013 at the office of the secretary health KPK, The malnutrition situation in the province in light of the NNS-2011 and the predictable consequences for productivity, Morbidity and mortality were shared on KPK Nutrition guideline Notes-2012.
UNWFP plan for the continuation of SFP services of the previous AUS-AID supported Districts (Buner, Kohistan, Dir Lower and Dir upper). UNWFP elaborate its commitment to continue provision of moderately malnourished children and PLW covering the SFP component through experience NGO support in the Seven PRRO Districts.
The Proposal submitted by CRDO as an IP of UNWFP for implementation of the Supplementary Feeding Program in the proposed District i.e. Buner was accepted and CRDO started its CMAM activities after NOC from DG health and MOU Signed with DHO Buner.
Nutrition Assistants and Social Mobilizers for active field activities were hired under the Strong Supervision of CRDO HR team from Peshawar office and were trained at CRDO office by UNWFP team in the presence of DHO Buner, regular field activities (Screening, Referrals, Admissions, fallow up and IYCF Sessions) were started from July 17, 2013.

Logistics and Food Distribution mechanism:

CRDO has established ware house at district level for storage of food commodities. Standard warehousing protocols were in place with maintenance of stock card/bin card and stock registers both at warehouse and at health facility level. As per FLA, food was transported by WFP to CRDO warehouse in district Buner. CRDO logistic was responsible for onward food distribution from warehouse to static health facility.

Food Supply was provided to each static health facility and standard ration quantities were provided to each program beneficiaries as per protocol. On daily basis, MAM children and PLW were enrolled in program at static point and food commodities were provided accordingly.

Food Distribution						
Duration	**Quantity Distributed (NMT)**					
	WSB	**Oil**	**RUSF**	**HEB**	**Grand Total (MT)**	
August to December 2015	57.800	11.590	28.135	0.000	97.524	

Reporting and Monitoring:

CRDO share project activities and reports on regular basis with WFP. The monthly consumption report, Narrative reports and commodities waybill were shared with WFP office.
At district level, field office was established for direct implementation and monitoring of project activities. The district office was led by Project Manager, MIS officer, field logistics officer, Field Supervisor and other facility based staff (Nutrition Assist and Social Mobilizers). The project management team (PMT) was responsible for project implementation and monitoring progress at district level.

CRDO deliver health services through existing health infrastructure and work through department of health. CRDO has developed a very close liaison with DOH, UN agencies and other national and international partners. The representative and focal person from DOH and WFP made regular monitoring visits to CRDO supported health facilities in District Buner.

Month	Completion date of food distribution	Date of report submission to WFP	Remarks
August to December 2015	Continuous Activity	Reports shared with UNWFP month wise	Monthly Consumption, and Narrative reports were shared during the 1st week of the month

Collaboration with WFP:

CRDO developed a very close liaison with WFP. To support the CMAM project at District Buner FLAs were signed with UNWFP up till now. As the project is UNWFP funded so all kind of support is provided i.e. operational, financial, and technical and logistic.WFP arranged training on CMAM and IYCF for CRDO staff at CRDO office Buner and also trained two Master Trainer on CMAM and IYCF for further trainings at UNWFP office Peshawar. UNWFP also provided anthropometric tools and Stationary for each health facility. At district level, Logistic support was provided by WFP for delivering supplies to CRDO warehouse at district level and provide financial support for further dispatching from

CRDO warehouse to the selected health Facilities in District Buner. Food commodities were timely provided with no delays.

Monthly, Quarterly and Annual meetings were arranged at WFP office Peshawar to evaluate the issues faced and to share the progress updates. Monthly consumption and Narrative reports were shared with UNWFP Peshawar Office.

Role of Health Department:

Nutrition is an integral part of health and Department of health played an important role in implementation of CMAM Project in District Buner. As all The Staff Member of Health Department at BHU level were trained during AUS-AID funded project and they are technically sound on CMAM and IYCF activities. After signing MOU with Department of Health infrastructure and furniture were provided to the CRDO Staff at the assigned BHU and RHC level. Field activities were monitored and supervised by head of the Health Facility and Progress updates were shared with DHO Buner on weekly and Monthly basis. CRDO actively participate in the Meetings arranged at DHO office Buner and also DC office Buner and share their views regarding CMAM activities.

Success Story of Anisa
Community Management of Acute Malnutrition – CMAM

Name: Anisa
Gender: Female
Union council: Pacha/ Gadezi
Father Name: Ibrahim
Age of Patient: 13 Months
MUAC: 11.7 cm (on admission)

Area: Village Balukhan
Registration No: 544
CMAM Site= THQ Pacha
Mother Name: Nazamina
Weight: 5.7 kg

Family History of Anisa

Anisa belongs from a lower class family. She has one brother and two sisters. Both of his parents are illiterate. Anisa father is farmer by occupation. Due to poor economic condition he cannot provide sufficient food for his family and mostly his children's due to which children's suffer from malnutrition.

History of Patient

Anisa was falling in the category of Moderate acute Malnutrition when she was admitted in the program. Anisa was exclusively breastfeed by her mother for the six months. Breastfeeding was continued after six months. Complementary feeding was started after seven months but complementary feeding was not adequate in amount and also food choices and hygiene practices were not appropriate. So Anisa suffered from nutrients deficiencies.

FACTORS CONTRIBUTING TO ANISA MALNUTRITION

- ✓ Poverty leading to Food insecurity.
- ✓ Illiteracy and lack of awareness.
- ✓ Poor Hygiene
- ✓ Father occupation does not support healthy nutrition.
- ✓ Non healthier food choices.

Treatment

Anisa was screened by CRDO Social Mobilizers in nutrition center and admitted in SFP Program. Her mother said that her neighbor told her about nearest CRDO CMAM program center and referred her to the near CMAM center .Her weight was 5.7 kg and MUAC measures 11.7cm on her first visit and gave her nutrition supplements (15 sachets of Acha Mum) and also gave advices that how to use the nutrition supplements and must keep the child on breast feeding. Staff advises her mother that she must come along with her daughter again to CMAM center after 15 days for follow up visit for recovery and improvement of her child health. She was brought to the THQ for follow up visits regularly and was treated with Acha Mum in the program and a significant change was noticed in each visit. Due to awareness session on IYCF reasonable improvement was seen in nutrition and hygiene practices. Reasonable improvement was shown by her as a result of regular and nutritious diet. However by using supplements in a prescribed way not only she got his MUAC better but also got better improvement in weight. It is clear from the below table with each visit and date.

Visits Dates, MUAC, Weight and Height Improvements

Visits	Dates	MUAC	Weight	Height
1st	18/06/15	11.7 cm	5.7 kg	66.0cm
2nd	02/07/15	11.9cm	6.1 kg	66.1cm
3rd	17/07/15	12.2 cm	6.4 kg	66.1cm
4th	04/08/15	12.3 cm	6.7 kg	66.1cm
5th	19/08/15	12.5cm	6.9kg	66.1cm
6th	07/09/15	12.7 cm	7.1 kg	66.1cm

Remarks of Anisa Mother

Anisa mother' told that we are very poor with less source of income which is not enough for the whole family. Anisa was very weak and I was always worried about the health of my baby. After admission they gave her nutrition supplements (Acha mum) and guided me how to use the nutrition supplements and also guided me about proper and hygienic complementary feedings and importance of continuing breastfeeding. When I started to feed her Acha mum as per instructions given by the CMAM Staff. I was very happy to see the amazing result of supplement on Anisa health. Her health was better improved on the completion of 6th visit. I am very happy & satisfied that my daughter is completely healthy. I wish CMAM program should be continued in future for the sake of needy people like us. I shall must guide other mothers regarding effective nutrition supplements of CMAM program and importance of timely complementary feeding for better recovery of their children health.

Before

After

Sessions, Outreach and Meetings Pictures: