



ANNUAL PROGRESS REPORT 2021-22

ALI RAZA BHOTTO DISTRICT MANAGER WEP GHOTKI

WOMEN EMPOWERMENT PAKISTAN DISTRICT GHOTKI | wep office Near Baraf karkhano stop Mirpur Mathelo
Ghotki 03003863406

Women Empowerment Pakistan District Ghotki

Contents

PROJECT BRIEF	3
INTRODUCTION OF ACCELERATED ACTION PLAN SINDH	3
Sectors Involved:	0
AAP Goal:	0
AAP Mission:	0
AAP Health Sector Outcomes	0
Health Sector Project Activities	0
CMAM COMPONENT	1
COMMUNITY OUTREACH:	1
Complimentary Feeding Program	1
INTRODUCTION OF WOMEN EMPOWERMENT PAKISTAN	2
Gender equality	Error! Bookmark not defined.
Inclusion and opportunities	Error! Bookmark not defined.
Health, safety and protection	Error! Bookmark not defined.
Education and Training	Error! Bookmark not defined.
Enterprise Development and network	Error! Bookmark not defined.
Peace, Participation and leadership	Error! Bookmark not defined.
Strategic Objectives	3
The Core Values	1
DISTRICT Ghotki INFORMATION	1
DISTRICT DEMOGRAPHICS	Error! Bookmark not defined.
LANGUAGES:	Error! Bookmark not defined.
MAP OF DISTRICT Ghotki	1
1. SCREENING	4
A) Children Screening:	5
Month wise Screening Status	5
Rescreening Table	6
B) SCREENING OF Pregnant and Lactating women	7
PLW Screening Details	7
2. REFERRAL	8

Women Empowerment Pakistan District Ghotki

A)	SAM REFERRALS:	8
B)	Referrals of the Children age of 0 to 15 months for the vaccination to the EPI centers.	9
D)	Pregnant women referrals to the nearest health facility for the Antenatal care:	9
	<i>Numerical table for month wise progress of the referrals of the PWs for TT Vaccination.</i>	
	.....	10
E)	Pregnant women referrals for the safe delivery at nearest Health facility:	10
F)	Lactating women referrals for post-natal care:	10
	<i>Month wise details of the referrals for the postnatal care</i>	10
3.	Distribution of the commodities	11
A)	Distribution of CHX and Safe delivery kit:	11
	<i>Month wise details of the children received MNP and also the quantity of MNP have been distributed.</i>	12
	<i>Month wise Details of the IFA distribution</i>	13
	<i>The details of the Dewormed beneficiaries and tablets are as under:</i>	13
	<i>Stock Details during reporting period (July 2021 – June 2022)</i>	14
4.	Mother and Father Group Formation and Sessions on Health and Hygiene and IYCF ..	14
	<i>Other sessions</i>	15
5.	Monitoring	15
6.	Coordination	16
7.	SALT Testing	16
8	Picture Gallery	15

Abbreviation used in the report

Sr.	Short form	Full form
1	AAP	Accelerated Action Plan
2	WEP	Women Empowerment Pakistan
3	SAM	Severe Acute Malnutrition
4	MAM	Moderate Acute Malnutrition
5	GAM	Global Acute malnutrition

Women Empowerment Pakistan District Ghotki

6	MNP	Micro nutrient Powder
7	IFA	Iron Folic Acid
8	PLW	Pregnant, Lactating women
9	MUAC	Mid upper Arm circumference
10	OTP	Outpatient therapeutic food
11	TSFP	Targeted Supplementary feeding program
12	FSG	Father Support Group
13	MSG	Mother Support group
14	CHW	Community Health worker
15	THS	Taluka Health Supervisor
16	SDK	Safe delivery kit

PROJECT BRIEF

Project Name:	Accelerated Action Plan Sindh (Sehatmand Sindh)
Donor Name:	Health Department, Government of Sindh
Implementing Partner:	Women Empowerment Pakistan (WEP)
Location:	District Ghotki, Sindh
Project Start Date:	18 March 2019
Project End Date:	30 June 2022

INTRODUCTION OF ACCELERATED ACTION PLAN SINDH

Accelerated Action Plan for reduction of Stunting & Malnutrition is multi-sectoral plan of action prepared by the government of Sindh, led by the Planning & development Board in collaboration with development partners. The plan focuses on international best practices to combat Malnutrition by adopting nutrition specific and nutrition sensitive interventions. The strategic focus of the plan is to enhance inter-sectoral collaboration and coordination among key sectors; strengthen multi-sectoral monitoring and evaluation mechanisms to rejuvenate the hopes of population in the government.

Women Empowerment Pakistan District Ghotki

The government of Sindh is strongly committed to root out the prevalence of malnutrition and stunting across the province by allocating adequate resources in its financial outlay in order to achieve the targets consolidated in Accelerated Action Plan for reduction of Stunting and Malnutrition.

Sectors Involved:

Health, Education, Population, Local Government (WASH), Social Protection, Agriculture, Fisheries and Livestock

AAP Goal:

To improve health and nutrition status of children and mothers by rapidly expanding and enhancing coverage of intervention in all districts of Sindh, both through facility and community action plan
To work with other sectors like agriculture, livestock & fisheries, Wash / sanitation, education etc. Overall objective of these programs are food security and wellbeing of its citizens.

AAP Mission:

To reduce stunting rate from 48% to 43% in first five years (by 2021) in Sindh by increasing and expanding coverage of health interventions, that are known to reduce stunting in first five years of children's lives.

AAP Health Sector Outcomes

1. Reduced proportion of children with SAM in less than 5 years of age.
2. Increased percentage of infants 0 to 6 months who are exclusively breastfed.
3. Increase percentage of children 6 to 24 months receiving an acceptable minimum diet
4. Increased percentage of Pregnant & lactating Women receiving iron & folic acid supplementation.
5. SBA enabled to recognize at least 04 early danger signs for premature and under weight babies to prevent stunting

Health Sector Project Activities

AAP Health sector implement the list of designed activities through developing partners and follow the Community-Based Management of Acute Malnutrition (CMAM) approach that enables community volunteers to identify and initiate treatment for children with acute malnutrition before they become seriously ill. Caregivers provide treatment for the majority of children with severe acute malnutrition at home using Ready-to-Use-Therapeutic Foods (RUTF) and routine medical care. When necessary, severely

Women Empowerment Pakistan District Ghotki

malnourished children who have medical complications or lack an appetite are referred to in-patient facilities for more intensive treatment. CMAM programs also work to integrate treatment with a variety of other longer-term interventions. These are designed to reduce the incidence of malnutrition and improve public health and food security in a sustainable manner.

The CMAM model was developed by Valid International and has been endorsed by WHO and UNICEF. CMAM was originally designed for the emergency context, as an alternative to the traditional model of rehabilitating all severely malnourished children through in-patient care at Therapeutic Feeding Centers. However it is increasingly being implemented in the context of long-term development programming, with several Ministries of Health including components of CMAM in their routine services. CMAM has been implemented around the world by many governments and NGOs.

CMAM COMPONENT

There are four key components to the CMAM approach.

COMMUNITY OUTREACH:

Build relationships and foster active participation of the community

Identify and mobilize community volunteers for CMAM

Volunteers measure Mid-Upper Arm Circumference (MUAC) of all children under 5 to identify those with acute malnutrition.

Complimentary Feeding Program

Provide take-home food rations and routine basic treatment for families of children with moderate malnutrition but no medical complications

Provide support for other groups with special nutrient requirements, including pregnant and lactating mothers

Outpatient Therapeutic Program (OTP)

Provide home-based treatment and rehabilitation using RUTF for children with severe acute malnutrition but no medical complications (usually 80-85% of children)

Monitor children's progress through regular outpatient clinics

Provide food rations to the whole family of each severely malnourished child

Women Empowerment Pakistan District Ghotki

Stabilization Centre/Inpatient Care

Provide intensive in-patient medical and nutrition care to acutely malnourished children with complications such as anorexia, severe medical issues or severe oedema

Link with OTP to allow early discharge and continued treatment in the community CMAM is a highly effective approach to rehabilitate malnourished children and reduce the number of children who die from acute malnutrition. There are a few key secrets to this success:

Community based – children are cared for and treated in their own communities, without having to travel away from home for treatment. The whole family is involved and can also continue their daily activities, rather than one caregiver needing to leave home for an extended time to accompany a malnourished child to a treatment center. This increases access and participation in the program, leading to higher coverage and better results.

Active case finding – community volunteers regularly screen and monitor all young children so that cases of malnutrition can be identified early and treated immediately. This leads to high coverage, faster rehabilitation and lower mortality.

Triage approach – most children with severe acute malnutrition can be treated at home which protects them from exposure to infections at the inpatient care centers. Only those with existing serious medical conditions are referred to Stabilization Centers, and they are discharged back to the community for follow up by the OTP as soon as possible. This reduces mortality and is cost-effective, as inpatient care is highly resource-intensive.

Building community capacity – CMAM programs work with communities to identify, manage and prevent acute malnutrition. This increases community ownership of malnutrition, which in turn increases participation in treatment and prevention activities.

INTRODUCTION OF WOMEN EMPOWERMENT PAKISTAN

Women Empowerment of Pakistan (WEP) is a pro-woman, non-profit, non-political and nongovernmental organization. Registered under Social Welfare Agencies (Registration and Control) Ordinance 1961

Women Empowerment Pakistan District Ghotki

WEP is determined for attitudinal change and increased access to the opportunities for women, girls and children. To achieve our vision, we work to ensure WEP has practical tools for accomplishing these visionary ends. We do this work by organizing convening, engaging, mobilizing and supporting the target community, to ensure we all have the means to make our world a better place.

WEP has vast experience of working in health and education sector. WEP is a women action-based organization working in Pakistan with the aim to support community development to build a no discriminative society with a safe place for children. WEP team members and volunteers have also worked in the disaster affected areas of Pakistan. In the emergency phase WEP worked closely with local partner organizations to provide supplies and services.

WEP believes in building sustained and developed communities led by women under the following thematic areas:

- Gender equality
- Inclusion and opportunities
- Health, safety and protection
- Education and Training
- Enterprise Development and network
- Peace, Participation and leadership
- Resource center & Best practices

Strategic Objectives

- ⌋ Initiating organizational culture at community level by taking self-help initiatives and building their capacities to function as viable social institutions.
- ⌋ Reduce poverty conditions by improving education and health conditions through globally recognized interventions.
- ⌋ Improve livelihood conditions through promoting natural resources and indigenous skills of women.
- ⌋ Promoting human rights and provision of services for women and children's survivors for their reintegration.
- ⌋ Promoting peace, participation and gender-based governance.
- ⌋ Institutionalizing resource centers and networks accessible to stakeholders for best practices and decision-

Women Empowerment Pakistan District Ghotki

making solutions.

The Core Values

- Dignity & mutual respect
- Justice & Rule of Law
- Respecting social cultural & religious values/ norms
- Transparency & Accountability
- Innovations & participation
- Privacy, confidentiality & best practices for clients.

DISTRICT GHOTKI INFORMATION

District is situated in the Northern side of Sindh province, Pakistan. The district has a population of 1840027. The spoken languages are Sindhi, Balouchi, Saraiki and Urdu . Its border is connected with Sadiqabad Punjab, Kashmir and Sukkur, District Ghotki consists of 5 talukas as under

1. Ghotki
2. Ubauro
3. Mirpur Mathelo
4. Khan garh
5. Dharaki

There are 40 union councils in the district

MAP OF DISTRICT Ghotki

Women Empowerment Pakistan District Ghotki

Women Empowerment of Pakistan (WEP) in district Ghotki, to cover the non LHW covered areas to implement the nutrition activities and basic and comprehensive package of health in line with the 1,000 days strategy protocols as for LHWs and replicating the LHW interventions in uncovered areas through Community Health Worker (CHWs).



BASIC DEMOGRAPHY*

District Pop.	1840027	MAM 24-59 M	9191	Children 12-59 M	92001	PWs	33120
Pop. Covered by LHWs	920014	Children 6-23 M	41401	Children 24-59 M	82801	PLWs	60721
Pop. For IP	920013	Children 6-59 M	124202	Children 0-59 M	138002	LWs	27600
SAM 6-59	15401	Children 0-23 M	47841	Ad. Girls (10-19)	103686	Malnour- -ished PLWs	7894

PROJECT HR:

District Human Resources including CHWs (month wise)

Month	Management Staff	Technical Staff	CHSs	Support Staff	CHWs	Total Staff
July-21	03	04	20	02	704	733
August-21	03	04	20	02	704	733
September-21	03	04	20	02	704	733
October-21	03	04	20	02	704	733
November-21	03	04	20	02	704	733

Women Empowerment Pakistan District Ghotki

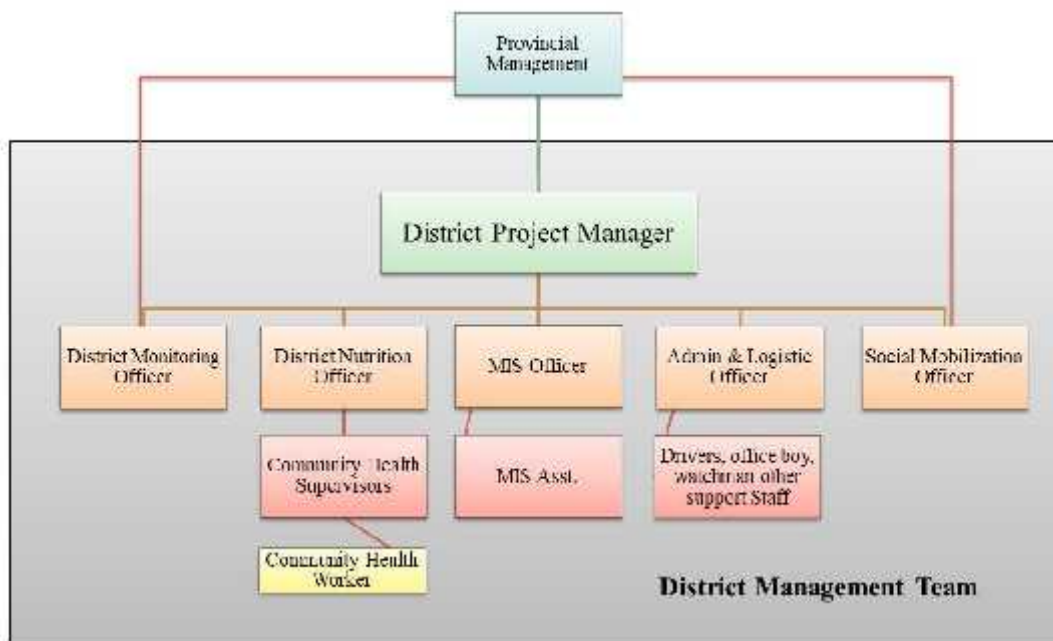
December-21	03	04	20	02	704	733
January-22	03	04	20	02	704	733
February-22	03	04	20	02	704	733
March-22	03	04	20	02	704	733
April-22	03	04	20	02	704	733
May-22	03	04	20	02	704	733
June-22	03	04	20	02	704	733

Organogram of Head Office Staff



Organogram of District Office Staff

Women Empowerment Pakistan District Ghotki



Activities Highlights Year 2021-22

) Continuation of services of CHWs:

704 CHWs has been continued by WEP Ghotki teams in Implementation year July-21 to June-22

) Children Screening (New) and Children Screening (Re):

Screening and rescreening process was apprehended ongoing during the year 2021-22 the **123052** children screened and **229384** Children rescreened, The **60868** PLWs screened and PWs **22610** were rescreened.

) SAM Referrals, Follow up of SAM and NSC Cases

WEP has ensured strong follow up mechanism and CHWs are referring identified SAM cases to nearest OTP sites routine basis, during the reporting year-2021-22, the **8695** SAM cases identified and referred to OTPs

) Provision of Supplies: IFA tablets are being provided to all pregnant and lactating with monthly follow-ups. IFA tablets **3151500** were distributed, MNP sachets are being provided to children of 6-23 months except SAM and SAM with Complications children and Children of 24-59 months Normal, SAM and SAM with Complications, with monthly follow ups. **3190080** MNP Sachets distributed among the children and Children 12 to 59 months of children have been dewormed. **885910** Mebendazole tablets distributed among the children during this reporting period.

) Mother and Father Support Groups Formation and BCC Sessions:

) Screening of Children and PLWs:

Women Empowerment Pakistan District Ghotki

) **PLWs Referrals:**

) **SD Kits and CHX:**

2773 SD kits were distributed and 3402 CHX Jell were distributed

) **Coordination Meetings with Stakeholders:**

Monthly basis and time to time meetings with PPHI,DHO office and LHW program management conducted several times to make strong coordination mechanism and for progress sharing.

) **MRM Meetings**

1. SCREENING

this the literate and active parents visits the health facility without waiting the visit of any CHW and her referral due to this during the CHW visit she finds many SAM Children those are being treated

As per project design there are following two groups are being screened and re screened;

- a- Children 6 to 59 month
- b- Pregnant and lactating women

A) Children Screening:

As per project document total 124,202 children were targeted to be screened and re screened each child after every three month, during the reporting period total 123052 children could be screened which is 99% of the projected target. 64211 boys and 58841 were girls means 52% boys and 48% girls were screened during the year 2021-22.

Total 123052 children have been screened in which 48242 children age of 6 to 23 months and 74810 children age of 24 to 59 month could be screened.

All of the children have been re screened, the target of the re screening was 298010 but till reporting period project could rescreen 229384 which is 77% achieved.

Month wise Screening Status

Month	Total Screened Children 6-59 Months		Age 6 - 23 Months											
	Boys	Girls	Normal		MAM		SAM		SAM+		Normal		MAM	
			Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
21-Jul	4,388	4,105	1,035	933	98	124	57	88	4	4	3,134	2,872	49	66
21-Aug	17,284	15,893	3,998	3,615	624	648	488	594	-	1	11,735	10,536	332	335

Women Empowerment Pakistan District Ghotki

21-Sep	21,595	20,360	4,524	4,189	1,342	1,136	1,095	1,088	3	1	12,891	12,168	1,357	1,387
21-Oct	3,524	3,058	1,125	972	288	250	149	158	1	-	1,854	1,570	89	80
21-Nov	1,903	1,581	891	682	142	140	158	169	-	1	651	536	23	16
21-Dec	3,114	2,769	1,088	930	269	240	277	245	3	2	1,239	1,136	198	154
22-Jan	2,251	2,087	996	934	125	123	114	168	-	1	823	698	172	136
22-Feb	2,133	1,871	1,038	898	126	118	105	121	-	1	757	646	94	73
22-Mar	2,100	1,935	897	770	114	95	152	189	1	2	879	818	35	45
22-Apr	2,243	1,929	977	805	116	88	209	208	1	-	869	744	45	59
22-May	2,126	1,844	1,144	913	61	59	349	321	2	3	517	499	7	17
22-Jun	1,560	1,409	863	747	66	49	137	182	2	3	465	402	13	8
Total	64,221	58,841	18,576	16,388	3,070	3,290	3,531	17	19	35,814	32,625	2,414	736	828

Rescreening Table

Month	Total Screened Children 6-59 Months		Normal		MAM		SAM		SAM+		Normal		MAM	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
	21-Jul	-	-	-	-	-	-	-	-	-	-	-	-	-
21-Aug	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21-Sep	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Women Empowerment Pakistan District Ghotki

21- Oct	3,891	3,617	767	680	52	64	31	49	-	-	3,005	2,765	35
21- Nov	15,354	13,884	3,496	3,176	263	284	12	21	-	-	11,452	10,262	130
21- Dec	17,818	16,620	4,162	3,791	484	423	20	31	-	-	12,911	12,147	226
22- Jan	6,083	5,361	1,523	1,374	115	83	3	1	-	-	4,404	3,859	38
22- Feb	15,621	13,939	3,440	2,994	91	128	4	1	-	-	12,019	10,739	66
22- Mar	18,717	17,228	4,077	3,467	172	210	4	-	-	-	14,353	13,425	110
22- Apr	7,807	6,908	2,156	1,879	66	86	1	4	-	-	5,568	4,917	16
22- May	16,751	14,779	3,769	3,276	73	71	7	10	-	1	12,865	11,373	35
22- Jun	18,385	16,621	3,860	3,210	76	93	1	4	-	-	14,438	13,299	10
Total	120,427	108,957	27,250	1,392	1,442	83	121	0	1	91,015	82,786	722	21

B) SCREENING OF Pregnant and Lactating women

As per project design project screens the Pregnant and lactating women and treat them according the project protocols, the lactating women means a woman who has a baby under 6 month and she is feeding her.

As per annual plan total 33120 pregnant and 27600 lactating women have to screen and all of the screened PLWs will be re screened after every three months to know their status improvements and needed action, during reporting period total 34309 pregnant and 26559 lactating women have been screened total 60868 PLWs are screened while the target was 60721 100% achieved.

As total 34309 pregnant women have been screened in which 4051 were found malnourished.

PLW Screening Details

Month	New Screening	Re Screening of PLWs
-------	---------------	----------------------

Women Empowerment Pakistan District Ghotki

	Total PLW Screening			Malnourished PLWs			
	Total Screened PLWs			MUAC (≤ 21cm)			
	Pregnant	Lactating Mother	Pregnant	Lactating Mother	Pregnant	Lactating Mother	
22-Jul	1,009	787	938	760	-	-	
22-Aug	4,556	2,527	4,285	2431	-	-	
22-Sep	6,435	5,155	5,996	4843	-	-	
22-Oct	1,499	1,323	189	115	536	96	
22-Nov	2,459	2,357	2,158	2259	2,831	#####	
22-Dec	2,858	2,757	2,616	2644	3,583	#####	
23-Jan	2,620	2,099	2,398	1,865	1,175	483	
23-Feb	2,276	2,190	2,176	2143	1,694	#####	
23-Mar	2,454	2,382	2,239	2274	4,459	#####	
23-Apr	2,636	1,331	2,243	1264	2,305	724	
23-May	3,001	1,908	2,767	1827	2,532	#####	
23-Jun	2,317	1,628	2,271	1598	3,499	847	
Total	34,120	26,444	30,276	24,023	22,614	9,954	

2. REFERRAL

As per project design and annual work plan the following beneficiaries were planned to refer to the nearest health facility for further treatment.

1. To refer the Severe Acute malnourished children to the nearest OTP side for further therapeutic treatment
2. To refer the Severe acute malnourished with any complication to the nutrition stabilization center for further treatment through F75 and F100
3. To refer the children 0 to 15 months children for the vaccination to the EPI centers.
4. To refer the malnourished pregnant and lactating women having less than 21 cm MUAC to the nearest health

Women Empowerment Pakistan District Ghotki

center for further supplement and treatment at health facility

5. To refer the pregnant women to the nearest OTP 4 time during the pregnancy for the antenatal care visits and TT Vaccination.
6. To refer the Lactating women to the nearest OTP 4 time after the delivery within 40 days of the delivery for the antenatal care visits
7. To refer the pregnant women for the safe delivery to the nearest health facility

A) SAM REFERRALS:

As per project design and annual work plan total 16165 Severe acute malnourished children were targeted to refer to the OTP sites for further treatment, during reporting period 8691 children could be referred from the uncovered area which is 54% achievement, As severe cases are usually visible due to this the literate and active parents visits the health facility without waiting the visit of any CHW and her referral due to this during the CHW visit she finds many SAM Children those are being treated due to this she can't refer them again due to this the activity is achieved only 54%.

Month wise details of the referrals of the severe acute malnourished children for the treatment.

Target	Achieved	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	%
16165	8691	182	1354	2961	450	442	707	54%
		22-Jan	23-Feb	27-Mar	29-Apr	31-May	2-Jun	
		336	262	387	474	775	361	

A) Referrals of the Children age of 0 to 15 months for the vaccination to the EPI centers.

As per project design and annual work plan there were 47841 children expected to refer for the routine vaccination, during reporting period total 44340 children have been referred for the vaccination which is 91% of the target.

Month wise details of the referral of the children for routine vaccination.

Target	Achieved	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	%
47841	44340	164	1313	6428	2296	4848	5123	91%
		22-Jan	23-Feb	27-Mar	29-Apr	31-May	2-Jun	
		3217	4613	1989	2147	5711	5591	

Women Empowerment Pakistan District Ghotki

B) Pregnant women referrals to the nearest health facility for the Antenatal care:

For the improvement in the maternal health of the mother she at least visit 4 time during her pregnancy which is known antenatal care (ANC), as per annual target there were 32120 PWs have to refer for the ANC visit and TT Vaccination, during the reporting period 31200 PWs have referred for the ANC while 27267 referred for the TT Vaccination which is 82%.

Numerical table for month wise progress of the referrals of the PWs for ANC Visits.

Target	Achieved	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	%
32120	31200	244	1855	5520	2004	3329	2821	100%
		22-Jan	23-Feb	27-Mar	29-Apr	31-May	2-Jun	
		2504	2247	2446	2573	3144	2513	

Numerical table for month wise progress of the referrals of the PWs for TT Vaccination.

Target	Achieved	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	%
33120	27267	25	486	3498	1952	3256	2748	82%
		22-Jan	23-Feb	27-Mar	29-Apr	31-May	2-Jun	
		2479	2206	2405	2568	3139	2505	

C) Pregnant women referrals for the safe delivery at nearest Health facility:

As per project design WEP Team has to mobilize and sensitize the pregnant women for the safe delivery and avoiding to the local dai and non-technical and non-certified Dais and refer all of the pregnant women to the nearest OTPs for the safe deliveries, as per annual plan there were total 26680 women have to refer for the safe delivery, during reporting period WEP Ghotki team referred Pregnant women for the safe delivery which is 74% of the target.

Month wise details of the referrals for safe delivery.

Target	Achieved	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	%
26680	19736	40	1184	2041	643	2631	2570	74%
		22-Jan	23-Feb	27-Mar	29-Apr	31-May	2-Jun	
		1077	1390	1974	1568	2094	2524	

Women Empowerment Pakistan District Ghotki

D) Lactating women referrals for post-natal care:

As project designed and annual plan total 26680 lactating women were plan to refer for the postnatal care, during reporting period total 23198 women could visit for the postnatal care as the period of the PNC.

Month wise details of the referrals for the postnatal care

Target	Achieved	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	%
26680	23198	133	837	4030	1440	3190	2537	87%
		22-Jan	23-Feb	27-Mar	29-Apr	31-May	2-Jun	
		1879	2232	2335	1260	1900	1425	

3. Distribution of the commodities

There are following commodities are here to be distributed for the treatment as well as prevention.

- Micronutrient powder
- Iron folic Acid
- Mebendazole
- Safe delivery kits
- CHX (Gel)

Sr#	Commodities	# Covered Beneficiaries
1	CHX & SDK	1. PW
2	MNP	1. Children Normal (6-23 m) 2. Children MAM (6-59)
3	IFA	1. PWs 2. LWs 3. Adolescent
4	Mebendazole	1. Children 12-59 month 2. PWS 2 nd trimester 3. LW 4. Adolescent

Women Empowerment Pakistan District Ghotki

A) Distribution of CHX and Safe delivery kit:

As per project design Project providing the CHX gel and safe delivery kit to the women at 3rd trimester of the pregnancy as she can use the SDK during her safe delivery and chx may be used for her baby , during reporting period project 2773 safe delivery kits and 3402 CHX gel have been distributed.

Month wise details of Distribution of CHX and SDK

Target	Achieved	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	22-Jan	23-Feb	27-Mar	29-Apr	31-May	2-Jun	%
2668	2773	0	1176	987	379	155	27	49	0	0	0	0	0	100%
2668	3402	0	1195	979	379	306	367	176	0	0	0	0	0	100%

B) Distribution of Micronutrient powder (MNP):

As per Project Design the moderated acute malnutrition treats with the micronutrient powder, as there are two groups of the children are being screened one of them age of 6 to 23 month while another 24-to-59-month, Project gives MNP 90 sachets to the normal and moderate children age of 6 to 23 month for three months while gives 30 sachets per month to the moderate acute malnourished children with age of 24-to-59-month total 90 sachets gives to the children of second age group.

As per project annual plan total 41384 children were plan to distribute the MNPs in which 37548 age of 6 to 23 month (normal and MAM) and 5363 children are Screened at the age of 24 to 59 (MAM only), during reporting period total 50571 children age of 6 to 59 have been given the MNPs in which 42875 children (Normal and MAM) have received the MNP during the year 2021-22.

Month wise details of the children received MNP and also the quantity of MNP have been distributed.

Target	Achievement	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	22-Jan	23-Feb	27-Mar	29-Apr	31-May	2-Jun	%
41,384	37512	1695	6885	11490	481	2578	3060	2631	2399	2213	522	1177	2417	90%
9187	5363	95	540	2752	26	151	712	428	303	135	37	163	21	58%
50571	42875	1790	7425	14242	507	2729	3772	3059	2702	2348	559	1340	2438	85%
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Women Empowerment Pakistan District Ghotki

C) Distribution of Iron Folic Acid (IFA):

As per project the Pregnant, lactating and also adolescent girls were provided the IFA supplementation to address the iron deficiency issue, as per annual plan total 33120 pregnant women, 27600 lactating women and 103686 adolescent girls have to provide the iron folic acid, as per protocol PWs uses the IFA daily one tablet from conception after 6 months of the delivery while LWs and Adolescent use 90 tablets for three months in a year. During reporting period 11350 PWs, 8787 LWs and 22148 Adolescent received IFAs during year 2021-22,

Month wise Details of the IFA distribution

Group	Target	Achievement	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	22-Jan	23-Feb	27-Mar	29-Apr	31-May	2-Jun	%
PWs	33120	11350	957	178	61	1318	2229	3926	37	0	0	0	782	1862	34%
LWs	27600	8787	756	70	23	1056	2320	3069	8	0	0	0	362	1123	31%
Adolescent	103686	22148	2051	308	61	3657	7207	8131	137	0	0	0	91	505	2%
Total	102509	42285	3764	556	145	6031	11756	15126	182	0	0	0	1235	3490	41%

D) Distribution of Mebendazole:

As per project design the children age of 13 to 59 month, PWs after first trimester, LWs and Adolescent girls will be dewormed through mebendazole twice in a year, 5 tablets (500 mg) will be used for the deworming of each defined beneficiary.

As per project annual plan 92001 children age of 13 to 59, 33120 PWs, 27600 LWs and 103686 adolescent girls to be dewormed, during the reporting period 72832 children have been dewormed during first 6 months.

11968 PWs have been dewormed, 11600 LWs and 44399 Adolescent girls have been dewormed successfully

The details of the Dewormed beneficiaries and tablets are as under:

Women Empowerment Pakistan District Ghotki

Group	Target	Achievement	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	22-Jan	23-Feb	27-Mar	29-Apr	31-May	2-Jun	%
PWs	33120	11968	0	1889	4003	1748	1796	356	282	1212	522	160	0	0	36%
LWs	27600	11600	0	1992	3945	1454	1116	143	652	1708	506	84	0	0	42%
Adolescent	103686	44399	0	9900	15153	5364	6857	1023	2236	2420	958	488	0	0	43%
Total	164406	67967	0	13781	23091	8566	9787	1522	3170	5340	1986	732	0	0	41%

Stock Details during reporting period (July 2021 – June 2022)

S.No.	Item Name	Received Quantity	Distributed	Balance
1	Screening Register (Community-1,2,)	758	658	100
2	Referral Slips (Community-3)	1284	905	379
3	CHW Monthly Screening Report (Community-4)	780	780	00
4	CHSs Consolidated Report (Community-05A,05B,05C)	236	67	169
5	Support Groups Reports (Community-06A,06B,06C)	780	351	429
6	Fefan Tablets (IFA)	3154000	3151500	2500
7	MUAC Tape (Adult)	3032	1536	1496
8	MUAC Tape (Child)	4087	3364	723
9	Safe Delivery Kits	2773	2773	00
10	Chlorohexidin	3394	3394	00

Women Empowerment Pakistan District Ghotki

11	MNP Sachet	3229500	3190080	39420
12	Mebendazole Tablet	885910	885910	00

4. Mother and Father Group Formation and Sessions on Health and Hygiene and IYCF

As per project design All of the CHWs have form two mother support groups and one mother support group and conduct the sessions with them on Health and hygiene and IYCF as the activities could be implemented smoothly and practices can be ensured through local committee, as per project target total 1408 Mother support and 704 father support groups were planned to be formed and 16896 MSGs and 7985 FSGs sessions were also planned to be conducted, during reporting period 1408 mother support groups and 704 father support groups have been formed successfully, 15595 sessions have been conducted with mother support group and 7985 sessions with father support groups have been conducted during the reporting period,

Other sessions

Sr.	# Session	Who Conducted	Whom with	Topic
1	973	CHSs	Community	Health and Hygiene and Nutrition
2	2500	CHS	Community	Vitamin A

5. Monitoring

As per project designed total 350 Monitoring visits were plan By DMO during the year 2021-22, in actual total 498 visits happened almost double in quantity. SMO visits plane 350 in Actual 351 visited happened.

Name Of Taluka	Total Visit	DMO	Re Visit	Third Time Visit	Ghotki	Khan Garh	Mirpur Mathel	Daharki	Ubauro
July	12	DMO	0	0	0	11	0	0	0
August	40	DMO	0	0	12	0	5	3	0
Sep	40	DMO	10	0	0	4	6	8	14
Oct	40	DMO	12	0	18	0	10	12	0
Nov	40	DMO	5	0	5	0	5	10	20
Dec	40	DMO	12	0	20	0	5	5	10
Jan	40	DMO	20	0	5	0	5	10	20

Women Empowerment Pakistan District Ghotki

Feb	44	DMO	10	0	14	5	0	10	8
March	43	DMO	10	0	13	0	0	20	10
April	66	DMO	5	0	11	12	17	11	15
May	46	DMO	18	0	26	0	0	9	11
June	20	DMO	0	0	8	5	4	0	3
Total	498		85	0	132	37	57	98	11

SMO Visit details Month Wise

Name Of Taluka	Total Visit	SMO	Re Visit	Third Time Visit	Ghotki	Khan Garh	Mirpur Mathel	Daharki	Ubauro
July	00	SMO	0	0	0	0	0	0	0
August	23	SMO	0	0	5	0	8	5	5
Sep	31	SMO	5	0	5	5	8	7	6
Oct	30	SMO	8	0	6	6	6	6	6
Nov	30	SMO	7	0	6	6	6	6	6
Dec	29	SMO	10	0	6	6	6	6	5
Jan	25	SMO	5	0	5	5	5	5	5
Feb	28	SMO	5	0	5	5	5	5	8
March	40	SMO	10	0	8	8	8	8	8
April	60	SMO	15	0	10	8	15	12	15
May	39	SMO	12	0	8	8	8	7	8
June	16	SMO	0	0	0	0	6	5	5
Total	351		77	0	64	57	81	72	77

6. Coordination

-) During reporting period 8 meetings have been conducted with the PPHI.
-) 11 Monthly Review Meetings have been conducted during the reporting period of 2021-22.(minutes are attached as annexure)
-) 7 meetings with other stockholder like DHO /LHW program and others have been conducted (minutes are

Women Empowerment Pakistan District Ghotki

attached as annexure).

7. SALT Testing

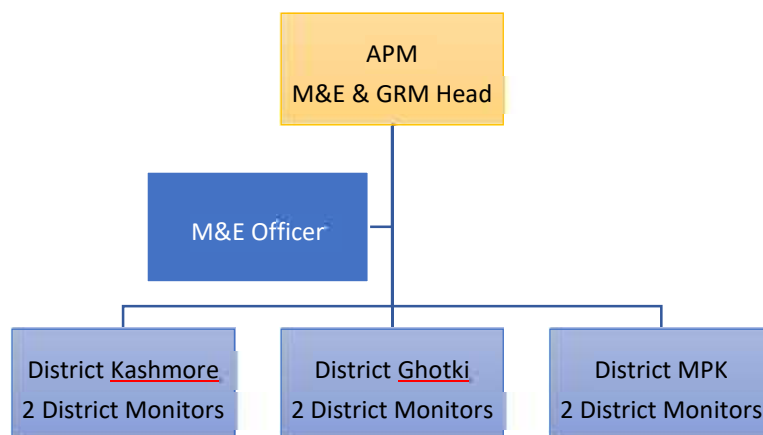
As per project design AAP with the collaboration of Nutrition International planned a house hold survey and salt testing to identification of the iodine in the salt, during year 2021-22 total 1200 salt test samples were plan but in actual total 1477 households have been visited and collected the salt and tested with a chemical tube provided by AAP Health.

Target	Achievement	Percentage
1200	1477	123%

WEP MONITORING & EVALUATION MECHANISM

Women Empowerment Pakistan has a well-established and strong monitoring and evaluation system in place.. The APM has the overall leading position in the M&E activities of WEP and is supported by an M&E officer at the PO level. The working method of M&E in WEP is contextual and situational monitoring which takes into account the overall setting in which the project operates. M&E unit is overall responsible to monitor the implementation of program and report the observation and suggestions at provincial level and PO team take necessary actions according to the M&E Unit procedure.

The organogram of the WEP M&E team is given here



There are two M&E focal persons (DMO & SMO) at every district level, who are responsible for assessing the overall performance of the project such as CHW knowledge, active case finding, screening and referral, distribution of commodities, record keeping, Health house inspection including CHW file, Banner, storage and others, ensuring the

Women Empowerment Pakistan District Ghotki

proper execution of community awareness sessions, community responses and awareness, CHS support to CHW, Weekly warehouse monitoring, complaint dealing, data entry and analysis. Some of the issues faced by monitors in WEP operations include issues in active case finding, referral admission, lack of follow up, no behavior change because of ineffective community sessions, poor record keeping and lack of understanding by CHW.

WEP has designed the specialized tools that are used by district monitors to assess the performance of the each ongoing and post activities. These tools also cover the one of the important components of the monitoring operations is the beneficiary contact monitoring which tracks the overall perception of direct and indirect beneficiaries in relation to a project and assesses the beneficiary satisfaction and also monitors complaints regarding the project and feedback mechanism.

Procedure of Monitoring & Reporting

The process of monitoring starts with proper planning of visits to cover performance of CHSs at least once in a month. The plan is submitted by DMOs and SMOs on a format which is updated every week based on the actual visits that have been carried out. In these visits the priority is given to identified SAM children and MAM PLWs. The follow up visits are carefully considered in the planning. It is necessary in monitoring that the repetition of CHWs is avoided unless follow up is needed. If for some reason the visit to planned field site changes it is necessary for the monitors to give reason as to why the plan was altered. The plan for the month is submitted at the beginning of each month and this plan is shared with details of actual implementation along with the weekly reports. Furthermore an important aspect of the field monitoring visits is filling out of checklists that are designed to present a holistic evaluation of WEP activities in the field. These checklists not only give a glimpse into the knowledge of CHWs about the program but also highlight the awareness of communities regarding WEP activities. The target for each month of filling out checklist is 10% of overall number of CHWs and the data from the checklists are entered in designed format.

*Another means of highlighting the impact of the program on communities is through success stories which are also **the** responsibility of the district monitors. By the end of each month at least one success story of program performance*

highlighting cases of cured SAM children, PLWs practices such as ANC/PNC or safe delivery referral success and any other change in community behavior are to be shared.

Monitors are to assess the district warehouse on weekly basis. In checking the warehouse the monitors check stock register and bin card and compare. Further warehouse condition and cleanliness are also to be observed. The physical inspection is jointly carried out with the logistics person and takes into account stacking and record keeping.

Overall the reporting of M&E activities includes weekly field monitoring report, warehouse inspection, warehouse physical stock count, ongoing activity monitoring checklist and post activity monitoring checklist, checklist database and issue tracking sheet.

The common challenges faced by monitors in carrying out monitoring activities include the inability to follow the plan. This can be due to unavailability of resources for conducting field visits to further report on the program implementation. Further it can also be a challenge that the required information is not noted in the CHW file because the CHW cannot read and write. And other factors such as language barriers can also be a challenge in carrying out monitoring activities

Issue Tracking Sheet

The online sheet is developed by provincial M&E team comprises of the observations that require follow up in the form

Women Empowerment Pakistan District Ghotki

of personal visits as well as discussions with the team members for improvement in the areas where there are issues being observed. The issues are categorized according to the level of seriousness. The most serious categories which require immediate follow up are in red and may include observations on misbehavior and corruption. The second level of issues is in orange and need to be followed up after at least one CHS visit to the highlighted location of the issue. The issues of violation of protocols or improper record keeping may be categorized in the orange color. The other levels of category in yellow and blue includes issues such as CHW awareness; banner visibility and CHW file maintenance. These issues must be discussed with CHS and DNO and there is no need to follow up these issues in the same village. The online issue tracking sheet shared with the district team which followed daily by the M&E head in provincial office.

Date	Location	Issue	Status	Action
1
2
3
4
5
6
7
8
9
10

Types of complaints in Issue tracking sheet Recordkeeping

- ✓ CHW Awareness/Knowledge
- ✓ CHW Performance
- ✓ Record and Documentation
- ✓ CHW Stipend
- ✓ BCC Section
- ✓ Supplies Distribution
- ✓ IEC Material
- ✓ CHS Related Issues

M&E Issue Categorization Mechanism According to the Severity of Issues

Women Empowerment Pakistan District Ghotki

Red Category (Very High) : Urgent follow up.

Orange Category (High) : Follow up after at least one CHS visit at the locations of highlighted issue. o Such as violation of protocols/record keeping

Blue Category (Medium): Inform CHS and DNO about issues, no need to follow up in same village by M&E Unit o Such as, CHW Awareness/Banner Visibility/CHW File maintenance

Yellow Category (Low) : Inform CHS and DNO about issues, no need to follow up in same village by M&E Unit o Such as, CHW Awareness/Banner Visibility/CHW File maintenance

Every category issue must be discussed with CHS/DNO/DM on daily basis

Major findings and Action Taken during Reported Period Jan-June 2021

District Ghotki		CHWs Target	Total Covered	%	CHWs Covered							
		704	704	100%	150	170	120	121	62	81		
Success Stories Submission		6	6	100%								
S #	Type of Issues	Total Observations	DMO Observations	SMO Observations	Total Observations Pending	Total Observations Resolved	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021
1	CHW Stipend	150	83	67	24	126	65	23	25	27	10	0
2	Record and Documentation	97	45	34	18	79	6	29	39	8	15	22

Women Empowerment Pakistan District Ghotki

3	CHW Knowledge/Awareness	100	43	40	1	99	31	29	9	16	15	15
4	CHW Performance	165	35	104	23	142	4	17	18	71	55	17
5	BCC Section Information	1	1	0	0	1	0	0	0	1	0	2
6	Supplies Distribution	21	11	2	3	18	2	7	4	8	0	5
7	IEC Material	116	75	0	19	97	25	32	26	22	11	8
8	CHS Related Issue	22	6	12	5	17	1	2	7	11	1	0
	Total	672	299	259	93	579	134	139	128	164	107	69

Challenges faced by M&E Team

-) MIS Tools Changed for CHWs/CHS
-) Low Literacy Rate of CHWs
-) Remote Area
-) Capacity Issues of CHWs
-) Attitude/Lack of Facility of Govt. Health Facilities with referrals

WEP Program Tracker

WEP provincial management has designed the online program tracker for tracking the performance of districts according to the targets in shared AWP on monthly, quarterly and annual basis. All of the district teams daily update their progress in online sheet. PPM WEP closely coordinate with district team for any improvement in underachieved activities.

Women Empowerment Pakistan District Ghotki

S.No	Activities	KASHMIRE				MIRPUR KHAS				GHOTKI			
		Annual Targets	Achieved till date	%	Status	Annual Targets	Achieved till date	%	Status	Annual Targets	Achieved till date	%	Status
6	Support Groups												
5.1	Formation / continuation of mother support groups by CHVs	926	11,112	100%	Achieved	816	9,082	100%	Achieved	1,408	1,408	100%	Achieved
5.2	Meeting of Mothers Support Group	11,112	9,746	88%	Achieved	9,792	9,082	93%	Achieved	16,896	15,945	94%	Achieved
5.3	Formation / continuation of Father Support Groups by Supervisors	463	4,956	100%	Achieved	408	4,541	100%	Achieved	704	704	100%	Achieved
5.4	Meeting of Fathers Support Group	5,558	4,873	88%	Achieved	4,896	4,541	93%	Achieved	8,448	7,995	95%	Achieved
6	Service Provision & Referrals by CHWs												
6.1.1	Number of CHWs Covered	1,369	1,369	100%	Achieved	1,224	1,224	100%	Achieved	2,112	7,040	100%	Achieved
6.1.2	Identification and registration of newborns, followed by Screening of 6-59 with MUAC by CHVs. NOTE: The child screened first time in ANP 2021-22 will be considered NEW	92,621	94,923	100%	Achieved	77,442	75,352	97%	Achieved	124,202	123,062	99%	Achieved
6.1.3	Follow Up visits and Screening of all registered SAM and MAM children (6-59m) with MUAC every month.	89,012	54,303	61%	Under Review	57,513	56,893	99%	Achieved	84,206	81,369	97%	Achieved
6.1.4	Re- Screening of children 6-59 with MUAC by CHVs. Note: Every child is to be re-screened in subsequent quarter starting from October 2021.	156,338	163,417	100%	Achieved	156,338	153,329	98%	Achieved	156,338	229,384	100%	Achieved
6.1.5	Refer SAM children to OTPs	11,709	5,896	50%	Under Review	9,212	6,043	66%	Under Review	15,401	8,695	56%	Under Review
6.1.6	Refer SAM with medical complication children to NSC	585	61	10%	Under Review	461	39	8%	Under Review	695	30	4%	Under Review
6.1.7	Refer Child for age appropriate vaccination	35,678	37,227	100%	Achieved	29,829	41,738	100%	Achieved	47,841	43,440	91%	Achieved
6.1.8	DTP Visits by Supervisors/SAMD/DNO/MAE to ensure successful referral and address defaulters	360	405	100%	Achieved	360	345	96%	Achieved	360	459	100%	Achieved
7	Provision of MIP and Mibendazole to children												
7.1.1	Provision of MIP to children aged 6-23 months (all). Note: Every child will be given 90 Sachet of MIP once in a year. (may be repeated in the same year if identified as MAM)	31,732	23,740	75%	Under Review	25,804	20,596	80%	Achieved	37,347	37,548	100%	Achieved
7.1.2	Provision of MIP to MAM children aged 24-59 months, minimum 90 sachet.	5,902	4,437	75%	Under Review	6,618	12,625	100%	Achieved	8,281	5,498	66%	Under Review
7.1.3	De-worming of all children aged 12 months to 59 months.	88,808	65,109	96%	Achieved	57,364	106,530	100%	Achieved	92,001	73,178	80%	Under Review
7.2	Pregnant												
7.2.1	Identification and registration of all pregnant women followed by Screening with MUAC	24,689	23,536	95%	Achieved	20,651	16,781	81%	Achieved	33,120	34,308	100%	Achieved
7.2.1.1	Re- Screening of registered pregnant women with MUAC	43,223	19,842	46%	Under Review	36,139	13,231	37%	Under Review	49,681	22,614	46%	Under Review
7.2.1.3	Refer all malnourished PW (MUAC less than 21cm) to the nearest HF/OTP	3,211	4,650	100%	Achieved	2,685	8,759	100%	Achieved	4,306	4,051	94%	Achieved
7.2.1.4	Provision of IFAS to pregnant women (throughout pregnancy) minimum 90 tablets in one visit from continuation of pregnancy.	24,689	4,763	20%	Under Review	20,651	5,483	27%	Under Review	33,120	11,510	35%	Under Review
7.2.1.5	De-worm all registered pregnant women during 3rd trimester	24,689	10,808	48%	Under Review	20,651	7,500	36%	Under Review	33,120	11,808	36%	Under Review
7.3	Lactating												
7.3.1	Identification and registration of all Lactating women followed by Screening with MUAC (six months postnatal period)	20,582	39,334	100%	Achieved	17,209	20,153	100%	Achieved	27,600	26,559	96%	Achieved
7.3.1.2	Provision of IFAS to all registered lactating mothers. (for 6 months period in 1st year of breastfeeding and for 3 months in 2nd year)	20,582	6,316	31%	Under Review	17,209	5,316	31%	Under Review	27,600	8,787	32%	Under Review
7.3.1.3	De-worming of Lactating Mothers (Twice every year)	20,582	18,425	90%	Achieved	17,209	20,918	100%	Achieved	27,600	11,600	42%	Under Review
7.3.2	Adolescent												
7.3.2.1	Provision of IFAS to adolescent girls (for 3 months a year)	77,321	10,796	14%	Under Review	64,649	18,112	28%	Under Review	103,686	22,147	21%	Under Review
7.3.2.2	De-worming of Adolescent Girls (Twice a year)	77,321	23,565	31%	Under Review	64,649	50,704	78%	Under Review	103,686	44,399	43%	Under Review
7.3.3	Referral and support for MICH services												
7.3.3.1	Refer all registered pregnant women for Antenatal care (4 visits)	24,689	25,438	100%	Achieved	20,651	18,718	91%	Achieved	33,120	33,899	100%	Achieved
7.3.3.2	Refer all registered pregnant women for TT vaccination (2 times) during pregnancy	24,689	24,410	99%	Achieved	20,651	18,763	91%	Achieved	33,120	32,691	99%	Achieved
7.3.3.3	Refer for Safe delivery atleast 70% will be referred by JP	19,896	15,612	79%	Under Review	16,636	14,756	89%	Achieved	26,682	19,736	74%	Under Review
7.3.3.4	Provision of Safe delivery kits at 3rd trimester	1,990	2,029	100%	Achieved	1,664	2,265	100%	Achieved	2,666	2,767	100%	Achieved
7.3.3.5	Provision of CHX at 3rd trimester	1,990	2,091	100%	Achieved	1,664	151	9%	Under Review	2,668	3,402	100%	Achieved
7.3.3.6	Refer mothers for postnatal care (4 visits) atleast 70%	19,896	22,137	100%	Achieved	16,636	13,783	83%	Achieved	26,682	25,996	97%	Achieved
8	Advocacy & Community Engagement												
8.1	Community Engagement (Sessions by THS)												
8.1.1	Conduct Sessions in the community	504	504	100%	Achieved	504	4,468	100%	Achieved	720	4,914	100%	Achieved
8.1.2	Focused sessions by CHVs and THS for increasing demand and awareness regarding 18-A Adoles (	1,908	1,969	100%	Achieved	1,688	2,752	100%	Achieved	2,896	2,500	86%	Achieved
8.2	Universal Salt Iodization												
8.2.1	Coordinate with DIDD and Nutribon International feed team for USI	4	4	100%	Achieved	4	4	100%	Achieved	4	8	100%	Achieved
8.2.2	Salt testing for iodine at household level by THS (10/ THS/month)	840	840	100%	Achieved	840	2,515	100%	Achieved	1,200	1,477	100%	Achieved
Overall Annual Progress District Wise				98%				98%					98%

Women Empowerment Pakistan District Ghotki

GRIEVANCE REDRESSAL MECHANISM

WEP has well established Grievance Redressal Mechanism for each of its three districts to address any grievances arising in community, nutrition workers, and office staff. GRM has been formed to address people's grievances timely and provide appropriate feedback in order to ensure community's trust in nutrition services delivery and also to improve quality of work by ensuring accountability and transparency measures.

GRM Process

In this regard district monitors/provincial office representatives are the main responsible persons for complaint handling at district level. The receiving and registrations of complaints at district level is initially dealt by a dedicated person (currently MIS person) who ensures the maximum level of politeness in addressing any kind of complaint or grievance he/she receives. There is a complaint number in each of the three districts which is solely been placed for GRM complaints. Once a complaint is received on call or in writing it has to be entered into GRM database and has to be sent to provincial GRM focal person i.e. Assistant program manager (APM). The provincial GRM focal person will then assign responsibility to whoever she deems capable of responding to address the complaint in an appropriate manner.

WEP has taken various steps to enable community easily registering their complaints/feedback. Brochures designed in local language have been displayed at each CHW site and distributed in villages, GRM banner is displayed outside of every Community Health Worker house, complaint box installed inside and outside of every district office. Complaints are received through different channels i.e. by phone call, written drop boxes and even verbal complaint received by any WEP official and recorded as per procedure.

The key steps in responding to the complaints are as follows:

- When receive complaint act quickly
- Monitor call back at initial level and offer a sincere apology and thanks.
- Repeat the complaint and listen again to verify.
- Avoid promises
- Deal confidentially
- Verify record
- Talk to relevant staff (if needed)
- Visit (if needed)

Women Empowerment Pakistan District Ghotki

- Communicate progress/final output to the complainant.
- Share status with PO when complaint is resolve/closed else on weekly basis.

GRM Database Sheet



Sl. No.	Case No.	Case Title	Case Status	Case Category	Case Type	Case Sub-Type	Case Description	Case Date	Case Time	Case Location	Case Officer	Case Status	Case Date	Case Time	Case Location	Case Officer
---------	----------	------------	-------------	---------------	-----------	---------------	------------------	-----------	-----------	---------------	--------------	-------------	-----------	-----------	---------------	--------------

WEP PEER SUPPORT VOLUNTEER / (ANTI-WOMEN HARASSMENT COMMITTEE)

WEP Peer Support Volunteer (PSV) is a voluntary role assigned to an individual from staff to support co-workers working with in self-recovery related to gender issues such as harassment, provide support and advocacy where needed. Each WEP office has one PSV person who is elected through appropriate election process at each office.

The Women Empowerment Pakistan is actively engaged in empowering women in every field of life including women's safety at the workplace. In order to ensure the prevention of harassment or abuse of authority at our workplaces, WEP has constituted a Peer Support Volunteer committee to support every worker of WEP offices. Besides performing a variety of supportive roles these PSVs work as the Anti Women Harassment Committee. Each WEP office has one PSV person who is elected through appropriate election process at each office. WEP PSV system empowers every staff member mainly field-level females to discuss or raise their complaints or concerns with the top management through their elected peers. After election process every a short PSV related training was organized on 28th December 2020 where all PSVs participated and were trained over their role.

The following are current PSVs who have been elected at every WEP office through proper office staff voting.

1. Ms. Deena Habib (HR Officer) Karachi Head Office)
2. Ms. Zakia Taj (District Monitoring Officer, Ghotki)

These Peer Support Volunteers have the authority to discuss any peer's complaints directly with the CEO this completely empowers every female of the WEP office. Moreover, WEP has always a female presence in senior

Women Empowerment Pakistan District Ghotki

management. Such an Executive Director, just to make sure the female staff members can easily approach the top management.

- A PSV generally has the following qualities:
- A keen and passionate interest in mental health.
- A desire to help others.
- The ability to be an empathic listener and sensitive to the needs of others.
- Good communication and interpersonal skills
- Ability to accept people for who they are and be able to provide supportive, nonjudgmental service to others
- Motivated and wanting to inspire self and others.

Further the role of PSV in WEP includes following measures:

- Willing to embrace the values and principles of WEP
- Motivated by personal experience of gender related issues to give support and communicate with empathy.
- Willing to listen and show compassion
- Willing to support women with a different type of harassment issues.
- Prepared to undertake a comprehensive training and orientation program
- Able to work well in a team environment
- Able to seek out relevant information to support a peer enquiry and communicate.
- Provide interpreter-assisted support over the phone or in person
- Assist people seeking information related to harassment issues at work
- Assist with group activities, including workshops or information sessions
- Record key data about your work and respect the privacy of service users

Women Empowerment Pakistan District Ghotki

Status of No. complaint received and resolved

S.no	District	Months	Unresolved Complaints BF from Last Month	New Complaints of	Total Complaints in Reporting Month	Complaints Resolved in Reporting Month	Unresolved Complaints CF to Next Month
				Reporting Month			
1	Ghotki	Jul-21	0	7	7	7	0
2	Ghotki	Aug-21	0	3	3	3	0
3	Ghotki	Sep-21	0	3	3	3	0
4	Ghotki	Oct-21	2	9	11	9	2
5	Ghotki	Nov-21	0	5	5	5	0
6	Ghotki	Dec-21	0	11	11	11	0
7	Ghotki	Jan-22	0	3	3	3	0
8	Ghotki	Feb-22	0	9	9	9	0
9	Ghotki	Mar-22	0	7	7	7	0
10	Ghotki	Apr-22	0	4	4	4	0
11	Ghotki	May-22	0	23	23	23	0
12	Ghotki	Jun-22	0	3	3	3	0

Women Empowerment Pakistan District Ghotki

A GRM banners is displayed outside of the every Health House (CHW House).



Target vs Achievement WEP GHOTKI-2021-22

Activity No	Activities	Annual Targets	Annual Progress	%age
1	Hiring/Continuation of Human Resource			
1.1	Management and office Positions	3	3	100%
1.1.2	District Project Manager	1	1	100%
1.1.3	Finance Assistant	1	1	100%
1.1.4	Admin & Logistic Assistant	1	1	100%
1.2	Support Staff	2	2	100%
1.2.1	Support Staff (Office Boy and Chowkidar etc.)	2	2	100%
1.3	Technical	4	4	100%
1.3.1	District Nutrition Officer	1	1	100%
1.3.2	Social Mobilization Officer	1	1	100%

Women Empowerment Pakistan District Ghotki

1.3.3	M&E Officer	1	1	100%
1.3.4	MIS Assistant	1	1	100%
1.4	Field Team	3	3	100%
1.4.1	Taluka Health Supervisor (THS) (Female)	20	20	100%
1.4.2	Community Health Workers (CHWs)	704	704	100%
2	Planning			
2.1	Develop Operational and Annual Work plan			
2.1	Develop Annual Work Plan and get endorsed from AAP-Health	1	1	100%
2.2	Mapping LHW Uncovered Area and other interventions			
2.2.1	Get endorsement of DHO, DCO LHW Program on LHW Uncovered Areas (if needed Map LHW Uncovered Area).	1	1	100%
2.2.2	Develop Referral points (CMW, Health Facility, OTPs & NSCs) for each CHWs	704	704	100%
2.3	Formation of Grievance Redressal Mechanism			
2.3.1	Notify Focal Person and share with AAP, Health.	2	2	100%
2.3.2	Process Complaints, maintain record and share monthly reports as per SOPs	12	12	100%
3	Facilitative Supervision of Field Team & Mentoring			
3.1	Develop coaching/mentoring Plan	12	12	100%
3.2	Coaching and mentoring of CHWs by Supervisors	8,448	6303	75%
4	M&E Plan & Data recording, reporting, verification and validation			

Women Empowerment Pakistan District Ghotki

4.1	Develop and Share M&E Plan, Data recording, reporting, verification and validation	1	1	100%
4.2	Monitoring Visits for ensuring proper data recording and verification/validation of recorded data, and Evaluation Report (10% CHWs in a month)	845	902	100%
5	Support Groups			
5.1	Formation / continuation of mother support groups by CHWs	1,408	1408	100%
5.2	Meeting of Mothers Support Group	16,896	15945	94%
5.3	Formation / continuation of Father Support Groups by Supervisors	704	704	100%
5.4	Meeting of Fathers Support Group	8,448	7985	95%
6	Service Provision & Referrals by CHWs			
6.1	Identification of Malnutrition Under 5 Children	-		
6.1.1	Planning for the screening every child by Supervisors & CHWs	4	4	100%
6.1.2	Identification and registration of new children, followed by Screening of 6-59 with MUAC by CHWs. NOTE: The child screened first time in AWP 2021-22 will be considered NEW.	124,202	123052	99%
6.1.3	Follow- Up visits and Screening of all registered SAM and MAM children (6-59m) with MUAC every month.	72,645	58072	80%
6.1.4	Re- Screening of children 6-59 with MUAC by CHWs Note: Every child is to be re-screened in	298,010	229384	77%

Women Empowerment Pakistan District Ghotki

	subsequent quarter starting from October 2021.			
6.1.5 & 6.1.6	Refer SAM children to OTPs	16,165	8695	54%
6.1.7	Refer Child for age appropriate vaccination	47,841	43440	91%
6.1.8	OTP Visits by Supervisors/SM/DM/DNO/ M&E to ensure successful referral and address defaulters	360	459	100%
7	Provision of MNP and Mebendazole to children			
7.1.1	Provision of MNP to children aged 6- 23 months (all). Note: Every child will be given 90 Sachet of MNP once in a year. (may be repeated in the same year if identified as MAM)	41,384	37548	91%
7.1.2	Provision of MNP to MAM children aged 24- 59 months, minimum 90 sachet.	9,187	5498	60%
7.1.3	Deworming of all children aged 12 months to 59 months.	92,001	72832	79%
7.2	Pregnant, Lactating and adolescent Girls care			
7.2.1	Pregnant			
7.2.1.1	Identification and registration of all pregnant women followed by Screening with MUAC	33,120	34309	100%
7.2.1.2	Re- Screening of registered pregnant women with MUAC	49,681	22614	46%
7.2.1.3	Refer all malnourished PW (MUAC less than 21cm) to the nearest HF/ OTP	4,306	4051	94%
7.2.1.4	Provision of IFAS to pregnant women (throughout pregnancy) minimum 90 tablets in one visit from confirmation of pregnancy.	33,120	11510	35%

Women Empowerment Pakistan District Ghotki

7.2.1.5	Deworm all registered pregnant women during 3rd Trimester	33,120	11808	36%
7.3.1	Lactating			
7.3.1.1	Identification and registration of all Lactating women followed by Screening with MUAC (six months postnatal period)	27,600	26559	96%
7.3.1.2	Provision of IFAs to all registered lactating mothers. (For 6 months period in 1st year of breastfeeding and for 3 months in 2nd year).	27,600	8787	32%
7.3.1.3	Deworming of Lactating Mothers (Twice every year)	27,600	11600	42%
7.3.2	Adolescent			
7.3.2.1	Provision of IFAS to adolescent girls (for 3 months a year)	103,686	22147	21%
7.3.2.2	Deworming of Adolescent Girls (Twice a year)	103,686	44399	43%
7.3.3	Referral and support for MNCH services			
7.3.3.1	Refer all registered pregnant women for Antenatal care (4 visits)	33,120	31200	94%
7.3.3.2	Refer all registered pregnant women for TT vaccination (2 times) during pregnancy	33,120	27267	82%
7.3.3.3	Refer for Safe delivery at least 70% will be referred by IP	26,680	19736	74%
7.3.3.4	Provision of Safe delivery kits at 3rd trimester	2,668	2767	100%
7.3.3.5	Provision of CHX at 3rd trimester	2,668	3402	100%
7.3.3.6	Refer mothers for postnatal care (4 visits) at least 70%	26,680	23204	87%
8	Advocacy & Community Engagement			
8.1	Community Engagement (Sessions by THS)			
8.1.1	Conduct Sessions in the community	720	937	100%

Women Empowerment Pakistan District Ghotki

8.1.2	Focused sessions by CHWs and THS for increasing demand and awareness regarding Vit- A doses (	2,896	2500	86%
8.2	Universal Salt Iodization			
8.2.1	Coordinate with DIDD and Nutrition International field team for USI	4	4	100%
8.2.2	Salt testing for iodine at household level by THS (10/ THS/month)	1,200	1477	100%
8.3	Events/advocacy			
8.3.1	Breastfeeding week and any other event	5	4	80%
9	Coordination meetings and reporting			
9.1	Meetings			
9.1.1	Attend DCCN Meetings	12	0	0%
9.1.2	Meetings with PPHI	12	12	100%
9.1.3	Progress review meetings (In-house)	12	12	100%
10	Reports			
10.1	Develop & share reports (Progress, Programmatic and Financial etc.)	12		
10.2	Develop & share success stories	12		
10.2	Develop & share reports (Progress, Programmatic and Financial etc.)	4		
10.3	Develop & share reports (Progress, Programmatic and Financial etc.)	1		
10.4	Develop & share reports (Progress, Programmatic and Financial etc.)	1		

Activities Reports:

- **World Breastfeeding Week Report (Annex 1)**
- **International Women's Day Report (Annex 2)**
- **Success Stories (Annex 3)**

Women Empowerment Pakistan District Ghotki

8. Picture Gallery:



Women Empowerment Pakistan District Ghotki

