

Enabling

Irfan Khan Luni

Founder & CEO

Tameer-e-Khalaq Foundation

Change





Dear Readers,

A s we enter the 11th year of Tameer-e-Khalaq Foundation's untiring efforts to bring sustainable change to vulnerable communities, we can't help but remark at its evolution and growth.

Starting out in 2004, TKF was the personal project of myself and a few of my colleagues. Being short-staffed, we served in both management and field. Today, TKF proudly fields a staff of more than 250 professionals.

At the start, our limited resources and focus was almost entirely consumed by our pilot project; the establishment of a school in Quetta. Today, we have done 51 projects in multiple sectors, often simultaneously, and are utilizing an annual

turnover of 157 million PKR.

"I truly believe that what is unique to this organization is the humanitarian spirit in the hearts of its employees."

At the start, TKF was limited in operation to Quetta. Today, it has offices in 4 locations and has at various times worked across 23 districts and 3 provinces of Pakistan. At the start, its reach was limited to the students of its one school.

Today, it gives me great happiness to note that this organization has directly benefitted almost 1.15 million men, women and children.



And in fact, that is the only statistic that matters. Nothing can compare to the sense of achievement in seeing the improved living conditions of our beneficiaries, improved incomes of refugees, improved health of children and families and seeing the smiles of children taking part in normalcy after years of crisis.

I feel enormously blessed to work for this great company and with such talented employees during this year in which we undertook great efforts in all humanitarian sectors. In the Education sector, by continuing the education of thousands of displaced children in danger of dropping out in Bannu and Quetta. In the WASH sector where we provided safe drinking water and hygiene facilities to the deprived population of Bannu, and even earned a standing ovation from our partners in IRC. And not to mention TKF's massive efforts in the health sector, where we are partnered with UNHCR as the sole providers of health facilities to more than 166,000 in refugee camps in Quetta, Pishin and Chaghi.

But I see this year not entirely in terms of milestones, however. I see this as part of an ongoing transition and period of improvement. We gained much new insight and learning this year, and set out to improve many of our organization's systems,

programming and particularly our utilization of technology to deliver more than we could before.

I am grateful that even in the years where the civil sector contracted in Pakistan, we continued to grow our efforts. None of this has been easy, or automatic. I attribute this spectacular success to the culture of dedication and commitment in our employees. I truly believe that what is unique to this organization is the humanitarian spirit in the hearts of its employees, which translated into such hard work, responsible delivery and prompt service.



However, our work is nowhere near done. We continue to work to build the capacity of our organization to be able to do even more for our beneficiaries and our communities in future — as well as continue to support positive change around the country.

For the year 2015, I would like to thank our donors, supporters and staff for another year of Enabling Change. Thanks to them, the year 2015 stands as one of our busiest, most productive years yet. Our donors have high expectations of us. And they absolutely should. I pray that 2016 can only bring us to loftier heights than the year before.

Sincerely,

Arfan Khan Luni

Table of Contents for this report:

Page Project title and details

- 4 WASH Support to District Bannu, Khyber-Pukhtunkhwa **Period:** March to August 2015 | **Sponsored by:** IRC | Total Budget: Rs. 7.92 million
- Primary Healthcare Services for Afghan Refugees in Quetta, 5 **Balochistan**

Period: Sep 2012 to Dec 2016 | Sponsored by: UNHCR | Total Budget: Rs. 206.03 million

8 Third-Party Monitoring of Polio Eradication Activities

Period: June 2014 to June 2016 | Sponsored by: UNICEF | Total Budget: Rs. 48.86 million

Vocational Training Program for Afghan Youth / Accelerated 10 Learning Program for Afghan children in Quetta, Balochistan

Period: July 2015 to Dec 2015 | **Sponsored by:** NRC | Total Budget: Rs. 76.10 million

Educational Support to dislocated children of NWA in District 12 Bannu, Khyber-Pakhtunkhwa

Period: Nov 2014 to April 2015 | Sponsored by: IRC | Total Budget: Rs. 19.46 million

WASH Support

To

TDP and Host Community in District Bannu

Project Goal:

To reduce chronic water shortages and incidence of diseases in the TDPs of NWA and Host Community of District Bannu, KPK through:

- The provision of Safe and Clean Drinking Water and Hygiene facilities
- 2) Promotion of improved hygiene and safe water handling **practices** at the household level

Background:

On 15th June of 2014, an operation launched by the Pakistani military in North Waziristan Agency caused a major influx of TDPs to District Bannu. The arrival of the large number of TDPs families in Bannu caused the districts limited resources to be overburdened. Reports and visual observations confirmed the alarming conditions of availability and quality of water, hygiene situation and practices (especially for women as they rarely have access to communal latrines due to cultural constraint). According to the 2nd DRC Needs Assessment, 48% of TDPs were relying on open defecation while the health cluster issued warning that the affected area faced a water shortage and a heightened risk of waterborne diseases due to lack of WASH facilities. TKF's own Pre-KAP survey showed that the vast majority of people had poor knowledge of hygiene practices and had to travel long distances to retrieve water. Where possible, people were resorting to drinking contaminated water from various sources. Given this situation, TKF partnered with IRC to install or rehabilitate water Hand Pumps in the area, disinfect water sources, identify contaminated water sources and educate and equip TDPs and host families with essential supplies through hygiene sessions.

Project Achievements

- Pre-KAP and Post-KAP survey conducted for clear vision of needs of target area and effect of intervention
- 300 water sources disinfected
- **225 Water sources tested** (75 pre-tests, and 150 post Water Quality tests)
- Rehabilitation of 2 Water Supply Schemes into functional status
- Installation of 11 new handpumps and rehabilitation of 26 handpumps
- 26 Water Management Committees formed
- 3589 individuals trained on household water treatment, safe handling and storage of drinking water, hand washing and best hygiene practices
- Distributed 2000 NFI-kits along with IEC material to families during hygiene sessions.
- 78 Govt. Staff trained on water disinfection and safe water management
- 50 School and health staff trained on water disinfection, repair & maintenance of hand pumps/latrines and teaching cleanliness and hygiene standards to children

Impact

In addition to the above numerical measures of achievement, a Post-KAP Survey conducted to assess the impacts of the project found dramatic differences in the coping mechanisms of the refugees. The availability of hand-pumps saw their use increasing from 50% of TDPs to 87% while the usage of other (contaminated) sources declined similarly. Some 95.3% of TDPs reported that their journey time to sources of water had been reduced. Previously, only adults were strong enough to make the journey, and could only carry back a small amount due to distance. Afterwards, even children could easily access water and the number of trips could be reduced.

Previously, 89% of TDPs used filtration through cloth to filter water, which was only useful for the large particles and debris in water. This lead to a health crisis in the community. After TKF's Health & Hygiene awareness training, 94.4% of TDPs switched to also boiling the water.

Reported incidence of diseases such as diarrhea, stomach disorders, skin infections, eye infections, etc. was also markedly reduced. People were also much more likely to be aware of germs and disease transmission methods, and were greatly more likely to recognize when water was unsafe for drinking. Hand-washing and other critical hygiene habits training was effective and many people changed their habits to incorporate it.

Primary Health Care Services

Afghan Refugees, Balochistan



Continuation of Comprehensive Preventative and Curative Health Services to 166,137 Afghan POR Card holders settled in District Pishin, District Quetta and District Chaghi with the following main objectives of the project:

- 1. Health status of the population improved
- 2. Population has optimal access to reproductive health and HIV services
- 3. Potential for voluntary return realized

Background:

Since 1978, Pakistan has been hosting one of the world's largest refugee populations. Despite 3.8 million individuals having been repatriated to Afghanistan between 2002 and 2013, there are still currently more than 1.6 million registered and 0.6 million unregistered Afghan refugees that are still residing in Pakistan. Out of them, approximately 37% live in 80 refugee camps of which 79 are located along the borders with Afghanistan in Khyber-Pakhtunkhwa and Balochistan, while 63% live in rural and urban areas of Pakistan.

For Afghans residing in camps, many essential services are absent or inadequate. With a mandate to assist such refugees, UNHCR is working across Pakistan through provide Primary Health Care Services in these refugee camps. Tameer-e-Khalaq Foundation is the implementing partner to these efforts, and has managed 12 health facilities (3 labour rooms, 1 RHC, 3 BHUs, 1 VRCs and 4 SHUs) since 2012. TKF staff are currently the sole provider of healthcare services in 6 refugee camps in district Pishin, Quetta and Chaghi of Balochistan (Surkhab, Saranan, Mohammad Khel, Chaqi, Posti and Legai Karez). The total population of which is 166,137.

Project Achievements

Objective 1: Health status of the population improved

- 166,137 Afghan refugees and host population had been benefited by access to primary healthcare services
- 3,620 persons received heath education
- 166,137 Afghan Refugees and host population had the access ambulances during 2015, with 1113 patients benefitting from this service during emergencies
- 10 health facilities rehabilitated
- 4 Laboratories were functional during 2015 and 13,011 Lab tests were carried out during the reporting year
- 12 Health Information Reports, 52 Disease Early Warning System reports, 52 Zero Reports (disease prevalence report), 4 quarterly TB reports



- 5,325 Children Vaccinated against BCG
- 9 Polio NIDs (National Immunization Day) campaigns held in which 189,795 children have been vaccinated
- **Cold Chain maintained at 10 health facilities**

- 323 CHW (Community Health Worker) and 276 TBAs (Traditional Birth Attendent) remained active
- 3137 sessions for health education conducted by CHWs and TBAs.
- 311 community meetings at all health facilities in 2015
- 4788 children had been provided all vaccines
- IEC material has been produced and distributed
- Objective 2: Population has optimal access to reproductive health and HIV services
- Health education sessions regarding HIV & AIDS prevention had been provided at health facilities
- 1 HIV/AIDS Awareness Campaign was conducted
- 4,699 persons had received health education on STI/ HIV & AIDS
- Contraceptive Prevalence Rate (CPR) was raised from 6% to 11.58%
- 52,610 Male Condoms were distributed among the targeted communities through health facilities during the treatment of STIs

- 10 Condom outlet sites continued
- Target of 70% births among community attended by skilled workers was achieved
- 3 Labour rooms remained functional 24/7
- 20 VCT sessions/month
- 3 Midwives were identified from the RVs for 8-month CMW (Community Mid-Wife) training.
- Two Mobile Health Units established to expand outreach in Surkhab 4 and 5 and New and Old Saranan.
- 8 Persons from refugee areas identified for 12 months training (Vaccinator/ Dispenser / Multipurpose healthcare provider).
- 100% Obstetric emergencies were successfully referred to secondary or tertiary healthcare.
- 100% of received cased of emergency were successfully referred to secondary and tertiary healthcare.

Objective 3: Potential for voluntary return realized

 3,397 medical patients received at VRC (Voluntary Repatriation Centre) had been provided with Primary healthcare services.

Project Impact

The impacts of this particular project are far-reaching due to its scope. Due to the program, more than 166,000 Afghan refugees together with host communities had access to quality Primary healthcare services, whereas prior to the program, the Afghan refugee areas were badly neglected and had no other healthcare facilities are available to the refugee camps. Less general impacts are given below:

Due to the intervention's preventative measures for disease control including extensive early warning monitoring, no disease outbreak situation managed to take place in the targeted locations, despite similar events being common before intervention.

Health Education and Awareness

Health education sessions and distribution of IEC material on important issues such as women's health, HIV/AIDs, hygiene, vaccination and family planning was carried out in order to make the community resilient against many preventable health concerns.

Pregnant Women

Prior to TKF's program, pregnant women often faced unsafe deliveries at

home as no emergency obstetric care facilities for handling high risk and complicated deliveries were available or accessible. Most of the women had to rely on traditional methods of managing deliveries and the resultant complications often ended in the death of the newborn and/or the mother. TKF's program introduced emergency obstetrical services and emphasized capacity building of traditional birth attendants. TKF's 323 trained CHWs and 273 TBAs are now providing skilled care to pregnant women in the area, and the target of 70% of births taking place under their care has been achieved. All high-risk and complicated pregnancies are referred to the TKF managed Labor Room. The Labor rooms are maintained according to



WHO standards and are fully equipped with modern facilities like ultrasound. On average TKF provided antenatal services to 950 women per month. On average 233 women receives post natal services.

Interestingly and unexpectedly, after running Labor rooms for some time, TKF staff recognized that they were becoming de-facto social hubs in the Afghan camps for women who came to rely on their care for more than just labor. In response, TKF has increasingly equipped these rooms to offer additional value to the camps.

Now the Labor room are also a hub for managing:

- Adolescent RH
- Youth clubs
- Regular community health education sessions
- **HIV/AIDS** Awareness
- Mother Child-Care education
- Gender Based Violence prevention and treatment program

<u>Immunization</u> Diseases such as BCI, Polio and others which have viable vaccines were actively prevented in the community through mass immunizations of beneficiary children. Vaccinators within the community were also trained to grow community's own capacity in such matters. Pregnant women are also vaccinated against Neonatal Tetanus, Toxoid and screened for Syphilis through RPR tests.

Repatriation assistance Hundreds of Afghans families willing to voluntary return were assisted were assisted with healthcare services at VRC (Voluntary Repatriation Centre).

Emergency Ambulance One life-saving component of the intervention was TKF's provision of ambulance service in refugee camps, to make sure their right to healthcare is not deprived in critical times. More than 1100 cases of emergency were handled via ambulance service on a timely basis during the year 2015

Family Planning As a result of TKF awareness raising, outreach to women and distribution of contraceptives, contraceptive prevalence rate was doubled from 6% to 11%.



Third-Party Monitoring of Polio Eradication Activites

Project Goal:

- 1. Development of monitoring instruments (indicators, data collection tools, reporting formats) in consultation with UNICEF Provincial Polio team
- 2. Preparation and submission of Daily. Weekly summarized UC wise reports (action sheet) in excel, word and power point forms on issues reported by field staff to UNICEF Provincial M&F officers.
- 3. Preparation of presentations by end of each phase (pre, intra & post campaign) for federal and provinces in consultation with UNICEF
- 4. Preparation of monthly monitoring reports by UCs and districts that include compiled excel sheet, summarized analytical narrative report, power point & feedback from the reviewer.
- 5. Monitoring checklists completion of each field/ facility visit in electronic form updated by end of each phase and at the end of each month basis, with all the issues and their respective details.
- 6. Three management reports at the end of 3rd month, 6th month & 12th month
- 7. Management and updating of Internet based online database and dashboard and data management software compatible to EOC (Emergency operation center) database
- 8. Case study, human interest story, success story in each quarter.

Background:

Pakistan is one of the two remaining countries in the world where polio is still categorized as infection, the an endemic viral other being Afghanistan. The infection remains endemic despite over 100 rounds of vaccination being carried out in the past decade. However, country had announced a goal of eradication by 2016. To make this possible, there are currently three major stakeholders currently working in the country for Polio Eradication; the Government of Pakistan, World Health Organization and United Nation's International Children's Emergency Fund. In order to effectively monitor their communications and social mobilization activities in the high risk districts, Third Party Field Monitoring (TPFM) has been engaged in all the provinces and FATA regions of the country.

The full communication network contains thousands of staff in the high risk districts of the four provinces, frontier regions and Federally Administered Tribal Areas. Most of these high risk districts are security compromised and hard to reach areas with high number of missed children (refusal or non-availability). The objective of the third party field monitoring is to

effectively monitor the program interventions in these high risk areas to ensure maximum coverage of missed children. The TPFM will ensure that communication network puts maximum efforts to communications and social mobilization activities so that there is maximum transformation of refusal and not available children.

To achieve this goal, the importance of the role of effective monitoring and accurate reporting cannot be over-stated. For this purpose, through a competitive process Tameer-e-Khalaq

Foundation has been chosen by **UNICEF** provide TPFM for ComNet activities in the above mentioned polio high risk districts. The said services for TPFM have successfully provided by TKF competent staff from Sept 2014 till Dec 2015.



Achievements:

Quality third party monitoring services have been ensured during 2015 as shown by the following essential indicators:

- The availability of Polio TPFM (Third Party Field Monitoring) provincial coordinator, monitoring and reporting officer and 11 field monitors during the entire project period has been ensured
- The IPC (Inter Personal Skills), mobilization activities of more than 300+ COMNet staff in the 6 Polio high risk district has been monitored randomly but systematically during the project period.
- Thousands of children have been identified which were missed from the Polio teams and afterwards did not covered by the COMNet staff
- The Micro Plans of all the 51 high risk Union Councils throughout 6 high risk districts of Balochistan have been monitored and COMNet staff was observed while preparing the micro plans (that includes all the features of area including Population, major land marks, masjids, madrassas, schools, colleges etc.)
- More than 300 daily monitoring reports have been shared with UNICEF in which the daily observations in the form of green (Ok) yellow (minor observation) and Red (major observation) was shared for routine corrective measures.
- 12 Monthly, narrative reports, Power point presentations and analytical reports have been shared with UNICEF to streamline the coverage of the children who were either missed or not available for the polio vaccination.
- UNICEF database was updated by the TPFM Team.
- More than 18 rounds of polio NID campaigns which were carried out in the targeted districts were monitored extensively by the project staff; the

- activities of each campaign were monitored at three stages i.e. pre campaign, during campaign and post campaign
- To check the quality of the polio campaign was monitored through launching LQAS (Lot Quality Assurance Sampling)
- The coordination with relevant district management has been strengthened
- 4 quarterly monitoring reports have been prepared and submitted to UNICEF
- The absenteeism of the COMNet staff has been minimized to a significant level
- In the last three months of the project the task of overall Polio teams of UNICEF and Government health department was assigned to TKF TPFM teams which itself was one of the great achievements and showed the level of trust TKF gained in the said project.



Vocational Training Program For Afghan Youth Component **Background:**

Goal (livelihood):

Vocational training course in marketable trades and provision of toolkits

Project Achievements:

- 9 vocational training centers were established
- 432 beneficiaries were taught vocations such as tailoring, embroidery, mobile repairing, plumbing and electrician work. (215 females, 217 males)
- 36 MTs were trained (16 females and 20 males)
- 432 Tool-kits distributed (skill-focused)
- 18 capacity building sessions on Business **Development** and Marketing Skills were conducted

A majority of Quetta's Afghan refugee population are suffering from a lack of livelihood and educational opportunities with the majority of refugees involved in unskilled daily wage work, which pays extremely poorly for the needs of a refugee family, and is not a viable means of income throughout the year. In 4-5 months of winter conditions of Quetta, work is unavailable and families became chronically destitute. Many travel to other towns and cities for earning opportunities while very few have small businesses like shops in their villages. Due to their harsh financial situation, many Afghan families living on hand-to-mouth incomes also are unable to even contemplate repatriating as they have no savings to rely on and few have hope that unskilled labour will be in demand back home. Therefore, TKF partnered with Norwegian Refugee Committee to sustainably improve living standards of registered Afghans residing in Quetta by providing them with vocational training for a number of trades (such as plumbing, electrician-work, tailoring, mobile repair, embroidery) to enable them to temporarily leave the job market to learn a trade and then helping them with developing entrepreneurial skills and marketing their business.

Impact:

As a result of this intervention, TKF provided Afghan youths with lifelong skills that can contribute to both their and their family's economic well-being and livelihood. The trainings were also supplemented with business-development skills training sessions and exhibitions in which many beneficiaries were immediately able to find employers, while the remainder were provided with the skills to establish themselves.

Accelerated Learning Program for Afghan Refugee Children

Component Goal (education):

Provide Basic Education to out-of-school Afghan Children

Background:

The need for an increased income results in participation of children in labour work and compels parents to send their children for work instead of school. The children engage in different types of work such as waiters, helpers in shops, work in agricultural fields, garbage collection and work in brick kilns. Children are usually paid less as compared to adults.

Even still, the situation does not seem likely to improve as there are many barriers to educational enrollment for refugees. Such as lack of information, discrimination against refugee ethnities who only speak Persian and lack of space in schools. This results in falling enrollment rates and an increase in dropout rate of refugee's children in schools. Eventually, they either stay at home or engage in various forms of hazardous child labour (as a short-term addition to income for refugee families, at the cost of long-term income).

Project Achievements:

- 40 Accelerated Learning Centers were established (7 Level 3 ALP Centers and 33 Level 1 ALP centers)
- 1080 children were educated so they could catch up with their age peers and be able to attend school
- 40 teachers trained on pedagogy who will further be of use to community
- 40 Parent Teacher Committees were formed with 320 members in total
- Each ALP provided with books, recreational materials and Library-in-a-Box. 2 Cyclo-style machines also provided
- 1000 winter kits were distributed
- Awareness raising campaign conducted on importance of enrollment
- 1000 Health & Hygiene Kits distributed
- 80 Awareness sessions on H&H conducted

Impacts:

As a result of the ALP program, 1080 Afghan children who were deprived of education and at risk of falling too far behind to ever continue again were provided with basic literacy, numeracy and other important lifelong skills. At the end of the course, all students scored >60% in the final test; with maximum score of 98%, and a dropout rate as low as 1%. The project protected these children from the hazards of child labour and protection risks inherent in children being out of school. Through the project, parents were given badly needed winter kits with which to protect their children through the harsh cold seasons of Quetta and continue their education in such weather. It also identified poor health and sickness as another main cause of high dropouts and non-attendence in schools among Afghan youth.

In summary, the project achieved for 400 beneficiaries improved personal, social and emotional development, improved communication, language and literacy, improved health and hygiene behavior and decreased risks of physical and sexual abuse. It also achieved widespread awareness among parents and community about education.













Educational Support

Dislocated Children of NWA in Bannu



Support the continuation the education children of TDPs to enable them to be mainstreamed into formal schooling.

Project Achievements:

- Establishment of 6 temporary education centers (3 male, 3 female)
- Establishment of 2nd shift classes in 8 government schools
- Renovation work on 9 government schools
- **Enrollment of 3613** students * (1702 girls and 1911 boys)
- Provision of books, supplies, stationary and teaching materials to TLCs/government schools & 3608 students
- Training and capacity building for 85 teachers (both project and government employed)
- **Establishment of 14 Parent** Teacher Committees with 150 members in total
- Hosting 50 awareness events on importance of education
- Establishment of 7 safe rooms for adolescent girls

Background:

In June 2014, Operation "Zarb-e-Azam" caused approximately 90,700 families to be displaced from NWA, leaving behind their homes, livelihood, livestock and infrastructure. District Bannu received hundreds of thousands of TDPs as per PDMA. This has created the basis for a humanitarian situation in district Bannu as already resourcestrained Bannu is now dealing with significantly higher population.

However, after 8-12 months since the operation started, TDPs who had been displaced were faced with severe problems in ensuring all basic services for their families. Their children who had left their schools were finding themselves faced with falling further and further behind in education until they had missed an entire academic year. Furthermore, in the chaotic environment of life as TDPs, these children were out of school and exposed to hazards. With the above emergency needs, TKF started an intervention to support the continuation of education for TDP children with the support of International Rescue Committee (IRC).

Although begun at the end of 2014, a bulk of the work and completion of this project was in 2015.

Impact:

As a result of low enrollment rates, protection concerns, delinquency, crime, drug abuse, and poor acclimatization among the youth are common, especially among the TDPs who are out-of-school. Through the intervention, this potentially disastrous state of affairs was directly tackled. The distribution of supplies to govt. schools along with training of teachers and renovation of infrastructure enhanced capacity of existing education in Bannu while social mobilization to create awareness and encouragement of parents to enroll children led to impacts in enrollment outside of project's own centers. 2600 of the

students enrolled in the project were able to be mainstreamed into schools under the direct supervision of TKF at end of project. The remainder had repatriated where they were also enabled to continue their education, since academic studies were no longer so far behind.

