

## **1. GENERAL PROJECT INFORMATION**

- 1.1 Name of recipient organisation (in Norway):** Rahma Islamic Relief Fund
- 1.2 Reporting year:** January 1, 2009 to December 31, 2009
- 1.3 Name of project in Norwegian:**
- 1.4 Name of project in English:** Primary School, Technical Training Institute and Industrial Home and Primary Health Care Centre
- 1.5 Country and/or region:** Pakistan
- 1.6 Name of local partner (in Pakistan):** Rifah Trust
- 1.7 Financial support to the project from Norad/DF for last calendar year 2009:**296,350 NOK
- 1.8 Own collected sum (50%):** 274,400 NOK
- 1.9 Very brief project overview (3-4 sentences):** The Project comprised four components: (i) Primary School, (ii) Technical Education and Vocational Training, (iii) Primary Healthcare Centre, and (iv) Humanitarian Food Aid. It supported free education for 195 girls and boys, provided quality primary healthcare to more than 7,600 men, women and children, and equipped 189 men and women from poor households with vocational skills besides providing humanitarian food aid to 170 strife-stricken households.

## 2. PROJECT PROGRESS FOR LAST CALENDAR YEAR

### 2.1 Result chain and result based management

Component	Planned Activities	Actual Products/Services (Outputs)	End User Effects (Outcomes)
Rifah Technical Training Institute	<ul style="list-style-type: none"> <li>▪ Strengthening of Technical Training Institute through enhancement of Electrical, Refrigeration and Air Conditioning, Computer, Mobile Repairing Laboratories as well as Women’s Industrial Home. The Institute would have to offer two type of courses</li>   <li>1. Regular Courses:                             <ul style="list-style-type: none"> <li>▪ 3-month Mobile/Telephone Repair Course for 5 male participants.</li> <li>▪ One-year training course in maintenance of Refrigerators, Air Conditioners, and Water Coolers for 5 participants.</li> <li>▪ One-year Computer Courses for 8 male and 8 female participants.</li> <li>▪ One-year Electrical Wiring Course for 5 male participants.</li> <li>▪ One-year Industrial Home Course focused on skills of sewing and embroidery for 20 female participants.</li> </ul> </li>   <li>2. Short term courses for the students</li> </ul>	<ul style="list-style-type: none"> <li>▪ Technical training labs equipped with pertinent equipment and supplies as approved under the project</li> <li>▪ 189 participants including 122 females enrolled in different technical and vocational training courses against the original target of 121. Out of which 159 have completed their courses while 30 were dropped out. The trainees who completed the courses were included 70 from regular courses and 89 from the short term courses. Detail remains as under:                              <b>Regular Courses:</b> <ul style="list-style-type: none"> <li>▪ 7 female and 11 male participants complete mobile/telephone repairing course.</li> <li>▪ 5 male participants complete air-conditioning/refrigeration course.</li> <li>▪ 9 male and 11 female participants complete one-year Computer course.</li> <li>▪ 5 male participants complete electrical wiring course.</li> <li>▪ 22 female participants complete one-year specialized course in sewing, cutting and embroidery.</li> </ul> </li>   <li><sup>1</sup><b>Short Term Courses:</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Improvement of quality of life of poor people by equipping them with employable Technical Education &amp; Vocational Training.</li> <li>▪ Supply of skilled manpower for sustainable economic growth.</li> <li>▪ Provision of opportunities for demand-based technical/ vocational training with vertical &amp; horizontal mobility for the dropouts from general education.</li> <li>▪ Improved income-generating opportunities for women.</li> </ul>

<sup>1</sup> See section 4.3 & 4.6 for more detail

	<p>availing summer vacations from their schools and colleges:</p> <ul style="list-style-type: none"> <li>▪ 3-month Computer Course for 30 male and 30 female participants.</li> <li>▪ 3-month Industrial Home Course focused on skills of sewing and embroidery for 10 female participants.</li> <li>▪ Recruitment of project staff.</li> </ul>	<p>These courses were offered to the students in their three months summer vacations. 23 females received Industrial Home training in cloth sewing and embroidery, 30 male and 36 females received trainings in Computer Applications.</p> <ul style="list-style-type: none"> <li>▪ 12 persons including 7 female employed as instructors and ancillary staff.</li> </ul>	
Rifah Primary School	<ul style="list-style-type: none"> <li>▪ Enrolment of 150 school-age children from one through 5<sup>th</sup> grade.</li> <li>▪ Enhancement of learning environment through orientation of teachers and supervisory staff in child-centred and participatory teaching techniques, refurbishment of classrooms, and provision of necessary educational materials and supplies including furniture, library books and computer equipment, etc.</li> <li>▪ Enhancement of learning environment</li> <li>▪ Monthly and annual academic tests of the students enrolled in all grades.</li> <li>▪ Community mobilisation through door-to-door contacts and parent-teacher meetings.</li> <li>▪ Recruitment of project staff.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 195 pupils received education in the guidance of qualified teachers in an enabling learning environment.</li> <li>▪ Orientation of 6 teachers and 2 supervisory staff in child-centred and participatory teaching techniques, refurbishment of classrooms, and provision of necessary educational materials and supplies including furniture, library books and computer equipment, etc.</li> <li>▪ 82 percent (130 out of 158 excluding 37 dropout students) for academic year 2009 make successful transition to next grades.</li> <li>▪ 88 percent students passed in their monthly class tests.</li> <li>▪ Parents of 195 children sensitised on the importance of education of their children through door-to-door contacts and parent-teacher meetings.</li> <li>▪ 9 people including 6 teachers, one Principal, one caretaker/attendant and 1 security guard employed for one year.</li> </ul>	<ul style="list-style-type: none"> <li>▪ An enabling school environment conducive to classroom teaching and learning established.</li> <li>▪ Improved learning of the students. 21 percent (24/114) students attained 60 percent or above marks in the annual exams, while 32 percent students are attaining same percentile in monthly class tests.</li> <li>▪ Increased gender parity. Girls constitute 52% of total enrolment in school.</li> <li>▪ Impact on child labour. As the students are coming to study in the schools, they are not being exposed to child labour because they used to utilize their day time in school rather going to market and other work places.</li> <li>▪ Employment for educated youth at their doorsteps.</li> </ul>
Rifah Primary Health Care Centre	<ul style="list-style-type: none"> <li>▪ Up-gradation of Rifah Medical Dispensary to Primary Health Care Centre through provision of essential</li> </ul>	<ul style="list-style-type: none"> <li>▪ 7,600+ medical consultations in one year.</li> <li>▪ One doctor, two dispensers and an attendant received employment for one year, whereas</li> </ul>	<ul style="list-style-type: none"> <li>▪ Availability/supply of good quality primary healthcare curative and extensive preventive services for 25,000</li> </ul>

	<p>medical equipment, furniture supplies and drugs as well as medical and ancillary staff.</p> <ul style="list-style-type: none"> <li>▪ Delivery of a core package of essential health care services to rural populations:             <ul style="list-style-type: none"> <li>○ Curative care for common illnesses and general health checkups (including first aid, minor surgical operations and provision of essential medicines).</li> <li>○ Diagnostic, counselling and treatment of diseases like malaria, tuberculosis, hypertension, diabetes and skins infection, etc.</li> <li>○ Family Planning counselling and allied services.</li> </ul> </li> <li>▪ Orientation of mothers regarding immunisation, ORS (Oral Re-hydration Salt) therapy and hygienic health practices.</li> <li>▪ Integrated Management of Neonatal and Childhood Illness             <ul style="list-style-type: none"> <li>○ Nutrition advice</li> <li>○ Prenatal and postnatal care</li> <li>○ Birth preparedness counselling</li> <li>○ Newborn care</li> </ul> </li> <li>▪ Community mobilisation</li> </ul>	<p>one lady health visitor has also assisted the center in MCH.</p> <ul style="list-style-type: none"> <li>▪ Diagnostic equipments like ECG, Sugar test and BP apparatus utilized for curative care for common illnesses and general health checkups.</li> <li>▪ Women have access quality to maternal, prenatal and postnatal care, family planning, sexually transmitted infections prevention, and counselling services.</li> <li>▪ 1,200+ home visits carried out by lady health visitor.</li> <li>▪ 80% of women who sought care through the health facility were satisfied with the services.</li> <li>▪ More than 5,000 households sensitised on good practices in health and hygiene.</li> </ul>	<p>people.</p> <ul style="list-style-type: none"> <li>▪ Decrease in frequency of incidence of main endemic and common diseases.</li> <li>▪ 60% of pregnant women received antenatal check-up by a physician at least once during pregnancy.</li> <li>▪ 80% mothers attended at least once by lady health visitor.</li> <li>▪ 80% of deliveries attended by health professionals and or trained birth attendants.</li> <li>▪ Increased awareness among mothers about acute respiratory infection, domestic preparation and administration of oral re-hydration solution.</li> <li>▪ 80% of women with obstetric complications are managed correctly.</li> <li>▪ 50% married women who attend health care facility know at least one modern contraceptive methods.</li> <li>▪ Reduced mortality of under-5 children</li> <li>▪ Reduced infant mortality.</li> </ul>
<p>Humanitarian food aid to Kashmiri migrant people from Indian-held Kashmir living in refugee camps in Pakistan-administered Kashmir.</p>	<ul style="list-style-type: none"> <li>▪ Selection of families for humanitarian aid</li> <li>▪ Distribution of food package consisting of rice, sugar, floor, cooking oil, tea, potatoes, onion, spices, and milk to 170 underprivileged households living at refugee camp of Gulpur in Kotli district, AJK</li> </ul>	<ul style="list-style-type: none"> <li>▪ 170 refugee households received food package for one year.</li> <li>▪ Added value of PKR10,000 to each household budget.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Food package contributed to reducing the problems of food vulnerability, malnutrition, under nutrition, hunger, disease and poverty.</li> </ul>



**2.2 Project Summary:** The purpose of the Project was to increase the participation of poor and underprivileged children in educational programmes, providing poor people with an improved access to primary health care services, and improving the quality of life of poor people by equipping them with employable Technical Education & Vocational Training. The Project comprised four components: (i) Primary School, (ii) Technical Education and Vocational Training, (iii) Primary Healthcare Centre, and (iv) Humanitarian Food Aid. It supported free education for 195 girls and boys, provided quality primary/basic healthcare to more than 7,000 men, women and children, and equipped 189 men and women from poor households with vocational skills besides providing humanitarian food aid to 170 strife-stricken and economically-challenged households.

**2.2.1 Project Goal:** The overall objective was to contribute towards breaking the cycle of poverty by ensuring an equitable and sustainable access to opportunities for basic education, income generation activities and quality healthcare.

### **2.2.2 Specific Objectives**

- To support free primary education for 150 poor and underprivileged children of Gharibabad suburban area of Rawalpindi, with special focus on girls, for emancipating them to benefit from social and professional choices in the future challenges and opportunities.
- To improve the quality of life of poor people by equipping them with employable Technical Education & Vocational Training.
- To make available comprehensive and quality primary health care to 25,000 poor and underprivileged persons of Ghairibabad.
- To impart poverty relief the 170 conflict-stricken households living in refugee camps in AJK through distribution of humanitarian food aid.

**2.3 Status, Detail of Beneficiaries:** The direct beneficiaries of the project included 195 school-age boys and girls enrolled in primary school, 189 participants of technical education and vocational training courses, more than 7,600 men, women and children who were provided primary health care and 170 strife-stricken Kashmiri refugee families.

The indirect beneficiaries of the project are parents of the students enrolled in primary school and general population of the area consisting of 25,000 people.

**2.4 Summary of the most important planned and carried out activities:**  
Please refer to section 2.1

### **2.5 Effectiveness and Results**

### **2.5.1 Relevance of Design:**

**2.5.1.1 Primary School:** The design and formulation of the Project followed the relevant provisions and policy priorities of the Government of Pakistan and it was planned in conformity with the Articles 37(b) and 38(d) of the Constitution of Pakistan. The Project design followed the relevant provisions of the Dakar Framework of Action, the first goal of which is to expand and improve comprehensive basic education for all children, especially for the most vulnerable and disadvantaged, besides following the relevant provisions of the Convention on the Rights of the Child with particular emphasis on the Articles 2, 28, 29, 32 and 34 of the Convention. The project design was also aligned to the Government of Pakistan's National Education Policy and National Plan of Action to Combat Child Labour.

**2.5.1.2 Technical Education and Vocational Training:** The Project is consistent with the Government of Pakistan's priority of promoting Technical Education and Vocational Training as part of its education sector development plan. The Project's relevance is emphasized in the Government's 2009 National Education Policy, Education Sector Reforms Strategic Plan, Education Sector Reforms Action Plan, and Poverty Reduction Strategy Paper, which emphasize the importance of Technical Education and Vocational Training in producing skilled workers and technicians for the economy.

The project design and formulation, which focused on poverty reduction and economic growth through provision of skilled manpower to meet the labour market needs, are relevant. With unemployment increasing, poverty climbing, and jobs shrinking, the scope of the Project was appropriate to address the rising demand for skilled labour and technicians. By upgrading infrastructure and lab facilities, and by providing new equipment for existing and new technologies, the Project elevated the training environment as well as the diversity of skills training for new job opportunities. Recognizing the needs of disadvantaged women, the Project specially focused training for women. That attracted women for skills training, enhancing their employment opportunities. The Project continues to be relevant in the context of a country with increasing poverty and unemployment.

**2.5.1.3 Primary Health Care:** This project design was highly relevant to local and national health sector plans as well as United Nations health sector MDGs, which ask for reducing burden on tertiary health care system and overcoming inadequacies in the primary and secondary healthcare services while overcoming professional, managerial and delivery deficiencies as well as promoting health education and preventive measures to avoid disease.

The project addressed the critical issue of primary health care for the poor and underprivileged population. The project interventions sought contributing to an enhanced coverage of the essential primary health care especially needed by poor women and children as envisaged in National Health Policy and Poverty Reduction Strategy Paper of Government of Pakistan. The project design is also relevant to the government development and health sector strategy of expanding access to primary health care, family planning and safe child delivery, and child and maternal care with emphasis on client needs and quality and efficiency of services.

Most deceases reported/observed at the center were included:

- ⇒ Fever
- ⇒ typhoid
- ⇒ Infections
- ⇒ Anaemia
- ⇒ Malaria
- ⇒ Hepatitis B&C
- ⇒ Congenital abnormalities

As the center has hired qualified practitioners for the services of the beneficiaries, the doctor examines the patients and takes his/her history. BP and Sugar tests are also part of routine procedure. Later on the prescribed medicine can be collected from the free dispensary. The center also guides the serious patients to an appropriate treatment by referring them to most suitable medication/hospitals.

Children and women are more vulnerable to deceases in Pakistan as it has one of the highest rates of malnutrition among children and women in the world's low-income countries. Almost 30 percent of children under five in Pakistan are malnourished, as measured by being underweight for age.

The center has particularly benefited the women and children of the area in terms of providing quality basic health care without or with nominal charges at the easiest access because it is situated in the centre of Gharibabad. Previously the women and children of the area have to travel for day to day treatment and even for the basic health care through public transports from Gharibabad to the Government hospitals located in twin city's hubs like Saddar and Blue Area, which was a very costly and time consuming exercise.

### **2.5.1.3 Relief Work:**

**2.5.2 Efficacy:** The Project has achieved or exceeded most of its physical targets, including (i) providing educational access to poor and underprivileged children through enrolment of 195 children in primary grades against original



target of 150, ii) technical education and vocational training for 189 poor male and female compared to original planned target of 140, iii) quality primary health care for 7,600+ poor populations against original target of 7,200 through up-gradation of Rifah Medical Dispensary to Primary Health Care Centre. As discussed earlier Rifah has established this service in 1999, however Since initiation of the project, it has been functional in full capacity with required number of staff, equipment and medicines, and iv) equipping school, technical training institute and primary healthcare center with essential equipment and supplies as approved under the project.

**2.5.3 Efficiency:** The Project has achieved high external efficiency in terms of relevance to local needs and demands. This is indicated by the stable enrollment in primary school and technical training institute, sufficient quality and relevance of the curricula and facilities as perceived by the children enrolled in primary school, participants of the courses at the technical training institute and the employers, and patients treated at the primary healthcare centre, sufficiently high employment rates of training institute graduates. Overall, success ratio remains 84% in the Institute while 82% in the primary schools, which is improving the beneficiaries' socioeconomic status and increasing productivity. The internal efficiency ensured in terms of optimal utilization of project facilities and staff and high attendance rate.

**2.6.3 Effectiveness:** The Project accomplished its overall objectives of increased access and enhanced institutional capacity. Consistent with the targets, the physical infrastructure was practically completed and functioning with target number of students, teachers and medical staff, classrooms and the entire building were being used, and most of the budgeted/planned inventories including materials and equipments were in place, although not all were equally active.

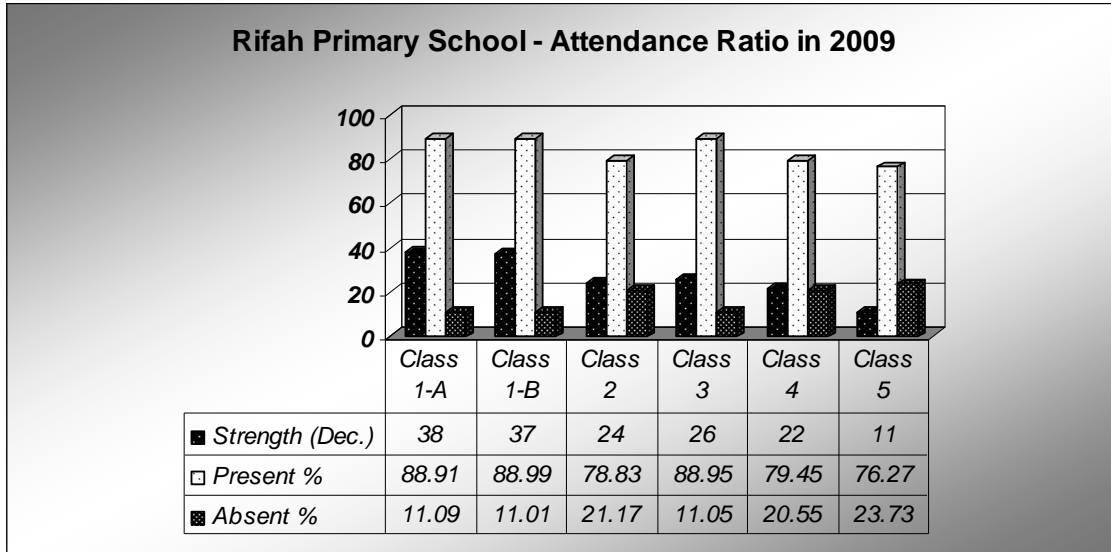
**2.6.3.1 Access/Participation/Enrolment:** The project has brought a significant change in the Lives of Children who were not able to go to school and training institute to get or continue their education and skills due to insufficient resources.

The project has given opportunities of receiving quality education and certified trainings for all such children and youth during the project period. The project has not only benefited the local population but people from remote areas have also participated in different technical courses. Thus the project has provided opportunities for all regardless of financial, social and ethnic status of the beneficiaries. Overall 195 students have been enrolled in the primary school while 189 participants enrolled in different income generating technical courses.

**2.6.3.2 Absenteeism:** Most of the students of school and institute had maintained regular attendance throughout year. Those who had irregular attendance were mainly the ones in the special needs unit who constantly fall

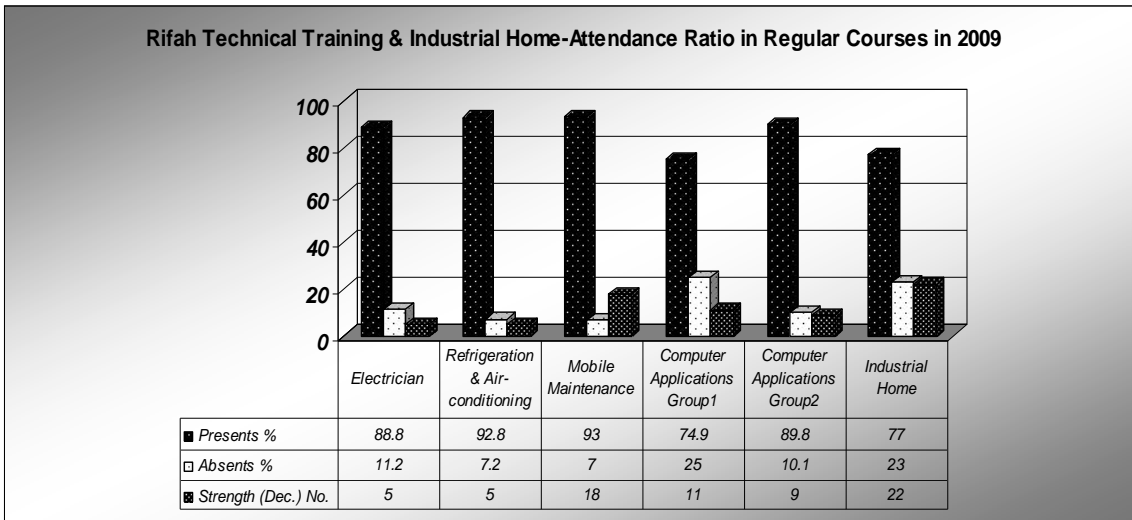
sick. However it has been controlled through student, teacher and parents' interaction and ensured that household responsibilities do not affect children's education, the school and institute offered seasonal and other vacations to all students as per national holiday's calendar. Following is graph of school's students average daily attendance showing the presents and absents numbers in each class.

Graph No. 1



The average attendance of the students is reported 83.5% in the primary school. Class-1 has been separated into two groups due to large number of students during the second half of the year. Total strength of the primary school and institute remained 158 and 70 respectively at the end of theyear. The attendance of students enrolled in different technical courses remained as under in previous year.

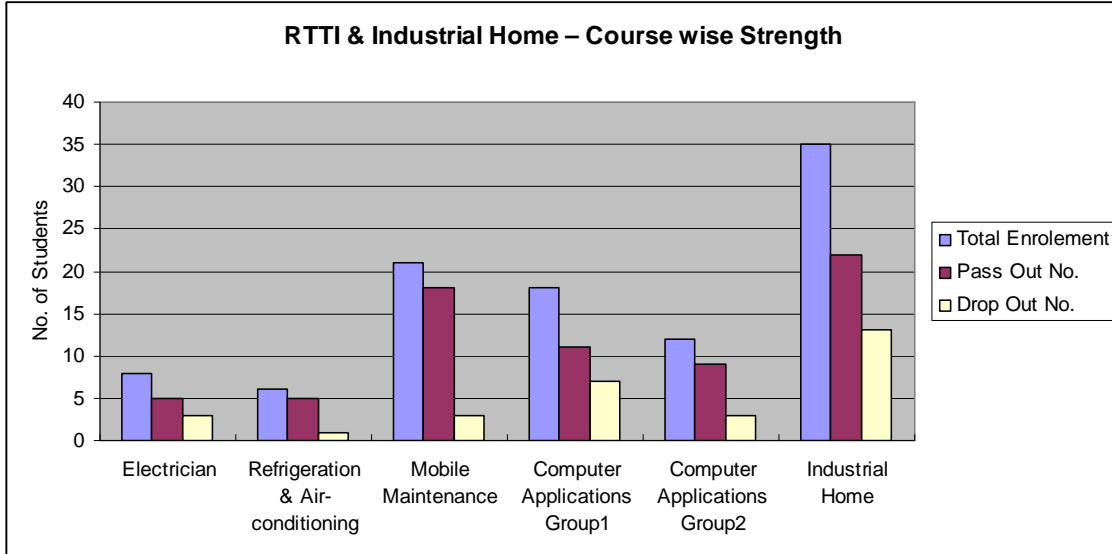
Graph No. 2



**2.6.3.3 Class Repetition/Dropout:** During the year, 70 students have completed their diplomas offered in the institute, while in the school 130 passed including the 11 students of class 5 passed in Board (external) examination, total 28 failed and 37 dropped out during the session.

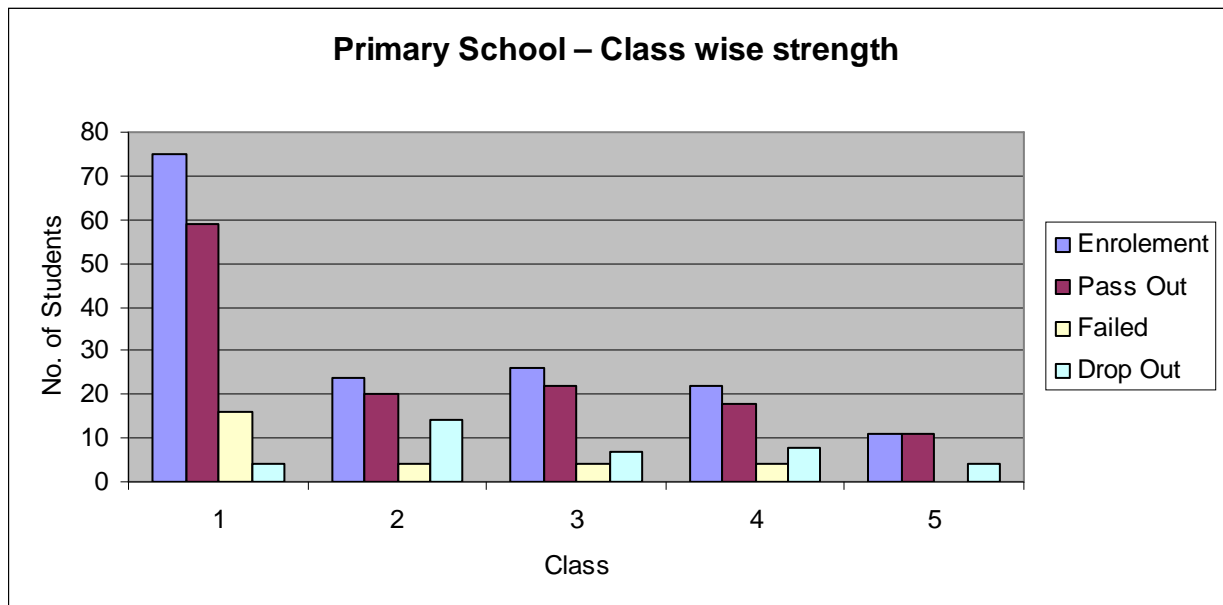
One of the dropout reasons due to mobility of their families to other parts of the country.

*Graph No. 3*



As we have discussed in section 2.1, the bifurcated graph of the number of students enrolled, passed out, dropout and failed during the session was as under:

*Graph No. 4*



**2.6.3.4 Quality of Teachers/staff:** The project staffs including teachers, managers

and medical staff were adequately qualified and professionally equipped and had attended at least one or more professional development trainings to support a quality education for children and youth. Following chart describes the qualification and gender of the hired staff for the project except the supporting staff.

#### **Faculty and Managerial Staff**

<b>Positions</b>	<b>Qty.</b>	<b>Gender</b>	<b>Qualification</b>
Institute Principal	1	M	Bachelor of Engineering
Admin Officer + Account Officer	1	M	Bachelor in Commerce
Librarian	1	M	Intermediate (FA)
Private Secretary	1	F	Intermediate (FA)
Instructors Computer (Male)	2	M	FA & Dip. Hold in Computer
Instructors Computer (Female)	2	F	FA&Dip. Hold in Computer
Instructor Electrical	1	M	FA&Dip. Hold in Electrical
Instructor Refrigerator and Air conditioning	1	M	FA,&Dip. Hold in RAC
Instructor Mobile Phone	1	M	B Com & Certificate in Mob Repairing
Instructors Industrial Home	3	F	Matric & Relevant Diploma holders
School Principal	1	F	BA & Diploma in Computer
Teachers	6	F	One FA and others Matric
Doctor	1	M	MBBS
Dispenser	2	F	Certificate
Nurses	2	F	Diploma in nursing
Total female faculty/managerial staff	17	F	
Total male faculty/managerial staff	9	M	

**2.6.3.5 Teacher-Student Ratio:** The teacher-student ratio in school and institute remained one teacher for less than 30 students. This helped teachers to provide individual attention to the students, enhanced their interest in their education and increased trust and confidence of the parents and students into the primary school and institute.

**2.6.3.6 Education Learning Materials:** Under the project, every child and youth was entitled to get study and practice materials required according to their selected course. All courses were provided all lab equipments and other materials as per the guidance of National Training Bureau and education department.

**2.6.3.7 Physical Facilities:** the students were provided all necessary learning physical environments including clean and airy building of the school, institute

and health center, library contains course and extra-curricular books, well established labs for all courses, clean drinking water and washrooms were available for all the students, teachers, visitors and patients. The health center was especially established in view to provide free basic health diagnose facilities, therefore ECG, sugar test and general check up facilities were provided.

**2.6.3.8 Water and Sanitation Facilities:** the building/project area was ensured in terms of availability of clean drinking water and sanitation facilities for the school students, trainees and the staff. Water filter and electric coolers were installed at the location. Cleanliness of washrooms was assured during the year to provide health facility to all.

**2.7 HIV/AIDS:** The information about HIV and AIDS prevention was disseminated by conducting special lectures in the Technical Training Institute and by sensitising men and women coming to the Primary Health Care Centre. In all, the participants of technical education and vocational training courses and more than 7,000 male and female patients registered at the primary health care centre were sensitised on HIV/AIDS prevention.

**2.8 Gender Equality (U.N. RES. 1325) - How are gender issues (gender awareness, equal participation, protection etc.) considered and planned implemented in the project?** Women in Pakistan, like many other developing countries, have not been treated equally with their counterparts in areas such as education, development and job opportunities.

Gender participation and equality, especially for female, was a crosscutting priority in achieving the Project objectives. Sensitisation of the project staff and community was given particular attention to ensure that the project guarantees facilities, services and supplies that support gender parity and equality. Similarly, the measures like maximum recruitment of female as schoolteachers and instructors in technical training institute and as professional medical staff, planning separate training courses for female in areas like sewing of clothes and embroidery, mobile/telephone repairing, and computer learning as well as provision of mother and child health care services contributed towards high participation of the female in the Project activities. Female constituted 52%, 55% and 62 % of the beneficiaries of the primary education, technical education/vocational training, and primary health care services respectively. Similarly, females made up 58% of the total project staff.

**2.9 Environmental Aspects:** The project has no adverse environmental impacts. All project facilities were based at existing locations, and no civil works have been undertaken under the project. However, children attending schools and participants of technical education and vocational training courses were

sensitised to the importance and ways of protecting environment in their neighbourhood through customary morning assemblies in the schools and through classroom lectures. The awareness about environmental issues like global warming, cleanliness of toilets and adequate maintenance of water in schools and at home was a mandatory part of these activities.

Similarly, the staff was sensitised in proper disposal/incineration of the solid medical waste that could indispose residents of the neighbourhood and could be a vector of communicable diseases such as Hepatitis B, HIV/AIDS, tetanus, etc. Similarly, the staffs were also provided orientation in disposal of contaminated waste as instruments, bedding, etc. Best practices for medical waste management in low-resource settings were followed in line with World Health Organizations (WHO) recommendations and the Ministry of Health policies and procedures on hospital waste management.

### **3. PROJECT ACCOUNTS FOR LAST YEAR**

Total expenditures made of the project during the reporting period out of total approved budget of **PKR12 million is PKR6.06 million**. Majority activities were undertaken according to the approved budget against each activity. The budget sheet of the project with comparison of original approval and actual utilisation against each line item, along with audited financial statement by the external auditors, is enclosed.

### **4. RESULT REPORT FOR FINAL YEAR OF AGREEMENT PERIOD**

**4.1 Results: Please state clearly what results have been achieved during the agreement period compared to what was planned.** Given in Section 2.1.

**4.2. Have there been unexpected events of significant character (positive and/ or negative) outside the project that have contributed to the project's progress or lack of progress?**

**4.2.1** The project period was January to December 2009, however it was approved in May 2009. Thus almost half of the project period ended without funding and planned activities hampered and ceased until July.

**4.3 Has the project produced results (positive and/ or negative) that were not a part of the original plans of the project?** Based on feedback and suggestions from the project staff, a short computer course of 3-month duration was added to the Computer Training Curriculum along with original plan of one-year computer training. This contributed to providing more youth from both genders with basic computer skills, one of the prerequisites in job sector. 75% of the participants of the short-duration computer course later confirmed the

need and utility of this much-needed training course in satisfactory performance of their job responsibilities.

#### **4.4 If relevant: Is the project being phased out or how is it being continued?**

The Project is anticipated to be institutionally and financially sustainable over the long term. The financial sustainability is planned to be achieved through following ways:

- Delivery of primary education, technical education and vocational training, and primary health care services on cost-recovery basis from the affording users of these services and facilities.
- Local and international fundraising. Multinational companies and local businesses as well as philanthropic organisations would be approached to raise donations (cash and in-kind) for covering operational expenditures as well as costs of subsidies. Rifah Trust already has a constant supporters' base of individual philanthropists, local businesses and philanthropic organisations that have been providing financial support to its multifaceted relief and development projects since its inception in 1999.
- Getting regular recurrent support from the government institutions like Pakistan Bait-ul-Mal, Benazir Income Support Programme and TEVTA in terms of primary health care services for poor, scholarships for participants primary education and Technical Education and Vocational Training Courses. Rifah Trust already has partnership/accreditation agreements with the Bait-ul-Mal and TEVTA.

The Project also has substantial positive institutional development impacts, including full functioning of facilities established under the project and optimal utilization of Project staff, accreditation of educational and technical training courses by relevant authorities like District Education Department and Technical Education and Vocational Training Authority (TEVTA). The institutional sustainability will be ensured further through regular capacity building programmes for the project staff and improvement of liaison and coordination with relevant government authorities. Besides, quality of the equipment provided and facilities installed will help avoid costs like maintenance of equipments during initial years of the operation of the project.

**4.5 How has the cooperation between the receiver of the financial assistance and the local cooperating partner been during the contract period? Emphasise sharing of responsibility and work, dialog, meeting arenas and competence building of the local partner:** The Project design provided continuous liaison, communication and coordination between Rahma and local cooperating partner. Generally, communication with local partner was

done via e-mail and telephone to ensure cost-effectiveness of the project. The project development was done with active participation and involvement of the cooperating partner. A start-up orientation session on the size and scope of the project was held by Rahma for the local project team. Similarly, one mid-term review meeting was held in Rawalpindi at the Rifah Trust headquarters. In addition, Rahma was registered as not-for-profit organisation with Government of Pakistan in the middle of the year 2009. The programme staff based in the Pakistan Office provided constant professional oversight of the Project by periodic meetings and visits. All such activities were aligned with the implementation and monitoring plans of the cooperating partner.

**4.6 Please state what evaluations and/or project reviews were carried out during the contract period. Did they contribute to changes in the project?**

A mid-term review of the project was held in June in Pakistan. The mid-term review, focused on operational aspects of the project, served as tool to assess the progress of the project against the original plan. The mid-term review also served to define potential areas of improvement in the implementation of the project.

Based on feedback and suggestions from the project staff, a short computer course of 3-month duration was added to the Computer Training Curriculum along with original plan of one-year computer training.

The utilisation of funds in comparison to the original plan was reviewed in the mid term evaluation. It was noted that actual spending during the initial six-months of the project was significantly low than the budget proposed in the project proposal, which resulted mainly because of the approval of the project by the Development Fund in May 2009. The activities undertaken under the primary school and technical education and vocational training components during January-May 2009 were supported by the Rahma through limited funding available with it, which were later made a part of the Project with due approval of the Development Fund. The health care services were started in July 2009 against original plan of January 2009, which was identified as a main reason behind low spending in the initial six months.

It was mutually agreed between the Rahma and local cooperating partner that all unspent funds would be withheld by the Rahma and a revised proposal regarding utilisation of these funds would be submitted to the Development Fund.

**4.7 Please comment on the support – and facility organisation, Sungi Development Foundation, and Development Fund- what were the strengths and weaknesses of their role and mandate?** The support by the Sungi Development Foundation, as one of the leading indigenous community



development organisations of Pakistan, has proved to be efficient and valuable in addressing the key issues of the local communities. The diverse training programmes, addressing the some of the basic needs, have added value to an efficient delivery of the project. The project helped in capacity building of the project staff and the other members of the organization. However, the feedback from the participants draws attention towards conducting training session after careful need analysis and research thus providing tailor made service to the community. The importance of discrete follow up was emphasised by all trainees who were a part of the project and it was recommended that the training scheduled must be designed with close consultation of the participating organisations.

**4.8 Please state what trainings and meetings were most useful for both partners in Pakistan and Norway. What are the main learnings?** All trainings and meetings were full of learning experiences. The trainings in logical framework approach and financial management were particularly beneficial, which helped local cooperating partners understand the basics of the project planning and development, budgeting and financial reporting in the context of NORAD and other international donors.

**4.9 Please also state the progress and strategy for women's participation in the organisations (e.g. on the board) in both Pakistan and Norway (this will be important for future applications to Norad)?** Rifah Trust promotes equal opportunities for all genders at all levels of the organisation. Currently, it has more than 55% female staffs in its Primary school, Technical Education and Vocational Training Programmes and Primary Healthcare projects, which is being continuously increased. Likewise, the need for adding women in the Board of Trustees of the Organisation is being strongly recognised, especially after a series of meetings with the Sungi Development Foundation. The matter of inclusion of women in the Board is planned to be discussed in the forthcoming meeting of the Board of Trustees. Rahma Islamic Relief Fund Norway has 3 women out of 7 board members, whereas the overall work based on volunteers, equally from both genders male and female.

**Attachments:** Financial Statement 2009