

Government of Alberta ■
Culture and Community Spirit

INTERNATIONAL DEVELOPMENT PROGRAM

**ACCOUNTABILITY
REPORT REQUIREMENTS**

International Development Program grant recipients are required to provide an accountability report complete with all expenditures relating to the project which includes receipts, bank transfers and other supporting documentation within 6 (six) months after the completion of the project.

This is a legally binding condition of accepting a grant.

It is the responsibility of the NGO to provide this report and all its attachments in English, the required financial accounting in Canadian currency and the Statutory Declaration declared before a Commissioner for Oaths.

Please contact the International Development program if you have any questions about these requirements at (780) 422-9305.

SUBMIT TO: **International Development Program**
907 Standard Life Centre
10405 - Jasper Avenue
Edmonton, Alberta
T5J 4R7
Telephone: (780) 422-9305
Fax: (780) 427-4155

INTERNATIONAL DEVELOPMENT PROGRAM ACCOUNTABILITY REPORT

NGO INFORMATION:

Name of Canadian Non-Government Organization: HUMAN DEVELOPMENT FOUNDATION OF NORTH AMERICA

Title of Project: CONSTRUCTION OF BUILDINGS FOR HUMAN DEVELOPMENT FOUNDATION COMMUNITY HEALTH CENTRES IN RAHIM YAR KHAN AND MARDAN

Project Description: TO PROVIDE A PERMANENT PHYSICAL FACILITY TO PROVIDE PRIMARY HEALTH CARE TO THE VILLAGE POPULATION AND MOVE THE EXISTING HEALTH CENTRES FROM SMALL/INADEQUATE RENTED TWO ROOM OPERATING FACILITIES AND FOCUS ON QUALITY HEALTH CARE.

THESE BUILDINGS WERE CONSTRUCTED ON LAND PROVIDED BY THE LOCAL PHILANTHROPISTS IN BOTH PLACES. _____

Project Location: Country: PAKISTAN Province: PUNJAB/ NWFP

City/Town/Villages: VILLAGES NEAR RAHIM YAR KHAN & MARDAN

(please circle one)

File Number: P07 0382 Amount Awarded: \$13,500.00

Funding was provided toward: CONSTRUCTION OF TWO COMMUNITY HEALTH CENTRES ON DONATED LAND

PLEASE PRINT CLEARLY OR TYPE

Name of Contact Person who completed this Accountability Report:

(Mr./Mrs./Ms.) MR..GUS AHMAD Title PRESIDENT

Telephone/day: (780) 430-6994 Fax: () _____

E-Mail: gusahmad@shaw.ca

PARTNER INFORMATION:

Completing the information below in full is vital. We must be able to contact the partner.

Name of Contact Person/Partner Organization in the Developing Country:

(Mr./Mrs./Ms.) MR. AZHAR SALEEM Title C.E.O

Organization: HUMAN DEVELOPMENT FOUNDATION OF PAKISTAN

Address: HOUSE#19,MAIN SUMBAL ROAD, ISLAMABAD

Country: PAKISTAN

Postal Code: _____

Telephone: (9251) 21112934_____

Fax: () _____

E-Mail: hdfpakazhar@hotmail.com

Website address: www.hdf.com

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PROJECT INFORMATION:

According to our records, you stated that your project:

Started on: SEPTEMBER 2008

Would be completed by: MAY 2009

Did this happen? Yes No If no, please explain:

Please provide a narrative summary of the project outlining what actually happened versus what was expected/planned:

1. START DATE OF THE PROJECT WAS DELAYED BY FIVE MONTHS AS MATCHING GRANT APPROVAL FROM WILD ROSE WAS RECEIVED LATER THAN EXPECTED.
2. AFTER OBTAINING ALL THE REQUIRED APPROVALS FROM LOCAL AUTHORITIES,CONSTRUCTION WAS STARTED IN SEPTEMBER 2008 AND COMPLETED AS PER SCHEDULE IN MAY 2009.

Does your organization plan to apply for this same project in the future? Yes No

Please explain:

Refer to pages 14 and 15 of the grant application form where you were required to complete a project plan by following a project logic model. Please identify the following factors that include the **actual** inputs, activities, outputs, outcomes and outcome indicators for your project:

- a) Project Inputs/Resources – List the actual inputs or resources dedicated to or consumed by the project:

1.EVOLUTION OF PROJECT TO BUILD THESE COMMUNITY HEALTH CENTRES TO REPLACE THE TEMPORARY RENTED SPACES BY HDF PAKISTAN AND LOCAL COMMUNITIES.

2.DONATION OF LAND FOR THIS PURPOSE BY LOCAL COMMUNITIES

3. ALLOCATION AND TRANSFER OF REQUIRED FUNDS TO COMPLETE THE CONSTRUCTION BY HDF CANADA IN THREE AGREED UPON INSTALMENTS.
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- b) Project Activities – Specify the actual activities that took place – what did the project do with the inputs/resources to meet its objectives?

1.PREPARATION AND SUBMISSION OF APPLICATIONS FOR APPROVALS TO CONSTRUCT THESE FACILITIES TO LOCAL AUTHORITIES.

2. SUPERVISION OF CONSTRUCTION.

3. RELOCATION OF THE CENTRES TO THE NEW PERMANENT FACILITIES,

3.

- c) Project Outputs – List the actual primary outputs of the project. This relates to the volume of work accomplished. This is not an outcome as it usually doesn't indicate whether the participants/beneficiaries of the project benefited from the service.

BOTH OF THE COMMUNITY HEALTH CENTRES ARE FUNCTIONING AND PROVIDING THE DESIRED SERVICES TO THE COMMUNITY.

- d) Project Outcome(s) – List the actual outcomes of the project. (Remember to check on this by walking through the “if-then” relationships. Do these relationships reflect the logic of the project – the sequences of influences and changes that the project inputs, activities and outputs intended to set in motion?) This can be both qualitative and quantitative. Include qualitative results that give a more in-depth analysis of the impact of the grant (i.e. summary of letters from participants describing the impact or benefit).

1.THESE FACILITIES WITH LARGER SPACE THAN THE PREVIOUS TEMPORARY CENTRES HAVE OUT PATIENT DEPARTMENT, WAITING AREAS FOR MALE AND FEMALE PATIENTS, OBSERVING ROOM, LABORATORY AND KITCHEN FACILITIES.

2. HAS ENABLED THE STAFF TO FOCUS ON QUALITY CARE AND HAS IMPROVED THE EFFICIENCY OF THE OPERATIONS.

4. IT IS HELPING HDF PAKISTAN AND COMMUNITY TO ACHIEVE ULTIMATE GOAL OF PROVIDING QUALITY CARE WITHOUT ANY INTERRUPTION.

- e) Project Outcome Indicator(s) – Identify key outcome indicators for each outcome that represents a level of achievement of the outcome. Indicators are a specific observable, measurable characteristic or change that will tell you whether each outcome has been achieved. The wording of each indicator must be specific and tell us what characteristic or change you are counting.

1. IT HAS PROVIDED SUSTAINABILITY TO PRIMARY HEALTH PROGRAM OF HDF IN THIS AREA..

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What factors contributed most to the successful outcomes?

1.PARTICIPATION AND SUPPORT OF THE COMMUNITY.

2. CONTINUED FINANCIAL AND PROFESSIONAL SUPPORT BY HDF

PAKISTAN

How were the project beneficiaries/recipient community involved in project design and implementation?

LOCAL COMMUNITY THROUGH THEIR DEVELOPMENT ORGANIZATION WERE INVOLVED IN THE EVOLUTION, EXECUTION AND IMPLEMENTATION OF THIS PROJECT.

Did this project contribute to any prospect for sustainability? (Did the project cultivate local leadership and/or provide its beneficiaries with the tools to meet their own needs?)

YES.

HAVING A PERMANENT LOCATION , THE INTERRUPTION OF SERVICES TO THE COMMUNITY DUE TO FREQUENT RELOCATION FROM ONE PLACE TO OTHER HAS BEEN ELIMINATED.

EFFICIENCY AND QUALITY OF CARE HAS IMPROVED AND IS SATISFACTORY TO THE BENEFICIARIES.

What major difficulties or constraints were encountered throughout the duration of the project?

NOTHING HAS BEEN BROUGHT TO OUR ATTENTION.

PROJECT WAS COMPLETED WITHIN TIME FRAME AND ALLOCATED BUDGET.

Did you have the same overseas partner throughout the project's duration? Yes X No

If no, please explain:

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Please provide an evaluation of your overseas partner relating to staff and volunteer resources, experience, qualifications and their ability in administering the project:

OUR OVERSEAS PARTNER IS COMMITTED TO ITS MISSION TO FACILITATE A NON-POLITICAL MOVEMENT FOR A POSSITIVE SOCIAL CHANGE AND COMMUNITY EMPOWERMENT THROUGH MASS LITERACY, ENHANCED QUALITY OF EDUCATION, UNIVERSAL PRIMARY HEALTH CARE AND GRASSROOTS ECONOMIC DEVELOPMENT.

TO ACHIEVE THESE GOALS,HDF HAS AN INFRASTRUCTURE AND COMMITTED WORK FORCE, DEDICATED TO ACCOMPLISH THESE GOALS AND IS TRAINED TO DELIVER THE RESULTS AND WORK WITH THE COMMUNITES IN THE AREAS ON PERSONAL EMPOWERMENT OF COMMUNITY MEMBERS.

Did a representative of your organization conduct an on-site inspection of the project? Yes No X

Please explain:

HDF CANADA HAS NO OPERATIONAL BUDGET AND CAN NOT TRAVEL TO PAKISTAN.

How did your organization verify funds were used for the stated purpose?

WE WERE RECEIVING VERBAL AND WRITTEN ELECTRONIC PROGRESS REPORTS FROM OUR PARTNER IN Pakistan.

What form(s) of recognition of the Government of Alberta, through the lottery funded International Development Program, were made in either the NGO publicity materials or in the less developed country(s)?

SEE SOME OF THE ATTACHMENTS ACKNOWLEDGING WILD ROSE IN OUR PUBLIC RELATION COMPAGNS.

Are copies of all public recognition given to this grant (i.e. newspaper articles, newsletters, annual reports, etc.) included with this accountability report? YesX No

If no, please explain:

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FINANCIAL REPORT:

14. Project REVENUES In Canadian Funds

Funding Sources	Original Budget In Cash	Original Budget In Kind	Actual Budget In Cash	Actual Budget In Kind	Explanation Of Variances
Non-Government Organization Contribution to this Project (your organization):	\$ 14,500.00		\$ 14,500.00		
Canadian International Development Agency Contribution:					
Recipient Country Contribution: Source:					
List other Government Sources: 1. 2.					
List All Other Sources: 1. 2.					
Amount received from the International Development Program	\$13,500.00	X		X	
TOTAL	\$ 28,000.00	\$	\$	\$	

Notes:

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15. Project **EXPENDITURES**
In Canadian Funds

Item/Description	Original Budget In Cash	Original Budget In Kind	Actual Budget In Cash	Actual Budget In Kind	Explanation Of Variances
Personnel 1. 2.					
Materials (please itemize) 1. 2.					
Equipment (please itemize) 1. 2.					
Training (please itemize) 1. 2.					
Transportation (please itemize) 1. 2.					
Local Administration					
Other Direct Project Costs (please itemize) 1. 2.	\$	\$	\$	\$	
TOTAL	\$28,000.00		\$28,000.00		

Receipts and copies of bank transfers or other third party verification that funds were provided as per the grant agreement must be provided in English and Canadian Currency as supporting documentation to this accountability report.

Notes: BANK WIRE TRANSFERS PROOFS ARE ATTACHED

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Are receipts or other third party verification that funds were provided as per the grant agreement included with this accountability report? Yes No X

If no, please explain:

NO THIRD PARTY INVOLVED IN THIS PROJECT

Please indicate what sources were used to defray administrative costs incurred in Canada.

FREE VOLUNTEER TIME BY BOARD MEMBERS,

Please describe how the grant funds were transferred to the project:

WIRE TRANSFERS FROM C.I.B.C TO HDF PAKISTAN ACCOUNT IN ISLAMABAD

Are there copies of any evaluation reports, publications, maps, photographs, videos, etc. from the project included with this accountability report? Yes No X

If no, please explain:

WILL BE PROVIDED WHEN RECEIVE FROM OUR PARTNERS

Please complete the attached **Statutory Declaration Form** and include with your Final Report Form submission.

Supporting documentation should be retained for two years for possible audit use

**INTERNATIONAL DEVELOPMENT PROGRAM
STATUTORY DECLARATION FORM**

To be completed and returned with **Accountability Report**

To the International Development Program:

I, the undersigned, being a duly appointed officer of:

_____ KHWAJA G. (GUS) AHMAD _____

_____ (Name of organization)

Do hereby solemnly declare on this date: _____
(date)

1. that the project known as: CONSTRUCTION OF COMMUNITY HEALTH CENTRES IN RAHIM YAR KHAN & MARDAN IN PAKISTAN
_____ (name of project)

for which funding in the amount of \$ \$ 13,500.00 was received from the International Development Program, is now complete and/or in operation;

2. that the funds from the International Development Program have been expended solely on the project as originally outlined in the grant agreement;
3. that our organization contributed an amount that was at least equal to the amount funded by the International Development Program for this project from funds that were raised in Alberta;
4. that any unexpended portion of this the International Development Program grant has been returned to the International Development Program, or has been approved by the International Development Program for other uses with the project;
5. that the International Development Program is entitled, at its sole discretion, to conduct an audit or review of the project, including the accounts, at any time from the signing of this document;
6. that our financial statements, prepared in the normal course of events and covering the period of the project, will be forwarded to the International Development Program as soon as they are available;
7. And I make this solemn declaration conscientiously believing it to be true, and knowing that it is the same force and effect as if made under oath.

Declared before me at _____
(city/town)

(signature of President or CEO)

in the province of _____, this _____
(province) (day)

(date)

day of _____, _____
(month) (year)

Commissioner for Oaths