

Basic Information

Grant title

Saving Mothers, Improving Lives for Families and Communities: The HEaRT Project

Type of Project

Humanitarian Project

Address community needs and produce sustainable, measurable outcomes

Primary Contacts

Name	Club	District	Sponsor	Role
Nancy Dixon	Mount Airy	7690	Club	International
Gladys Aber	Kitgum	9213	Club	Host

Committee Members

Host committee

Name	Club	District	Role
Christopher Okema	Kitgum	9213	Secondary Contact
Peter Ogenga	Kitgum	9213	Secondary Contact

International committee

Name	Club	District	Role
Lenise Lynch	Mount Airy	7690	Secondary Contact International
Lone Cooke	Mount Airy	7690	Secondary Contact International
Lee Lawson	Mount Airy	7690	Secondary Contact International

Do any of these committee members have potential conflicts of interest?

Project Overview

Tell us a little about your project. What are the main objectives of the project, and who will benefit from it?

The Healthcare, Emergency and Response Teams (HEaRT) Project was born from the results of a rural Mobile Health Clinic Rotary project for mothers and children (M&C) conducted in Kitgum District (completed 2014) and longitudinal government data indicating M&C mortality is largely linked to a few preventable factors (maternal bleeding after birth and infant asphyxia). Additionally, in 2016 community and health care provider interviews indicated delays in reaching care, a fractured, poorly trained and equipped maternity provider system and inconsistent public health messaging complicated the public's ability to receive appropriate care for M&C.

The objective of the HEaRT Project is to positively impact maternal and child healthcare in a large, remote, northern sub-county in Kitgum District, Uganda with the highest maternal and infant mortality rates nationwide through:

- Improving access to appropriate maternity care: by integrating Rotary furnished, community constructed maternity waiting homes, and an emergency transportation system;
- Improving linkages between village-based and clinic-based health care teams with collaborative training, upgraded equipment and implementing higher level provider skill sets;
- Creating consistent, integrated public health education messaging with strong follow up for implementation of new health education skills

Areas of Focus

Which area of focus will this project support?

Maternal and child health

Measuring Success

Maternal and child health

Which goals will your activity support?

Improving access to essential medical services, trained community health workers, and health care providers;
Funding graduate scholarships for career-minded professionals related to maternal and child health

How will you measure your project's impact? You need to include at least one standardized measure from the drop-down menu as part of your application.

Measure	Collection Method	Frequency	Beneficiaries
Number of maternal and child health professionals trained	Grant records and reports	Every month	50-99
Percentage of women giving birth who received pre-natal of more than one ANC visit. Track outcomes of births Oct. '17 - Apr. '19	Grant records and reports	Every month	20-49
Number of benefiting health facilities	Grant records and reports	Every three months	1-19
Number of mothers giving birth using maternity waiting home. Track outcome of births begin after construction of home(s) approx March 2018 - April 2019	Grant records and reports	Every month	50-99
Number of mothers referred to HC by Traditional Birthing Referral Agents Feb 2018 - April 2019	Grant records and reports	Every month	50-99
Number of call-outs for emergency services per month after HEaRT System is operational (est. Oct. '18, track outcome of calls) Oct. '18 - April '19	Grant records and reports	Every month	50-99
Number of community sensitizations and participants attending (track with topic and follow up conducted) Nov. '17 - Apr. '19	Grant records and reports	Every month	50-99
Percentage of households in sensitized villages where desired public health skills are incorporated Dec '17 - April '19	Direct observation	Every three months	50-99

Do you know who will collect information for monitoring and evaluation?

Yes

Name of Individual or Organization

Ankeo Florence (CV attached)

Briefly explain why this person or organization is qualified for this task.

Aneko Florence would be an appropriate contact. She has experience in public health, monitoring and evaluation, mid-wifery, as well as project management, statistical recordkeeping, report writing and presenting. She speaks English as well as the local language. She is familiar with local customs. Ms. Aneko is comfortable and experienced working with governmental agencies, such as District Health Office, Ministry of Health as well as Non-Governmental Organizations.

Additionally, there will be many ground-level partners assisting with the gathering and forwarding of information to the project manager. The positions of these participants would include, but not necessarily be limited to: TBA's, VHT's Community Health Educators/Workers, Health Center Staff (identified point person

for this project will be determined), Operational Team Leaders (drivers of HEaRT System emergency vehicles), Health Oversight Committee (an already existing local sub-county based community group), and Rotarians when conducting scheduled reviews and field work. However, Project Manager will be responsible for producing information for regularly scheduled reporting meetings for host and international partner (and/or other stakeholders) project progress meetings and to be used for official Rotary reports.

Location and Dates

Humanitarian Project

Where will your project take place?

City or town

Province or state

the 6 six parishes of Orom: Akurumo, Katwotwo, Kiteny, Lolia, Lolwa, OkutiOrom Sub-County, Kitgum District

Country

Uganda

When will your project take place?

2017-10-01 to 2019-04-30

Participants

Cooperating Organizations (Optional)

Name	Website	Location
District Health Office		Kitgum Uganda
Orom Sub-County Local Government		Orom Uganda
Children Of the World Foundation (COW) Foundation	www.cow-foundation.com	Plot 4, Chua Road, Gangdyang Ward, Pandwong Division Kitgum Uganda

Supporting Documents

- MOU_RCK-DHO_GG1531030.pdf
- GG1531030_MOU_RCK-Orom_LC_III.pdf
- MOU_RCK-COW.pdf
- Profile_of_Cooperating_Org_-_COW_Foundation_GG_1531030.doc

Do any committee members have a potential conflict of interest related to a cooperating organization?

Yes

If so, please briefly explain.

None of the direct committee members for this Global Grant have a conflict of interest.

However, as discussed with RI Regional Grants Officer for East Africa at initiation of this project design in

May, 2016 at District 9211 Conference, one Rotary Club of Kitgum member in is also involved with a selected cooperating organization. Abwola Peter, is a member in good standing and President-Elect for RCK he also holds two NON-COMPENSATED positions with Children Of the World (COW) Foundation, Executive Director and Secretary of the Board. Mr. Abwola is not, nor are any of his family members or their businesses, compensated in any way for his service to C.O.W. Foundation in any capacity.

Children Of the World is a registered non-profit community based organization with staff long-located in the target area of this Rotary proposed project. The staff have excellent experience, community organizing/empowerment skills and public education expertise as described in the attached organizational information or found on their cited website. Due to the organization's long ties to the target area, there have established relationships and social capital that will greatly benefit the execution of this project plan. It is for those reasons that COW Foundation was chosen as a Cooperating Organization.

Rotarian Abwola Peter is not personally located in the project target area. He has never and will never receive remuneration from any funds or in-kind benefits associated with any agreement between Rotary and COW Foundation for particular field staff to be contracted for services rendered in order to benefit the achievement of the goals of GG 1531030, HEaRT Project. Any COW staff contracted to work on HEaRT Project activities shall directly report to and work for the GG 1531030 Project Coordinator without compromising the autonomy of either organization.

Why did you choose to partner with this organization and what will its role be?

All three of these organizations were chosen for (1) their current presence and vital roles within the target area, (2) their cooperation with the past 3 years of needs assessment development, (3) willingness to partner together to reach a mutual goal, each providing areas of expertise and resources and (4) also agreeing to continue the partnership after global grants are over through the development and implementation of shared of sustainability efforts to ensure uninterrupted service delivery for the greater good. Each partner's role is described in their individual MOU.

Partners (Optional)

List any other partners that will participate in this project.

N/A

Rotarian Participants

Describe the role that host Rotarians will have in this project.

Host will provide the ground level project oversight and community liaison role on a daily basis by: (includes estimated time of involvement of local Rotarian noted)

All Rotary Club of Kitgum (RCK) members (15) will participate at various times throughout the slated 18-month project. RCK prides itself on a team-approach to all projects, utilizing each members' individual skills and talents. However the primary (1) and secondary (2) contacts will be most involved. Specifically, RCK Global Grants committee is privileged to include past Assistant Governor, Past Presidents, those with understanding of local government, educators, engineers, those with medical experience in maternal health, and many years of experience with past successful multi-year Global Grants.

A full-time project manager staff will be hired and part-time bookkeeper service will be contracted for the day-to-day supervision and management of the project activities, including the submission of reports for review and approval. However, Host Rotarians will provide oversight and act as a community liaison on a regular basis throughout.

-Reviewing monthly reports from Project manager that include progress towards prgm goals,statistical and

financial reports, progress of local sustainability committee and emergency vehicle reports after HEaRT System is operational. The mtgs provide an opportunity for all members of HOST Rotary to interact with Project Mgr, review project, provide inputs in order to continue to reach project goals. (approx 2 hours per month at regularly scheduled Rotary meeting; plus ad hoc supervision meetings scheduled as needed individually between program manager and primary contact - avg 30 min/week)

Attend monthly "virtual meeting" between International Partner, Project Manager and Host Partner to review reports, progresses and challenges to project goals (1 Host Rotarian, 30 min/Month)

Assist with training local government and other local community stakeholders about project and prepare for field sensitizations; accompany local stakeholders/leaders with all field sensitizations regarding program introduction, roll out and implementation (1 day for 6 Rotarians for training with community leaders; 1 day/mo/6 months for 6 Rotarians for parish sensitizations and ongoing program updates)

Attend Stakeholder meetings as needed throughout project (TBD)

Conduct quarterly site reviews of health centers after training-new equipment and infection control (2 Rotarians 1 day X 4 times during project)

As HEaRT System becomes operational, conduct/review reports of quarterly vehicle security and maintenance inspections; paperwork and usage log entries; on-site reviews of vehicles, review log maintenance and security, emergency procedure drills (2 Rotarians 1 day X 4 times during project)

Oversee official finances of project, includes initial establishment of proper procedures for all associated financial accounts, fund transfers, vendor payments and inspection of books on a minimum of a monthly basis. Books should be balanced every month and reviewed. (NOTE: RCK has an approved relationship with banking and transfer method set up for current GG with will be .50 complete in 2017. This procedure will be reviewed for appropriate continuation for this GG) (10 hours initially, then 1 hour monthly at regular meeting)

Organize and participate in any cadre visit as scheduled (TBD)

Ensure the professional outside audit and final project evaluation are conducted (2 days during project)

Participation any public information dissemination necessary for this project as assigned (TBD)

Describe the role that international Rotarians will have in this project.

International Partner will collaborate with and support the implementation of the project by Host Rotary by: (estimated time for Rotarian Involvement)

International Partner has incorporated onto their committee and partners the skills of accounting, experience in Global Grants, Rotary Administrative governance, grants administration, monitoring and evaluation for outcome reporting, construction, engineering, finance, practice in medicine, health education, medical experience in third world countries, as well as specifically collaborating on projects in Kitgum Uganda on site with RCK members for several months. The plan is to use these various skills to collaborate with our HOST Club in such a manner to enable this project to become a highly beneficial and lasting resource for the target community.

Specifically the International Club will:

Oversee official financial of project, including initial establishment of appropriate procedures for accounts, transfers, reviewing and cross checking for bookkeeping and fund withdrawals on a minimum of a monthly basis. All accounts will be balanced at the end of each month.

(1 Rotarian - 10 hours to initiate, 1-3 hours per month during project)

Review and comment on monthly program monitoring/progress and financial reports (2 Rotarians 2-4 hours per month each)

Participation in monthly "virtual meeting" with Project Manager, representative from International partner (1 International Rotarian - 30-45 minutes per month)

Preparing and submitting appropriate reports with collaboration and information from Host Club and Project Manager (15 hours over project)

Participate in any public information dissemination necessary for this project as assigned (TBD)

Participation in on-site visits (in Uganda), consultation, planning during project operation (TBD) (1 or 2 International Rotarians travel a minimum 2x during project for approx. 3 weeks each visit.)

Continuing open and responsive dialog with Host Rotary to discuss and address any challenges which may arise with implementation of this project (TBD)

Budget

What local currency are you using in your project's budget?

The currency you select should be what you use for a majority of the project's expenses.

Local Currency	U.S. dollar (USD) exchange rate	Currency Set On
UGX	3650	18/05/2017

What is the budget for this grant?

List each item in your project's budget. Remember that the project's total budget must equal its total funding, which will be calculated in step 9. Every global grant includes a match of at least \$15,000 from The Rotary Foundation's World Fund. Project budgets, including the World Fund match, must be at least \$30,000.

#	Category	Description	Supplier	Cost in UGX	Cost in USD
1	Equipment	Equipment described in attached Excel spreadsheet	eRanger and local vendors	410444900	112451
2	Training	Training	local vendors	154669287	42375
3	Project management	Administration	local	62468660	17115
4	Operations	Contingencies	local	37543900	10286
Total budget:				665126747	182227

Supporting Documents

- 1531030_Aneko_-_CV_for_potential_project_mgr.pdf
- 1531030_Budget_all_sections-UGX_3650_May_10_2017.xlsx
- Budget_1531030_Equipment_with_quotes__(1).pdf
- Budget_2_1_Health_Care_Staff_with_training_(1).pdf
- Budget_2_2_Parish_LC_leaders_with_training_(1).pdf
- Budget_2_3_Ed_TBRA_MW_with_training_(1).pdf
- Budget_2_4_VHT_Community_Health_Training_with_Budget.pdf

- Budget_2_5_First_Responder_Training_with_budget.pdf
- Budget_2_6_eRanger_Training_with_Budget.pdf
- Budget_2_7_Financial_Workshops_Training_with_Budget.pdf
- Budget_GG_1531030_Equipment_with_quotes__(1).pdf
- GG1531030_Project_C_U_R_E_Summary_Assessment_Report_Uganda_Orom_.pdf
- GG_1531030_Cost_Benefit_Discussion_of_Repair_of_Existing_Gypsy_King_Maruti_Ambulance_Versus_Purch
- GG_1531030_July_2016_COMMUNITY_NEEDS_ASSESSMENT_REPORT_July_2016.doc
- GG_1531030_SCOOPING_STUDY__INTERGRATED_REFERRAL_SYSTEM.docx

Funding

Tell us about the funding you've secured for your project. We'll use the information you enter here to calculate your maximum possible funding match from the World Fund.

#	Source	Details	Amount (USD)	Support*	Total
1	Donor Advised Fund	Mount Airy Rotary DAF	106,151.00	0.00	106,151.00
2	District Designated Fund (DDF)	6110	10,000.00	0.00	10,000.00
3	Cash from Club	Yadkinville	2,000.00	0.00	2,000.00

*Whenever cash is contributed to the Foundation to help fund a global grant project, an additional 5 percent is applied to help cover the cost of processing these funds. Clubs and districts can receive Paul Harris Fellow recognition points for the additional expense.

How much World Fund money would you like to use on this project?

You may request up to 64,076.00 USD from the World Fund.

64076

Funding Summary

DDF contributions:	10,000.00
Cash contributions:	2,000.00
Donor Advised Fund:	106,151.00
Financing subtotal (matched contributions + World Fund):	182,227.00
Total funding:	182,227.00
Total budget:	182,227.00

Sustainability

Humanitarian Projects

Project planning

Describe the community needs that your project will address.

Needs were identified through a series of community needs assessments conducted in all 6 parishes of target sub-county with various focus groups, including community members, religious and clan leaders, traditional birthing attendants, local government, district health office, and local health clinic workers and also including local statistics. (full summary of focus group responses attached)

Most common responses from needs assessments:

- Lack of access to appropriate healthcare for pregnant women in routine and emergency obstetric situations due to extreme distances resulting in high maternal and infant mortality rates;
- The presence of a fractured maternity-care provider system (village based Traditional Birthing Attendants (TBAs) versus health center based mid-wives and comprehensive nurses) coupled with non-existent or outdated medical equipment and provider skill sets resulting in births occurring in non-medical or poorly trained settings, poor pre-natal care increasing the high infant mortality rates;
- Inconsistent public health education and poor implementation of new health education skills resulting in high morbidity/mortality for children ages 5 years or less, particularly related to malaria.

How did your project team identify these needs?

Through a 6-month community level needs assessment process. Community members in various groups and settings participated in discussions of community health needs; then subsequent meetings to discuss methods to address which methods the community would be willing to also monetarily or otherwise support. The final phase of community meetings focused on how to best involve/inform the community/constituents/stakeholders involved and committed to the project. Participants included: general population: mothers, fathers, grandparents, single adults visiting health centers; young adults and teens at schools, religious groups and leaders; TBA's, VHT's, Health Center Staff, local government leadership and women's groups.

How were members of the benefiting community involved in finding solutions?

See above

How were community members involved in planning the project?

- Participation in previous MCH project & evaluations (GG 25670)
- Participation in follow up needs assessments (2014, Apr '16, Jun '16)
- Participation in project design input committees/surveys (June 2016)
- Participation in sustainability design committees (July-Aug 2016)

Project implementation

Summarize each step of your project's implementation.

Do not include sensitive personal data, such as government ID numbers, religion, race, health information, etc. If you include personal data, you are responsible for informing those whose personal data is included that you are providing it to Rotary and that it will be processed in accordance with Rotary's [Privacy Policy](#).

#	Activity	Duration
1	Hire Project Manager, place order with Project CURE October, 2017	1 month
2	Conduct Community Leaders workshops on project, prepare Community Leaders to be able to conduct community level sensitizations on project details (Training 2.2) November 2017	2 days
3	Conduct community level PROJECT LAUNCH sensitizations, co-led by community leader(s) and Rotary member(s) November 2017	2 weeks
4	Stakeholders meeting to solidify composition of oversight committee for local fiscal management of emergency response system; set dates for training events November 2017	2 days
5	Conduct Financial/Project Sustainability Planning Workshop for Health Oversight Committee and Stakeholders, organizational planning and schedule of health worker training Nov '17, Jan '18, Apr '18 Jun 18, Sept '18 Nov 18, Jan '19, March '19	1 day, then continue quarterly. Discussion/work mtgs scheduled in between workshops

6	Organize and set timeline for building of Maternity waiting home(s); include committee with broad representation, publicize, prepare and implement a sensitization plan for use, encourage community participation throughout.	1 day
7	Schedule training for Health Workers on Infection Control, updated skills for new equipment identified in needs assessment, correct usage and integration of equipment (Training 2.1 - training date for equipment maintenance/usage will be dependent on delivery of equipment) Nov - Dec.'17	1 day
8	Encourage and collaborate for completion of Maternity Waiting home(s) construction; coordinate upgraded equipment delivery according to needs assessment, conduct training for Health Center Staffs (Training 2.1) Dec '17 - Jan '18	3 days classroom, 2 days onsite follow up training; implement Quality Improvement crosscheck system
9	Plan multi-step sustainable public health education and skills implementation program on several public health topics such as: mosquito eradication/malaria prevention and intervention, utilize input from sub-county health oversight committee, sub-county health plan, each parish determine how to implement locally by Community Health Workers/Promoters in businesses, schools, public areas and homes. January '18 - April '19	2 days initial plan, ongoing implementation and collaborative meetings
10	Ongoing Community meetings for information dissemination regarding system operations, monies collections, transparency of funding operations for the public good.	Monthly
11	Stakeholder meeting to create HEaRT System layout, design functioning protocol January '18	2 days
12	Training for referral skills for TB, integration into official referral chain and strengthen linkages between TBA & HC midwives, schedule regular meetings, satisfaction within group and public about services (Training 2.3) Jan '18, Apr '18, Aug '18, Nov '18, Jan '19, March '19	3 days, then repeat quarterly, each follow up with field supervision and ongoing collaborative meetings regularly scheduled
13	Order related HEaRT Emergency Motorcycle Ambulances (eRangers) Jan - Feb -18	1 day to order; Company assembles each ambulance per request - delivery up to 6 mos.
14	Training for Community Health Workers/Promoters (Training 2.4) Feb '18, May '18, Aug '18, Nov '18, Jan '19, March '19	3 days quarterly with 1 week of field follow up supervision
15	March, April, May, June 2018 Continued trainings & conducting field follow up supervision, public health sensitizations and community field	TBD

	visits for skill implementation, TBA/TBRA/MW meetings ongoing - increased linkages for referrals. Review for Health Centers using new equipment and skills. Continue reviewing progress on construction of Maternity Waiting home(s).	
16	Mid-Point Stakeholders Meeting - Review with International, Host Rotaries, all Stakeholders represented; Project Progress to Date; successes and challenges; Sustainability Planning committee to report. Second half project plans/timeline goals to be presented. June - July 2018	1 day
17	Create/finalize job description for HEaRT System	2 weeks
18		5 days of classroom, with 5 days of field follow up; quarterly practice training/meetings
19	Conduct training for drivers and mechanics for eRanger motorcycle ambulances (Training 2.6) Set regular equipment maintenance and inspection schedule. Est July - August 2018 (depends on delivery of equipment)	5 days with maintenance/inspection follow up schedule set at training
20	Implement emergency training practice drills, ongoing training, regular reviews. Aug - Sept 2018 Then ongoing with regular quarterly practice schedule: Nov '18, Jan '19; Mar '19 , ongoing after project ends	1 days each
21	Prepare and conduct community sensitization on HEaRT System, Tour of eRanger to each Parish/various points. Sept - Oct 2018	2 - 4 weeks
22	Initiate Health Emergency and Response Teams (HEaRT) System. Continue meetings to discuss challenges, inform/survey beneficiaries, constantly review to improve efficiency and effectiveness. Oct - Nov 2018 & ongoing	1 day per month, ongoing
23	Complete final project scheduled trainings and field follow ups. Confirm ongoing post-program schedules of established related-working groups in sub-county; sustainability plan implementation and progress. Nov '18 - Mar 19	TBD
24	Schedule and oversee outside evaluation; audit for project conclusion. Review final reports, oversee completion of all portions of project to be ended and confirm continuation schedule, funding and partners of all ongoing services. Organize, Schedule and conduct Final Stakeholders' Meeting with Summary/Lessons Learned. April 2019	TBD for some events, 2 days for outside evaluation, 1 day for Final Stakeholders meeting
25	Hire project manager	--
26	This was not implemented. The mechanic had some challenges and the activity could not be handled as planned	--
27	This has been continued even after the project period. We have continued	--

to visit the different women groups For Village Saving loan which has been part of the sustainability plan and a means to keep the groups together. Also to encourage and check on their early referrals

Will you work in coordination with any related initiatives in the community?

Yes

Briefly describe the other initiatives and how they relate to this project.

Currently there is an effort to transport rural-residing mothers to hospital via a “boda-boda voucher system” but project was designed with no sustainability plan included. NGO project manager estimated funds will be depleted by June 2017. During Rotary needs assessment period, our team met with this NGO and service area community members, discussed how to use what was good about this current effort (that the community desired a public dependable transportation system for times of health emergency) but improve upon other factors (it needed to actually be dependable, be comfortable/appropriate for the injured or sick patient, transport staff need to be trained with lifesaving skills, other basic skills.) Project will collaborate with DHO for field community education/public health implementation and staff will undergo capacity-building training.

Please describe the training, community outreach, or educational programs this project will include.

Several levels of training/community outreach:

- (1) Community Leaders will be trained on the initiative, then they will introduce it to the parishes, villages they represent partnered with a Rotary member and/or the Project Manager,
- (2) as the training-encourages linkages between TBA’s and HC based midwives strengthens, the message to TBA takes message of new “methods” to their own villages, introduces midwives to villagers and increases trust to utilize health center and mid-wife staff.
- (3) Community Health Workers (CHW) will be introducing intensive disease control/intervention skills focusing first on Malaria Prevention in each parish,
- (4) as the emergency transport section of this project is initiated, the vehicles serving each area will be taken “on tour” for sensitization through each parish... to introduce drivers, procedures of program, and encourage feelings of community “ownership” to support the entire system. Each month, Drivers are required to post and disseminate information to the public in their district, the statistics of the system: regarding the number of “call-outs”, the number of people served, how much money people saved by having a “community-supported” system rather than having to pay on-demand.

How were these needs identified?

Issues were identified through a 6-month community level needs assessment process (conducted April – July 2016, then Nov-Dec 2016.) Community members in various groups and settings participated in discussions of community health needs; then subsequent meetings to discuss methods to address and which methods the community would be willing to also monetarily or otherwise support; then subsequent meetings to discuss how to best involve the community as the interventions began, results were being gathered and services were changing. Participants included: general population: mothers, fathers, grandparents, single adults visiting health centers; young adults and teens at schools, religious groups and leaders, TBA’s, VHT’s, Health Center Staff, local government leadership, and women’s groups

What incentives (for example, monetary compensation, awards, certification, or publicity), will you use, if any, to encourage community members to participate in the project?

District Health Operated Health Center Staff – these members, particularly midwives, comprehensive nurses, in-charge medical officers and statisticians will be involved in this project. The persons have already been involved in the planning of this project. The included activities/duties are part of their current positions. However this application seeks to award health centers with “Awards of Excellence” for reach certain milestones in service provision and quality of care.

Village Health Team (VHT) Workers/Community Health Promoters (CHP) – VHT/CHP workers have already been included I the development of this project. These village-based educators will be will receive

ongoing training and supervision to improve the quality of their work. They will collaborate with Program manager and the sub-country based Community Health Committee (which was already organized in Orom prior to our application) for collaboration to determine and provide village level programming, keep requested statistics, create and submit specific reports. (see incentives below).

Traditional Birthing Attendants (TBA) – these often highly trusted village-based untrained birthing assistants provide a level of healthcare to mothers. The TBAs have a strong relationship with the mothers and want good care for them. The TBAs will be offered a series of educational sessions, upon completion; a certificate will be awarded to indicate the level of Traditional Birthing REFERRAL Agent (TBRA) has been achieved. These TBRA’s will continue in on-going collaborative training with area midwives, regularly scheduled case discussions of patients with midwives to strengthen linkages between the village healthcare and the health center healthcare. TBRA’s will encourage mothers to attend ANC, to deliver in health centers, utilize a maternity waiting home if necessary due to distance, to attend PNC as well as both parents to attend family planning sessions. TBRA’s will provide in-home nutrition, breastfeeding and ongoing sexual health guidance. (see incentives below)

Program Manager will work with Community Health Oversight Committee and each parish in Orom sub-county (religious leaders, clan leaders, schools, women’s groups and others) to organize semi-annual “Public Health Worker Appreciation Day” to honor the local volunteer health workers (VHT, TBRA) with large community celebration and community gifts (soap, chicken, goat, cloth, monies, etc.)

Local Sub-County Government - identified in July 2016 planning three awards for Sub-County staff to assist with Sustainability: Staff can be recognized for (1) creating and helping to establish sustainable approaches to making referrals, (2) Creating a practice within the government system to be implemented on any level that will lead to a “greener” procedure, and (3) the development of partnerships and community engagement that lead to improved efficiency, “greener” practices or self-sustaining methods for the implementation of the duties of the government. If the local government runs more efficiently, it will have more funds to support these other desperately needed services for its people.

List any community members or community groups that will oversee the continuation of the project after grant-funded activities conclude.

Orom Health Oversight Committee and Sustainability Sub-Committee

Sustainability planning and implementation oversight has been already initiated (June, 2016) organized by the already-existing (Orom) Health Management or Oversight Committee (HOC) and the newly added, Sustainability Sub-Committee. An initial 5-year (thru 2021) plan was approved locally (20 July 2016) and copy forwarded to Rotary on 8 August 2016. This oversight and management will continue throughout project and is structured for the long-term after project completion. Bank account is already open and functioning. This ongoing responsibility is included in the signed MOU between RCK and Orom Sub-County Local Government, Part 6, Item J.

This committee and sub-committee are comprised of representatives of: LC 1’s, Parish chiefs, sub-county Village Health Team, sub-county technical advisor, sub-county financial officer, health workers, religious leaders, community members, district health inspector and sub-county chief.

Budget

Will you purchase budget items from local vendors?

Yes

Explain the process you used to select vendors.

Yes, RCK team printed out the list of items needed for the project ; then RCK requested local vendors to

indicate the costs of each item as well as explain the source of such items. Four vendors responded and three Rotarians identified the best vendor for each item needed using majority choice.

> Two items will not be purchased locally: eRanger motorcycle ambulances and medical equipment.

eRanger motorcycle ambulances to be provided by Ranger Production Company, LTD. – This product was chosen due to research on various models of motorbike ambulances utilized in Africa. The design makes it very stable for patient transfer in all terrain, particularly in off road areas such as our target sub-county. Additionally, eRanger has been in use for many years around the globe with high reviews in many categories such as: ease of maintenance, easy to learn to maneuver, longevity, durability, stability and good value in long terms and ability to handle heavy work loads. Drivers can be trained to do routine maintenance, no special mechanic needed and due to increased popularity in Uganda (fleets of eRangers have been operating in several areas of Uganda, including Gulu, which located in the next subcounty as Host Rotary Club) parts and other services have increasingly become available. A company-trained, certified mechanic and maintenance trainer is located in Gulu and will be leading the driver/maintenance training for this project.

Updated equipment for Health Centers: Project CURE. Please review information on PROJECT CURE via their website: projectcure.org Project CURE is the largest supplier of donated medical equipment in the world. They are considered one of the top 20 most efficient charitable organizations in the United States as rated by Forbes; receiving a 4-Star Charity Navigator rating (top rating). This organization has provided equipment via The Rotary Foundation funded projects at many times in the past and has provided approximately 30 cargo-loads of equipment to hospitals/health centers in Uganda in 2016 -17. (List available upon request)

> The 3 health centers located in the target sub-county were under equipped for the enormous load of patients being treated, especially maternity patients. 2 facilities were handling maternity cases and had no maternity equipment, from the basic (blood pressure cuffs, scales to birth beds to the ability to monitor for high risk births with portable sonogram) none of these equipments were present. A third facility was the facility designated for “in-patient” deliveries, yet only one broken bed was available with stirrups for examination, two bed frames available for in-patient stays and had to be shared with other types of patients, scales were broken and no diagnostic equipment for detecting high risk birth was available to determine appropriate transfer before it was too late during delivery.

Project CURE sent a representative to conduct a thorough needs assessment for the target areas health centers and prepare a prioritized list. Additionally, recommendations for equipment to referral hospital was made to improve success at the next level.

Project CURE Needs Assessment summary report included with attachments with Equipment Budget.

> two items request repairs over purchasing new equipment

Repair existing Maruti “jeep style” ambulance – (see attached with budget items: "Cost –Benefit Analysis for Repair ... vs Purchase ... " for this line item)

Repair Land Rover – Land Rover is an existing government vehicle. The Government will provide vehicle for the use of our project staff, activities. The project will bring the vehicle up to safe standards with new tyres, windshield and mechanical tune up, completed locally. Additionally, project will pay for the insurance during the time our staff operates the vehicle.

Did you use competitive bidding to select vendors?

No

Please explain.

Same process as competitive bidding, but on smaller scale using local vendors. As indicated above: RCK team member contacted all local Kitgum District vendors who trade in the needed items. Made request for quotation for supplies/equipment by a specific deadline. (REQUEST for QUOTATION: List of specific item description and amount/volume needed for project supplies/equipment, provide information as requested: full cost of item to be made available to Project, Source of quoted supply/equipment; delivery/availability guarantee; guarantee to honor price.

The process resulted in 4 vendors replying to the request with quotations for needed supplies by the deadline.

Three representative Rotarians in Host Rotary reviewed the submitted quotations. The review committee balanced the needs for value and quality and selected the best submission for each for item needed to complete the project goals. Vendors were notified and accepted written quotes are included with budget section detail.

Please provide an operations and maintenance plan for the equipment or materials you anticipate purchasing for this project. This plan should include who will operate and maintain the equipment and how they will be trained.

New equipment for health centers and eRanger Motorbike Ambulances: See training information for each topic. The training for the equipment for the health centers includes all appropriate health center staff, supervisors is conducted by a trained/experienced physician on proper use of each provided piece of equipment, how to integrate into current practice, how to maintain the equipment. All equipment considered is either manual operation, has battery power with batteries easily available in Kitgum, uses electricity with appropriately provided adaptors (included). Solar power is also available at these health centers.

eRanger operators and locally chosen mechanic(s) will be included in training by experienced Instructor certified by eRanger. See Training 2.6 for details.

Describe how community members will maintain the equipment after grant-funded activities conclude. Will replacement parts be available?

Local mechanic(s) and bike operators will be trained on how to service these motorbikes. (see training description breakout) The maintenance costs for motorbike ambulances is included in the estimates of annual fees. While maintenance costs should be low in early years, costs normally grow as years progress however an average per kilometer rate was used for budgeting purpose. These are projected in sustainability plan, also will be discussed in the financial workshop for those on Sub-County Health Oversight Committee (see training breakout.)

Replacement parts are available. These motorbikes are already used and maintained across Uganda, such as a 64-unit fleet in operation since mid-2000's across the Mbale District and even as close as Gulu.

Medical equipment additionally will be selected with low maintenance and common repair/replacement part available. The recommended medical equipment is already common in Uganda.

If the grant will be used to purchase any equipment, will the equipment be culturally appropriate and conform to the community's technology standards?

Yes

Please explain.

Yes. Motorbikes are already widely used in Uganda. This project is replicating portions of a similar system functioning in other areas of Uganda, Mbale Area and Gulu, since the early 2000's. All of these systems are using the same type of motorbike ambulance, eRanger. Thus allowing the abundance of spare parts and trained mechanics to become more plentiful over the years.

All equipment for health centers will be able to utilize appropriate voltage electricity, as well as have battery or manual operation modes as appropriate.

Solar electricity sources are also part of this endeavor.

After the project is completed, who will own the items purchased by grant funds? No items may be owned by a Rotary district, club, or member.

Local government for the citizens of Orom Sub-county
District Health Office operated Orom Sub-county Health Centers

Funding

Does your project involve microcredit activities?

Have you found a local funding source to sustain project outcomes for the long term?

Yes

Please describe this funding source.

A collaborative sustainability plan was devised prior to application submission for authorization. The Orom Sub-County Local Government developed a 5-year (2016-2021) initial plan was completed (July 2016) to initiate the financial maintenance and long-term sustainability for this project. Several funding streams were defined with collaboration from all sectors of the community, including community members, health care workers, village health teams, religious leaders, Local Councillors, parish chiefs and others. A designated bank account has already been opened, with contributions from local government already deposited. Monies from DHO will be included in their budget for this purpose, as well as, Parish Health funds, community user fees and household (resident) funds will also play a role.

A continuing workshop on financial management and project sustainability will be initiated within first months after commencement of project (and continue throughout project) to prepare the Community Health (and Oversight) Committee to review the already-developed sustainability plan, to initiate the plan and to manage the funds raised and set aside for maintenance and support for the healthcare system. Local sub-county government submitted a sustainability plan which included these local funding streams: local government pledge % of revenues per quarter, user fee collected for transportation ; household fee contribution of 2,000 UGX per quarter (part of taxes) and annual contribution from DHO is currently under negotiation. The local sub-county government has already contributed 1,800,000 UGX; opened a bank account for the sole purpose of initiating a fund for future maintenance and operation costs. These initiatives will begin during first section of project, yet dependence on local funding will not be necessary for 18 months, thus allowing for 18 months of building funds in account. As project continues other options will continuously be considered and added.

Will any part of the project generate income for ongoing project funding? If yes, please explain.

Not specifically determined at this time. The Health Oversight Committee has taken up this purpose to develop ongoing funding. Several initiatives are being considered, including eco-friendly interlocking brick-making - a process that produces bricks that do not need mortar in between during construction but also do not need fire during the drying process, thus saving precious trees and reducing air pollution/particulate matter.

Supporting Documents

- Budget_-MCH_for_Jessica.xls
- Report_on_the_community_assessment_visit_to_Orom_Sub_County-5.docx
- Request_Letter__GG1531030_to_Jessica_2021.pdf

Authorizations

Authorizations & Legal Agreements

Legal agreement

Global Grant Agreement

I confirm and agree to the following:

1. All information contained in this application is, to the best of our knowledge, true and accurate.
2. We have read the Terms and Conditions for Rotary Foundation District Grants and Global Grants ("Terms and Conditions") and will adhere to all policies therein.
3. The grant sponsors ("Sponsors") shall defend, indemnify, and hold harmless Rotary International (RI) and The Rotary Foundation (TRF), including their directors, trustees, officers, committees, employees, agents, associate foundations and representatives (collectively "RI/TRF"), from and against all claims, including but not limited to claims of subrogation, demands, actions, damages, losses, costs, liabilities, expenses (including reasonable attorney's fees and other legal expenses), awards, judgments, and fines asserted against or recovered from RI/TRF arising out of any act, conduct, omission, negligence, misconduct, or unlawful act (or act contrary to any applicable governmental order or regulation) resulting directly or indirectly from a Sponsor's and/or participant's involvement in grant-funded activities, including all travel related to the grant.
4. The failure of the parties to comply with the terms of this Agreement due to an act of God, strike, war, fire, riot, civil unrest, hurricane, earthquake, or other natural disasters, acts of public enemies, curtailment of transportation facilities, political upheavals, acts of terrorism, or any similar cause beyond the control of the parties shall not be deemed a breach of this Agreement. In such an event, the Agreement shall be deemed terminated and the Sponsors shall refund all unexpended global grant funds within 30 days of termination.
5. TRF's entire responsibility is expressly limited to payment of the total financing amount. TRF does not assume any further responsibility in connection with this grant.
6. TRF reserves the right to cancel the grant and/or this Agreement without notice upon the failure of either or both of the Sponsors to abide by the terms set forth in this Agreement and the Terms and Conditions. Upon cancellation, TRF shall be entitled to a refund of any global grant funds, including any interest earned, that have not been expended.
7. The laws of the State of Illinois, USA, without reference to its conflicts of laws principles, shall govern all matters arising out of or relating to this Agreement, including, without limitation, its interpretation, construction, performance, and enforcement.
8. Any legal action brought by either party against the other party arising out of or relating to this Agreement must be brought in either, the Circuit Court of Cook County, State of Illinois, USA or the Federal District Court for the Northern District of Illinois, USA. Each party consents to the exclusive jurisdiction of these courts, and their respective appellate courts for the purpose of such actions. Nothing herein prohibits a party that obtains a judgment in either of the designated courts from enforcing the judgment in any other court. Notwithstanding the foregoing, TRF may also bring legal action against Sponsors and/or individuals traveling on grant funds in any court with jurisdiction over them.
9. This Agreement binds and benefits the parties and their respective administrators, legal representatives, and permitted successors and assigns.
10. If any provision of this Agreement is determined to be illegal, invalid or unenforceable, the remaining provisions of this Agreement shall remain in full force and effect.
11. Sponsors may not assign any of its rights under this Agreement except with the prior written consent of TRF. Sponsors may not delegate any performance under this Agreement without the prior written consent of TRF. Any purported assignment of a Sponsor's rights or delegation of performance without TRF's prior written consent is void.
12. TRF may assign some or all of its rights under this Agreement to an associate foundation of TRF. TRF may delegate any performance under this Agreement to an associate foundation. Any other purported assignment of TRF's rights or delegation of performance without the Sponsors' prior written consent is void.
13. Sponsors will comply with all economic and trade sanctions, including those implemented by the Office of Foreign Assets Control (OFAC) of the United States Department of Treasury, and will ensure that they do not support or promote violence, terrorist activity or related training, or money laundering.

14. This Agreement constitutes the final agreement between the parties. No amendment or waiver of any provision of this Agreement shall be effective unless it is in the form of a writing signed by the parties.

15. Rotary International (RI) and TRF may use information contained in this application and subsequent reports to promote the activities by various means such as The Rotarian, Rotary Leader, rotary.org, etc. Unless indicated otherwise in writing, by submission of the photos, the parties hereby grant to RI and TRF the worldwide right to publish and use the photos, including but not limited to, in RI and TRF publications, advertisements, and Web sites and on social media channels and to license use to others, including, but not limited to, media outlets and its partners and through RI's online image database, for the purposes of promoting Rotary. By submitting the photos, the parties represent and warrant that all persons appearing in the photos have given their unrestricted written consent to use their likenesses and to license use to third parties.

16. The Sponsors agree to share information on best practices when asked, and TRF may provide their contact information to other Rotarians who may wish advice on implementing similar activities.

17. The Sponsors will ensure that all individuals traveling on grant funds have been informed of the travel policies stated in the Terms and Conditions and have been made aware that they are responsible for obtaining travel insurance.

Primary contact authorizations

Application Authorization

By submitting this global grant application, we agree to the following:

1. All information contained in this application is, to the best of our knowledge, true and accurate, and we intend to implement the activities as presented in this application.
2. The club/district agrees to undertake these activities as a club/district.
3. We will ensure all cash contributions (as detailed in the grant financing) will be forwarded to The Rotary Foundation (TRF) or sent directly to the global grant bank account after Trustee approval of the grant.
4. Rotary International (RI) and TRF may use information contained in this application to promote the activities by various means such as The Rotarian, the RI international convention, RVM: The Rotarian Video Magazine, etc.
5. We agree to share information on best practices when asked, and TRF may provide our contact information to other Rotarians who may wish advice on implementing similar activities.
6. To the best of our knowledge and belief, except as disclosed herewith, neither we nor any person with whom we have or had a personal or business relationship are engaged, or intend to engage, in benefiting from TRF grant funds or have any interest that may represent a potential competing or conflicting interest. A conflict of interest is defined as a situation in which a Rotarian, in relationship to an outside organization, is in a position to influence the spending of TRF grant funds, or influence decisions in ways that could lead directly or indirectly to financial gain for the Rotarian, a business colleague, or his or her family, or give improper advantage to others to the detriment of TRF.

All Authorizations & Legal Agreements Summary

Primary contact authorizations

Name	Club	District	Status	
Nancy Dixon	Mount Airy	7690	Authorized	Authorized on 19/05/2017
Gladys Aber	Kitgum	9213	Authorized	Authorized on 20/05/2017

District Rotary Foundation chair authorization

Name	Club	District	Status	
Kathryn Billings	Greensboro Airport	7690	Authorized	Authorized on 24/05/2017
Harish Bhatt	Bahari-Dar-es-Salaam	9214	Authorized	Authorized on 27/06/2017

DDF authorization

Name	Club	District	Status	
Edwin Hardesty	Southeast Tulsa	6110	Authorized	Authorized on 08/12/2016
Donald den Daas	Southside Tulsa	6110	Authorized	Authorized on 12/12/2016

Legal agreement

Name	Club	District	Status	
Lenise Lynch	Mount Airy	7690	Accepted	Accepted on 23/05/2017
Jolly Watmon	Kitgum	9213	Accepted	Accepted on 23/05/2017