

Basic Information

Grant title

Reducing Maternal & Neonatal Mortality in Uganda

Type of Project

Humanitarian Project

Address community needs and produce sustainable, measurable outcomes

Vocational training team

Build skills within a community by supporting a team of professionals that will travel abroad to train or learn from colleagues in the community they visit

Primary Contacts

Name	Club	District	Sponsor	Role
Ronald Smith	Blue Bell	7430	Club	International
Francis Tusubira	Kampala-North	9211	Club	Host

Committee Members

Host committee

Name	Club	District	Role
Eric Byenkya	Kampala-North	9211	Secondary Contact
Frederick Kimuli	Kampala-North	9211	Secondary Contact
Tinah Nakibuuka	Kampala-North	9211	Secondary Contact

International committee

Name	Club	District	Role
Fernand Agou	Blue Bell	7430	Secondary Contact International
Patricia Smith	Blue Bell	7430	Secondary Contact International

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

No

Project Overview

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

Infant Mortality Rate in Uganda stood at 43 deaths per 1000 live births in 2016, and maternal mortality stood at 336 deaths per 100,000 live births (Uganda Bureau of Statistics, 2017). These figures are very high by both regional and international standards (cf. e.g. Rwanda, with an infant mortality of 32 deaths per 1,000 live births and maternal mortality of 210 per 100,000 live births in 2015 (WHO Reports)). Under the Sustainable Development Goals, the target for maternal mortality is less than 70 deaths per 100,000 live births globally, and the neonatal mortality global target is 12 deaths per 1,000 live births by 2030.

This project's main focus is the skills gaps, along with interventions required to support the agreed training methodology: ICT equipment; medical equipment related to the training that will be offered; and any gaps in water and sanitation at the health centers. The skills gaps will be addressed through an ICT-enabled training chain that starts with Drexel University, USA, through the schools of medicine in Uganda, and into the rural health centers.

Two phases have been completed: MCH1 was largely exploratory and also provided selected equipment for the health centers as well as introductory training on effective and sustainable modern techniques. MCH2 took this a step higher and also provided small networked classrooms and digital libraries at each clinic as well as a video-conferencing system at Makerere (linked to Drexel). The Global Library of Women's Medicine was installed at each health center, and more advanced levels of training were provided based on skill training from Jhpeigo's "Helping Mothers Survive" and American Association of Pediatrics "Helping Babies Breathe" series.

In this third phase of this Maternal and Child Healthcare Education programme (MCH3), the objectives are:

- i. To develop and transform selected Health Centers in Uganda to be sustainable Regional Training Centers for Maternal and Child Healthcare, specifically targeting Midwives, Medical Officers and Community Health Workers in their health districts' catchment areas.
- ii. To further develop the deep professional relationships between the medical and IT faculties at Drexel and Makerere were formed in Phases 1 and 2. The success of these relationships are underlined by a wide ranging research and education collaboration agreement between Drexel University and Makerere University that has so far culminated in the establishment of formal Drexel Medical Student rotations at the Makerere College of Health Sciences (MakCHS).
- iii. To extend collaboration to the faculties of medicine at Busitema University and Mbarara University of Science and Technology.
- iv. To develop the remaining IT infrastructure and establish the trainer resources that will support the selected HC's as Regional Training Centers that train midwives, medical officers and the community members in women's health, antenatal health, emergency obstetrics and neonatal resuscitation, and pediatric care that will improve outcomes for mothers and children.

Phase 3 will develop and install training content that is deliverable remotely by "distance education methodology" and compatible with installation on Digital Libraries that were installed in Phase I – II at the HC's, and train the HC's staff on how to access and to train others on this content. The universities in Uganda will invest in and develop a cadre of Midwife faculty that will act as the Trainers for HC's and on a regular basis, supported by Drexel faculty through both incoming and outgoing vocational training teams. The Uganda universities, with the assistance of Drexel, will also set up measurements protocols and systems to measure the training conducted and the improvements in maternal and child health outcomes in the catchment areas of the Training Centers.

This programme's end objective is to create a permanent, sustainable training system that, at its core, is distance education supported by digital technology. This will ensure that the high level outcomes, the reduction of maternal and neonatal mortality, are sustained.

The project will develop up to four pilot Training Centers at Health Centers in Uganda for continuous delivery of Maternal and Child Healthcare Education and skills training. These centers will have the capacity to support regular training for Midwives and other health workers facilitated by distance education and supported by local in-country universities partnering with Rotary Clubs in the communities near to the training centers. This phase of the Maternal & Child Healthcare (MCH) project aims to create a sustainable and scalable approach to building the capacity of nurses and midwives in community Health Centers so that they can proactively and actively respond to causes of maternal and new born baby mortality.

It is expected that up to 200 Midwives and Healthcare Workers annually will have access to these Training Centers and affiliated Health Centers. Additionally, this MCH training network will demonstrate a model for the country to adopt throughout Uganda. With "distance education" enabled training this network will using technology, extend well beyond the Training Centers. It is expected with 100's of better trained Midwives and Healthcare workers, that significant improvements in maternal and new born mortality and morbidity will occur in the health districts that have access to these Regional MCH Training Centers.

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?

Reducing the mortality and morbidity rate for children under the age of five; Reducing the maternal mortality and morbidity rate; Improving access to essential medical services, trained community health leaders and health care providers for mothers and their children; Supporting studies for career-minded professionals related to maternal and child health

How will you measure your project's impact?

Measure	Collection Method	Frequency	Beneficiaries
Number of maternal and child health professionals trained	Grant records and reports	Every six months	20-49
Number of benefiting health facilities	Grant records and reports	Every six months	1-19
Number of communities that report decreased mortality rates of mothers	Grant records and reports	Every year	1-19
Number of communities that report decreased morbidity rates of children under age 5	Grant records and reports	Every year	1-19
Other Distance Education Training Modules	Grant records and reports	Every year	1-19
Other Trainers Trained for Health Centers	Grant records and reports	Every six months	1-19
Other Training Centers "enabled" for Distance Education	Grant records and reports	Every year	1-19

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

Yes

Name of Individual or Organization

Each of the collaborating universities (Mbarara, Makerere, and Busitema) and all the Health Centers: St Stephen's Hospital, Mpererwe; Komamboga HC; Namalembe HC; and Namungalwe HC

Phone

Email

Address

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

All Health Centers are required by government, as one of the licensing condition, to collect the kind of basic health data required and make monthly returns. In addition, The universities, led by Makerere University College of Health Sciences (MakCHS) will develop and support a training cadre that will be responsible for training trainers and supporting Midwife and Health Worker training at the regional Training Centers - the training will put a lot of emphasis on the need for regular data as required by government, and any additional data that may be specific to this project.

All Health centers have a government developed monthly reporting format that captures all the statistics related to pre-natal and post-natal care; deliveries; mortality; and morbidity. The data will be analysed by the universities and findings will be used by the Health Centers, the universities, and the Rotary clubs. This will be an institutionalized permanent mechanism, though reports to the Rotary clubs may stop three years after the end of the project phase.

Location and Dates

Humanitarian Project

Where will your project take place?

City or town

Kampala, Iganga, Mbarara, Tororo, and Mbale

Country

Uganda

Province or state

When will your project take place?

2018-07-02 to 2021-06-30

Vocational training team

Team name	Type	Training Location	Departure - Return
Drexel VTT	Providing training	Uganda	01/09/2018 - 01/07/2020
Uganda Universities VTT Team to Drexel	Receiving training	United States	05/04/2019 - 15/09/2019

Participants

Vocational training team

Team name	Type	Training Location	Departure - Return
Drexel VTT	Providing training	Uganda	01/09/2018 - 01/07/2020
MEMBERS			
Name	Email	Team Leader	
Ronald Smith	rsmith.rotary@gmail.com	Yes	
Gregg Alleyne	Gregg.Alleyne@drexelmed.edu		
Sandra Friedman	sf444@drexel.edu		

Team name	Type	Training Location	Departure - Return
Uganda Universities VTT Team to Drexel	Receiving training	United States	05/04/2019 - 15/09/2019
MEMBERS			
Name	Email	Team Leader	
Tinah Nakibuuka	tinahnakibuuka@gmail.com	Yes	
Rose Nabirye	rcnabirye@gmail.com		
Julius Wandabwa	gjwandabwa@yahoo.com		
Gertrude Kiwanuka	gkiwanuka@must.ac.ug		

Cooperating Organizations (Optional)

Name	Website	Location
Drexel University College of Medicine	http://drexel.edu	United States
Makerere College of Health Sciences		7063 Kampala Uganda

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

No

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

These two universities have made commitments to improvements in Maternal and Child Health and have extensive experience in training and education in Obstetrics and New Born health. Drexel University has one of the largest on-line nursing programs in the US and is an excellent partner for assisting MakCHS to develop distance education curriculum. MakCHS has an ongoing responsibility in to support professional healthcare education in Uganda and is the main accredited teaching hospital in Uganda.

Partners (Optional)

List any other partners that will participate in this project.

Rotary Club of Mbarara
 Rotary Club of Mbale
 Philadelphia Rotary Club

Volunteer Travelers (Optional)

No.	Name	Email
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Describe this person's role in the project.

Host sponsor confirmation of volunteer travelers

I confirm that the host club or district has extended a travel invitation, fully supports and approves volunteer traveler(s), and verifies that the international travel to the club and/or district is needed to implement the project.

Rotarian Participants

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

Rotary Club Kampala North (RCKN) is the main Host Rotary Club. They have formed a committee to monitor and support the ongoing improvements at the Training Centers (St. Stevens and Namungalwe) and their affiliated Health Centers (Komomboga and Namlemba). The RCKN Rotarians will also work with and support the IT and infrastructure developments at MakCHS and the Training Centers. In this role they will provide project logistical and financial management as well as monitoring development of curricula and the delivery of training at the selected Health Centers

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

Blue Bell Rotary Club (BBRC) is the main International Club and will responsible for developing and training the various Drexel VTT 's that will be sent over the course of this 3 year project. BBRC members will also volunteer to accompany VTT members on various trip. BBRC member Ron Smith will also give presentation to US and Canadian clubs to update these project sponsors on progress and achievements of the various aspects of the project. BBRC will coordinate and support the activities of Drexel University as one of the primary Cooperating Organizations. BBRC will assist RCKN on reporting project progress and on the community monitoring of training and improvements in maternal and new born mortality.

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
USD	1	04/04/2018

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 USD	Cost in USD
1	Travel	Vocational Training Teams over 18 Months, Drexel to Uganda	Various Airlines	22560	22560

2	Travel	Drexels VTTs accommodation and meals	Local hotels	26640	26640
3	Operations	Medical licenses and Vaccinations for Drexel VTT Teams	Uganda Medical Board /Clinics offering vaccination services	1800	1800
4	Travel	Vocational Training Team from Uganda to Drexel	Various Airlines	18000	18000
5	Accommodations	Accommodation and Meals in Drexel	Local hotels (with partial home hosting)	8400	8400
6	Operations	Vaccinations and visas for Uganda Team	US Embassy and Various clinics	2400	2400
7	Equipment	IT equipment at 2 new participating universities in Uganda	Various local suppliers	20000	20000
8	Personnel	Curriculum development input from Uganda universities (18 months @ \$600)	Participating Universities in Uganda	10800	10800
9	Personnel	Trainers/Monitors at Health Centers (Responsibility top-up; one of the Health center staff trained as a trainer)	Participating Universities in Uganda	9600	9600
10	Personnel	IT Training Faculty (1 month FTE input per quarter, 4months per year for 2 years)	Participating Universities and Health Centers	4000	4000
11	Operations	Faculty travel expenses to Health Centers	Participating Universities in Uganda	4800	4800
12	Operations	MidWife Training Stipend (subsidy to transportation and meals for each day of training)	Uganda universities and Colleges	6000	6000
13	Supplies	Training supplies	JHPIEGO and LAERDAL	32900	32900
14	Operations	Grant Administration; financial charges; annual audit - Kampala North RC	Kampala North Club Administrator and External Auditors as appointed	3600	3600
15	Project	Project Manager (A member of	Makerere University	14400	14400

	management	MakCHS giving the Project 0.2 FTE for the duration); Includes especially training oversight	College of Health Sciences		
16	Signage	Project signage	Various service providers	500	500
17	Publicity	Publicity in print and electronic media	Various	950	950
18	Operations	Monitoring and evaluation for up to three years @\$1,000	Professional or NGO to be identified	3000	3000
19	Operations	Contingency sum to be allocated according to need	To be determined based on required changes	10000	10000
20	Equipment	Provision for misc Identified critical equipment as identified at the 4 Health Centers over the two years	Uganda Joint Medical Syores	20000	20000
21	Travel	Travel Insurance for VTT Members (24 altogether @\$100)	Travel insurers in Uganda and in the USA	2400	2400
				Total budget:	222750
					222750

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	District Designated Fund (DDF)	7430	40,000.00	0.00	40,000.00
2	District Designated Fund (DDF)	7330	40,000.00	0.00	40,000.00
3	Cash from Club	Kampala-North	10,000.00	500.00	10,500.00
4	District Designated Fund (DDF)	9211	20,000.00	0.00	20,000.00
5	District Designated Fund (DDF)	7500	2,500.00	0.00	2,500.00
6	Cash from Club	Moorestown	500.00	25.00	525.00
7	District Designated Fund (DDF)	7720	1,000.00	0.00	1,000.00

*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 108,750.00 USD from the World Fund.

108750

Funding Summary

DDF contributions:	103,500.00
Cash contributions:	10,500.00
Financing subtotal (matched contributions + World Fund):	222,750.00
Total funding:	222,750.00
Total budget:	222,750.00

Sustainability

Humanitarian Projects

Project planning

Describe the community needs that your project will address.

1. High level of maternal and neo-natal fatalities in Uganda resulting from major gaps in knowledge and techniques required to address these at the most critical time of intervention.
2. Absence of continuing learning reference resources at health centers that handle a large percentage of anti-natal support and delivery services; compounded by absence of continuing professional development opportunities for nurses and midwives who are therefore not informed new techniques of addressing maternal and neonatal mortality.
3. Complete isolation of health centers from the institutions of advanced medical training in Uganda universities.
4. Limited number of faculty conversant with modern and often basic approaches to addressing the challenge of maternal and neo-natal mortality.

How did your project team identify these needs?

1. Desk Research: Infant Mortality Rate in Uganda stood at 43 deaths per 1000 live births in 2016, and maternal mortality stood at 336 deaths per 100,000 live births (Uganda Bureau of Statistics, 2017). These

figures are very high both regional and international standards (cf. e.g. Rwanda, with an infant mortality of 32 deaths per 1,000 live births and maternal mortality of 210 per 100,000 live births in 2015 (WHO Reports)). Under the Sustainable Development Goals, the target for maternal mortality is less than 70 deaths per 100,000 live births globally, and the neonatal mortality global target is 12 deaths per 1,000 live births by 2030.

2. The Department of Nursing at Makerere University College of Health Sciences (MakCHS) designed a questionnaire that was administered by the Department working with Rotarians from the Rotary Club of Kampala North to midwives and related staff at the four health centers being targeted as training pilots. This questionnaire was specific in assessing the Training Needs vis-a-vis the knowledge and skills requirements demanded by their work. This guided the development of the curriculum.

3. Engagement between university faculty in Uganda and Drexel University. There have been discussion over the first two phases of this project that have enabled all parties to have an in-depth understanding of the preventable (largely medical) contributors to the high levels of maternal and neo-natal mortality in Uganda. For this particular phase, in addition to the continuing exchanges between MakCHS and the Drexel faculty under a separate agreement that was an outcome of the first phase of this project, Drexel university specifically funded 3(?) members from the Department of Nursing and MakCHS to stay for a week at Drexel to plan the content for the training.

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

- The Head of the Department of Nursing at MakCHS along with Rotarians visited all the Health Centers and held discussions with staff to get an indepth understanding of the current challenges and also discuss approaches to the solutions. Some of the inclusions in the Health center MOUs, like commitments to set aside for midwives to participate in training and/or learn through the online resources came form the staff at Health Centers.

How were community members involved in planning the project?

- A total of 14 nurses/midwives at three Health responded to the Training Needs Questionnaires
- The In-Charge for each of the health centers completed a form that summed up the status of basic facilities at each of the health centers
- For both Komamboga and Namungalwe, which are owned by arms of government, the responsible District Medical Officers were also involved in the discussions.

Project implementation

#	Activity	Duration
1	Develop distance education training modules for Emergency Obstetrics , Emergency Newborn Care, Post Abortive Care and Family Planning	18 months
2	Train the MakCHS Trainers for delivering distance education modules and skill training in HBB, and HMS and related skill sets	24 months
3	Complete IT installations at the selected Training Centers to support distance education and on site skill training	12 months
4	Start Distance Education Training at each of the Training Centers	12 months
5	Drexel VTT visits for training at the Training Centers and at MakCHS, every 3 -to 4 months a team of 2-3	24 months
6	Uganda Medical School VTT to Drexel in Philadelphia USA, two visits	18 months
7	Develop cadre of Midwife Trainers at each of the Training Centers, last 12 months of project	12 months
8	Develop Measurement Criteria and Methods for Determining effect of the project on MCH	12 months
9	Conduct survey and measurements of effect on Midwife Training and MCH in last stages of project	6 months

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.

The entire program is hinged around working with medical schools at three universities in Uganda with specific focus on complementing the training given to midwives. All these already carry out the training, but this programme introduces otherwise techniques new to Uganda to address the challenge of neonatal and maternal mortality. The programme also extends the reach of the medical schools to the Health Centers.

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

Health Centers in the catchment areas of the pilot Training Centers will be canvassed to determine the midwife training needs/opportunities there are in the surrounding health districts. Local rotary Clubs will be asked to support this community mobilization and to find and direct eligible health center personnel to attend the Basic Emergency Obstetric and Newborn Care modules being offered through these Training Centers. Local Rotary Clubs can assist with the initial logistics needed to support such training.

As stated earlier, this project will create education and skill training modules in...

- Emergency Obstetric Care
- Emergency Newborn Care
- Post Abortive Care
- Women Reproductive Health and Family Planning

Each module will have distance education deliverable content and skill training based in WHO, Jhpeigo, and America Association of Pediatrics (AAP) materials and simulators.

How were these needs identified?

The Department of Nursing at Makerere University conducted a training needs assessment that involve visits to the Health Centers and getting the staff at each to complete a questionnaire, and in addition included a dialogue based on basic skills midwives are supposed to have (see Summary of Training as established attached)

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

All Trainees will be awarded certificates, someting highly values in Uganda as they are a basis for promotion. They will also be supported in covering cost of transportation and meals to come for training.

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

1. St Andrew's Church Namalembe Hospital Management Committee
2. St Stephen's Church Mpererwe Hospital Management Committee
3. Kampala City Council
4. Iganga Local District Administration.

While the central Ministry of Health is not yet on board, it is part of the plan to engage them so that the training content is incorporated in the curricula for training midwives.

Vocational Training Teams

Project implementation

Describe the training needs that the team will address.

The training will have specific focus on the following:

1. Basic Emergency Obstetric Care
2. Basic Emergency Newborn Care
3. Post Abortal Care
4. Women Reproductive Health and Family Planning

This will be supplemented by additional training covering computer training and internet literacy as the long term method of delivery will be distance education supported by local tutoring.

How did your team identify these needs?

The Department of Nursing at Makerere University conducted a training needs assessment that involve visits to the Health Centers and getting the staff at each to complete a questionnaire, and in addition included a dialogue based on basic skills midwives are supposed to have (see Summary of Training as established attached). The Team also compared the observed skills of the midwives with what is desirable and achievable even in the most basic of facilities.

Describe the specific objectives of the training, including what you expect training participants to gain from the team's expertise.

It should be noted that this programme has a triple objective:

1. Equipping midwives and other medical personnel associate with the maternal process with new skills that will enable them to carry out interventions to reduce maternal and neo-natal mortality.

2. Entrenching a system of education that will sustain ongoing linkages among the medical schools in Uganda; with Drexel university (and other advanced medical schools that may come later on board alongside Drexel); and rural health centers. This will use a distance education mode VTT.

3. Creating an evidence based argument through which, during the next phase, national policies around the training and continuing professional development of nurses and midwives can be influenced in order to achieve long-term outcomes and impact.

Drexel's visits will provide first hand knowledge of how the Distance Educational module content is being used and received by midwives in the Training Centers. It will also permit VTT Drexel to implement measurement methods that will be used to monitor the effectiveness of distance education, course content and skill base training.

VTT Uganda's visits to Drexel will enhance their ability to implement distance education technology in the Training Centers in Uganda and to better connect the Ugandan medical schools teaching connection to remote health centers. While in USA VTT Uganda members will view and experience enhanced training methodology for midwives using the technology being installed at the selected Training Centers.

How were members of the local community involved in planning the training?

The Department of Nursing, Makerere College of Health Sciences, led the needs assessment and involved the nurses and midwives in discussions about their training needs. The content was also informed by state of the art expertise of Drexel University who have established an ongoing linkage with Makerere (a result of the earlier phases of this project, but funded by Drexel and Makerere)

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.

As stated above: The entire program is hinged around working with medical schools at three universities in Uganda with specific focus on complementing the training given to midwives. All these already carry out the training, but this programme introduces otherwise techniques new to Uganda to address the challenge of neo-natal and maternal mortality. The programme also extends the reach of the medical schools to the Health Centers.

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

As stated above: All Trainees will be awarded certificates, something highly valued in Uganda as they are a basis for promotion. They will also be supported in covering cost of transportation and meals to come for training.

How will training recipients be supported after the training to keep the skills they acquire up-to-date?

Part of the project objectives is the localization of the relevant content of the Global Library on Women's Medicine that has been installed at each of the Health Centers. In addition, connectivity to the universities will be used to access guidance, training, and support on a continuing basis. It should be noted that Komamboga (?) and St Stephen's are already centers for Community Based training for medical students, and, outside this project, there are efforts to get Namalemba and Namungalwe to also become centers. This will be a great continuing education opportunity for the midwives.

List any community members or community groups that will oversee further training after the project ends.

The plan is that the local universities will have permanent linkages to the Health centers as a mutually beneficial training opportunity as detailed above, including integration of the training in curricula for midwives.

Budget

Will you purchase budget items from local vendors?

Yes

Explain the process you used to select vendors.

All processes for procuring equipment are normally competitive. We have however established over time that the governmental agency, the Joint Medical Stores, normally holds the best equipment at the most competitive prices, and the the clubs have agreed to single source from them. Joint Medical Stores supplies all government Health Centers with equipment that has been certified by the Hospital Engineers in the Ministry of Health.

Drexel University will be responsible for procuring the training models, which are specialized equipment not available in the Uganda market

Did you use competitive bidding to select vendors?

No

Please explain.

The answer above refers: Joint Medical Stores, normally holds the best equipment at the most competitive prices, and the the clubs have agreed to single source from them. Joint Medical Stores supplies all government Health Centers with equipment that has been certified by the Hospital Engineers in the Ministry of Health.

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.

There are three categories of equipment:

1. The physical models used for the training of midwives: the medical technicians at the universities are familiar with these and are easily able to maintain them.
2. Medical equipment supplied through the Joint Medical Stores: these are national stores with back up permanent medical engineering personnel, with technicians stationed at the main hospitals around Uganda. These provide all routine repair and maintenance care. They will also train staff at each health center in handling and basic care, which is part of their designated responsibilities.
3. Computer equipment: All the participating universities have competent computer technicians, and the MOUs include responsibility for such support. The technicians will train the health center staff in basic care and usage.

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

The other advantage of procuring for the Joint Medical Stores is that there is a pool or trained personnel in the country able to repair equipment as explained above.

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.

Uganda's technology standards is advanced beyond any of the equipment to be purchased. All equipment is purely functional and does not present any aspects that would cause cultural inhibitions

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.

The equipment will be owned by the participating universities and the health centers, depending on where such equipment is installed.

Funding

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

Yes

Please describe this funding source.

It is expected that once the projects's distance education and skill training for Basic Emergency Obstetrics and Newborn Care is approved by the Ministry of Health and Uganda Association of Midwives and Nurses. Then Continuing Professional Education (CPE) credits will be able to be assigned and used to meet midwives required training to maintain their certifications. As such then it is expected that MakCHS and related medial schools could charge nominal tuition to the attending midwives and use that tuition revenue to sustain payments to trainers and hopefully keep the IT and skill training simulator equipment maintained and up to date.

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

No, none of the expenses of this project will be covered by any revenue generated by the project. It is expected that the "tuition" model would not be implemented until all courses have been certified and measurements demonstrating training effectiveness. This is likely to occur after the 24 months of this project.

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	
Ronald Smith	Blue Bell	7430	Authorized	Authorized on 19/06/2018
Francis Tusubira	Kampala-North	9211	Authorized	Authorized on 19/06/2018

District Rotary Foundation chair authorization

Name	Club	District	Status	
Douglas Cook	Collegetown	7430	Authorized	Authorized on 19/06/2018
Harish Bhatt	Bahari-Dar-es-Salaam	9211	Authorization needed	

DDF authorization

Name	Club	District	Status	
Douglas Cook	Collegetown	7430	Authorized	Authorized on 19/06/2018
Richard Gromis	Spring Township Centennial	7430	Authorized	Authorized on 19/06/2018
Mark Kessler	Latrobe	7330	Authorization needed	
Steven Arnowitz	Charleroi	7330	Authorized	Authorized on 19/06/2018
Harish Bhatt	Bahari-Dar-es-Salaam	9211	Authorization needed	
Kenneth Mugisha	Muyenga	9211	Authorization needed	
David Legg	Tinton Falls	7500	Authorized	Authorized on 19/06/2018
Diane Rotondelli	Brick Township	7500	Authorized	Authorized on 19/06/2018
Lee Adams	Greenville	7720	Authorization needed	
Stanley Keeler	First Flight (Kill Devil Hills)	7720	Authorization needed	

Legal agreement

Name	Club	District	Status	
Cecilia Mugwanya	Kampala-North	9211	Authorization needed	
Lei Barry	Blue Bell	7430	Accepted	Accepted on 19/06/2018

Bank Information
