

Global Grant Application

GRANT NUMBER
GG1749831

STATUS
Submitted

Basic Information

Grant title
RAHAT

Type of Project
Humanitarian Project

Address community needs and produce sustainable, measurable outcomes

Primary Contacts

Name	Club	District	Sponsor	Role
Prashant Shroff	Burhanpur	3040	District	Host
Randall Schiltz	Alpharetta	6900	District	International

Committee Members

Host committee

Name	Club	District	Role
Nikhil Agarwal	Indore Professionals	3040	Secondary Contact
Sunil Mandlecha	Rajgarh	3040	Secondary Contact

International committee

Name	Club	District	Role
Jason Binder	Alpharetta	6900	Secondary Contact International
Scott Doll	Alpharetta	6900	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?

Our objective is to carry out second time, in 2017, Rotary Family Health Days Program in one of the poorest Indian State, Madhya Pradesh. In 2016, we had launched a pilot program in Madhya Pradesh. The result of which was excellent thus, using the knowledge gained and the model developed last year i.e. 2016. We have planned to do it again in 2017. Through the program our objective is to serve approximately 51000 participants.

The project objectives are:

1. To sensitize, mobilize and engage the community to ensure significant participation in the health campaign.
2. To mobilize, educate, test and counsel approximately 51000 of the underserved citizens in the communities to ensure participation in the multiple free health screens, including:
 - HIV counseling and testing
 - Tuberculosis screening
 - Malaria screening
 - Dengue fever
 - Blood pressure
 - Hepatitis B and C
 - Hypertension
 - Diabetes
 - Cervical and breast cancer
3. Testing, counseling, education and some treatment will be provided at 17 sites to be established at area locations across a vast rural region in 12 districts in the State of Madhya Pradesh. The site locations are selected in coordination with the Directorate of National Health Mission of Madhya Pradesh (DNHMMP).
4. Refer the beneficiaries that test positive to a primary health center, or district hospital for follow-up care, support and treatment.
5. To mobilize, educate and train approximately 200 - 300 Rotary and Rotaract volunteers, the family of Rotary and community citizens in Rotary District 3040 to select the sites, build and manage the sites, volunteer at each site, and work in partnership with the DNHMMP, along with the private hospitals and other local partner organizations. The training and project management to be done by RFHA.
6. To collect data at each site to validate results; and to provide monitoring and evaluation of the program to prove impact and sustainability.

It is important to note that this program has huge in-kind contributions, including comprehensive medical support and supplies from non-Rotarian contributors, including partners of the U.S. mission, the Indian health authority, and private hospitals. This health support in the form of services of donated medical personnel (doctors, nurses, lab techs), test kits, immunizations, some medicines, and associated medical supplies is and in-kind contribution valued at USD \$ 1.75 million. (Value of all in-kind medical services is estimated at USD \$25.00 per person for about 51,000 beneficiaries. This estimate is provided by the Centers for Disease Control).

Rotary Family Health Days is a program initiated by local Rotarians and Rotarians for Family Health & AIDS Prevention (RFHA), a Rotarian Action Group. The project is supported by the in-country Ministry of Health (Directorate of National Health Mission of Madhya Pradesh (DNHMMP), who receives technical assistance from the U.S. Centers for Disease Control and Prevention (CDC), its in-country partners, and local Ministries of Health in participating communities of the country. This program began in 2011 in African countries, with significant funding from the Coca-Cola Africa Foundation to complement the funding from the Rotary Global Grant, and was very successful. The goal is to expand this success by continuing a successful program in the India state of Madhya Pradesh through the Rotary Global Grant process.

Who will benefit from this global grant? Provide the estimated number of direct beneficiaries.

About 51,000 underserved men, women and children will be the beneficiaries at the rural and semi urban areas of Madhya Pradesh, India. The comprehensive screenings, treatments and referrals motivate everyone in the family to attend, thereby increasing the number reached for testing, counseling, and immunizations for the children.

In addition, the grant will train 200-300 Rotary and Rotaract volunteers, family of Rotary members, and community citizens in Rotary District 3040 to select the sites, build and manage the sites, volunteer at the sites, and work with the DNHMMP alongside the private hospital and local partner organizations. This outcome provides a sustainable volunteer force for ongoing sustainability not only in district 3040, but also other Districts in India.

Areas of Focus

Which area of focus will this project support?

Disease prevention and treatment

Measuring Success

Disease prevention and treatment

Which goals will your activity support?

Improving the capacity of local health care professionals; Promoting disease prevention programs, with the goal of limiting the spread of communicable diseases and reducing the incidences of and complications from non-communicable diseases; Enhancing the health infrastructure of local communities; Educating and mobilizing communities to help prevent the spread of major diseases; Preventing physical disability resulting from disease or injury

How will you measure your project's impact?

Measure	Collection Method	Frequency	Beneficiaries
Number of recipients of disease prevention intervention	Surveys/questionnaires	Every year	2500+

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

Yes

Name of Individual or Organization

Dr. Suyash Jhawar , Prestige Institute of Management & Reserach

Phone

+919300002414

Email

Address

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

Mr. Suyash Jhavar is acting as an assistant professor of Prestige Institute of Management and Research, Indore. Being professor he does impact studies with the students of the college. More over he has done the impact study of RAHAT held in 2016 in D 3040.

Location and Dates

Humanitarian Project

Where will your project take place?

City or town

17 sites at different locations in the 12 Revenue districts of Madhya Pradesh, India . The Clubs are: Bhopal Hills, Burhanpur, East Bhopal, Sagar, Indore City, Indore North, Indore Sankalp, Itarsi, Khandwa, Kharogne , Dhar Bhoj city , Pench Parasia, Rajgarh, Sagar Phoenix, Vidisha, Ujjain, Ratlam Central. As previously stated, these sites are selected in partnership with the Madhya Pradesh government.

**Province
or state
Madhya
Pradesh**

Country

India

When will your project take place?

2017-01-16 to 2017-05-31

Participants

Cooperating Organizations (Optional)

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

Partners (Optional)

List any other partners that will participate in this project.

The Directorate of National Health Mission of Madhya Pradesh (DNHMMP), NGOs and CBOs have helped Rotarians identify the locations where the health camp should be held. The local health staffs of these organizations were involved in the site selection and the estimate of the targets to be served. They will be actively donating their services during the campaign. The Rotary Family Health Days program will augment ongoing National Country Operational Plans (COP) immunization programs (such as polio and measles) as well as important health screens. This exercise will augment ongoing National HIV/AIDS and TB programs. The Directorate of National Health Mission of Madhya Pradesh (DNHMMP) will permit Rotary to use their resources/supplies from their stock, and they will deploy doctors, nurses and technical personnel to the health sites. Rotary will provide basic housing and food for the doctors coming to support this health campaign. Local NGOs provide training and educational materials. Major media houses and some community newspapers will provide pro bono support because of Rotary's involvement and request. Discounted rates of print materials and supplies will be provided by local companies.

Volunteer Travelers (Optional)

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

Host sponsor confirmation of volunteer travelers

Rotarian Participants

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

- 1) The Rotary District 3040, in partnership with the RFHD Steering Committee, will be responsible for the oversight of the project. They will establish and maintain a separate checking account that will manage the funds from TRF. They will disburse payment to vendors ensuring proper documentation. They will establish an accounting report that will be shared with the International Rotary Club for continuity; create interim and final reports to the International Rotary club and TRF.
- 2) Rotarians will mobilize and staff the 17 sites.
- 3) Engage/mobilize community groups and medical personnel and government partner
- 4) Distribute materials and equipment to representatives at each site
- 5) Fulfill their role, as previously described, during the health event
- 6) Distribute t shirts to Rotary volunteers
- 7) Participate in neighborhood and megaphone advertising
- 8) Assist with registration
- 9) Hand out refreshments to partners, and possibly to beneficiaries
- 10) Interview beneficiaries waiting in line to establish their future participation in the 90 day impact study
- 11) Support the Site Champion and make certain that the data is being collected and collated at the end of each day
- 12) Initiate and coordinate press coverage
- 13) Provide transportation and other logistics for all personnel
- 14) Assist with the 90 day impact study.

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

Assist in fund-raising activities to meet the budget requirements, working in partnership with the Host District to obtain funds, prepare the Global Grant Application in tandem with the Host Club and Madhya Pradesh (RID 3040) Steering Committee, Ongoing communication with the host district and Steering Committee during the program implementation to gather information, photos and documentation for the Districts and

Clubs publicity use. Facebook pages and Whatsapp are good communication vehicles most accessible to all parties. Review the quarterly and final report and documented results from the Host Club/District and RFHD Steering Committee. Sign off on the TRF final report.

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
INR	67	10/01/2017

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 INR	Cost in USD
1	Training	Training Expenses of Volunteers (including Rotarians)	TBD	60000.00	896
2	Supplies	Pathology expenses	TBD	680000.00	10149
3	Travel	Volunteers (including doctors and paramedical staff) Travelling	TBD	255000.00	3806
4	Accommodations	Food Expenses (Patients)	TBD	1530000.00	22836
5	Equipment	Infrastructure (Tent,Chair,mike, tables, fan etc.)	TBD	1020000.00	15224
6	Supplies	Medicine Expenses	TBD	1020000.00	15224
7	Publicity	Promotional Expenses - Hoarding/Billboards	TBD	170000.00	2537
8	Publicity	Promotional Expense - Media	TBD	200000.00	2985
9	Publicity	Promotional Expense - Brochure, Flyers and Pamphlet	TBD	81600.00	1218
10	Publicity	Promotional Expenses – Miking	TBD	272000.00	4060
11	Publicity	Promotional Expenses - Miscellaneous Printing	TBD	40000.00	597
12	Personnel	Security	TBD	102000.00	1522
13	Personnel	Software Development	TBD	35000.00	522
14	Supplies	T-shirts for volunteers	TBD	371942.00	5551
15	Personnel	Wages	TBD	51000	761
16	Project management	Project Design and Management	RFHA	600000.00	8955
17	Monitoring/evaluation	Steering Committee Monitoring Project Expense	TBA	175000.00	2612
			Total budget:	6663542	99455

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)	3040	7,500.00	0.00	7,500.00
2	District Designated Fund (DDF)	6900	30,000.00	0.00	30,000.00
3	Cash from district	3040	16,303.00	815.15	17,118.15

*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 45,652.00 USD from the World Fund.

45652

Funding Summary

DDF contributions:	37,500.00
Cash contributions:	16,303.00
Financing subtotal (matched contributions + World Fund):	99,455.00
Total funding:	99,455.00
Total budget:	99,455.00

Sustainability

Humanitarian Projects

Project planning

Describe the community needs that your project will address.

There is a huge rural and urban gap in terms of availability, access, quality, and breadth of services. Therefore, the implementation of a Rotary Family Health Days campaign would provide major support for the limited government health system. With trained volunteers, this support is sustainable. This comprehensive campaign provides the following health screens -

- HIV counseling and testing
- Tuberculosis screening
- Malaria screening
- Dengue fever
- Blood pressure
- Hepatitis B and C

- Hypertension
- Diabetes
- Cervical and breast cancer

The Rotarians will import doctors, nurses and other medical support people from government clinics and private hospitals to the strategically determined site locations. Because the State of Madhya Pradesh is so large and rural in nature, the beneficiaries generally have to walk several miles in order to get to a site. Because of their arduous and long journey, with children, they are provided some nutritional support upon arrival at the site. Madhya Pradesh has the highest rate of malnutrition in children in India. The promise of a little food will encourage them to make the long journey, and once there, they will great gain health support as described herein. This health support in the form of services of donated medical personnel (doctors, nurses, lab techs), test kits, immunizations, some medicines, and associated medical supplies is and in-kind contribution valued at USD \$1.75 million. (Value of all in-kind services is estimated at USD \$25.00 per person for about 51,000 beneficiaries. This estimate is provided by the Centers for Disease Control. A few key medicines that are not provided by the government have to be purchased which is in this budget at \$15224.00.

This is a family health campaign and is advertised as such. Offering as many health services as possible during this campaign motivates everyone in the family to attend and be screened, thereby increasing the number of people who are screened for both infectious and non-communicable disease. When people become educated about various diseases, and they learn their health status, they become empowered to take care of themselves and get well through further treatment and medical support. According to the CDC India, there are primary health centers or district hospitals that beneficiaries can be advised about and can go to for follow up care. They will be given a specific clinic closest to their home. Some of them will be treated on site based upon the health issue. Rotary Family Health Days programs provide health education as well as treatment to people who otherwise would fall through the cracks of society. Initial education provide the pathway to ongoing individual sustainability.

How did your project team identify these needs?

The Christian Medical Association of India, in partnership with the Directorate of National Health Mission of Madhya Pradesh (DNHMMP) and Rotary, assessed the community needs.

In addition, Rotary District 3040 has experience of more than 4 years in organizing a single site health camp focused on surgeries and treatment and carried out Rotary Family Health Days at 25 sites in 2016. The district has already organized diagnosis and surgical camps at Chhindwara, Jhabua, Vidisha, Neemuch. The district officials had closely worked with the Government officials to identify the patients and planning for their treatment. Many individuals and families do not know their health status and therefore suffer and die from Malaria, TB, Measles, Polio, diabetes, hypertension, eye diseases, dental diseases and HIV/AIDS. Together they identified 12 districts for organizing camps at 17 sites, as previously noted.

Madhya Pradesh state is the sixth largest state in India (population wise) with a diverse mix of ethnic groups. Madhya Pradesh is called the tribal state of India due to its high tribal population (40% of India's total tribal population). It is one of the poorest (31.65 % live below poverty line) and less developed states in the country (Human Development Index - MP: 0.375; India: 0.586). Though there has been a significant improvement over the years, poor health system, lack of access to health care, and poor socio-economic situation lead to poor health outcomes such as high levels of morbidity and mortality compared to other states and national scenario.

This state faces not only the double burden of communicable and non-communicable diseases but also has serious shortfalls in the provision of primary, secondary and tertiary level care. In terms of maternal health, only 28.1% of pregnant women receive full antenatal care (ANC) and only 46.9% have institutional deliveries. 54% of women in the state have some degree of anemia. The prevalence of reproductive health problems was also found to be high (4 out of 10 currently married women reported at least one reproductive health problem). There is a huge gap in maternal and child health services in rural areas, due to poor maternal and child health facilities. As a result, this state records a higher MMR (230/100,000).

Child health needs special attention as only 36% of children (12-23 months) are fully immunized, 23.4% suffer from diarrhea and 29.2% from acute respiratory infections. Madhya Pradesh has the highest rate of undernourished children in the country. There is a high proportion of under-5 children who are stunted (50%), wasted (35%) and underweight (60%). The knowledge and awareness level of women on these issues is also very low. All these gaps lead to higher child morbidity and mortality in the state. (Neonatal mortality rate: 36; IMR: 54; under-5 mortality: 75/1,000). Basic sanitation and sustainable access to safe drinking are also serious issues in the state. Around, 87% of rural households do not have access to any form of toilets, due to poor levels of community awareness and knowledge.

Communicable diseases such as, Malaria (73,129 cases-4th highest in the country), Tuberculosis (92,420 cases), HIV (0.13%), Dengue (1,255 cases), Diarrhea (535,012 cases), typhoid (114,578 cases), viral hepatitis (14,055 cases), pneumonia (65,758 cases) are reported high in the state. In 2013, around 113 swine-flu (H1N1) cases (32 deaths), 343 encephalitis cases (30 deaths) and 302 viral meningitis cases (6 deaths) were recorded. Similarly, non-communicable diseases, such as coronary heart diseases, diabetes, chronic respiratory diseases, cancer are also the rise in the state. Though the burden of diseases is high, access to health care is a huge gap in the state due to poor socio-economic situation, lack of health care facilities, shortage of manpower, cultural factors, etc. There is a huge rural and urban gap in terms of availability, access, quality of services and health outcome in the state.

In summary, maternal health care services including antenatal care, child care covering immunization, nutritional support, improved water and sanitation, health education, screening and treatment for communicable and non-communicable diseases are the immediate community needs to be addressed in the state.

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

The Rotary Clubs, Rotaract club, Rotary Community Corps and the family of Rotary engage community partners (in government as well as non-government) to assist them in planning, promoting, implementing and documenting the services provided at Rotary Family Health Days. These partnerships were begun by RFHA and the Steering committee at the national level and then the message is driven down by all partners to the community level. Rotarians, in general, are the catalyst to make this massive health campaign happen.

The medical and technical work that is done every day by government health workers is done 'in the name of Rotary' during this 3 day Health campaign. Our campaign reaches thousands of citizens that the government cannot reach because we take the program to where they live, and citizens trust the Rotary brand, so they will come to our sites. Media houses and local community media groups will be asked to provide pro bono support to publicize the event and to create awareness of the dates of the event so that the citizens will attend. Schools and Churches often provide their structures to be used as a health camp. DNHMMP will permit Rotary to use government health facilities as sites for the tests and will provide multiple medical supplies, including medicines and test kits, as previously stated. They also mobilize the community. Doctors and Nurses, social workers and community workers all take a part in implementing this program. Awareness and education of multiple diseases are created before and during the campaign itself.

Doctors and nurses sometimes have far to travel to get to the health site, so Rotarians will host them at their homes or find a small hotel for their stay and feed them.

After the campaign is over, local Rotary clubs have met and worked with NGOs and clinics that they did not know before. Ongoing smaller projects occur throughout the year between these health personnel and Rotary Clubs. It encourages ongoing communication between leaders and the local government.

How were community members involved in planning the project?

The Directorate of National Health Mission of Madhya Pradesh (DNHMMP), NGOs and CBOs have helped Rotarians identify the locations where the health camp should be held. The local health staffs of these originations were involved in the site selection and the estimate of the targets to be served. They will be actively donating their services during the campaign. The Rotary Family Health Days program will augment ongoing National Country Operational Plans (COP) immunization programs (such as polio and measles) as well as important health screens. This exercise will augment ongoing National HIV/AIDS and TB programs. The Directorate of National Health Mission of Madhya Pradesh (DNHMMP) will permit Rotary to

use their resources/supplies from their stock, and they will deploy doctors, nurses and technical personnel to the health sites. Rotary will provide basic housing and food for the doctors coming to support this health campaign. Local NGOs provide training and educational materials. Major media houses and some community newspapers will provide pro bono support because of Rotary's involvement and request. Discounted rates of print materials and supplies will be provided by local companies.

Project implementation

#	Activity	Duration
1	Formation of RFHD 2016 Steering Committee (RFHDSC)	January, 2017
2	Meeting with Director National Health Mission M.P., Principal Secretary Health Govt of M.P., Commissioner Heal Services, M.P.	January, 2017
3	Receipt of letter of confirmation from Commissioner Health Services (M.P. India). National Health Mission on behalf of Govt of M.P.	January, 2017
4	Identification of the beneficiary communities in collaboration with the Directorate of National Health Mission of Madhya Pradesh (DNHMMP)	January, 2017
5	Directorate of National Health Mission of Madhya Pradesh (DNHMMP) to work on the details of the support they will provide, including test kits, medicines, identification of patients, post camp treatment, etc.	January, 2017
6	Identification of project partners State Govt., CHL Hospital, RD Gardi Medical College and Hospital, Choithram Hospital	Identified
7	Preparation of a Media Plan for RFHD 2012	January 2017
8	Customize Data Collection template	Done
9	Signing of MOU with RFHA	January 2017
10	Engagement of project partners	Done
11	Meeting with Council of Club Presidents and AGs	Done
12	Formation of Club Committees (CCs) with Site Champions	Done
13	Assignment of communities to clubs	Done
14	Opening of dedicated bank account to receive funds from TRF	After grant is sanctioned
15	Resource mobilization from other sponsors and NGOs	January 2017
16	Requisition of supplies and other inputs from partners	January 2017
17	Training of CCs and other partners	January 2017
18	Visit of CCs to assigned communities, district health staff and community leaders to	January 2017

	plan logistics of RFHD	
19	Award of contracts for the procurement of social mobilization items, equipment and supplies and printed matter	January 2017
20	Launch plan	January 2017
21	Media plan roll-out, community mobilization, awareness creation	January 2017
22	Training of Health Staff	January 2017
23	Training of Data Collectors	Done
24	Launching of RFHD	February 17, 2017
25	Training for 90 Day Impact Study	January 2017
26	Implement the 90 Day Impact Study	May 2017

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 such we have not come across about any initiatives taken by the community at different locations .

Certainly , if there is/are any initiative taken by the local community towards health,we will help them .e.g. if the program of immunization is going on , we will help them to continue the same.

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

The community outreach for Family Health Days is a task requiring a large effort to attract volunteers and clients. RFHA will supply marketing materials for the event customized to the India market to create awareness of the upcoming Rotary Family Health Days. Media outlets include flyers, advertisements, radio, TV, and website communications. Scripted Town Criers in the communities with microphones will be used to promote participation in the health days. The focus is on families coming to the event, together, so that multiple screens and immunizations are done at the same time. The services are intended for everyone so they can learn about their health status, so there is no 'selection process'. There are educational components to most of the health screens.

For example, the Directorate of National Health Mission of Madhya Pradesh (DNHMMP) professionals will do group counseling on HIV prior to the screening, and individual counseling after the screen for those that test positive. Medical professionals and Rotarians pass out malaria-treated bed nets along with instructions on how to use them. Volunteer training for Rotarians, Rotaractors and family of Rotary participants is done as follows:

1) RFHA works with the Rotary Family Health Days Steering Committee to build an organizational structure for this program in India. RFHA first trains the Steering Committee using the steps below, and then proceeds with training the clubs:

- a. Establish meetings with community Department of Health officials to plan site locations;
- b. Contact all Rotary clubs and establish willingness to participate in program.
- c. Identify a club champion within each participating club.

d. Establish reporting structure and regular meetings for information flow, e.g., media roll out, delivery of t-shirts, supplies, etc.

e. Manage budgets and payments to clubs from a special project bank account;

f. Train each Rotary club champion and committee in how to do the data collection, using the tool provided by RFHA. One Rotarian at each site should be responsible for data collection. At the end of the day, the data should be collated and totaled. All data will be shared with Rotary partners.

g. Secure final reports and statistics from each club within six weeks after end of three day campaign.

h. Manage logistics: posters, leaflets, t-shirts, media at local level, etc.

i. Establish distribution points through the region for items mentioned above.

j. Communicate and monitor media plan to each club, establishing timelines on everything.

k. Train on data collection tools and media plan.

2) The Club Champion has to do the following:

a. Manage the logistics and planning of sites: e.g.: security, tent, chairs, tables, monitoring of the people coming through the site, t-shirt for Rotary volunteers, duty roster for Rotarians, photographer, etc.

b. Work with community media people on a media plan roll out

c. Manage relationship on site with government and other medical partners

d. Appoint dedicated Rotarians to manage the data collection process, registration, marshalling, etc.

e. Determine food and water required for Rotary volunteers, doctors.

f. Determine food and set up required for beneficiaries.

g. Develop an action plan and budget per site. Determine what services can be done by Rotarians (building site, crowd control, registration); and obtain education where necessary on semi-medical support services (e.g., polio drops, usage of bed nets, etc.)

h. Submit expense claims to RFHD Steering Committee for reimbursement.

i. Provide a report to the RFHD Steering Committee at end of program in a timely manner.

3) In-kind contribution of at least 200 Rotarian volunteers is valued at \$500,000. All of them will be volunteering 3 days of their time, but about 20% of them will be leaders and volunteering more. This formula is based upon a monetization tool created for this program 5 years ago by FHI 360 (a large NGO partner of RFHA's in Africa), that included a Price Waterhouse salary survey.

How were these needs identified?

The Christian Medical Association of India, in partnership with the Directorate of National Health Mission of Madhya Pradesh (DNHMMP) and Rotary, assessed the community needs.

In addition, Rotary District 3040 has experience of more than 4 years in organizing a single site health camp focused on surgeries and treatment and carried out Rotary Family Health Days at 25 sites in 2016. The district has already organized diagnosis and surgical camps at Chhindwara, Jhabua, Vidisha, Neemuch. The district officials had closely worked with the Government officials to identify the patients and planning for their treatment. Many individuals and families do not know their health status and therefore suffer and die from Malaria, TB, Measles, Polio, diabetes, hypertension, eye diseases, dental diseases and HIV/AIDS. Together

they identified 12 districts for organizing camps at 17 sites, as previously noted.

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

The Rotary Clubs, Rotaract club, Rotary Community Corps and the family of Rotary engage community partners (in government as well as non-government) to assist them in planning, promoting, implementing and documenting the services provided at Rotary Family Health Days. These partnerships were begun by RFHA and the Steering committee at the national level and then the message is driven down by all partners to the community level. Rotarians, in general, are the catalyst to make this massive health campaign happen.

The medical and technical work that is done every day by government health workers is done 'in the name of Rotary' during this 3 day Health campaign. Our campaign reaches thousands of citizens that the government cannot reach because we take the program to where they live, and citizens trust the Rotary brand, so they will come to our sites. Media houses and local community media groups will be asked to provide pro bono support to publicize the event and to create awareness of the dates of the event so that the citizens will attend. Schools and Churches often provide their structures to be used as a health camp. DNHMMP will permit Rotary to use government health facilities as sites for the tests and will provide multiple medical supplies, including medicines and test kits, as previously stated. They also mobilize the community. Doctors and Nurses, social workers and community workers all take a part in implementing this program. Awareness and education of multiple diseases are created before and during the campaign itself.

Doctors and nurses sometimes have far to travel to get to the health site, so Rotarians will host them at their homes or find a small hotel for their stay and feed them.

After the campaign is over, local Rotary clubs have met and worked with NGOs and clinics that they did not know before. Ongoing smaller projects occur throughout the year between these health personnel and Rotary Clubs. It encourages ongoing communication between leaders and the local government.

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

The Madhya Pradesh (RID 3040) Steering Committee has already appointed Mr. Suyash to form a committee to complete the 90 day Impact Analysis. The committee is comprised of Rotarians, Rotaractors as well as some community people (e.g. university students). In some cases, these interviewers will be paid a stipend for the hours worked. The full protocol for this analysis was created by the RFHA team member, Dr. Phil Silvers, especially for this program. Impact and sustainability is measured on multiple levels. The committee is provided with a minimum of 50 minutes of orientation and training on appropriate interview techniques, using specific questions outlined in the template. One of the critical questions asked is whether those citizens who tested positive of a disease went to get follow on care. The interviews done by this team are done using a random selection of citizens who attended the health campaign, either in person or by cell phone. The full protocol, including appropriate forms, is documented in a published Monitoring and Evaluation report sent to RFHA, The Rotary Foundation and other Primary Partners.

Budget

Will you purchase budget items from local vendors?

Yes

Explain the process you used to select vendors.

There is a Rotary Supplies sub-committee, including the Treasurer, who will oversee the sourcing, purchasing, distribution and maintenance of inventory. These responsibilities include receiving all materials and supplies; keeping all invoices and storing the items before distribution to sites that are all staffed by Rotarians. Competitive bids will be obtained for supplies from local vendors. Invoices will be kept for one year. Any

items left over will be used for the next health campaign.

Did you use competitive bidding to select vendors?

Yes

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.

Not Applicable.

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

N.A.

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

No

Describe how the project team will help community members adopt the technology.

Not applicable

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.

We expect the majority of all supplies to be used up by the beneficiaries and the medical staff of the campaign.

Funding

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

Yes

Please describe this funding source.

Rotary Family Health Days is expanding the program in other Rotary Districts of India in 2017. We are looking for funding support a couple of ways. 1) Local Rotary clubs could hold fundraisers; 2) RFHA will continue to look for external funding sources for India, such as the large pharmaceutical industry. The expansion will gain a lot of high profile publicity in India, and we believe that this will attract news partners to the campaign in the coming years, in addition to The Rotary Foundation. 3) Once the State of Madhya Pradesh realizes how local Rotary clubs can help achieve their health goals, it will open up a whole new relationship and conversation of how to work together more frequently.

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

No

Authorizations

Authorizations & Legal Agreements

Legal agreement

In consideration of receiving this global grant from The Rotary Foundation (TRF), the Sponsors acknowledge and agree that:

1. The Sponsors have each received and read a copy of the Terms and Conditions for Rotary Foundation District Grants and Global Grants, which are incorporated into and made part of this Agreement and will abide by all terms and conditions set forth therein.
2. The total financing amount of this Agreement is the U.S. dollar amount listed in the grant announcement letter. Any amount received in excess of the approved grant contributions will automatically be counted as general irrevocable giving to TRF and will not be applied to the global grant.
3. All global grant funds provided by TRF shall not be used for any purposes other than those approved by TRF. TRF shall be entitled to receive reimbursement for any and all global grant funds deposited with, held by, or otherwise contributed to either or both of the Sponsors that are spent for unapproved purposes as well as any funds used to benefit a Rotarian or Rotary entity. In addition, TRF reserves the right to audit the grant's financial activities at any time and suspend any or all payments if in its sole discretion progress is not considered to be satisfactory.
4. The Sponsors will keep TRF informed on the grant's progress by submitting progress reports every twelve months during the implementation of the grant activities. The Sponsors will immediately inform TRF of any significant problems with the implementation of the grant or deviations from the planned activities, including deviations in the budget. The Sponsors will submit the final report with complete financial accounting within two months of the grant's completion.
5. The Sponsors shall defend, indemnify, and hold harmless Rotary International (RI) and 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.
6. RI/TRF's entire responsibility is expressly limited to payment of the total financing amount. Neither RI nor TRF assumes any further responsibility in connection with this grant. Neither RI nor TRF is responsible for unfunded travelers.
7. TRF reserves the right to cancel this Agreement without notice upon the failure of either or both of the Sponsors to abide by terms set forth in this Agreement and the Terms and Conditions for District Grants and Global Grants. Upon cancellation, TRF shall be entitled to a refund of any global grant funds, including any interest earned, that have not been expended.
8. 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 reason beyond the reasonable control of the Parties shall not be deemed a breach of this Agreement. In such an event, the Agreement shall be deemed terminated and Sponsors shall refund all unexpended global grant funds within 30 days of termination.

ADDITIONAL AGREEMENT TERMS FOR GLOBAL GRANTS INVOLVING FUNDED TRAVELERS Sections 9-14 apply to those traveling on global grant funding ("Funded Travelers")

9. Rotarians serving on the selection committee have exercised complete transparency and disclosed any actual or perceived conflict of interest due to the committee member's association with a candidate or participating institution.
10. The Sponsors confirm that the Funded Traveler(s) are qualified to provide and/or receive this training and have the endorsement of our club or district. Additionally, the Sponsors affirm that the activity/scholarship has been planned in accordance with the host sponsor and beneficiary community.
11. If it is decided that Funded Travelers are not performing adequately, TRF must be notified. TRF reserves the right to terminate this Agreement and arrange for immediate transportation for the Funded Traveler(s) back to the Funded Traveler(s)' home country.
12. Notwithstanding any provision in this Agreement to the contrary, in the event the Funded Traveler(s) terminate their participation for any reason not necessitated by serious illness or injury or safety of the Funded Traveler(s) or the serious illness or injury of a Funded Traveler's family, TRF shall be entitled to a refund of any global grant funds, including any interest earned, that have not been expended pursuant to the terms of this Agreement. In addition, any Funded Traveler who terminates his/her participation prior to the end date listed in the Application for any reason other than serious illness or injury or safety shall be responsible for his/her own return transportation home. Additionally, any

- Funded Traveler who elects not to travel or participate in grant-funded activities shall refund the full grant, including any interest earned, within 30 days of notification.
13. Funded Traveler(s) are required to secure, for their trip, travel medical and accident insurance to cover medical care and hospitalization, emergency evacuation, and repatriation of remains with limits as outlined in the terms and conditions. This insurance must be valid in the country(ies) that the Funded Traveler will visit during their participation and cover the periods from the date of departure through the date of return. Upon request, Funded Traveler(s) shall provide evidence of such coverage to the Sponsors and TRF.
 14. Sponsors acknowledge and agree that Funded Traveler(s) are not employees of RI or TRF and are not entitled to or eligible in any way for, or shall participate in, any compensation, employee pension, health (medical or dental), workers compensation, life, disability, or any other insurance or other fringe benefit plan of RI or TRF. Nothing in this Agreement shall be deemed or construed by the Parties or any third party as creating the relationship of partnership, joint venture, or principal and agent between or among any Funded Traveler(s), Beneficiaries, Sponsors, RI and/or TRF.
 15. Unless indicated otherwise in writing, by submission of any photos in connection with any report, Sponsors hereby give publication rights to RI and TRF for promotional purposes to further the Object of Rotary, including but not limited to RI and TRF publications, advertisements, and websites. Sponsors also authorize RI and TRF to share photos from reports with Rotary entities for promotional purposes to further the Object of Rotary.
 16. Only 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.
 17. 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 Funded Traveler(s) in any court with jurisdiction over them.
 18. This Agreement binds and benefits the Parties and their respective administrators, legal representatives, and permitted successors and assigns.
 19. 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.
 20. 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.
 21. 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.
 22. 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 use reasonable efforts to ensure that it does not support or promote violence, terrorist activity or related training, or money laundering.
 23. 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.

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	
Prashant Shroff	Burhanpur	3040	Authorized	Authorized on 12/01/2017
Randall Schiltz	Alpharetta	6900	Authorized	Authorized on 12/01/2017

District Rotary Foundation chair authorization

Name	Club	District	Status	
Ashok Tanted	Ratlam	3040	Authorized	Authorized on 12/01/2017
Marjorie Kersey	Stone Mountain	6900	Authorized	Authorized on 13/01/2017

DDF authorization

Name	Club	District	Status	
Ashok Tanted	Ratlam	3040	Authorized	Authorized on 12/01/2017
Darshan Gandhi	Neemuch	3040	Authorized	Authorized on 13/01/2017
Marjorie Kersey	Stone Mountain	6900	Authorized	Authorized on 13/01/2017
Raymond Ray	Griffin Daybreak	6900	Authorized	Authorized on 12/01/2017

Legal agreement

Name	Club	District	Status	
Ashok Tanted	Ratlam	3040	Accepted	Accepted on 12/01/2017
Marjorie Kersey	Stone Mountain	6900	Accepted	Accepted on 13/01/2017

Bank Information
