

Grant Title - Family Planning - Postpartum and Post Miscarriage - in Pakistan

Status - Submitted

District Number 1860 (Qualified)

OBJECTIVES

WELCOME TO THE GLOBAL GRANT APPLICATION

Your application has been assigned the reference number GG1418936 , which you can use for tracking and when communicating with The Rotary Foundation or colleagues.

PLANNED ACTIVITIES

In a few short sentences, tell us your objectives for this global grant.

The objectives of this global grant project are:

1. Training of student midwives and Skilled Birth Attendants (SBAs) at the Gizri Maternity Hospital in family planning counseling and method provision, and proficiency in providing emergency obstetric care;
2. Provision of Family Planning (FP) services to at least 30 percent of women who deliver [Postpartum Family Planning (PPFP)] or undergo management of incomplete miscarriage in the selected hospital.

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

Beneficiaries of the proposed global grant project will be:

- All women attending antenatal care, giving birth and receiving care after an incomplete miscarriage in the Gizri Maternity Hospital;
- The families of women coming to the Gizri Maternity Hospital and receiving care, FP counseling, and FP services (community impact);
- SBAs working in the selected hospital and receiving training;
- Students of the Midwifery School attached to the hospital.

Direct beneficiaries of the project are about 3,500 women, who seek care in the selected hospital with regard to antenatal care, delivery and miscarriage. In addition to these patients the health personnel working in the hospital (15 doctors, 7 nurse midwives, 2 nursing assistants) as well as the student midwives (currently 31) undergoing training in the attached midwifery school also directly benefit from the project, since they will be trained in PPFP and comprehensive Emergency Obstetric and Newborn Care (EmONC), thereby enabled to provide better health care services and gaining additional skills and knowledge.

Which of the following activities will this global grant fund?

Humanitarian project

Humanitarian Project

Where will your project take place?

Gizri Maternity Hospital. The project will take place in and around the Gizri Maternity Hospital located at the outskirts of Karachi, Pakistan. The hospital is a public health facility run by the city government. The facility selected provides comprehensive Emergency Obstetric and Newborn Care (EmONC) mostly to marginalized, poor and illiterate women and families. On average, over 3,000 deliveries annually are attended in this hospital and about 500 cases of incomplete miscarriage are managed. Fifteen doctors, seven nurse midwives and two nursing assistants work in this health facility. A midwifery school is attached to it, where currently 31 community midwives are under training.

Karachi

Pakistan

When do you anticipate your project will take place?

From:2014-04-01 Until: 2015-03-31

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Outline your project implementation schedule.

No.	Activity	Duration
1:	3 training workshops in PFP, 1 in EmONC, and 1 for the 3 counsellors	3 days each for the first 4 workshops and 1 day for the 5th workshop. These will be completed over a period of 2 months.
2:	Provision of services to women delivering or undergoing management of miscarriage (PFP and post-miscarriage FP service)	for 11 months starting just after the first workshop is completed.
3:	Record keeping, especially of women who are being provided the services	throughout the duration of the project
4:	Analysis of data to show the impact of the workshops and the services provided	Ongoing
5:	Follow up for one year after completion of project to check the number of women provided with these services to establish sustainability of the post project activities	Initially for a period of 1 year after the end of project
6:	Counseling of all women attending antenatal care, delivering in the hospital, or managed for incomplete miscarriage about FP methods	Ongoing

SUSTAINABILITY

What community needs will your project address and how were these needs identified? Provide any relevant data or survey results

Gizri Hospital data was examined and it was noticed that post delivery and post miscarriage FP counseling and services were provided to very few women. These services are essential for enabling the women to recover from the effects of pregnancy and childbirth, regain depleted stores of iron and other nutrients, and allow them to breastfeed their babies.

Through this project, the women who attend the hospital for a delivery or for management of a miscarriage will be provided family planning counseling and requisite services. In addition, they will also be provided better management of complications of pregnancy and childbirth, as the doctors and midwives will have been trained in emergency obstetric and newborn care.

Pakistan is the sixth most populous country in the world with growth by about three million persons each year. The United Nations projects for Pakistan a population growth from 185 million to 335 million by 2050. High population growth coupled with youthful demographics, high unemployment, and a troubled economy pose considerable risks for Pakistan.

In terms of Maternal Health, according to the Pakistan Demographic and Health Survey (PDHS) 2012-2013, Pakistan has some of the poorest maternal, infant and child health indicators in the region.

- Infant mortality rate is 74 per 1,000 births, a large proportion of which is contributed to by neonatal deaths (within 4 weeks of birth), especially those within the first week;
- Contraceptive prevalence Rate (CPR) is 35% with modern contraceptive methods accounting for 26%**;
- Unmet need for family planning is 25%*;
- Total Fertility Rate (TFR) is 3.8**.

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The unmet need for family planning is even higher in rural areas, in peri-urban slums (such as the project site) where the majority lives in poverty.

Nearly 50% of deliveries in urban areas are conducted by skilled birth attendants (SBAs)**. The overwhelming majority of these women delivering in health facilities leave without receiving FP counseling or services. These women do not return for a postpartum check due to various reasons e.g. lack of awareness of the necessity and benefits of such a visit; poverty; transportation difficulties; mobility issues for women and gender discrimination where women's health is not given due importance. These women often come back with an unintended pregnancy. This project will address the urgent need to provide PFP and post-miscarriage Family Planning services in order to prevent unplanned and unwanted pregnancies.

This will have the additional advantages of allowing the women to recover from the effects of pregnancy and childbirth, regain depleted stores of iron and other nutrients, and allow them to breastfeed their babies. This important step provides babies with nature's best nutrition, and protects them from infant diarrhea and upper respiratory tract infection, which are among the most common causes of infant deaths. Enabling women to practice family planning also reduces the number of (unsafe) abortions often leading to morbidity or even maternal death as well as prevents other major causes of maternal mortality. With the provision of family planning services about one third of all maternal deaths can be avoided. The doctors and midwives (SBAs) are not aware that many FP methods (e.g. the intrauterine contraceptive device [IUCD], and the sub-dermal implants which release small quantities of hormones daily) can be inserted immediately after delivery and miscarriage before the women are sent home. These healthcare providers will need to be trained in counseling and providing an effective contraceptive method. In addition, they also need to be trained in providing emergency obstetric and newborn care (EmONC) to equip them to deal efficiently with emergencies, thus preventing maternal deaths and disabilities as well as infant deaths.

*PDHS 2006-07

**preliminary report PDHS 2012-13

Detail how your project will address these community needs.

1. Training of all Skilled Birth Attendants (SBAs) at the Gizri Maternity Hospital in family planning counseling and method provision, and proficiency in providing emergency obstetric care.
2. Training of all student midwives at the Midwifery School attached to the selected hospital in family planning counseling and method provision under supervision. Currently 31 community midwives are enrolled at the Midwifery School.
3. Counseling of all women attending antenatal care, delivering in the hospital, or managed for incomplete miscarriage about FP methods.
4. Provision of at least 30 percent of all women delivering in the hospital or undergoing management for incomplete miscarriage with an effective method of FP.

This implies that if 3,000 deliveries take place and 500 incomplete miscarriages are managed each year, a minimum of 1,050 women should be provided with a FP method. In addition, at least 25 percent of these should be a long-acting reversible contraceptive (LARC) i.e. IUCD or sub-dermal implants. Doctors and midwives from the project partner organization AMAN will train all cadres of SBAs (doctors and midwives working at the intervention site) in PFP and post-miscarriage FP, so that FP services are provided 24/7. This will be done in four workshops.

How were members of the local community involved in planning the project? Does your project align with any current or ongoing local initiatives?

The Association of Mothers and Newborns (AMAN), an NGO working on Maternal and Newborn Health, through the proposed interventions aims to counsel and provide FP Services to women immediately after childbirth or miscarriage before they leave the identified health facility.

Describe any training, community outreach, or educational programs, if applicable, and who will conduct them. How will recipients be selected?

The first of the four workshops will include potential trainers (doctors, midwives, sister tutors from the midwifery school) according to the 'train the trainer' principle; these trained SBAs will assist the

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facilitators at the remaining three workshops for the rest of the staff and the under-training midwives. Initially three counselors will need to be employed to counsel women a) attending antenatal services, b) in labor rooms and c) in postnatal wards regarding FP methods, and inform them about the hospital's service of providing a method immediately after a delivery or miscarriage. These three counselors will also undergo training with the SBAs at the second workshop in FP (counseling and method provision), besides attending a one-day counseling training specially designed for them.

The student community midwives at the Midwifery School will be trained in both FP counseling and method provision and EmONC. The student midwives and midwives in the obstetric department will eventually take over the role of FP counselors and service providers, in order to make the practice sustainable.

These workshops will need to be held regularly, at least once every six months, by the trained doctors and midwives, so that the service is maintained. Once the FP services have been organized at the intervention site through this project, smaller clinics and Reproductive Health Services (RHS) centers located close to the Gizri Maternity Hospital may be linked up with the hospital.

Areas of Focus

Maternal and child health

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

How will you meet these goals?

Through establishment and provision of family planning services maternal mortality can be reduced by nearly 30%. The ability to space births also improves newborn health as studies have shown that spacing births by at least two years reduces the risk of a premature delivery and underweight at birth. Access to family planning services also promotes happier and healthier families since children in smaller families are often better looked after and receive a better and longer school education.

In the project SBAs and student midwives are trained in PFP and EmONC; this will enable them to perform better family planning and obstetrical services. The improvement of maternal and newborn health care will consequently lower maternal and newborn morbidity and mortality in the selected hospital. The health personnel will also be enabled to pass on their improved skills and knowledge (train-the-trainer principle) and will additionally be trained in record keeping - baseline data as well as observation of services provided during and after the duration of the project.

How will you measure your impact?

No.	Measure	Measurement Method	Measurement Schedule	Target
1:	Other	Grant records and reports	Every week	1000-2499
2:	Number of maternal and child health professionals trained	Grant records and reports	Every three months	100-499

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3:	Other	Grant records and reports	Every month	1-19
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Who will be responsible for collecting information for monitoring and evaluation?

Dr. Shahida Zaidi, President AMAN (supervision)

Trained health personnel will collect data and information regularly within the examinations/performing of health services and family planning counseling.

Primary Contacts

Name	Club	Role	Sponsored by	Serving as
Günter Lang	Ludwigshafen-Rheinschanze	(Primary Contact)	District	International
Sibte Jafri	Karachi Cosmopolitan	(Primary Contact)	Club	Host

Committee Members

#	Role	Name	Club
1	(Secondary Host Contact)	Mansoor Faruqi	Karachi Cosmopolitan
2	(Secondary Host Contact)	Aarij Kirmani	Karachi Cosmopolitan

#	Role	Name	Club
1	(Secondary International Contact)	Wolfgang Zink	Ludwigshafen-Rheinschanze
2	(Secondary International Contact)	Robert Zinser	Ludwigshafen-Rheinschanze

No Rotarian who has a vested interest in the activity (e.g., an employee or board member of a cooperating organization, owner of a store where project goods will be purchased, trustee of a university that a scholar plans to attend) may serve on the grant committee. If any potential conflict of interest exists, disclose it here.

There is no conflict of interest. None of the primary or secondary contacts, nor any of the RCKC Board members are on the Board of AMAN or Gizri Hospital.

Cooperating Organization

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No.	Name	Website	Street address or P.O. box	City	Country
1:	Association for Mother and Child (AMAN)	http://www.ncmnh.org.pk/intro-aman	Ultrasound Clinic, 140 R, Block 2, PECHS	KARACHI	Pakistan

Describe your process for selecting this organization. What resources or expertise will this organization contribute?

AMAN has obstetricians, pediatricians, midwives who are experts in training, providing service, and monitoring maternal and newborn health projects. AMAN is a non-political, non sectarian, nonprofit Voluntary Welfare Organization. It has been established to improve maternal and newborn health, and contribute to reducing maternal and neonatal mortality and morbidity, besides obstetricians, midwives and pediatricians. It includes members from different walks of life and disciplines - health professionals, lawyers, media persons, midwives, public health specialists and social scientists. Within the proposed project health professionals will train health personnel in the selected hospital to counsel and provide FP Services to women immediately after childbirth or miscarriage before they leave the identified health facility.

VOLUNTEER TRAVELER(S)

No.	Name	Email

Identify the responsibilities of the volunteer traveler(s) and the specific tasks that each individual will complete.

N/A

PARTNERS

List any additional partners who will participate and identify their responsibilities. This may include Rotary clubs, Rotaract clubs, Rotary Community Corps, or individuals.

Dr. Nazma Asad, Gynaecologist and Medical Superintendent; Workplace Address: Gizri Maternity Hospital, D- street, Upper Gizri, Karachi, Residential Address: 71/1, Khayaban-e-Badar, DHA Phase V, Karachi, Mobile +92-300-8252521; Office +92-21- 99250869, Email: msgizri@yahoo.com

ROTARIAN PARTICIPATION

Describe the role of the host Rotarians in this activity and list their specific responsibilities.

The host Rotarians manage, supervise and coordinate the project implementation and expenses. Specific responsibilities are:

- Managing and overseeing the project on-site
- Monitoring the project during implementation and its sustainability after termination
- Promoting the project on all Rotary events and in the local media

Describe the role of the international Rotarians in this activity and list their specific responsibilities.

- Assisting the project management, monitoring and evaluation
- Taking care of the reporting requirements for the project

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- Promoting this project internationally within Rotary and beyond to enhance Rotary’s public image and raise awareness for Rotary’s Area of Focus ‘Maternal and Child Health’
- Helping with the correspondence and coordination with stakeholders

SUSTAINABILITY

Describe the role that members of the local community will play in implementing your project. What incentives (e.g., compensation, awards, certification, promotion) will you provide to encourage local participation?

Women who received good quality health care and family planning services will spread the word in the surrounding communities, so that more women will seek the services of the hospital. These women will be most important ambassadors raising awareness amongst the community regarding the importance of antenatal care, of delivering in a health facility and the importance of birth spacing. This will reduce morbidity and mortality among women (and also newborns) which is of great benefit for the whole community. Good health is an award per se and promotion at the same time, so there will be no need for additional incentives.

Identify any individuals in the local community who will be responsible for monitoring outcomes and ensuring continuity of services. How will you support these individuals to help them take on this leadership role?

First of all, the members of the RC Karachi Cosmopolitan will supervise/monitor the project on-site. They will also keep close contact with Dr. Nazma Asad, gynaecologist and Medical Superintendent of Gizri Hospital, who will be supervising the monitoring and evaluation in the hospital. The trained health workers in the hospital and the attached midwifery school will continue the data collection and record keeping of patients receiving (postpartum) family planning services, obstetrical services (e.g. antenatal care) as well as cases of maternal and perinatal morbidity and mortality. The continuous monitoring within the project duration as well as after the termination of the project will be accompanied and supported by members of the cooperating organization, Association for Mother and Child (AMAN), under the leadership of Dr. Shahida Zaidi, President of AMAN.

BUDGET

Select the local currency for your budget and enter the current rate of exchange to 1 U.S. dollar. Obtain the current RI exchange rate from Rotary's website. If your country is not on the official RI exchange rates list, visit the Oanda or Bloomberg website to obtain the current rate.

Detail your proposed expenses by adding items to the budget. Note that the total budget must be equal to the total financing of your activity.

Local currency: **AED** Exchange rate to 1 USD: **106**

No.	Description	Supplier	Category	Local cost (AED)	Cost in USD
1:	Honorarium for personnel	n/a	Personnel	763200	7200
2:	Facilitation fee	n/a	Training	495000	4670
	Meals/other costs				

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3:	(participants + facilitators + support)	various	Operations	153000	1443
4:	Training material	various	Training	240000	2264
5:	Training supplies	tbd	Supplies	281140	2652
6:	Training equipment	tbd	Equipment	808625	7629
7:	Office equipment	tbd	Equipment	240000	2264
8:	Local travel	various (gas, etc.)	Travel	78546	741
9:	PR / media coverage / promotion	various	Publicity	265000	2500
10:	Monitoring / evaluation	n/a	Monitoring/evaluation	360000	3396
11:	Reserve / additional costs (10%)	n/a	Project management	370000	3491
Total budget:				4054511	38250

SUSTAINABILITY

Describe the process for selecting these budget items. Do you plan to purchase any items from local vendors? Have you performed a competitive bidding process to select vendors? Do these budget items align with the local culture and technology standards?

To reach the goals and the impact of the project the hospital suggested items from which Rotarians together with the partner AMAN selected those shown in the budget. Equipment will be purchased from local vendors offering the best quality and price. All budget items align with local culture and standard.

How will the beneficiaries maintain these items? If applicable, confirm that spare or replacement parts are readily available and that the beneficiaries possess the skills to operate equipment.

The health personnel will be trained to operate the equipment, if they are not able to operate it already. Since the equipment will be purchased locally, spare parts and repairs (if needed) are readily available.

Who will own the items purchased with grant funds at the end of the project, including equipment, assets, and materials? Note that items cannot be owned by a Rotary club or Rotarian.

The laptops and data display system will remain the property of AMAN. The budget also includes expenses for two delivery beds. These are essential, as the state of the beds currently in the labor room is very poor. These beds will be owned by the hospital. Training items will remain with the Midwifery School because their resources are meager.

FINANCING

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The Rotary Foundation funds global grants from the World Fund, and awards range from US\$15,000 to US\$200,000. The Foundation matches cash contributions at 50 percent and District Designated Fund (DDF) contributions at 100 percent. The Foundation will also match non-Rotarian contributions toward a grant, provided they do not come from a cooperating organization or a beneficiary.

To determine the World Fund match for your global grant, list all sources of funding, specifying contributions from cash, DDF, and other sources. Note that the total financing must be equal to the total budget of your activity.

After you have added all funding sources and the requested World Fund match, click "Save" to save your grant financing.

#	Funding Method	Organization	Amount (USD)
1	District Designated Fund (DDF)	1860	10000
2	Cash from club	Ludwigshafen-Rheinschanze	5500
3	District Designated Fund (DDF)	3271	5000

DDF contributions:	15000
Cash contributions:	5500
Other contributions:	0
Endowed/Term gift contributions:	0
World Fund match (maximum):	17750
World Fund match (requested):	17750
Total financing:	38250
Total budget:	38250

SUSTAINABILITY

Have you identified a local funding source to ensure long-term project outcomes? Will you introduce practices to help generate income for ongoing project funding?

The GIZRI maternal hospital and the Partner AMAN will ensure longterm outcomes and impact for the community. The budget is mainly used for training of providers, SBAs and student midwives who will be paid by the hospital and maintain the project outcomes also after the end of the project. Their expertise will be an asset for the necessary sustainability in addition to the equipment which will be used far beyond the duration of the project. In case income would need to be generated for ongoing project funding, fees could be a charged to the patients and users of the family planning service as it is done for other medical services.

Authorization

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

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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.

Primary Contact Authorizations

#	Role	Name	Authorization Status	Authorization Date
1	Primary Contact	Günter Lang	Authorized	11/02/2014
2	Primary Contact	Sibte Jafri	Authorized	07/03/2014

DRFC Authorizations

#	Role	Name	Authorization Status	Authorization Date
1	District Rotary Foundation Chair (DRFC)	Abu Mohsin	Authorized	05/03/2014
2	District Rotary Foundation Chair (DRFC)	Gerhard Gross	Authorized	11/02/2014

DDF Authorizations

Role	District	Name	Authorization Status	Authorization Date
District Rotary Foundation Chair (DRFC)	1860	Gerhard Gross	Authorized	11/02/2014
District Governor (DG)	1860	Klaus Willimczik	Authorized	15/12/2013
District Governor (DG)	3271	Pir Syed Shah	Authorized	25/02/2014

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District Rotary Foundation Chair (DRFC)	3271	Abu Mohsin	Authorized	26/02/2014
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