

ZIELE

GLOBAL GRANT ANTRAG

Ihrem Antrag wurde folgende Referenznummer zugewiesen: GG1532510 . Die Nummer soll es Ihnen erleichtern, das Grant zu verfolgen und sich über dieses mit den Mitarbeitern der Rotary Foundation oder anderen an dem Projekt beteiligten Personen auszutauschen.

GEPLANTE AKTIVITÄTEN

Bitte erläutern Sie in wenigen Sätzen die Ziele für dieses Global Grant.

The objectives of this global grant project are to sustainably reduce maternal and newborn mortality, improve the quality of (obstetric) care and strengthen the health systems in five states of Nigeria. This shall be achieved through the inclusion of a system of quality assurance in obstetrics (OQA) into the states' health policies and its implementation in the health facilities' obstetric departments. The OQA system has already been successfully introduced in 25 selected hospitals within the Rotary Maternal and Child Health (MCH) scaling up projects. The OQA system proved to bring forth documented reductions in maternal and perinatal morbidity and mortality and to be scalable. Therefore, the OQA system shall be integrated into the Nigerian Maternal and Perinatal Death Surveillance (MPDS) program as an effective response mechanism for improving the quality of (obstetric) care, and then be introduced to additional secondary state hospitals in the five states of Kano, Kaduna, FCT Abuja, Ondo and Enugu. The ultimate goal is the integration of the MPDS/OQA system into the national health system and a nationwide implementation.

Wer profitiert von dem Global Grant? Bitte geben Sie die geschätzte Anzahl der direkt begünstigten Personen ein.

Beneficiaries of the project will be women of childbearing age, mothers and newborns as well as the obstetric health personnel in state hospitals of the five states involved in the 1st and 2nd scaling up project. This grant will facilitate the inclusion of OQA in additional hospitals within the five states so far involved and mobilize later other states to strengthen their health system as well by including OQA. The number of beneficiaries will increase with the number of states and hospitals, including the MPDS/OQA system in their health system and routine respectively. Indirect beneficiaries are the State Ministries of Health and the Federal Ministry of Health since the project includes capacity building measures.

Welche der nachfolgenden Aktivitäten werden durch das Global Grant finanziert?

Humanitäres Projekt

Humanitäres Projekt

Wo findet Ihr Projekt statt?

:
: In the states of Kano, Kaduna, FCT Abuja, Ondo and Enugu

Land: Nigeria

Wann soll Ihr Projekt stattfinden?

Von:2015-08-01 **Bis:** 2017-02-28

Bitte umreißen Sie den Zeitplan für die Umsetzung Ihres Projekts.

Nr.	Aktivität	Dauer
1	Development and approval of a harmonized Maternal and Perinatal Death Surveillance and Obstetric Quality Assurance (MPDSR & OQA) policy and guidelines - Technical meetings to produce harmonized policy documents and guidelines - Pursue the approval of the State MoHs for a statewide implementation in the 5 states	Months 1-4
2	Advocacy for the statewide implementation of MPDSR & OQA and possible further extension -	

	Production of advocacy materials - Advocacy visits to State Governors, Commissioners of Health and their Permanent Secretaries as well as other stakeholders	Months 1-3
3	Upgrade/establishment of statistical offices; capacity building in OQA - Consultancy by German/Bavarian Expert Group for quality assurance - Continuation of regular data collection and analysis in 25 selected hospitals - Organization of Review Meeting - Establishment/upgrade of statistical offices in 5 MOHs - Assignment and training of personnel (statisticians)	Months 5-9
4	Introduction/implementation of MPDSR & OQA in additional hospitals in 5 states - Training of heads of obstetrical departments and chief midwife in MPDS & OQA (data collection, monitoring, etc.), train-the-trainers - Collection of baseline data in hospitals - Analysis of baseline data and first Review Meeting by state statistical offices - Establishment of central statistical office at FMOH (at the end of the project duration)	From month 10 until end of project (and beyond)

NACHHALTIGKEIT

Auf welchen Bedarf im Gemeinwesen geht Ihr Projekt ein und wie wurde dieser Bedarf ermittelt? Bitte geben Sie relevante Daten oder Umfrageergebnisse an.

A recent WHO publication estimated that the country was responsible for the second highest proportion of global maternal deaths of 14%, after India (17%), in 2013 [1]. This is heightening the concerns that Nigeria may fall short of attaining its MDG-5 target by 2015.

One obvious reason for the persistence of high maternal mortality in Nigeria is the lack in the adoption and institutionalization of some globally acclaimed strategies for maternal death prevention. One such strategy is the Maternal Death Review (MDR) [2], which the WHO has now christened Maternal Death Surveillance and Response (MDSR). The MDSR is an institutionalized tracking of maternal mortality by a multidisciplinary facility committee with a view to discerning all responsible social and medical factors and proffering solutions for preventing recurrences that are themselves tracked. Realizing this gap, the Society of Gynecology and Obstetrics of Nigeria (SOGON), worked with the Nigerian Federal Ministry of Health and other stakeholders in maternal health, in 2012 to introduce MDSR into Nigeria. This effort has since resulted in: the development of National Guidelines for its establishment in health facilities; and it has been adopted and established in three of Nigeria's 36 states [3].

Incidentally, Rotarians from Nigeria, Austria and Germany together with the Rotarian Action Group for Population & Development (RFPD) had foreseen this need much earlier, as back as 2008, and worked with the governments of four states to establish a system of Quality Assurance in Obstetric (OQA) which is a programmatic involvement of key health facility personnel to track maternal and fetal mortality within the facility, determine causative factors (especially structural & functional) and addressing them, especially through capacity building (training and motivation of personnel for OQA) and structures improvements (delivery of equipment) [4]. This effort has gone ahead to reduce maternal and fetal mortality in the hospitals involved.

The persistent and unacceptably high maternal mortality in Nigeria urgently need a harmonization of both of these strategic efforts and a rapid scale up to all the 36 states, for the desired impact. The project team has already established working relationships with the Federal Ministry of Health and the Ministries of Health of the five states states and the Federal Capital Territory since 2008 to date. The envisaged harmonization of existing maternal and fetal mortality review and reduction models will involve these established partners and also include other relevant non-governmental organizations such as the Society of Gynaecology and Obstetrics of Nigeria (SOGON).

[1] WHO. Trends in maternal mortality: 1990-2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division. 2014

[2] Beyond the Numbers: Reviewing maternal deaths and complications to make pregnancy safer. Geneva, World Health Organization, 2004

[3] Hofman, J.J., & Mohammed, H. (2014). Experiences with facility-based maternal death reviews in northern Nigeria. International Journal of Gynecology and Obstetrics, 126 (2): 111-114.

[4] Hadiza Galadanci, Wolfgang Kunzel, Oladapo Shittu, Robert Zinser, Manfred Gruhl. Stephanie Adams. Obstetric Quality Assurance to Reduce Maternal and Fetal Mortality in Kano and Kaduna State Hospitals in Nigeria. International Journal of Gynaecology and Obstetrics. 114 (2011): 23-28.

Specific needs/ constraints of each of the target groups:

1. Federal Ministry of Health (FMOH)

The FMOH is supposed to introduce the MDSR program proposed by the WHO, but according to the Nigerian constitution the states are relatively independent from the Federal Government, so that the FMOH can advise but not enforce the introduction and improvement of states' health systems. The introduction of MDSR is therefore lagging behind the requests from the WHO. Furthermore, the current MDSR policy is more or less limited to the documentation of maternal deaths and lacks comprehensiveness as well as effective response mechanisms.

2. Ministries of Health of the five states of Kano, Kaduna, Ondo, FCT Abuja and Enugu (MoHs)

The states' budgets for health (care) are traditionally too small and spending is often not targeted enough. The state health systems have not been a priority for years. State hospitals - especially in rural areas - the MoHs are in charge for, are mostly in bad shape, not well-equipped and understaffed. Follow up-trainings for midwives in obstetric care are missing to a large extent.

3. Participating Hospitals of the five states and Hospital Management Boards of these hospitals

Especially rural hospitals are generally understaffed, necessary equipment for obstetric care as well as training for the health personnel is missing.

4. Women seeking care in these hospitals

Maternal and newborn mortality in Nigeria is extremely high in comparison with other countries. The vast majority of deaths, however, could be avoided through an improved quality of obstetric care in the hospitals. Improvements in hygiene and the quality of care could save thousands of women and children.

Wie wird Ihr Projekt im Detail auf die Bedarfslage eingehen?

So far, a Maternal Death Surveillance and Response (MDSR) program is only introduced in very few Nigerian states. In order to extend its application and improve its outputs, it shall be complemented / improved with perinatal death surveillance as well as a system of QA in obstetrics, resulting in harmonized Maternal and Perinatal Death Surveillance and Obstetric Quality Assurance (MPDSR/OQA) policy and guidelines. This paper/methodology will be developed by consultants and medical advisors of the Rotary projects, and discussed with the Ministries of Health (MoHs) of the five participating states for approval and adoption. In collaboration with the MoHs all necessary steps will be taken to build up the necessary capacities for a continuous data collection, monitoring and analysis in the five states. The independent continuation of the MPDSR/OQA system in the 25 project hospitals of the Rotary scaling up project will be an intermediate goal and the starting point for a gradual extension of the program to additional secondary hospitals and even teaching hospitals as far as they belong to the five states. Ultimately, the combined MPDSR/OQA program shall be introduced in all states of Nigeria.

1. Development and approval of harmonized Maternal and Perinatal Death Surveillance and Obstetric Quality Assurance (MPDSR & OQA) policy and guidelines

- Technical meetings to produce harmonized policy documents and guidelines
- Pursue the approval of the State MoHs for a statewide implementation in the 5 states

2. Advocacy for the statewide implementation of MPDSR & OQA and possible further extension

- Production of advocacy materials
- Advocacy visits to State Governors, Commissioners of Health and their Permanent Secretaries as well as other stakeholders

3. Upgrade/establishment of statistical offices; capacity building in OQA

- Consultancy by German/Bavarian Expert Group for quality assurance
- Continuation of regular data collection and analysis in 25 selected hospitals
- Organization of Review Meeting

- Establishment/upgrade of statistical offices in 5 MOHs

- Assignment and training of personnel (statisticians)

4. Introduction/implementation of MPDSR & OQA in additional hospitals in the 5 states

- Training of heads of obstetrical departments and chief midwife in MPDSR & OQA (data collection, monitoring, etc.), train-the-trainers
- Collection of baseline data in hospitals
- Analysis of baseline data and first Review Meeting by state statistical offices
- Establishment of central statistical office at FMOH (at the end of the project duration)

Wie wurden Mitglieder aus dem Gemeinwesen in die Planung des Projekts mit einbezogen? Ergänzt Ihr Projekt eine derzeitige bzw. laufende lokale Initiative?

The MoHs signed Memoranda of Understanding (MoUs) to include the Rotary MCH project (its methodology) into their health system(s) and they have also been consulted about this action / the proposed project. The participating hospitals are also main stakeholders of this project. Consultations have been continuously undertaken with their representatives in semi-annual Review Meetings during the past years.

Beschreiben Sie, falls zutreffend, die von Ihnen angebotenen Trainings, Öffentlichkeitskampagnen oder Bildungsprogramme und wer diese durchführen wird. Wie werden Empfänger/ Teilnehmer ausgewählt?

Capacity building and training will be done for two groups: health personnel in obstetric departments and MoH staff including statisticians.

The MoH staff including statisticians will be trained by the BAQ (Bavarian Expert Group for Quality Assurance). The health personnel will be trained by medical advisors from Nigeria and Germany, who already participated in the Rotary MCH scaling up projects and know the OQA system as well as obstetric care by heart.

All trainings are conducted according to the train-the-trainer principle in order to secure sustainability of future capacity building and knowledge transfer.

The general emphasis of the trainings in quality assurance, statistics and monitoring will be placed on the necessity for adhering to fixed schedules, standardized data collection and rapid structured feedback of results on any changes or lack of such as a consequence of quality assurance measures executed. Particular training contents are:

- Mandatory use of identical data recording forms
- Timely and regular aggregation of obstetric delivery data
- Monitoring of the conduction of in depth analyses of individual case histories
- Formal monitoring of information on locality, date, contents and participation in community dialogues and staff training
- Regular (ideally annual) information on equipment and hygiene status of participating hospitals
- Construction of surveys to assess the contraceptive prevalence rate (CPR)
- Extraction of baseline data from official national and state level demographic statistics
- Transfer of hardcopy data to electronic computer readable data
- Construction of funnel plots (volume related scatter plots with statistical control limits) and time series diagrams for assessing deviation from set national or state targets and for monitoring change in quality of health care

The trainings for the medical personnel in the hospitals (obstetric departments) includes theoretical and practical sessions in birth management, prevention of birth complications, detection and prevention of obstructed labor and postpartum hemorrhage as well as emergency obstetrics. In addition, health personnel will be trained in postpartum family planning methods and application as well as patient counseling in vaccinations for children, healthy nutrition as well as ways to prevent infections such as malaria and HIV.

Schwerpunktbereiche

Gesundheit von Mutter und Kind

Welche Ziele werden durch Ihre Aktivität gefördert?

Senkung der Erkrankungs- und Sterbefallrate bei Kindern unter fünf Jahren; Senkung der Erkrankungs- und Sterbefallrate bei Müttern; Verbesserung des Zugangs zu grundlegender medizinischer Versorgung und medizinischen Fachkräften für Mütter und deren Kinder

Wie werden Sie diese Ziele erreichen?

- Development of a harmonized Maternal and Perinatal Death Surveillance and Obstetric Quality Assurance policy
- Advocacy for the statewide implementation of MPDSR & OQA and possible further extension
- Increasing awareness within the communities on risk factors for maternal and perinatal health
- Improving information and access to family planning services in the project area
- Capacity building in statistical offices and MoHs
- Introduction and ongoing implementation of MPDSR & OQA in additional public hospitals in the project area (five states)
- Train-the-trainers and capacity building for obstetric health personnel

Wie werden Sie Ihre Ergebnisse messen?

Nr.	Indikator	Messmethode	Zeitplan	Ziel
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1	Anzahl geschulter medizinischer Fachkräfte im Bereich Gesundheitsversorgung für Mütter und Kinder	Direkte Beobachtung	Alle sechs Monate	100-499
2	Sonstiges Number of statisticians and MoH staff trained	Direkte Beobachtung	Alle sechs Monate	1-19
3	Anzahl begünstigter Gesundheitseinrichtungen	Grant-Unterlagen und -Berichte	Jedes Jahr	50-99
4	Sonstiges Detailed status of hygienic conditions and medical equipment in public health facilities	Umfragen/Befragungen	Jedes Jahr	50-99
5	Sonstiges Maternal Mortality Ratio (x maternal death per 100,000 live births)	Grant-Unterlagen und -Berichte	Jeden Monat	100-499
6	Sonstiges Perinatal Mortality Ratio (x perinatal deaths per 1,000 live births)	Grant-Unterlagen und -Berichte	Jeden Monat	20-49
7	Sonstiges Number of public health facilities implementing OQA	Grant-Unterlagen und -Berichte	Jedes Jahr	50-99

Wer wird damit beauftragt, Informationen zur Überwachung und Auswertung zu sammeln?

The outputs of the introduced MPDS/OQA system will be a continuous documentation of deficits in obstetric care, cases of death and morbidity including their causes. This data is analysed, hospitals are compared in a benchmarking process and new improved standards in maternal and newborn care are developed and implemented to improve the quality of care and the quality of outcome.

It will be the responsibility of the Ministries of Health to collect information and monitor impact/results.

Teilnehmer

Hauptkontakte

Name	Club	Funktion	Gesponsert von	Rolle
Robert Zinser	Ludwigshafen-Rheinschanze	(Hauptkontakt)	Distrikt	International
Kolawole Owoka	Abuja Metro	(Hauptkontakt)	Distrikt	Host (Gastgeber)

Ausschussmitglieder

#	Name	Club	Funktion
1	Kazeem Mustapha	Abuja Metro	(Sekundäre Host Kontaktperson)
2	Emmanuel Lufadeju	Ibadan-Jericho Metro	(Sekundäre Host Kontaktperson)
3	Bamidele Samson	Ibadan-West	(Sekundäre Host Kontaktperson)

#	Name	Club	Funktion
1	Michael Morath	Mainz	(Sekundäre internationale Kontaktperson)
2	Manfred Müller	Idar-Oberstein	(Sekundäre internationale Kontaktperson)
3	Gerhard Kuntz	Bad Bergzabern	(Sekundäre internationale Kontaktperson)

Rotarier mit einem persönlichem Interesse an der Aktivität können nicht in das Global Grant Committee berufen werden (z.B. Mitarbeiter oder Vorstandsmitglieder kooperierender Organisationen, Inhaber von Unternehmen, von denen Güter für ein Projekt erworben werden, Kuratoriumsmitglieder einer Universität, an der sich ein Stipendiat bewirbt). Bitte geben Sie potenzielle Interessenskonflikte hier an.

There is no conflict of interest.

Kooperationspartner (kooperierende Organisation)

Nr.	Name	Website	Straße, Hausnummer oder Postfach	Stadt	Land
1	Society of Gynaecology and Obstetrics of Nigeria	http://www.sogon.org/	7 Guandu Street, Ahmadu Bello Way, Area 11, Garki 2	Abuja	Nigeria

Bitte beschreiben Sie das Verfahren, wie Sie diese Organisation ausgewählt haben. Welche Ressourcen oder Fachwissen wird diese Organisation zur Verfügung stellen?

The Society of Gynecology and Obstetrics of Nigeria (SOGON) worked with the Nigerian Federal Ministry of Health in the introduction process of MDSR into Nigeria. SOGON participated in the development of National Guidelines for MDSR, which enabled its adoption and establishment in health facilities in three of Nigeria's 36 states. Due to this achievement and advantageous experience as well as its pool of obstetric expertise SOGON will be a highly valuable partner in this project. Many members of SOGON (gynecologists) are also Rotarians.

CIDJAP has already been a reliable partner in previous Rotary projects improving maternal and child health. CIDJAP and its work is highly accepted and appreciated at grassroots level as well as at executive/policy level. It is a distinguished link between all members of communities and levels of society and will facilitate awareness at grassroots level as well as high level contacts.

FREIWILLIGE HELFER AUF REISEN

Nr.	Name	E-Mail
1	Nicholas Lack	n.lack@baq-bayern.de
2	Stefanie Adams	Stefanie.Adams@gmx.net

Legen Sie die Verantwortlichkeiten der reisenden Freiwilligen fest und die spezifischen Aufgaben der einzelnen Personen.

The two travelers are the main consultants of the proposed project.

Dr. Nicholas Lack is responsible for the statistics training curriculum will provide training and consultancy to statisticians and statistical offices in the five Ministries of Health involved. The training will be held partly on-site in Nigeria and partly in Germany at the BAQ in Munich.

Dr. Stefanie Adams is responsible for the medical training curriculum and will train gynecologists/obstetricians and midwives in all five states of the project area. The training will be done on-site in Nigeria.

PARTNER

Bitte führen Sie alle weiteren Partner auf. Dies kann z.B. Rotaract Clubs, Rotary Community Corps oder Einzelpersonen einschließen.

Prof. Dr. Galadanci is the Head of Department in the Faculty of Medicine Bayero University Kano and President of the Medical Women's Association of Nigeria. She has been a medical consultant for the system of quality assurance in obstetrics since the Rotary MCH pilot project (2005-2010). She also is a member of SOGON.

Prof. Dr. Shittu is a Professor of Obstetrics and Gynecology at the Amahdu Bello University and Teaching Hospital Zaria. He is a Fellow of the West African College of Surgeons (Ob-Gyn) and of the International College of Surgeons as well as the Director of the Population and Reproductive Health Initiative (PRHI). Prof. Shittu has also been a medical consultant for the Rotary MCH projects since its pilot in 2005.

Prof. Galadanci and Prof. Shittu will bring in their experience and expertise in gynecology and obstetrics, the Rotary system of quality assurance in obstetrics and the WHO MDSR program and will head the development process of the MPDS/OQA policy and guidelines.

TEILNAHME VON ROTARIERN

Führen Sie die Rolle und einzelnen Aufgaben der Rotarier des Host Sponsor-Clubs/-Distrikts auf.

The host Rotarians manage, supervise and coordinate the project implementation and expenses.

Specific responsibilities are:

- Managing and overseeing the project on-site
- Accounting for the project funds and monitoring their proper use
- Monitoring the project during implementation and its sustainability after termination
- Promoting the project on all Rotary events and in the local media

Führen Sie die Rolle und einzelnen Aufgaben der Rotarier des internationalen Sponsor-Clubs/-Distrikts auf.

The international Rotarians will assist the host Rotarians with the project management, monitoring and evaluation of the project. Their specific responsibilities are:

- Provision of consultancy and medical advice
- Ensuring the payment of project funds to the project account
- Helping to prepare the required project reports
- Promoting this project and Rotary's Area of Focus 'Maternal and Child Health' in their country

NACHHALTIGKEIT

Beschreiben Sie die Aufgaben der Mitglieder des örtlichen Gemeinwesens bei der Umsetzung des Projekts. Welche Anreize (z.B. Vergütung, Auszeichnung, Zertifizierung, Beförderung) werden Sie bieten, um vor Ort zur Teilnahme anzuregen?

All MoHs signed MoUs committing themselves to take over OQA into their health systems after termination of the Rotary MCH scaling up project(s). The hospitals and their Hospital Management Boards have shown great interest in quality assurance right from the beginning of our scaling up project and for years now the health personnel has been cooperating very well and accepted the additional workload of regular documenting obstetric parameters, analyzing the collected data and participating in semi-annual review meetings. The applied benchmarking process and the successes documented are greatly contributing to the motivation of staff.

At the final Review Meeting of the MGs #69052 and #72235 on May 1 and 2, 2015 the Health Commissioners and Permanent Secretaries of the states Kano, Kaduna, FCT Abja and Ondo publicly stated their commitment to integrate the Rotary Quality Assurance Model into their state health systems. It was agreed upon that the integration process will be done stepwise, beginning with the autonomous continuation of the system of quality assurance in obstetrics in the 20 project hospitals and followed by its expansion to all public hospitals and health centers in the four states. The Ministries of Health (MoHs) of the four states agreed to provide the public hospitals in their respective state with additionally required medical equipment. Therefore, we are very confident that the target groups involved will surely be committed to participate in the project with great engagement.

Geben Sie die Personen im Gemeinwesen an, die für die Überwachung der Ergebnisse und Sicherstellung einer Fortsetzung der Dienstleistungen bestimmt wurden. Wie werden Sie diese Personen in ihrer Leitfunktion unterstützen?

The consultants and advisors of this project will provide the MoHs with all necessary information and knowledge to enable them taking over the Rotary MCH model project and implementing the MPDS/OQA system. The Nigerian State Ministries of Health as well as later on the Federal Ministry of Health (FMoH) will take ownership through the inclusion of quality assurance in obstetrics into their health systems. Therefore the necessary structures will be established, allowing continuous and sustainable improvements in health care. With this project the structures will be put in place stepwise with the number of hospitals (and later on the number of states) gradually increasing.

BUDGET

Bitte wählen Sie die lokale Währung für Ihr Budget aus und geben Sie den aktuellen Wechselkurs zu 1 USD ein. RI Wechselkurse finden Sie auf der Website von Rotary. Sollte Ihr Land nicht auf der Liste der offiziellen Wechselkurse von RI aufgeführt sein, gehen Sie bitte auf die Website von Oanda oder Bloomberg.

Führen Sie die von Ihnen geplanten Ausgaben bitte genau auf und fügen Sie diese dem Budget hinzu. Hinweis: Das Gesamtbudget muss der Gesamtfinanzierung Ihrer Aktivität entsprechen.

Lokale Währung: NGN Wechselkurs zu 1 USD: 195

Nr.	Dienstleister/Lieferant	Kategorie	Kosten in Landeswährung (NGN)	Kosten in US-Dollar	
1	Emergency stock of medical equipment	Local vendors	Equipment	7,449,975.00	\$38,205.00
2	Community Dialogues	Project Midwives	Training	1,927,575.00	\$9,885.00
3	Advocacy political and traditional leaders	Project team	Operations	1,800,000.00	\$9,231.00
4	Publicity and PR	various	Publicity	3,000,000.00	\$15,385.00
5	Training for doctors and midwives	Medical Consultants	Training	14,255,000.00	\$73,103.00
6	Training for family planning providers	Medical Consultants and Project Midwives	Training	3,630,000.00	\$18,615.00
7	Training for statisticians and MoH staff	BAQ / Statistical Consultant	Training	7,555,000.00	\$38,744.00
8	Training for journalists/media representatives	Project team	Training	990,000.00	\$5,077.00
9	Medical consumables and emergency stock of drugs	Local vendors	Equipment	3,999,255.00	\$20,509.00
10	Office expenses	various (bank, telecommunication, etc.)	Operations	2,820,000.00	\$14,462.00
11	Local travel	various	Travel	3,200,000.00	\$16,410.00
12		Airfare /			

	International travel	accommodation	Travel	3,000,000.00	\$15,385.00	
13	Project Supervisor	n/a	Personnel	4,320,000.00	\$22,154.00	
14	4 Project Midwives	n/a	Personnel	10,080,000.00	\$51,692.00	
15	Chief Project Midwife	n/a	Personnel	3,240,000.00	\$16,615.00	
16	Project Accountant	n/a	Monitoring/evaluation	2,160,000.00	\$11,077.00	
17	Chartered Accountant	n/a	Monitoring/evaluation	4,300,000.00	\$22,051.00	
18	Dr. Shittu (Medical Consultant)	n/a	Personnel	800,000.00	\$4,103.00	
19	Dr. Galadanci (Medical Consultant)	n/a	Personnel	800,000.00	\$4,103.00	
20	Evaluation & Monitoring	Project team / BAQ	Monitoring/evaluation	2,389,920.00	\$12,256.00	
21	Reserve	n/a	Operations	8,703,190.00	\$44,632.00	
22	Administrative costs	n/a	Project management	3,483,870.00	\$17,866.00	
				Gesamtbudget:	93,903,785.00	\$481,560.00

NACHHALTIGKEIT

Beschreiben Sie, wie diese Budget-Posten ausgewählt wurden. Sollen Artikel bei lokalen Dienstleistern erworben werden? Wurden die Dienstleister durch ein Ausschreibungsverfahren ausgewählt? Entsprechen die Budget-Posten lokalen Technologiestandards und kulturellen Aspekten?

The budget items have been selected in close cooperation with the host district and our project staff from the preceding project MGs #69052 and #72235. The budgeted (office) equipment will be purchased locally.

Wie werden die Projekt-Begünstigten die Artikel warten/ pflegen? Falls zutreffend bestätigen Sie bitte, dass Zusatz- oder Ersatzteile verfügbar sind und dass die Begünstigten ausreichende Kenntnisse besitzen, um Ausrüstungen zu bedienen.

Wem gehören die mit Grant-Mitteln erworbenen Artikel nach Ablauf des Projekts? Dies schließt auch Ausrüstungen, Vermögenswerte und Materialien ein. Hinweis: die Artikel dürfen nicht in den Besitz eines Rotary Clubs oder Rotariers übergehen.

FINANZIERUNG

Global Grants werden von der Foundation aus dem Weltfonds finanziert und belaufen sich auf einen Betrag von 15.000 bis 200.000 US-Dollar. Die Foundation ergänzt Geldspenden von Clubs und Distrikten zu 50 Prozent und DDF-Beiträge zu 100 Prozent. Die Foundation ergänzt auch nichtrotarische Beiträge zu einem Grant, vorausgesetzt, diese Beiträge stammen nicht von einer Partnerorganisation oder einem Projektbegünstigten.

Bitte führen Sie alle Finanzierungsquellen auf und geben Sie genau an, ob es sich um Barbeiträge, DDF-Beiträge oder andere Quellen handelt, um die Zuwendung aus dem Weltfonds für Ihr Global Grant zu ermitteln. Nicht-Rotarische Beiträge ohne TRF-Zuschuss können in der Grant-Finanzierung berücksichtigt werden, wenn sie zum Kauf von Posten aus dem Grant-Budget dienen. Diese Beiträge sollten nicht an TRF geschickt werden. Hinweis: der Gesamtfinanzierungsbetrag

NACHHALTIGKEIT

Konnten Sie eine lokale Finanzierungsquelle ausmachen, die langfristige Projektergebnisse sichert? Werden Sie Praktiken einführen, durch die Mittel für laufende Projekte generiert werden können?

With the project implemented in partnership with the four Nigerian State Ministries of Health in the states of Kano, Kaduna, FCT Abuja and Ondo which have earlier signed Memoranda of Understanding to include quality assurance in obstetrics into their health systems, the Ministries of Health have committed themselves to fully finance (necessary) follow-up activities. In view of the importance of health system strengthening in general and especially improvement of maternal and child health the state governments have good chances of being financially supported by the Global Financing Facility (GFF), other international organisations and foundations. The applicant as part of Rotary International will, in addition, advocate amongst Nigerian Rotary clubs and districts to assist their governments in funding if needed.

Autorisierung

Antragsautorisierung

Durch die Einreichung dieses Global Grant-Antrags bestätigen wir folgende Bestimmungen:

1. Sämtliche Informationen in diesem Antrag sind nach unserem besten Wissen und Gewissen richtig und akkurat, und wir planen die Durchführung der Aktivitäten wie in diesem Antrag ausgeführt.
2. Der Club und/oder Distrikt erklärt sich bereit, die Aktivitäten als Aktion des Clubs und/oder Distrikts durchzuführen.
3. Wir gewährleisten, dass alle Barspenden (wie im Abschnitt Global Grant Finanzierung ausgeführt) an die Foundation oder nach Genehmigung des Grants durch die Trustees direkt an das Global Grant Konto geleitet werden.
4. RI und die Foundation behalten sich das Recht vor, Informationen aus diesem Antrag zu Werbezwecken für das Projekt z.B. in den Publikationen The Rotarian oder RVM: Rotary Video Magazine, für die RI International Convention u.a. zu verwenden.
5. Die Partner erklären sich bereit, Informationen zu bewährten Verfahren ("Best Practices") auf Anfragen mitzuteilen, die Foundation dagegen behält sich das Recht vor, die Kontaktinformationen der Partner an andere Rotarier, die an der Implementierung ähnlicher Aktivitäten interessiert sind, weiterzuleiten.
6. Ich bestätige nach bestem Wissen und Gewissen, dass, sofern hiermit offen gelegt, weder ich noch eine andere Person, mit der ich persönliche oder geschäftliche Beziehungen pflege oder gepflegt habe, Vorteile aus diesem Grant zieh(t)e oder zu ziehen plan(t)(e), oder dass auf andere Weise ein Interessenkonflikt besteht. Ein Interessenkonflikt liegt vor in einer Situation, in der sich ein Rotarier mit Beziehungen zu einer externen Organisation in einer Position der Einflussnahme auf die Verwendung und Ausgabe von TRFGrant- Geldern befindet, oder solche Entscheidungen in einer Weise beeinflussen kann, dass sich damit direkte oder indirekte finanzielle Vorteile für den Rotarier, dessen Geschäftskollegen oder Familienangehörige ergeben, oder aber Dritte unzulässige Vorteile zu Lasten der Foundation erlangen.

Autorisierungen: Hauptkontaktpersonen

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