



Matching Grants
Report to The Rotary Foundation

The Rotary Foundation
One Rotary Center
1560 Sherman Ave.
Evanston, IL 60201, USA
Fax: 847-866-9759
E-mail: grants@rotary.org

The primary partner Rotary clubs/districts must submit Progress Reports every twelve months during project implementation. The Final Report is due two months after completing the project.

Project Information

Matching Grant Number 53403 Project Country Nigeria

Progress report Final report Reporting Period from 1.July 2007 to 30. June 2008

Host Partner Rotary Club: District 9120 **District:** 9120

International Partner Rotary Club: RC Weissenburg District: 1950

Project Narrative

1. Briefly describe the project.

a. What were your original objectives?

The original objectives were Improvement of Maternal Health, Prevention and Treatment of Obstetric Fistulae and Improvement of Obstetric care with reduction of Maternal and Fetal mortality and morbidity in Northern Nigeria by

aa) education of the public by advocacy and awareness campaigns to political, traditional and religious leaders, people in villages and markets, universities and schools,

bb) disseminating a radio serial in Kano and Kaduna States,

cc) creating training centers for fistula repair with the involvement of doctors and nurses to repair fistulae.

dd) identify and equip obstetric departments in several Hospitals In Kano and Kaduna State to enable them to improve their obstetric services

ee) Rehabilitation and reintegration of cured patients with micro credit and training in manual work.

b. What was actually accomplished? (Photographs can help to tell your story. Please submit any action photos that you have that show beneficiary participation and demonstrate Rotarian involvement in the project. Please also indicate the name of the photographer.)

All accomplishments until June 2007 have been narrated in the report of 18.09.2007

Here are the news since July 2007; photos taken since then will follow:

- In the **Fistula Centre in Wudil General Hospital**, Kano State, after delivery of equipment and upgrading until January 2007 and after having trained one doctor and four nurses of this hospital, regular fistula repair operations have been performed, most of them by doctors coming from Kano. In cooperation with Acquire, one of the stakeholders, in March 2008 has been organized a mass surgery. Within one week 29 patients have been treated.

From August 2007 until July 2008 **97 repairs** have been **performed in Wudil**.

To improve obstetric and antenatal care services in Wudil and to prevent obstructed labour we donated an Ultrasound machine to Wudil. Early recognition of risk cases will prevent prolonged labour and this way avoid VVF.

- The **Fistula Centre in Kofan Gayan** General Hospital in Zaria is working regularly. and increases the number of repairs considerably: From August 2007 until July 2008 113 patients have been repaired. The skills of Rotary trained Dr. Ado Zakari have improved and he is managing more and more complicated cases. Due to the excellent equipment of the operating theatre by Rotary an **American NGO called “Doctors for peace”** decided to sponsor VVF-repairs. Well trained Nigerian doctors perform repairs, in 2008 not less than 33. **The total number of repaired patients in Kofan Gayan since the project started is now 228.**

The **generator** is working smoothly, so there is no power problem to perform repairs and run the AC. The **borehole** in Kofan Gayan General Hospital including the water storage tank has been completed in August 2007. Since then patients and staff of the hospital enjoy to have necessary water for hygiene, washing and cooking. The yield of the borehole continues to be around 2.500 liters per hour. To pump the water into the tank a Solar system recently has been installed. This leads to less costs as no fuel is necessary and much less maintenance. To improve transport of the patients from the operating theatre to the wards the hospital administration created a **roofed pathway**.

At Murtala Mohammed Specialized Hospital in Kano the Rotary trained doctor Kabiru Abubakar and Dr. Kees Waaldijk performed Rotary-sponsored repair operations.

The **total number of patients repaired by our project is now 1082** compared with 407 patients one year ago.

- Meanwhile a **Rehabilitation center** is also established in **Wudil**. The cooperating organization **Family Care Eduvision Intn. Services (FCEIS)** constructed and equipped a building within the premises of Wudil Gen. Hospital to be used as vocational centre for repaired patients. The Rotary project provides funds to run this Rehabilitation Centre. Similar as in Kofan Gayan, Zaria, repaired patients receive vocational training in sewing and knitting.

The Rehabilitation Centre in Kofan Gayan, **Zaria**, built by *Family Care Eduvision International* within the premises of Kofan Gayan General Hospital, serves the repaired patients by training them in sewing, knitting and Batik making. Until July 2008 about 50 repaired Patients have been educated. All of them have also been counseled in reproductive health and family planning.

Patients also received literacy training by a group of Rotaractors and were informed how to use a wood saving stove to prepare their meals. The stove “Save 80” is much more efficient than the normal 3-stone-stove and will save 80% of precious firewood. This contributes to reduce costs and pollution of the environment. The local team is working on a scheme to donate stoves like that to rehabilitated patients when they are leaving for their villages.

- **Activities in Training** of Doctors, nurses, Midwives and TBAs as well as CHEWS have been continued. In December 2007 a **Seminar** was held in Abuja to inform doctors, nurses and midwives about the importance of **Quality assurance** activities in order to improve obstetric services. The Seminar brought together representatives of the Federal Ministry of Health, the Nigerian Project Team and of all partnering

hospitals. All participants agreed to create a solid database by providing monthly statistics on Maternity data, Maternal death cases etc. This benchmarking process makes it easier to take decisions how to improve obstetric services in detail. The Governments of Kano and Kaduna States now took the decision to provide antenatal care and delivery services to all pregnant women without charging them. Also hospitals are now partly better staffed. This might partly have been due to the ongoing awareness creating activities by our local Rotarians and visits to political leaders.

A **Maternity Workshop** on “Intrapartum and Immediate Postpartum Care of Mother and the Newborn” was held from 7-11 April, 2008 at Murtala Mohammed Specialist Hospital in Kano. This workshop was held in collaboration with Birthlink from UK and FORWARD, Nigeria. At the end of the workshop the teaching team paid a visit to SaiSai, a remote village in northern Kano State, to sensitize Traditional Birth Attendants (TBAs) on risk situations of women in labour and donate to them essential equipment.

- **Advocacy-, Awareness- and Sensitization Activities** have been done like the year before also from August 2007 until July 2008. The fieldworkers continued to visit Local Government officials and both local Chiefs and Village Heads, now focusing on addressing parents and husbands to remind them at their responsibility for proper antenatal care and safe delivery of their daughters and wives.

There were given Radio-interviews by the National Chairman and the German-Austrian project team as well as taken video coverage of prominent activities like December 2007 Seminar on Quality assurance in Abuja and mass surgery at Wudil Hospital in March 2008.

- **Quality assurance in obstetrics**

Quality assurance comprises quality of structure (equipment, staff), of process and outcome (maternal and fetal mortality ratio).

In each State 5 Hospitals with obstetric departments have been identified to partner with our Rotary -Project. In December at least one doctor and two nurses/midwives joined the Seminar on Quality assurance in Abuja. We received strong support from Dr. Hadiza Galadanci of Aminu Kano Teaching Hospital in Kano and Dr. Shittu from Ahmadu Bello Teaching Hospital in Zaria. Both of them are experienced and qualified obstetricians and will supervise and coordinate the partnering hospitals in their resp. State. The new Director of Hospital Management Board in Kano State, Dr. Yakassai, ensured us of his continuous support. In Kaduna state we get all necessary support by the Hon. Commissioner for Health, Dr. Yari Peter Everton. We also continued to equip both the VVF-centres and the obstetric departments with necessary equipment. In Kano State the hospitals are located in Kano (Sheik Jidda), Wudil, Gaya, Sumaila and Takai. In Kaduna State the hospitals are in Kaduna (Yusuf Dantsoho Mem. Hosp.), Saminaka, Kafanchan, Kofan Gayan and Birnin Gwari.

- The Rotary project team emphasizes on cooperation with as many **stakeholders** dealing with maternal health as possible, including **Federal and State Government**. Apart from the above mentioned stakeholders for fistula repairs **ACQUIRE** joined our project by organizing repair operations at the Rotary Fistulk Center in Wudil. **ACQUIRE** also contributes in facilitating that hospitals are continuously and reliably provided with contraceptives by the state government to enable patients to voluntary child spacing. **Population Council** assists in training health staff to combat eclampsia by using magnesiumsulfat and by organizing its economic steady supply

to the hospitals. In the field of Rehabilitation there is a well functioning cooperation between Rotary and **Family Care Eduvision**. Generally we notice a remarkable step towards sustainability by including stakeholders into the project.

c. When and where did the project take place, and who were the beneficiaries?

The project started on 1 July 2005 in Kano State and Kaduna State, Nigeria. It is ongoing and not yet completed. We now have to go one year more. Fistula repair takes place in Zaria, Wudil and Murtala Mohammed Specialist Hospital in Kano. Direct beneficiaries are all VVF-Patients being repaired, until now 1082. Indirectly benefit their families and communities. Beneficiaries are doctors, nurses, midwives and TBAs too, because they gain more professional skills out of the training Rotary provides. Because of the equipment provided by Rotary they are able to provide better medical service.

As already mentioned earlier, there is a large number of women who have been made aware of the proper way to attend antenatal care and to look for skilled assistance in delivery. Due to their knowledge many of them will avoid to suffer from obstetric fistula and pregnancy complications and its consequences as in the worst case maternal death. Child spacing, issues of reproductive health, delay of marriage to avoid too early pregnancies have been propagated both by the Project fieldworkers and by PMC Radio serial as well as by Rotarians and Rotaractors of D9120.

Compared with the previous years the project made good progress since August 2007. The number of VVF-repairs envisaged in the beginning of the project has already achieved. We are quite confident that also the goal of increasing the number of well attended deliveries will be achieved until July 2009.

We will continue to focus on prevention and quality assurance and on cooperation with obstetric departments. To confirm this cooperation and enable the staff of these hospitals to improve their services will take more time. We are convinced then to ensure sustainability. For this reason we engaged an experienced midwife to serve as supervisor and coordinator for our partnering hospitals, to organize trainings for midwives and TBAs and to counsel which kind of equipment should be bought. As she also is expert in Family Planning she focuses on this issue too.

As the result of the Seminar in Quality assurance in December 2007 we now are able to collect reliable data from all partnering hospitals. These data comprise information about staffing, equipment and number of deliveries, obstetric procedures, maternal and infant deaths. Having this data, interventions to improve quality of structure and outcome can be planned much better and support can be given according the individual situation of the hospital.

2. Scope change. If the project was changed, how and why was it changed?

There was no scope change worth mentioning. While repair operations in the Fistula centres will go on, the focus of the project will more than so far shift to prevention of VVF and reduction of maternal and child health by improving obstetric care using the tool of Quality assurance.

Rotarian Involvement and Oversight

3. How did Rotarians manage and oversee the project?

Above all by starting with a needs assessment, by careful thorough planning and organizing the project structure, by cooperating right from the beginning with hospitals and governments on all levels and last not least by steadily keeping in contact with the traditional rulers to get and maintain their support.

The executing Nigerian Core Team of Rotarians comprises the National Chairman PDG Dr. Kola Owoka and his deputy DGN Kazeem Mustapha, the State Chairmen of Kano State, PP Lekan Oladeji, and Kaduna State Ass. DG Felix Aninze. Many Rotarian serve as managers for certain activities like Awareness, Prevention, Surgery, Rehabilitation. Rotaractors are to a great extent involved. The Rotarian Team is supported by paid staff as the Project Manager, Mrs. Yemisi Ogunlela, Chief Midwife Zainab Mhd Pawa, Accountant Kalu Okwara, two State Assistants, four Fieldworkers and three drivers.

The structure please see in detail at the attached and updated organogram where you will find the members of the National Committee too. To ensure continuity this committee comprises all District Governors of District 9120 since 2005.

Unfortunately we had to cope with a severe loss in the Kano-State-Team: On May 1st, Rtn. P.P. PHF Bunmi Akibayo passed away by heart stroke suddenly and unexpected. It is a big loss both for the Nigerian and the German-Austrian team. His successor is Rotarian Kamaluddeen Murtala from RC Nassarawa Kano.

4. **How many Rotarians from the host partner club participated in the projec** 30-50
As it is a project of District 9120 15 Rotary and Rotaract Clubs in Kano, Zaria active
and Kaduna with more than hundred members are involved. It is an ongoing Rotarians
participation and engagement.

5. In what way did the host Rotarians participate in the project? Please list all non-financial involvement.

Host Rotarians spend their time and efforts to participate in as much activities as possible. Continuing activities in the field of awareness and advocacy, visits to political, traditional and religious leaders at all levels are necessary as before, in particular after the change of the President and of State Governments following the elections in April 2007.

In both States Rotarians organized workshops and training sessions for doctors, nurses, midwives and TBAs, gave interviews for newspapers and Radio Stations to bring the issue in the minds of all Nigerians.

They negotiated with other stakeholders like AQUIRE, FCEIS, COMPASS etc. to enhance the services provided.

Rotarians collect lists of necessary equipment from both the VVF-hospitals and the obstetric departments, ask for quotations and decide in cooperation with their German/Austrian partners which kind of equipment will be bought.

The Project has been presented at the District Conference of District 9120 in Kaduna in June 2008 to make the project known to all Rotarians of the whole District and promote cooperation.

According the requirements of TRF they send copies of all bills and receipts quarterly to Germany to be checked by the German controller of the project team to ascertain the proper use of funds. So all expenses are double checked both by the

Nigerian accountant and by the German controller as well as by the German/Austrian Project Team.

6. How many Rotarians from the international partner club participated in the project?

More than in any other Rotary project we know of apart from Polio: Districts 1930 (Germany) and 1920 (Austria) 60 Rotary Clubs, one Rotaract club and 22 Inner Wheel Clubs in 8 Districts in Germany and Austria, one each from Netherland and France participate in the Project by contributing funds. Looked at it from this point of view, several thousand Rotarians, Rotaractors and Inner Wheelers participate in the project. All these clubs receive regularly interim progress reports.

7. In what way did the international Rotarians participate in the project? Please list all non-financial involvement.

The international Rotarians drew up the plan of the project and raised the necessary funds according to the proposal of our Nigerian partners. Rotarians traveled to Nigeria, some of them several times to assist in implementation of the project, select Fistula Hospitals and obstetric departments, negotiate with Nigerian Federal, State and Local Governments, contact traditional rulers/religious leaders and stakeholders, health sector and media give advice in purchasing equipment and sending teaching material to the project site.

They established a web-site in English (www.maternalhealthcare.eu) and German language (www.muettergesundheit.eu).

PDG. Robert Zinser is the Project Coordinator and is constantly in close contact with the Austrian Rotarians, the Nigerian Project Management and DG/DGN.

He initiated and organized a RI workshop on "Child Mortality" which is linked with maternal mortality at the RI convention 2008 and on "A Comprehensive Approach to reduce Maternal Mortality" at the RI convention 2007 in which he and members of the Nigerian project team presented the project. Together with them he staffed a project booth at all convention since 2005 which had many visitors. PDG R. Zinser initiated supplementary projects like MG #63713 Water for Sumaila hospital, and MG #63627 Microcredit for rehabilitation of fistula patients. He organized donations of 16.000 mosquito nets to combat malaria which is a main cause of maternal and child mortality. Zinser takes care that the German Rotary Magazine as well as the newsletters of the RI Resource Group for Health and Hunger and of the Rotarian Action Group for Population Growth & Sustainable Development (RFPD) as well as the "Foundation Newsletter" regularly inform about the project. He also keeps contact with RI Media department, Sandra Prufer.

"In appreciation and recognition of so many projects such as Improvement of Maternal and Child Health project (Prevention and Treatment of Obstetric Fisula)" which Rotary has implemented over the years **a very big honor was given to our project coordinator Prof. Zinser by awarding him with the title "Shahon Zazzau" through His Royal Highness, the Emir of Zazzau (Zaria).** The media including the National TV reported on the turbaning ceremony which took place in August 8, 2008 and drew the attention to this outstanding Rotary project. Many received him together with the project teams and congratulated Rotary and him to our project amongst them the acting chairman of the Federal Ministry of Health, the Deputy Governor of Kaduna State and the Catholic Bishops of Zaria and Kano.

Rtn. Prof. Dr. Wolfgang Kuenzel is the German Medical Advisor and is supervising and coordinating all Quality assurance activities in obstetric services in Kano and Kaduna. In partnership with Dr. Galadanci from Amino Kano Teaching Hospital in Kano he will all

data evaluate on a scientific base.

Rtn. Dr. Manfred Gruhl is the primary contact to TRF and as a gynecologist and volunteer doctor very much involved in creating structures and improving performance of the project both in the field of VVF-repair and in obstetric services.

According to German fiscal authorities the German project team has to keep control of all expenses. Rtn. M.Gruhl keeps close contact with Nigerian Rotarians and their Non-Rotarian accountant to make sure that project concept and budget is adhered to. The project team also made a contract with a Nigerian independent Chartered Accountant for certification of the statements of accounts. In Germany Chartered Accountant Rtn Rüdiger Reinke checks the Nigerian cashlists, receipts and statement of accounts which are then finally submitted to RDG.

Community Impact

8. How many people benefited from the project?

1082 Fistula patients have been repaired. They are the direct beneficiaries.

But: We estimate thousands of people altogether: Fistula patients, their families and communities; hospital staff; women in child bearing age and their families.

9. What was the impact of the project on the beneficiaries?

1082 women, suffering from an obstetric fistula, have been repaired until July 2008, most of them successfully. Several thousand women in childbearing age have been made aware of the problem of early marriage, delay of pregnancy and child spacing in general as well as of the necessity to attend antenatal care and being admitted to a hospital before getting in obstructed labor. Many of them will have avoided problems during delivery.

More than 50 patients have been rehabilitated and received vocational training. When going home to their villages 40 out of the rehabilitated patients received a portable sewing machine to gain their living out of their work.

Many doctors, nurses and midwives were able to qualify in the field of VVF-repair and prevention. Working conditions of the staff have been improved by Rotary donated equipment .

10. What are the expected long-term community impacts of the project?

Our comprehensive approach implemented since 2005 was briefly presented by project coordinator PDG Robert Zinser at the 'Ministers Forum' of the 'Women Deliver' Conference October 2007 in London. The ministers and their representatives mainly from developing countries appreciated it as **exemplary replicable pilot project** which follows the resolution of the conference with its comprehensive approach and cooperation with governments and stakeholders as 'Nobody can do it alone'. Our project supposed to be worldwide the first of this kind in rural areas shows how Rotary can even in most difficult regions contribute to the achievement of the MDGs 4 and 5 without which the Millenium Development Goals as a whole cannot be achieved. Rotary activities in this field are in accordance with the efforts of the Nigerian Federal Government to eradicate obstetric fistulae and bring down the unacceptable high rate of Maternal and Fetal deaths. Therefore we are sure the project will be sustainable

With this project Rotary does In many ways **innovative work**: Above all a scheme of **quality assurance in obstetric services** will make sure that the health system is

substantially and sustainably improved with a decisively contribution to prevent the terrible condition of VVF and in general maternal morbidity and mortality. We established a well functioning cooperation between Rotary and 5 General Hospitals in each Kano and Kaduna State. The obstetric departments of these hospitals report their obstetric results quarterly to the supervising Teaching Hospitals in Kano (Aminu Kano Teaching Hospital) and Zaria (Ahmadu Bello University Teaching Hospital). Weak spots will be identified and eliminated. This way in the long run results of obstetric services will be improved considerably. Our close collaboration with the hospitals, with the federal and state governments, last not least in quality assurance, opens the chance that these governments will imitate our quality assurance scheme in other hospitals and states.

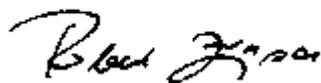
Some other innovations of our project are: To combine MDG 6 with the MDGs 4 and 5 by providing **mosquito nets** to prevent malaria as one of the main causes of maternal and child mortality. At the same time we have found out that mothers getting mosquito nets for their babies and themselves will not listen anymore to those circles which still advise them not to allow polio immunizations. – Our complementary MG project for **fistula repair vouchers** is determined to give the poor fistula patients the possibility to choose the best doctor for repair and might overcome the immense lack of doctors capable and willing to repair fistulas. – We combine the prevention of transmission of AIDS from mother to child (**PMTCT**) with maternal health care by using an international donation program. - As an incentive to patients who will serve as “**good-will-messengers**” in their villages to inform the women in the villages about prevention of VVF and educate them in reproductive health we supply them with the above mentioned “**Save 80**”-stove.

We have no doubt whatsoever that our project is a model for the **TRF Future Vision Plan**. This project is sponsored by dozens of clubs from different districts of several countries which contributed Euro 240.000. With our project concept it was not a problem at all to find the sponsors. It was no problem to get the project co-funded by other sources. In this project right from the beginning we aimed to cooperate with other stakeholders which gradually join in. In such a way Rotary can cope with large projects which really make a sustainable impact to communities. Such an impact cannot be overlooked, will therefore enhance Rotary’s image and increase membership.

With the Future Vision Plan like with polio – surely in a much smaller size - Rotary can ‘Lead the Way’ in world community service, can demonstrate that ‘Rotary Shares’ its unique network and the expertise of its leading people in all professions and can in this way “‘Make Dreams Real’.



Dr. Manfred Gruhl
Primary Contact, PP, PHF
Rotary Club of Weissenburg, District 1950



Prof. Dr. Robert Zinser
Project Coordinator, PDG
Member of ROTA Associate Country Subcommittee
Rotary Club Ludwigshafen-Rheinschanze
District 1860



Prof. em. Dr. W. Künzel,
FRCOG
Rotary Club Giessen
District 1820

Financial Statement

Currency Used: EURO Exchange Rate: _____ = 1 USD

11. Income

Sources of Income until 30.6.2008	Currency	Amount
1. TRF Matching Grant Award and Contributions (German and Nigerian)	Euro	274.713,70
2. Other Income (identify): BMZ (German Government)	Euro	242.566,60
3. Other Income (identify): Aventis Foundation and IAMANEH	Euro	243.409,00
4. Interest Income (if any):		
Total Income:		760,688,70

12. Expenses (add rows as needed) until 30.6.2008

Budget Items	Budget #	Currency	Amount
1. Investment	5.1.1	€	148.152,00
2. Operational Expenses	5.1.2.1 and 5.1.2.2	€	295.372,00
3. Surgery and drugs	5.1.2.3 and 5.1.2.4	€	79.002,00
4. Rehabilitation	5.1.2.5	€	15.914,00
5. Maintenance, Office, Consulting	5.1.2.6-5.1.2.10 (not TRF-funded)	€	58.077,00
6. Staff	5.1.3	€	34.963,00
7. Travel and Monitoring	5.1.4 (not TRF-funded)	€	6.226,00
8. Reserve	5.1.6	€	21.740,00
9. Administration costs	5.1.7 (not TRF-funded)	€	25.691,00
Total Expenses:		€	685.137,00

13. Bank Statement - A bank statement that supports the above statement of income and expenses must be attached to this report.

Important – please read:

- For final reports, if there is less than US\$200 remaining, please spend it on eligible items. If there is more than US\$200 remaining, it must be returned to The Rotary Foundation. [Note: In India, government rules require that all unutilized funds be returned to the Rotary International South Asia Office.]
- For grant awards over US\$25,000, attach an Independent Financial Review to each progress report and the final report.
- Keep all original receipts for at least five years, or longer if required by local law. Do not send receipts to TRF unless requested by staff.
- If your project involves a revolving loan fund you will need to visit the Rotary website at: 'www.rotary.org' to download the Report Supplement for Revolving Loan Grants.

14. Certifying Signature – Either the Host or International Partner must certify the report. If the grant is club sponsored the current club president must certify the report and if the grant is district-sponsored the district grants subcommittee chair must certify the report.

By signing this report, I confirm to the best of my knowledge that these Matching Grant funds were spent according to Trustee-approved guidelines and that all of the information contained herein is true and accurate. Original receipts for all expenses incurred will be kept on file for at least three years, or longer if required by local law, in case they are needed for auditing purposes. I also understand that all photographs submitted in connection with this report will become the property of RI and will not be returned. I warrant that I own all rights in the photographs, including copyright, and hereby grant RI and TRF a royalty free irrevocable license to use the photographs now or at any time in the future, throughout the world in any manner it so chooses and in any medium now known or later developed. This includes the right to modify the photograph(s) as necessary in RI's sole discretion. This also includes, without limitation, use on or in the web sites, magazines, brochures, pamphlets, exhibitions and any other promotional materials of RI and TRF.

Print Name: Bernhard Loewer Signature: Date: 18.8.2008

Rotary Title: President Club: RC Weissenburg District: 1950

In our effort to improve our grant program, we'd appreciate your feedback on the following questions:

A. Rotary Impact –select all that apply Please note that many clubs and districts are involved.

<input checked="" type="checkbox"/>	Our club or district's international Rotary connections are stronger as a result of this project.
<input type="checkbox"/>	Club membership has increased as a result of this project.
<input checked="" type="checkbox"/>	Visibility of Rotary in our community has increased.
<input checked="" type="checkbox"/>	Our club's awareness of the needs in our community has increased.
<input checked="" type="checkbox"/>	Volunteer activity in our club or district has expanded.
<input checked="" type="checkbox"/>	Our club or district is more active in pursuing Foundation grants and Rotary programs.
<input checked="" type="checkbox"/>	Awareness of the needs in our community has increased among Rotarians in other countries.
<input type="checkbox"/>	Participation in this Matching Grant has not changed our club or district in any significant way.

B. Project Sustainability – select all that apply

<input checked="" type="checkbox"/>	The project will continue to function without Foundation funds. Later than 2009
<input checked="" type="checkbox"/>	Equipment purchased with grant funds is being maintained with local materials and expertise.
<input checked="" type="checkbox"/>	If training was a component of the project, trainees are using their knowledge and skills.
<input checked="" type="checkbox"/>	This project has provided community members with the skills, knowledge, or institutions that will allow them to help themselves.
<input type="checkbox"/>	The community has initiated additional projects related to the same or similar problems.
<input type="checkbox"/>	The project has not been sustainable.

C. Suggestions

Given your experience, do you have suggestions to improve the Matching Grants program?

We suggest

1. MG/3-H Program should be more favored than so far large projects as they make much more impact to communities, enhance Rotary's image and increase membership. Rotary's strength lies in larger projects which other NGOs without our network cannot implement. Let us strengthen our strength. As proven with our project a very good project attracts clubs/districts to sponsor it.
2. MG/3-H Program should favor projects co-funded by other sources to multiply our limited funds and to improve quality of our projects as projects attracting funds from other sources have proven to be professional as they successfully compete with projects from other NGOs.
3. MG/3-H program should favor projects which include and promote Corporate Social Responsibility (CSR) of companies as our project does by our two complementary pilot projects with donated so far 16.000 insecticide treated long lasting mosquito nets from BASF; we are in contact with this company to assist in a very large project with hundred thousands of nets.
4. MG/3-H program should support such a large exemplary replicable project by preferably approve MG applications for projects which complement it. Not the number of MG projects counts so much than the impact they make and how they enhance Rotary's image.
5. With a large project co-funded by other sources TRF should not insist that clubs/districts have first to collect all their fund contribution but give them time during the years long implementation period – as TRF has fortunately agreed in our case.
6. Best practices should be made known so that clubs and districts do not have to reinvent the wheel.
7. Maternal and Child Mortality – which are linked with each other - should be emphasized even more – beyond 2008-09 - as they are the key to achieve the MDGs.
8. Polio Eradication program will not suffer from this as the acceptance of such suggestions will rather more indirectly contribute to polio i.e. by awareness activities,

education, improving of health system, mosquito nets. To our knowledge funds for maternal and child health will be given in addition not instead of contributions to polio.

9. With above mentioned suggestions Rotary acts as a multiplier – our realistic goal – especially in achieving MDGs Nr. 4, 5 and 6.

If your project clearly demonstrates Rotarian involvement and is worthy of publication, please complete an RI Newstip Form, available on the RI website at www.rotary.org. Please attach action photos showing the beneficiaries or showing active Rotarian involvement and indicate the name of the photographer.

Report Checklist

Does your report include the following?

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Time period of reporting |
| <input checked="" type="checkbox"/> | How and what the project accomplished |
| <input checked="" type="checkbox"/> | Rotarian participation, oversight and management |
| <input checked="" type="checkbox"/> | Rotary impact |
| <input checked="" type="checkbox"/> | Itemized report of income and expenses |
| <input checked="" type="checkbox"/> | <u>A bank statement</u> |
| <input checked="" type="checkbox"/> | Certifying signature |
| <input checked="" type="checkbox"/> | Independent Financial Review for grant awards of US\$25,001 or more |

Have you done the following?

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Made copies of the report for both the host and international partner |
| <input type="checkbox"/> n.a. | Returned surplus funds over US\$200 (except in India where all unutilized funds must be returned) |
| <input checked="" type="checkbox"/> | Made a file to store the report and receipt copies for three years or longer if required by local law |