

## Basic Information

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### Grant title

Ogboji Primary Care Center in Ebonyi State Nigeria

### Type of Project

#### Humanitarian Project

Address community needs and produce sustainable, measurable outcomes

### Primary Contacts

Name	Club	District	Sponsor	Role
Padma Chari	Cupertino	5170	Club	International
Aloh Virginia	Abakaliki	9142	Club	Host

## Committee Members

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### Host committee

Name	Club	District	Role
Daniel Ejiofor	Abakaliki	9142	Secondary Contact
Rita-Stella Nwojiji	Abakaliki	9142	Secondary Contact

### International committee

Name	Club	District	Role
Gauri Guleria	Cupertino	5170	Secondary Contact International
Jagi Shahani	Cupertino	5170	Secondary Contact International

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

No

# Project Overview

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

Ogboji is a marginalized community located in Ishielu Local Government Area of Ebonyi State in Southeastern Nigeria. Due to lack of access to primary healthcare services, the maternal, newborn and child mortality in the area is high. The community, through its leadership, has applied to government and agencies for assistance. Rotary proposes to address the primary healthcare needs through a partnership with the community, Ebonyi State Primary Healthcare Development Agency, and the AMURT Foundation. AMURT Foundation and Rotary Club of Abakaliki have partnered on five projects going back to 2014.

This primary healthcare intervention will be modeled after the partnership already established between, Rotary, AMURT, Ebonyi State government and rural communities through the Ohagelode Health Center project implemented in 2019 and 2020. This broad partnership model, pioneered by AMURT since 2010, has already given remarkable results in eleven rural communities in Ebonyi State. So, the rural local communities are the beneficiaries. This public-private model with community participation at the center has proven to be sustainable. It has set a new standard in southeast Nigeria for what is achievable in comprehensive patient care in rural primary health programs. It has shown excellent results, raising community confidence resulting in high patronage. This is a very important objective of the project, to build confidence for high patronage.

The focus is the health center at Aguoto Village in Ogboji Ward. The health center is not functioning due to a variety of factors: to lack of staff, equipment, adequate facilities and no community involvement.

Aguoto has only one building, with skeletal equipment and only one qualified staff.

The community has taken the responsibility to renovate an existing adjacent unutilized structure to add to the current health center structure. Rotary will supervise the renovation and implement it together with the community. AMURT will also provide technical support. Construction materials will be supplied by the community, with additional input from AMURT. The community will provide masons, carpenters and all labor, both skilled and unskilled.

AMURT will also provide ambulance service and support for emergency obstetric services through the Mgbalukwu Health Center in neighboring Onitsha Local Government Area.

The opening of the health center will be preceded by health education programs in all the villages. This will include the enumeration of all women of child bearing age (15-49) and identification of all women currently pregnant.

Women in each village will elect from among themselves a maternal health promoter that will be trained by AMURT. Monthly village based pregnant women support group meetings will be starting.

The main objective of the project is to provide a primary health center, at the moment none exists for maternal and child health. This will help bring down the mortality rate for about 29K population of which women and girls of child bearing age is large. We can't be sure that the maternal deaths we have been able to document is complete. There is likely to be more who die at home, in villages we have not reached in our survey. So, the hope is to be able to reduce the mortality by close to or upwards of 80% of what is currently happening starting in a couple of years, and continue to increase the percentage of saved lives over the years.

It may not be realistic to target a reduction of maternal mortality to zero right away. Change of attitude and health seeking behavior in the rural areas is something that takes time.

The beneficiary is the villages, the women and girls of the villages of approximately 29K population with not only no access to the primary care center with doctors and medicines and support but also no education and local women's groups for advise and training in use of various practices to overcome the mortality rate. The involvement of the community in labor, materials, and conjunction with Rotary and AMURT, builds a good base for sustainability and confidence in the beneficiaries.

## Areas of Focus

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### Which area of focus will this project support?

Maternal and child health

## Measuring Success

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Maternal and child health

### Which goals will your activity support?

Reducing the neonatal and newborn mortality rate; Reducing the mortality and morbidity rate of children under five; Reducing the maternal mortality and morbidity rate; Improving access to essential medical services, trained community health workers, and health care providers;

### How will you measure your project's impact? You need to include at least one standardized measure from the drop-down menu as part of your application.

Measure	Collection Method	Frequency	Beneficiaries
Number of communities that report decreased mortality rates of mothers	Public records	Every month	100-499
Reduction of maternal mortality month 100-499	Public records	Every month	100-499
Reduction of Neonatal mortality	Public records	Every month	100-499
Number of mothers receiving prenatal care Public records Every month 100-499	Public records	Every month	100-499
Reduction of Child mortality	Public records	Every month	100-499
Increase facility delivery vs home delivery	Focus groups/interviews	Every month	100-499
Increase family planning uptake	Public records	Every month	100-499
Increase number of health promoters trained	Focus groups/interviews	Every three months	1-19
Increase community participation in primary health care. Direct observation Every year 100-499	Direct observation	Every year	100-499

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

Yes

### Name of Individual or Organization

AMURT M& E Team

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

Apart from the Government, AMURT is the largest primary healthcare agency in Ebonyi State and has nine years of local experience in primary healthcare. AMURT has an M&E department with three full time officers. AMURT is an experienced partner with a strong track record in maternal and child health in Ebonyi State dating back to 2010. The standard of care and the resulting volume at the AMURT assisted health centers speaks for itself. AMURT has an MOU with the Ebonyi State Government formalizing the partnership model and reaffirming the mutual commitment of the partners. The MOU clearly states that health center finances will not be diverted to government, partners (e.g. Rotary or AMURT) or to other community needs, but will be reserved exclusively for the maintenance and development of the health center.

## Location and Dates

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Humanitarian Project

### Where will your project take place?

#### City or town

OGOBOJI COMMUNITY

#### Country

Nigeria

#### Province or state

Ebonyi State

### When will your project take place?

2021-09-20 to 2022-09-19

## Participants

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### Cooperating Organizations (Optional)

Name	Website	Location
Amurt Nigeria - Ananda Marga Universal Relief Team Foundation	nigeria.amurt.net	26, Onwe Road Extension Abakaliki Nigeria

### Supporting Documents

- MOU\_ROTARY\_and\_AMURT\_FOR\_PRIMARY\_HEALTH\_PROJECT\_2021.pdf

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

No

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

This primary healthcare intervention will be modeled after the partnership already established between, Rotary, AMURT, Ebonyi State government and rural communities through the Ohagelode Health Center project implemented in 2019 and 2020. This broad partnership model, pioneered by AMURT since 2010, has already given remarkable results in eleven rural communities in Ebonyi State. This public-private model with community participation at the center has proven to be sustainable. It has set a new standard in southeast Nigeria for what is achievable in comprehensive patient care in rural primary health programs. It has shown excellent results, raising community confidence resulting in high patronage. AMURT will also provide technical support. AMURT, along with the community will also recruit additional staff. AMURT will provide doctors, laboratory scientists and midwives for the new health center and comprehensive support for patient care, with emphasis on

maternal and newborn health.

AMURT will also provide ambulance service and support for emergency obstetric services through the Mgbalukwu Health Center in neighboring Onitsha Local Government Area.

AMURT is an experienced partner with a strong track record in maternal and child health in Ebonyi State dating back to 2010. The standard of care and the resulting volume at the AMURT assisted health centers speaks for itself. AMURT has an MOU with the Ebonyi State Government formalizing the partnership model and reaffirming the mutual commitment of the partners. The MOU clearly states that health center finances will not be diverted to government, partners (e.g. Rotary or AMURT) or to other community needs, but will be reserved exclusively for the maintenance and development of the health center.

**Partners (Optional)**

**List any other partners that will participate in this project.**

NA

**Rotarian Participants**

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

The following are suggested Host Sponsor responsibilities:

- Provide technical and professional services in support of the Rotary Grant project
- Provide volunteer training, mentoring, and financial review
- Direct and coordinate local community education and public relations
- Seek community support and resources for the project
- Host visiting Rotarians who come to support or learn about the Rotary Grant project
- Manage the grant funds and pay suppliers, vendors, or contractors
- Prepare Rotary Grant project reports, in cooperation with the International Sponsor
- Measure and evaluate project activities

The Host Sponsor will:

- a. Participate in community mobilization, enumeration and health education programmes.
- b. Participate in procurement and installation of medical equipment.
- c. Participate in monitoring of health services rendered in the health centre.
- d. Ensure proper financial management of the project.
- e. Travel to the project location to provide technical or professional service

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

The following are suggested International Sponsor responsibilities:

- Direct and coordinate international fundraising efforts
- Assist the Host Sponsor in implementing and reporting on the Rotary Grant project

The International Sponsor will:

- a. Review, finalize and submit the project action plan and budget to TRF.
- b. Participate in fund generation.
- c. Make a monitoring visit, possibly given the right circumstances.

**Budget**

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**What local currency are you using in your project's budget?**

The currency you select should be what you use for a majority of the project's expenses.

**Local Currency**  
NGN

**U.S. dollar (USD) exchange rate**  
412

**Currency Set On**  
22/05/2021

## What is the budget for this grant?

List each item in your project's budget. Remember that the project's total budget must equal its total funding, which will be calculated in step 9. Every global grant includes a match of at least \$15,000 from The Rotary Foundation's World Fund. Project budgets, including the World Fund match, must be at least \$30,000.

#	Category	Description	Supplier	Cost in NGN	Cost in USD
1	Training	Health Worker's training	AMURT	480700	1167
2	Equipment	Medical Equipment	Begood Medical	5772500	14011
3	Supplies	Drug inventory	Drug Supplier	680380	1651
4	Equipment	Lab equipment	Begood Medical	1620900	3934
5	Monitoring/evaluation	monitoring, evaluation	AMURT	970900	2357
6	Project management	Programs	AMURT	507950	1233
7	Equipment	Generator	Begood Medical	250000	607
8	Training	WASH	AMURT	1805000	4381
9	Supplies	Furniture	Furniture supplier	542000	1316
10	Operations	printing	AMURT	540000	1311
11	Project management	Misc Expenses	AMURT	13184	32
Total budget:				13183514	32000

## Funding

Tell us about the funding you've secured for your project. We'll use the information you enter here to calculate your maximum possible funding match from the World Fund.

#	Source	Details	Amount (USD)	Support*	Total
1	District Designated Fund (DDF)	5170	7,278.00	0.00	7,278.00
2	Cash from Club	Charlotte Hall	10,000.00	500.00	10,500.00
3	Cash from Club	Roseville	2,000.00	100.00	2,100.00
4	District Designated Fund (DDF)	5180	2,000.00	0.00	2,000.00
5	Cash from Club	Adimaly	1,500.00	75.00	1,575.00
6	Cash from Club	Aalesund	600.00	30.00	630.00
7	Cash from Club	Abbiategrosso	1,200.00	60.00	1,260.00

\*Whenever cash is contributed to the Foundation to help fund a global grant project, an additional 5 percent is applied to help cover the cost of processing these funds. Clubs and districts can receive Paul Harris Fellow recognition points for the additional expense.

### How much World Fund money would you like to use on this project?

You may request up to 7,422.00 USD from the World Fund.

7422

### Funding Summary

<b>DDF contributions:</b>	9,278.00
<b>Cash contributions:</b>	15,300.00
<b>Financing subtotal (matched contributions + World Fund):</b>	32,000.00
<b>Total funding:</b>	32,000.00
<b>Total budget:</b>	32,000.00

## Sustainability

### Humanitarian Projects

#### Project planning

#### Describe the community needs that your project will address.

A joint team from Rotary and AMURT assessed nine communities who had applied for intervention in primary healthcare.

The assessment approach involved meeting with traditional rulers, community leadership, stake holders and women. Information was collected maternal mortality, patters of facility vs. home births, ante-natal care attendance, etc. Health facilities in the community and neighboring communities were visited and records collected.

A review of all nine assessments showed Ogboji to be the best choice for a new project area.

The needs identified were

1. Maternal and newborn mortality
2. Lack of access to primary healthcare
3. Lack of basic health education.

#### NEEDS:

11 maternal deaths in the last three years were documented

No functioning health center in the community or neighboring communities. The nearest health center was

across the border in Onitsha Local Government Area.

The project area comprises Ogboji Community that makes up Ezzagu Ward 1 in Ishielu Local Government Area in Ebonyi State. It includes 30 villages. The community borders Enugu State to the West, Ezzekuna or Ezzagu Ward 2 to the north, Agba community to east and Onitsha Local Government Area to the south. Some small portions of Ezzazgu Ward 2 penetrate like fingers into Ezzagu Ward 1 and will also be considered part of the catchment area for the project.

According to the latest estimates from Local Government Census the population is estimated at 28,524. The community does not have any access to primary healthcare services. There has been no health education outreach in the area, and many of the residents in remote villages don't have the basic knowledge fundamental preventive health measures as relates to hygiene and sanitation, malaria prevention, care during pregnancy, newborn care and family planning.

Due to lack of access to healthcare services, the community members patronize traditional birth attendants, herbalists and commercial chemists. The only health center, located at Aguoto has remained dormant. As a result, the maternal, newborn and child mortality is high.

### **How did your project team identify these needs?**

In 2019, Ogboji Community submitted a written application requesting intervention in primary healthcare. A joint team from Rotary and AMURT assessed nine communities who had applied for intervention in primary healthcare.

The assessment approach involved meeting with traditional rulers, community leadership, stake holders and women. Information was collected on maternal mortality, patterns of facility vs. home births, ante-natal care attendance, etc. Health facilities in the community and neighboring communities were visited and records collected.

The first visit to the area in 2020 revealed the desperate lack of healthcare. This year, further assessment visits to the community which included village meetings and meetings with women. In interviews with representatives from each of the villages, 10 maternal deaths were identified since 2018. In the absence of functioning health center, the mothers seek out traditional birth attendants who are not trained or equipped to face complications. Some make the over one hour trip to Mile Four Mission Hospital in Ebonyi Local Government Area. It is the closest health facility providing adequate maternal healthcare.

How were the community members involved in finding the solution?

The project is in direct response to the initiative by community leaders in Ogboji. The community members participated in all the assessment visits to the villages in the project area. In a large meeting with women and stakeholders held on 15th April, the community offered to renovate an adjacent building to provide adequate space for functioning health center. In a stakeholder meeting held on 12th May, the plans for the renovation work was finalized and the community took responsibility.

The communities will also support the selection and training of health promoters from the villages, and the organizing of health education outreach programs. These actions confirm the community's interest in a solution for their needs.

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

In AMURT's model for primary healthcare in rural areas, the communities play a central role. The project areas are always based on application from the communities. This demonstrates that the community has a felt need and has prioritized improved access to healthcare. They have also shown that they possess the initiative and leadership to act on this need. As the community invest themselves in the building and activation of the health facilities, and as local health workers are employed to work, and the community take charge of management of the health center affairs and finances, the community develop a strong feeling of ownership, and work hard to maintain, protect, and preserve the project.

The project is in direct response to the initiative by community leaders in Ogboji. The community members participated in all the assessment visits to the villages in the project area. In a large meeting with women and stakeholders held on 15th April, the community offered to renovate an adjacent building to provide adequate space for functioning health center. In a stakeholder meeting held on 12th May, the plans for the renovation work was finalized and the community took responsibility.

The communities will also support the selection and training of health promoters from the villages, and the organizing of health education outreach programs. In addition to government staff, AMURT will transfer additional staff to Aguoto Health center. As per the partnership model that will be adapted and which has

been tested and found effective over 10 years, local health workers will be prioritized in the recruitment for the health center.

The focus is the health center at Aguoto Village in Ogboji Ward. The health center is not functioning due to a variety of factors: to lack of staff, equipment, adequate facilities and no community involvement. Aguoto has only one building, with skeletal equipment and only one qualified staff. The community's involvement shows their commitment.

**How were community members involved in planning the project?**

The community has taken the responsibility to renovate an existing adjacent unutilized structure to add to the current health center structure. Rotary will supervise the renovation and implement it together with the community. AMURT will also provide technical support. Construction materials will be supplied by the community, with additional input from AMURT. The community will provide masons, carpenters and all labor, both skilled and unskilled.

Women in each village will elect from among themselves a maternal health promoter that will be trained by AMURT. Monthly village based pregnant women support group meetings will be started.

**Project implementation**

**Summarize each step of your project’s implementation.**

Do not include sensitive personal data, such as government ID numbers, religion, race, health information, etc. If you include personal data, you are responsible for informing those whose personal data is included that you are providing it to Rotary and that it will be processed in accordance with Rotary’s [Privacy Policy](#).

#	Activity	Duration
1	Village Meetings - election of maternal health workers	1st month
2	Enumeration of Women of child bearing age	2nd month
3	Training of Maternal Health workers	3rd month
4	Village sensitization – election of management committee members & training of of health center mgmt commtt	4th month
5	Health education programs in all villages with emphasis on safe motherhood and family planning	5th month
6	Purchase of equipment and furniture	5th month
7	Drilling of borehole, installation and construction of water tower for clinic as needed	5th month
8	Opening/ commissioning of new health center and handover of equipment, furniture, consumables and reagents to AMURT	6th month

**Will you work in coordination with any related initiatives in the community?**

Yes

**Briefly describe the other initiatives and how they relate to this project.**

There can be value in working with other groups including governments, nonprofit organizations, and private companies who may have some initiatives in the community, and there is benefit in keeping everyone involved and being involved to maximize the benefits to the community .

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

**include.**

The women from each of the villages will elect from among themselves one candidate to be trained as a maternal health promoter. AMURT will conduct a five day training for the maternal health promoters that will focus on family planning, care during pregnancy, pre-natal care, birth preparation, post-natal care, newborn care, signs of complications during labor, danger signs in newborns, and hygiene sanitation and prevention of spreading of infection. There will be training sessions in the villages, in the care center, and via Government initiatives to complete the effectiveness of the project.

**How were these needs identified?**

The needs were identified first by the applications received. Further assessment in the area via visits by Rotary members, Amurt members and meetings with the village heads and women of the villages, highlighted the dire need for a health care center, due to the lack of any help or health center of any sort in the area. the educational aspect is also lacking, there is no transportation available and no community training, or education is currently available.

1st village meeting: Mobilization to support the health center, advantages of health center delivery, high risks of herbal concoctions.

2nd village meeting: Family planning, safe motherhood, and services that will be available in the new health center.

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

The upgraded health center will offer free delivery for women in the project area that attend ante-natal care at the health center, (this is a good incentive to get free delivery service) and for who participate in pregnant women support group meetings in the villages.

The health center will be community owned and community managed. As per the partnership model in place since 2010, the finances will be completely used for the running, the maintenance, upgrade and expansion of the health center. No funds will be channeled to government, to Rotary, to AMURT or to other community programs. All funds will be dedicated to the project as outlined.

Community members will have a chance for employment in the new health center. Will be given first priority. Subsidized ambulance service and emergency assistance will be put in place by AMURT.

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

Sustainability of the project will be through the participation of the partners, the community (through the Clinic Management Committee), the government (through local government health department), AMURT, and Rotary. Ward Development committee which is part of government structure and Health center management committee mobilized by the community and trained by AMURT. Ward Development committee which is part of government structure and Health centre management committee mobilized by the community and trained by AMURT will be involved in continuing of the project.

In AMURT's model for primary healthcare in rural areas, the communities play a central role. The project areas are always based on application from the communities. This demonstrates that the community has a felt need and has prioritized improved access to healthcare. They have also shown that they possess the initiative and leadership to act on this need. As the community invest themselves in the building and activation of the health facilities, and as local health workers are employed to work, and the community take charge of management of the health center affairs and finances, the community develop a strong feeling of ownership, and work hard to maintain, protect, and preserve the project.

**Budget****Will you purchase budget items from local vendors?**

Yes

**Explain the process you used to select vendors.**

All the vendors are those that AMURT has worked with on other projects, and most recently on another primary care center project.

AMURT works with vendors with whom they have a long term sustained, positive clear record and relationship

**Did you use competitive bidding to select vendors?**

Yes

**Please provide an operations and maintenance plan for the equipment or materials you anticipate purchasing for this project. This plan should include who will operate and maintain the equipment and how they will be trained.**

All the equipment the listed in the budget, are routine for primary healthcare centers. The CHEWs, that will be employed by government, and the midwives and doctors, that will be AMURT personnel should be well equipped to operate and maintain it. No special training is required.

The ultrasound machine is the same model that AMURT has been using the last six years. We have five of them. In total we have only had one repair on these machines, and it was a minor repair. AMURT will take responsibility to pay for the repairs of the ultrasound machine. Only the doctors use the ultrasound machine, and the doctors are already trained on how to use it. The ultrasound machine will be used for ante-natal care. Repairs of other equipment will be paid for by the health center as an operating expense.

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

The new health center will maintain a drug revolving fund. The income will come from a 30-40 % mark up on the cost of the drugs sold. The income will be used for the basic running expenses of the health center, and savings will be set aside for repairs, maintenance and upgrade and expansion of the health center facilities.

The finances will be administered by the community through the Clinic Management Committee, with supervision from AMURT and Rotary.

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

Yes

**Please explain.**

this is all general equipment needed and usually used in health care centers, and not specific to any culture

**After the project is completed, who will own the items purchased by grant funds? No items may be owned by a Rotary district, club, or member.**

The Primary Care Center. will own the items purchased for the ongoing operation of the center. Further with the government involvement, who are also a partner in the project and confirms some responsibility and ownership of the equipment. Community involvement is at the heart of the model we use to make primary healthcare workable. The community has invested themselves in the health center. A committee elected by the health center will manage the finances of the health center together with the health center staff, lead by government employees. Maintenance and ownership is also integral to the commitment by the community. The partnership model for meeting primary healthcare needs of the rural communities in Nigeria provides the best chance for sustainability. With government as a partner the new health facility will benefit from all support that is channeled through local and state government from federal government and international agencies active in malaria, family planning, HIV, maternal health etc. Government monitoring and supervision will help to keep the facility on track.

As a part of Nigeria's National Basic Healthcare Provision Fund strategy, Aguoto Health Center has recently been among the one-per-ward health centers. There are 171 wards in Ebonyi State and 171 selected health centers. This means that the health center will be prioritized by the Ebonyi State Ministry of Health and

## Funding

### Does your project involve microcredit activities?

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

Yes

### Please describe this funding source.

The health center finances are managed as a drug revolving fund. The income is chiefly from sale of drugs. The mark up takes care of basic operating expenses, such as cleaning supplies, fuel, and maintenance, auxiliary staff such as cleaners, and give opportunity for savings for the maintenance and upgrades of the health center. Further AMURT will subsidize some aspects like the ambulance service as needed.

The new health center is being set up as broad partnership between the government, the community and the cooperating organization - AMURT. for long term sustainability.

1. Government - the health center will be a government health center. Government is posting staff to the health center, and all the support and subsidies available to government health centers will be available to the new health center. 2. Community - the project is set up with strong community participation. This pertains to management of the health center, staffing and also in mobilization of all the villages in the project area. 3. AMURT - is the leading partner with the State Government in primary health care. AMURT has already opened several such primary health care centers since 2010, in partnership with government and community, and they are among highest functioning primary health care centers in the state. AMURT has a long term commitment to the health center.

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

the revolving drug program will generate funds to work on other purchases and other necessary work in the center. As such if the center performs well, as planned, and well managed, the health center will generate income and savings. Currently the model for such health centers, a partnership between government, community, AMURT and Rotary, is that all the funds are reserved for the maintenance, upgrade and expansion of the health centers. As such no funds will be diverted from the health center. No money is to be used by government, community (other than the health center), AMURT or Rotary for their other activities. This model has functioned well and enabled other health centers to upgrade and expand. The hope for this project is to follow this model.

## Supporting Documents

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- Adjacent\_bldg\_to\_be\_renovated\_by\_commmunity\_for\_health\_Center.jpg
- Community\_AMURT\_and\_Rotary\_Teams\_at\_Aguoto\_HC.jpg
- Copy\_of\_PROPOSED\_OGBOJI\_HC\_BUDGET\_-\_Edit\_14\_may\_(2).xlsx
- Ebonyi\_State\_Map\_Health\_Centers\_With\_Ogboji\_May\_3\_2021\_(1).jpg
- Ngoi\_Aloh\_Rotary\_President\_address\_community.jpg
- Ogboji\_Map\_(1).png
- Ogboji\_Rotary\_Global\_Grant\_Assessment\_Results\_Form.docx
- Signed\_MOU\_for\_Nigeria\_GG.pdf

# Authorizations

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## Authorizations & Legal Agreements

### Legal agreement

#### Global Grant Agreement

I confirm and agree to the following:

1. All information contained in this application is, to the best of our knowledge, true and accurate.
2. We have read the Terms and Conditions for Rotary Foundation District Grants and Global Grants ("Terms and Conditions") and will adhere to all policies therein.
3. The grant sponsors ("Sponsors") shall defend, indemnify, and hold harmless Rotary International (RI) and The Rotary Foundation (TRF), including their directors, trustees, officers, committees, employees, agents, associate foundations and representatives (collectively "RI/TRF"), from and against all claims, including but not limited to claims of subrogation, demands, actions, damages, losses, costs, liabilities, expenses (including reasonable attorney's fees and other legal expenses), awards, judgments, and fines asserted against or recovered from RI/TRF arising out of any act, conduct, omission, negligence, misconduct, or unlawful act (or act contrary to any applicable governmental order or regulation) resulting directly or indirectly from a Sponsor's and/or participant's involvement in grant-funded activities, including all travel related to the grant.
4. The failure of the parties to comply with the terms of this Agreement due to an act of God, strike, war, fire, riot, civil unrest, hurricane, earthquake, or other natural disasters, acts of public enemies, curtailment of transportation facilities, political upheavals, acts of terrorism, or any similar cause beyond the control of the parties shall not be deemed a breach of this Agreement. In such an event, the Agreement shall be deemed terminated and the Sponsors shall refund all unexpended global grant funds within 30 days of termination.
5. TRF's entire responsibility is expressly limited to payment of the total financing amount. TRF does not assume any further responsibility in connection with this grant.
6. TRF reserves the right to cancel the grant and/or this Agreement without notice upon the failure of either or both of the Sponsors to abide by the terms set forth in this Agreement and the Terms and Conditions. Upon cancellation, TRF shall be entitled to a refund of any global grant funds, including any interest earned, that have not been expended.
7. The laws of the State of Illinois, USA, without reference to its conflicts of laws principles, shall govern all matters arising out of or relating to this Agreement, including, without limitation, its interpretation, construction, performance, and enforcement.
8. Any legal action brought by either party against the other party arising out of or relating to this Agreement must be brought in either, the Circuit Court of Cook County, State of Illinois, USA or the Federal District Court for the Northern District of Illinois, USA. Each party consents to the exclusive jurisdiction of these courts, and their respective appellate courts for the purpose of such actions. Nothing herein prohibits a party that obtains a judgment in either of the designated courts from enforcing the judgment in any other court. Notwithstanding the foregoing, TRF may also bring legal action against Sponsors and/or individuals traveling on grant funds in any court with jurisdiction over them.
9. This Agreement binds and benefits the parties and their respective administrators, legal representatives, and permitted successors and assigns.
10. If any provision of this Agreement is determined to be illegal, invalid or unenforceable, the remaining

provisions of this Agreement shall remain in full force and effect.

11. Sponsors may not assign any of its rights under this Agreement except with the prior written consent of TRF. Sponsors may not delegate any performance under this Agreement without the prior written consent of TRF. Any purported assignment of a Sponsor's rights or delegation of performance without TRF's prior written consent is void.

12. TRF may assign some or all of its rights under this Agreement to an associate foundation of TRF. TRF may delegate any performance under this Agreement to an associate foundation. Any other purported assignment of TRF's rights or delegation of performance without the Sponsors' prior written consent is void.

13. Sponsors will comply with all economic and trade sanctions, including those implemented by the Office of Foreign Assets Control (OFAC) of the United States Department of Treasury, and will ensure that they do not support or promote violence, terrorist activity or related training, or money laundering.

14. This Agreement constitutes the final agreement between the parties. No amendment or waiver of any provision of this Agreement shall be effective unless it is in the form of a writing signed by the parties.

15. Rotary International (RI) and TRF may use information contained in this application and subsequent reports to promote the activities by various means such as The Rotarian, Rotary Leader, rotary.org, etc. Unless indicated otherwise in writing, by submission of the photos, the parties hereby grant to RI and TRF the worldwide right to publish and use the photos, including but not limited to, in RI and TRF publications, advertisements, and Web sites and on social media channels and to license use to others, including, but not limited to, media outlets and its partners and through RI's online image database, for the purposes of promoting Rotary. By submitting the photos, the parties represent and warrant that all persons appearing in the photos have given their unrestricted written consent to use their likenesses and to license use to third parties.

16. The Sponsors agree to share information on best practices when asked, and TRF may provide their contact information to other Rotarians who may wish advice on implementing similar activities.

17. The Sponsors will ensure that all individuals traveling on grant funds have been informed of the travel policies stated in the Terms and Conditions and have been made aware that they are responsible for obtaining travel insurance.

## **Primary contact authorizations**

### **Application Authorization**

By submitting this global grant application, we agree to the following:

1. All information contained in this application is, to the best of our knowledge, true and accurate, and we intend to implement the activities as presented in this application.

2. The club/district agrees to undertake these activities as a club/district.

3. We will ensure all cash contributions (as detailed in the grant financing) will be forwarded to The Rotary Foundation (TRF) or sent directly to the global grant bank account after Trustee approval of the grant.

4. Rotary International (RI) and TRF may use information contained in this application to promote the activities by various means such as The Rotarian, the RI international convention, RVM: The Rotarian Video Magazine, etc.

5. We agree to share information on best practices when asked, and TRF may provide our contact information to other Rotarians who may wish advice on implementing similar activities.

6. To the best of our knowledge and belief, except as disclosed herewith, neither we nor any person with whom we have or had a personal or business relationship are engaged, or intend to engage, in benefiting from

TRF grant funds or have any interest that may represent a potential competing or conflicting interest. A conflict of interest is defined as a situation in which a Rotarian, in relationship to an outside organization, is in a position to influence the spending of TRF grant funds, or influence decisions in ways that could lead directly or indirectly to financial gain for the Rotarian, a business colleague, or his or her family, or give improper advantage to others to the detriment of TRF.

## All Authorizations & Legal Agreements Summary

### Primary contact authorizations

Name	Club	District	Status	
Padma Chari	Cupertino	5170	Authorized	Authorized on 16/06/2021
Aloh Virginia	Abakaliki	9142	Authorized	Authorized on 17/06/2021

### District Rotary Foundation chair authorization

Name	Club	District	Status	
Orrin Mahoney	Cupertino	5170	Authorized	Authorized on 19/06/2021
Akabom Enebong	Calabar	9142	Authorized	Authorized on 18/06/2021

### DDF authorization

Name	Club	District	Status	
Orrin Mahoney	Cupertino	5170	Authorized	Authorized on 19/06/2021
Gregory Giusiana	Gilroy	5170	Authorized	Authorized on 20/06/2021
Brent Hastey	South Yuba County Sunrise	5180	Authorized	Authorized on 28/05/2021
Joseph Scheimer	Fair Oaks	5180	Authorized	Authorized on 28/05/2021

### Legal agreement

Name	Club	District	Status	
Aloh Virginia	Abakaliki	9142	Accepted	Accepted on 17/06/2021
Stuart Rosenberg	Cupertino	5170	Accepted	Accepted on 16/06/2021