

Global Grant Application

GRANT NUMBER
GG2570441

STATUS
Approved

Basic Information

Grant title

Setting up “Acute Child Care Unit” (ACCU) at KEM Hospital, Pune, India.

Type of Project

Humanitarian Project

Address community needs and produce sustainable, measurable outcomes

Primary Contacts

Name	Club	District	Sponsor	Role
Shailesh Sirsikar	Pune Pride	3131	Rotary Club	Host
Shyamoli Banerjee	Cupertino	5170	Rotary Club	International

Committee Members

Host committee

Name	Club	District	Role
Radha Gokhale	Pune Pride [Rotary Club]	3131	Secondary Contact
Subodh Malpani	Pune Pride [Rotary Club]	3131	Secondary Contact

International committee

Name	Club	District	Role
Padma Chari	Cupertino [Rotary Club]	5170	Secondary Contact International
Jagi Shahani	Cupertino [Rotary Club]	5170	Secondary Contact International

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

A conflict of interest occurs when someone is in a position to make or influence a decision about a grant or award that could benefit them, their family, their business, or an entity in which they serve in a paid or voluntary leadership or advisory position.

For each Rotary member who serves on the grant committee, list all relationships that the member has with any scholarship recipients, cooperating organizations, project vendors, or other individuals or organizations that will benefit from the grant.

None

Next, list all relationships that district officers and other members of the sponsor clubs or districts (other than the members of the grant committee) have with any award recipients, cooperating organizations, project vendors, or other individuals or organizations that would benefit from the grant.

None

Project Overview

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

Objective: Modern but affordable, post-operative intensive care of Pediatric patients from economically weaker sections of society (EWS)

Description of the Project: Through this project, a 5-bed Acute Child Care Unit (ACCU) will be established. To set up this ACCU, KEM Hospital (KEMH for short) pediatric department will provide a demarcated space and basic infrastructure at its own cost. KEMH will operate the facility with their own technicians, doctors and administrative staff and with its own funds. KEMH will maintain equipment at their own cost for the working life of the equipment.

ACCU will complement the Pediatric ICU (PICU). It will cater to the patients who otherwise have to be turned away or admitted in the regular wards. This ACCU will be equipped with monitoring and supporting equipment very similar to the PICU, except for ventilator support. ACCU will be suitable for the pediatric patients who require “non-ventilator” critical care support.

Also, stable patients, who have recently been removed from their ventilator support in the PICU, can be shifted to ACCU, thus easing up space in the PICU. This will also increase the capacity, improve the turnover and help in admitting more patients requiring critical care.

The treatment in ACCU will reduce the cost of treatment vis a viz, PICU. KEMH will further subsidize the cost for the patients from economically weaker sections of society. (EWS)

Areas of Focus

Which area of focus will this project support?

Disease prevention and treatment

Measuring Success

Disease prevention and treatment

Which goals of this area of focus will your project support?

Strengthening health care systems;

How will you measure your project's impact? Find tips and information on how to measure results in [the Global Grant Monitoring and Evaluation Plan Supplement](#). 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 recipients of disease prevention intervention	Grant records and reports	Every three months	100-499

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

Yes

Name of Individual or Organization

KEM HOSPITAL

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

1. The selected organization - KEM hospital (KEMH) caters mainly to patients from Economically weaker sections (EWS) of the society.
2. KEMH It is run by a charitable trust which operates the charitable work out of the donations it gets from various philanthropic groups in the form of money, medicines, machines or infrastructure.
3. KEMH has a reputation of ethics, high standards of patient care and statutory compliances.
4. The hospital keeps records of all patients admitted to the hospital; likewise, it will also keep records of the proposed ACCU ward that will include the patients records, treatments, recovery and follow ups

Location and Dates

Humanitarian Project

Where will your project take place?

City or town

Pune

Country

India

Province or state

Maharashtra

When will your project take place?

2025-03-05 to 2025-06-05

Participants

Cooperating Organizations (Optional)

Name	Website	Location
KEM HOSPITAL	https://kemhospitalpune.org/	489 Rasta peth, Sardar Mudliar road, Pune Pune India

Supporting Documents

- 10_Ltr_from_KEMH_MSW_DEPT.pdf
- 2_ROLE_OF_THE_COOPERATING_ORGANIZATIONS.docx
- 4_MOU_-_RCPP_-_KEMH.pdf
- 9_Letter_from_KEMH_DoP_to_Rotary.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?

The community Needs Analysis deductions which led to the selection of this partner are listed below.

1. Scarcity of pediatric ICU:- It was identified that there is scarcity of ICU beds in India in general and especially acute for the ICU beds catering to the children. The patients have to go to select few hospitals where the ICU beds are always in high demand. Some patients need heavy monitoring due to high dependency but do not require an ICU; they can be taken care in an Acute Child Care Unit - ACCU
2. High cost of ICU: Intensive care is a very costly affair and bulk of the patients come from lower socioeconomic groups who cannot afford the cost of surgery and post-surgical rehabilitation of the patients. There is always a huge influx of patients in this hospital, some of whom have to be sent back due to lack of sufficient number of beds in the ICU.
3. Government run hospitals are not a favored option as they have insufficient capacity, invariably have outdated technology equipment, have very large influx of patients from EWS and not preferred by many patients / families. Further donating equipment to government run hospitals is cumbersome with high procedural bureaucracy, in both implementation & reporting.
4. Gap analysis: Donation of equipment to a privately run hospital which caters predominantly to EWS is a solution to overcome most of these issues. This way the hospital gets critical lifesaving and high tech equipment which they are unable to invest in. The facility is offered at subsidized rates to EWS patients serving the social purpose. Thus, the outcome brings joy, collaboration and wellness to the community.
5. Solution: To address this insufficiency in ICU capacity identified through the "Community Need Assessment", RCPP discussed & decided that a practical solution for this would be to create a unit for patients with High Dependency under "Acute Child Care Unit" (ACCU) with 5 beds. This will open up the ICU capacity, thereby allowing more patients to be admitted in ICU while providing similar care in the ACCU at an affordable cost.
6. Identifying the right place: KEM Hospital in Pune is run by KEM Hospital Society, a registered charitable trust in Pune, India. It is dedicated to providing high-quality, affordable healthcare to all socio-economic groups in Pune / Maharashtra. KEMH is renowned for last several decades for its high medical standard, ethical business practices and reasonable pricing. Therefore, it has a large patient inflow from Economically weaker sections of the society, not only from Pune city, but many patients also come from nearby villages &

KEMH's pediatric department is one of the most renowned TERTIARY pediatric care facilities in the state of Maharashtra. Intensive care is a very costly affair and bulk of the patients come from lower socio-economic group who cannot afford the cost of surgery and post-surgical rehabilitation of the patients. There is always a huge influx of patients in this hospital, some of whom have to be sent back due to lack of sufficient number of beds in the ICU.

Thus the outcome brings joy, collaboration and wellness to the community. The hospital already has couple of projects done by other Rotary clubs from Pune. These projects are also achieving the goal of affordable healthcare for the EWS patients.

ROLE OF PARTNER:

1. KEM Hospital pediatric department will provide a demarcated space, infrastructure, furniture at its own cost. An enclosed area is demarcated for this project by KEM Hospital which has 5 beds capacity. It already has all electrical, gas (O2 + Air) & vacuum pipelines necessary for patient care for ACU set up. The civil work and air conditioning will be provided by KEM Admin team. The nursing station will be enhanced with the monitoring system for real time monitoring of 5 HDU patients. The staff will be recruited / allocated depending on the current manpower for various categories like nurses and helpers
2. KEMH will operate the ACCU facility with its own technicians, doctors and administrative staff and with its own funds. KEMH will maintain equipment at its own cost through Annual Maintenance Contracts. KEMH also has a full-fledged In-House maintenance department.
3. KEMH will also help in selection of suitable equipment. They have been using such equipment in various other departments.
4. KEMH will supervise the installation, commissioning and testing of the equipment. KEMH will bear the initial setting up, operational costs. The patients will pay for the consumables used in the equipment although it would be subsidized.
5. KEMH will participate in quarterly review meetings (QRM) and submit the quarterly reports as per MOU
6. Take necessary actions as decided in the QRM's
7. Proposed staff to man this ACU
 - a. Resident Doctors will be deputed on 24x7 basis.
 - b. Pediatrician Anesthetists and Intensivist will be visiting on routine rounds as also "On Call basis"
 - c. Nursing Station With 1 Senior And 2 Junior Nurses
 - d. Assisted by 2 Helpers

Partners (Optional)

List any other partners that will participate in this project.

NIL

Rotarian Participants

Describe the roles and responsibilities that the host and international sponsors will have in this project. Please be specific. Which sponsor will receive and manage the grant funds?

Rotary Club of Pune Pride - RCPP's role:

1. Raising funding for the project

2. Management of the GG funds throughout the lifecycle of the project
3. MOU with partnering organization (KEM Hospital)
4. GG Application process and coordination with different stakeholders
5. Purchase of equipment for ACCU
6. Implementation of the project in coordination with KEMH
7. Setting up Documentation processes / Standard Operating Procedures
8. Periodic review, monitoring, and reporting

International Partner's role:

1. Funding support
2. GG Application support
3. If possible, visit/s during implementation for better coordination of the project
4. Involvement in periodic review through Video Calls
5. Any other possible support as and when required

Describe how the partnership between the host and international sponsors was formed. What agreement have the sponsors made toward ensuring that the project will be implemented successfully? How will they manage any challenges that arise throughout the project?

1. RCPP had floated an inquiry for interested partners for this GG project. RC of Cupertino requested detailed information and relevant documents for this project. After studying and reviewing all the documents they expressed interest to be the international sponsor of this GG project.
2. RC Cupertino requested a document titled "Preliminary proposal for project sponsorship" to be completed by RC Pune Pride which RCPP duly submitted. The project was approved by the WCS Committee and RC Cupertino agreed to be the International Sponsor.
3. Both the sponsors will manage the GG project implementation through regular communication, progress review and course correction wherever needed.

Budget

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

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

Local Currency	U.S. dollar (USD) exchange rate	Currency Set On
INR	87	07/02/2025

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. Project budgets, including the World Fund match, must be at least 30,000 USD.

#	Category	Description	Supplier	Cost in INR	Cost in USD
1	Equipment	Syringe pump	B Braun	1155000	13276
2	Equipment	Infusion pump	B Braun	450000	5172
3	Equipment	Arterial blood gas analyser	EPOC BGA	800000	9195
4	Equipment	Nebulizer for canula	Aerogen	400000	4598
5	Equipment	HHHF Nasal Canula machine	Fisher & Paykel	1620000	18621
6	Equipment	Transport ventilator	Monal T 60	1120000	12874
7	Equipment	Monitors	Nihon Koden	1275000	14655
8	Equipment	Fowler beds	Meditex	275000	3161
9	Equipment	Air mattresses	Meditex	25000	287
10	Equipment	Video Laryngoscope	AMBU	320000	3678
11	Signage	Signage	Brass plaques	50000	575
12	Monitoring/evaluation	Monitoring & Evaluation	Monitoring & Evaluation	50000	575
13	Project management	Contingency	Contingency	202946	2333
Total budget:				7742946	89000

Supporting Documents

- 056_CMS_2024_Pune__SM_-Rotary_Club_of_Pune_Pride-GB1200-Infusion_Pum.pdf
- 057_CMS_2024_Pune__SM_-Rotary_Club_of_Pune_Pride-GB2000-_Syringe_Pump.pdf
- CMS-2024-PH-325-Rotary_Club_of_Pune_Pride-CM12_Basic.pdf
- CMS-2024-PH-326-Rotary_Club_of_Pune_Pride-G30E_Basic.pdf
- CMS-2024-PH-327-Rotary_Club_of_Pune_Pride-EVO_Ventilator.pdf
- QTN_Nucleus_Dec_2024.pdf
- Quote_Lifecare_Dec_2024.pdf

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	Cash from Club	Pune Pride [Rotary Club]	478.00	23.90	501.90
2	District Designated Fund (DDF)	3131	12,000.00	0.00	12,000.00
3	Cash from Club	Pune South [Rotary Club]	10,000.00	500.00	10,500.00
4	District Designated Fund (DDF)	5170	17,830.00	0.00	17,830.00
5	Cash from Club	Charlotte Hall [Rotary Club]	13,400.00	670.00	14,070.00
6	Non-Rotarian contributions with NO match from TRF	MUSKAAN UK	11,428.00	571.40	11,999.40

*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 23,864.00 USD from the World Fund.

23864

Funding Summary

DDF contributions:	29,830.00
Cash contributions:	23,878.00
Financing subtotal (matched contributions + World Fund):	77,572.00
Non-Rotarian contributions with NO match from TRF:	11,428.00

Total funding: 89,000.00

Total budget: 89,000.00

Sustainability

Humanitarian Projects

Project planning

Describe the community needs that your project will address.

1. Scarcity of pediatric ICU:- There is scarcity of ICU beds in India in general and especially acute for the ICU beds catering to the children. The patients have to go to select few hospitals where the ICU beds are always in high demand. Some patients need heavy monitoring due to high dependency but do not require an ICU; they can be taken care in an Acute Child Care Unit - ACCU
2. High cost of ICU: Intensive care is a very costly affair and bulk of the patients come from lower socio-economic groups who cannot afford the cost of surgery and post-surgical rehabilitation of the patients. There is always a huge influx of patients in this hospital, some of whom have to be sent back due to lack of sufficient number of beds in the ICU.
3. Government run hospitals have insufficient capacity, invariably have outdated technology equipment, have very large influx of patients from Economically Weaker Sections of Society (EWS) and not preferred by many patients / families. Further donating equipment to government run hospitals is cumbersome with high procedural bureaucracy, in both implementation & reporting.
4. Gap analysis: Donation of equipment to a privately run hospital which caters predominantly to EWS is a solution to overcome most of these issues. This way the hospital gets critical lifesaving and high-tech equipment which they are unable to invest in. The facility is offered at subsidized rates to EWS patients serving the social purpose. Thus, the outcome brings joy, collaboration and wellness to the community.
5. Solution: To address this insufficiency in ICU capacity identified through the "Community Need Assessment", RCPP discussed & decided that a practical solution for this would be to create a unit for patients with High Dependency under "Acute Child Care Unit" (ACCU) with 5 beds. This will open up the ICU capacity, thereby allowing more patients to be admitted in ICU while providing similar care in the ACCU at an affordable cost.
6. Identifying the right place: KEM Hospital in Pune is run by KEM Hospital Society, a registered charitable trust in Pune, India. It is dedicated to providing high-quality, affordable healthcare to all socio-economic groups in Pune / Maharashtra. KEMH is renowned for last several decades for its high medical standard, ethical business practices and reasonable pricing. Therefore, it has a large patient inflow from Economically weaker sections of the society (EWS), not only from Pune city, but many patients also come from nearby villages & towns of Maharashtra state. KEMH's pediatric department is one of the most renowned pediatric care facilities not only in Pune district but also in the state of Maharashtra. Tertiary healthcare in pediatrics is limited to few hospitals in few major cities, KEMH Pune being one of them.

How did your project team identify these needs?

We identified the need by speaking with cross section of the people & stakeholders to understand and verify the credibility of the information and to have a 360 degrees view of the situation.

METHODOLOGY & TOOLS USED FOR ASSESSMENT

- Community meeting – Met medical & social experts to assess the need for HDU / ACCU
- Asset inventory – Analyzed the equipment currently available in both the wards & the shortages
- Survey – Met patients visiting KEM to understand their reason for choosing KEM
- Interview – Doctors from KEMH and other hospitals

- Focus group – Paediatrics ward and PICU
- Community mapping – Data for total projected influx of patients over next 7 years

Actual data collection sources:

1. SURVEY Patients admitted in KEMH – 76 patients interviewed
2. INTERVIEWS Doctors working in KEMH - 7
3. INTERVIEWS Doctors in other hospital - 4
4. DATA ANALYSIS Government of Maharashtra published report

*Survey of patients was conducted through 3 visits to the Pediatrics ward of KEMH spread over 3 months to understand their needs, reasons for choosing KEM and feedback about the hospital.

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

Community meeting – Met medical & social experts to assess the need for HDU / ACCU

- Asset inventory – Analyzed the equipment currently available in both the wards & the shortages
- Survey – Met patients visiting KEM to understand their reason for choosing KEM
- Interview – Doctors from KEMH and other hospitals
- Focus group – Paediatrics ward and PICU
- Community mapping – Data for total projected influx of patients over next 7 years

Survey of patients was conducted through 3 visits to the Pediatrics ward of KEMH spread over 3 months to understand their needs, reasons for choosing KEM and feedback about the hospital.

How were community members involved in planning the project?

1. Identifying the need: The scarcity and high demand for Pediatric Intensive care was identified through the "Community Need Assessment".

2. Solution: To fulfill this gap, a right project location was identified as the KEM Hospital due to its reputation of providing high-quality, affordable healthcare, high medical standard, ethical business practices. It has a large patient inflow from Economically weaker sections of the society, (estimated at 80% of the total occupancy). KEMH's pediatric department is one of the most renowned pediatric care facilities not only in Pune district but also in the state of Maharashtra providing Tertiary healthcare in pediatrics

3. Discussions with stakeholders: This finding was discussed with the Doctors of the KEM Hospital Pediatrics unit. Team of RCPP visited the hospital and discussed with various stakeholders mentioned above to verify the facts

4. Secondary "Needs assessment cum Sustainability study" was performed at the KEM Hospital to cross check the finding of the preliminary study which concluded scarcity of PICU beds, The outcome of this study is described in the first paragraph of this section titled: "Describe the community needs that your project will address"

5. We discussed various aspects of the project with various stakeholders named below

a. Dr Ashish Bavdekar (Head of Department of Pediatrics KEMH) ashish.bavdekar1@gmail.com

<https://www.kemhospitalpune.org/specialities/paediatric-gastroenterology-liver/>

b. Dr Shashank Shrotriya (Head of Pediatric Surgery KEMH) shanko10@hotmail.com

<https://www.kemhospitalpune.org/specialities/paediatric-surgery/>

c. Dr Neha Shah (Consultant Pediatric ICUdoctornehajain@gmail.com

d. KEM Administration:- Ms Ananya Biswas (General Manager Administration) abiswas@kemhospital.org

e. KEM BioMedical team:- Mr Mahesh Bhosale (Manager Biomedicals admin)

managerbiomedical@kemhospital.org

f. KEM Medico-Social Works (social welfare department) – Ms Jyoti Pillai (Deputy Head MSW)

mswdept@kemhospital.org

g. KEM trust – Mr Framroze Garda fgarda@kemhospital.org

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	GG project Application with all necessary authorizations	60 days
2	GG Project Approval from TRF	60 days
3	Opening of GG Bank account and getting cash transferred to the bank account	7 days
4	Getting ACCU demarcated area ready / Equipment purchase PO raised	15 days
5	Equipment delivery / Installation and commissioning / Testing & Training	30 days
6	We had some balance funds available due to following 3 reasons namely 1. Change of brand by KEM Hospital which is at a lower cost (1 item) 2. Reduced quantity because of purchase of the equipment by KEMH during past 8-10 months due to its urgency / need (3 items leading to largest balance amount) 3. Better negotiated prices for same equipment as compared to the last purchase prices of KEMH (5 items) KEMH requested for some additional equipment needed for this Acute Child care Unit (ACCU) which was not budgeted earlier. The request letter for the same is enclosed herewith for your approval. The additional equipment given below: SR EQUIPMENT AMOUNT Rs Amount + GST 1 Transcranial Doppler 3,50,000.00 3,92,000.00 2 Flexible Bronchoscope 6,24,000.00 6,98,880.00 3 Vascular instrument set 2,22,200.00 2,48,864.00 4 Portable fundus camera 5,53,000.00 6,19,360.00 5 USG HSL25x probe 3,20,000.00 3,58,400.00 TOTAL 20,69,200.00 23,17,504.00 These instruments are required in the ACU for performing critical investigations and minor emergency procedures on seriously ill patients and hence they are essential in making our ACU fully equipped. The additional equipment was sanctioned by Ms Caroline Kwak vide her email dated April 18th, 2025.	--
7	One item from the additional list approved by Ms Cariline is yet to be purchased as it is under medical evaluation	--

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

No

Please explain. Are local initiatives not addressing these needs? Or, if they are, why did you decide not to work with them?

1. The local, regional, and central government’s role in public healthcare: There are several issues in public health infrastructure. Scarcity of monetary resource with government is the biggest reason which prevents achieving health care for all poor people. Many private hospitals charge high prices for their services which the EWS cannot afford. Please refer to below article in a leading Indian newspaper

<https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/indias-healthcare-in-critical-condition-4-out-of-5-public-health-centers-below-par-reveals-new-govt-report/articleshow/111358724.cms?from=mdr>

2. Data on various hospitals in Pune <https://pmc.ncbi.nlm.nih.gov/articles/PMC6166510/>

3. KEM Hospital is run by KEM Hospital Society, a registered charitable trust working for economically disadvantaged patients without any government funding. Several other charitable organizations are also working with KEMH on various projects. Rotary club of Pune Pride will be participating in one such project (ACCU) to benefit the community. Patient testimonials are given below for reference

<https://www.kemhospitalpune.org/patient-visitor-guide/patient-stories-and-testimonials/>

4. ACCU will be unique and a new facility which will provide additional capacity for affordable medical care to the economically disadvantaged pediatric patients. Such a facility is not available in any other hospital in Pune. A cross-sectional study of 23 Asian ICUs indicates that there are cumulatively 3.6 ICU beds per 100,000 population which is significantly lower than in western countries. In India, there are varying estimates amounting to 2.3 ICU beds per 100,000 population

Scarcity of ICU beds in India <https://www.ijccm.org/doi/IJCCM/pdf/10.5005/jp-journals-10071-24445>

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

The Doctors, nursing and technical staff will undergo training on the new ACCU equipment, and requisite support will be extended by the technical personnel of the suppliers of the medical equipment. An awareness campaign on the new ACCU will be run by KEMH as part of community outreach. KEMH will also educate its Medical and Administrative staff about the type of patients who could be admitted into ACCU or shifted from ICU to ACCU for the needed medical support and care. Training plan document is attached.

How were these needs identified?

The management of KEMH, in consultation with the tech staff of the Equipment companies, identified that the staff will require training to use the new equipment with latest technology and more applications. Even though the staff is well versed in handling similar equipment in the ICUs, they will need training to use the newer machines and update their knowledge for usage.

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

None

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

KEM Hospital, which is the Co-operating organization, will oversee the continuation of this project on the following levels

1. Installation with proper infrastructure
2. Operations with qualified personnel
3. Maintenance for long-term life
4. Consumables of highest quality suitable for the equipment
5. Repairs through approved / appointed /certified technicians

Budget

Will you purchase budget items from local vendors?

Yes

Explain the process you used to select vendors.

1. We consulted with the management and medical staff of KEMH and a few other hospitals on reputed

vendors of the required equipment. We found that the machines being used by KEMH are the best in the class equipment. Buying equipment from same manufacturers will help in lower training needs and faster assimilation of the machines in superior patient care, better results, lower maintenance and longer life of the equipment.

2. We have taken competitive bids for items in the inventory list from multiple renowned & well-established suppliers, in consultation with the KEMH management and medical staff .

3. We shortlisted the vendors based on price, product performance and market reputation, in consultation with the KEMH management and medical staff.

4. Our final vendor selection will be based on the past experience of KEM Hospital with these vendors and the market reputation of the products & vendors.

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.

1. MOU will define that KEMH will be entering into AMC (Annual Maintenance Contracts) with all the equipment suppliers, at its own cost.

2. All the consumables for the equipment will be bought by KEM Hospital at its own cost, directly from the respective vendors.

3. KEMH technical staff will operate these new equipment and maintenance staff will maintain them. They are trained and experienced in using similar ICU equipment. However, they will be trained specifically in the use and maintenance of the new machines by the suppliers' / manufacturers' training teams.

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

1. KEMH has an in-house maintenance department who will maintain the new equipment in the ACCU.

2. Consumables and / or Replacement parts will be supplied by the respective vendors and bought by KEMH from these authorized vendors.

3. KEMH is responsible for continued maintenance of the equipment per the agreement signed by them in the MOU.

4. Repairs if any will be through authorized technicians either from the manufacturer or their certified vendor.

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.

We will purchase equipment with the latest technologies of globally renowned brands / companies who have sizeable presence in Indian healthcare market and have their own offices / direct distributors & technicians.

The Doctors and Technicians are already using similar equipment in the various ICU of KEMH so they are well versed with using these types of equipment.

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.

At the end of the completion of the project the purchased equipments will remain the property of and in the

custody of KEM Hospital and will be owned by KEMH.

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.

1. The project will be sustained through 1. regular supply of consumables 2. Routine maintenance 3. Repairs if required through authorized and competent company technicians.

2. KEM Hospital will fund the cost of consumables and maintenance and repair of the equipments for the entire life of the equipments.

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

The funding is through following sources

1. KEMH is private (non-governmental funded) hospital run by a charitable trust. The charitable trust receives donations in the form of money, machines and medicines from philanthropic trusts and corporate donors who are aware of the charitable work being done by KEM hospital

2. The funds from donations are never enough for the large inflow of the patients from Economically Weak Sections of society (EWS) and hence a cross subsidy is necessary to facilitate healthcare for poor patients. KEMH trust also runs a nursing home, diagnostic services and other medical services which are availed by higher income group patients. Therefore, a cross subsidy is used i.e. money earned from the paid patients of KEM nursing home catering to higher income group patients is used to cross-subsidize the poor patients.

3. The ACCU will pre-dominantly be used by patients from weaker economic income groups. All patients pay for the service, but the charges are subsidized. The hospital will subsidize charitable patient care from the income derived from paying patients in other wards.

4. The hospital also has a "Social welfare department" which looks after further subsidizing the billing or total waiver of bill through charity.

Supporting Documents

- 10_Ltr_from_KEMH_MSW_DEPT.pdf
- 1_Community-assessment-results-KEM_ACCU.docx
- 2_ROLE_OF_THE_COOPERATING_ORGANIZATIONS.docx
- 3_Methodology_of_community_assessment.docx
- 4_MOU_-_RCPP_-_KEMH.pdf
- 5_LANCET_article_on_ICU_scarcity.pdf
- 6_Training_Plan_for_KEM_ACCU.docx
- 7_Survey_1_to_assess_the_need_for_an_Intensive_Care_Unit.docx
- 8_SURVEY_2_OF_KEM_PATIENTS_TO_ASSESS_THE_NEED.docx
- 9_Letter_from_KEMH_DoP_to_Rotary.pdf
- Annex_B_-_RCPP.pdf
- Annex_C_-_RCPP.pdf

Authorizations

Authorizations & Legal Agreements

Legal agreement

Global Grant Agreement - to be authorized by the primary contacts and club presidents (or DRFC chairs if district-sponsored)

This Global Grant Agreement (Agreement) is entered into by The Rotary Foundation of Rotary International (TRF) and the grant sponsors (Sponsors). In consideration of receiving this Rotary Foundation Global Grant (Grant) from TRF, the Sponsors agree that:

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 Global Grants (Terms and Conditions) and will adhere to all policies therein.
3. The Sponsors shall defend, indemnify, and hold harmless Rotary International (RI) and TRF, including their respective directors, trustees, officers, committee members, employees, agents, associate foundations and representatives (collectively Rotary), 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 Rotary 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, government regulation, war, fire, riot, civil unrest, hurricane, earthquake, or other natural disasters, acts of public enemies, curtailment of transportation facilities, political upheavals, civil disorders, outbreak of infectious disease or illness, 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 to TRF 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 from the Sponsors 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 their 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 may use information contained in this application and subsequent reports for promotional purposes, such as in Rotary magazine, in Rotary Leader, on rotary.org and on social media. For any and all photographs submitted with any application or follow-up report, the Sponsor hereby grants to Rotary an unlimited, perpetual, worldwide right and license to use, modify, adapt, publish, and distribute the photograph(s) in any media now known or hereafter devised, including but not limited to, in Rotary publications, advertisements, and Websites and on social media channels. The Sponsor represents and warrants that (a) each adult appearing in the photograph(s) has given her/his/their unrestricted written consent to the Sponsor to photograph them and to use and license their likeness, including licensing the photograph(s) to third parties, (b) the parent or guardian of each child under age 18 or each person who lacks legal capacity appearing in the photograph(s) has given unrestricted written consent to the Sponsor to photograph the child or individual and to use and license their likenesses, including licensing the photograph(s) to third parties, and (c) it is the copyright owner of the photograph(s) or that the copyright owner of the photograph(s) has given the Sponsor the right to license or sublicense the photograph(s) to Rotary.

16. Privacy is important to Rotary and any personal data that the Sponsor shares with Rotary will only be used for official Rotary business. The Sponsor should minimize the personal data of Grant beneficiaries that it shares with TRF to only personal data that TRF specifically requests. Personal data that is shared with TRF will be used to enable the Sponsor's participation in this Grant process, to facilitate the Sponsor's Grant experience and for reporting purposes. Personal data provided to TRF may be transferred to Rotary service providers (for example, affiliated entities) to assist Rotary in planning Grant-related activities. By applying for a grant, the Sponsor may receive information about the Grant and supplementary services via email. For further information about how Rotary uses personal data, please contact privacy@rotary.org. Personal data provided to TRF or collected on this form is subject to [Rotary's Privacy Policy](#).

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

18. 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.

19. To the best of our knowledge and belief, all relationships between grant committee members, district officers, and other members of the sponsor clubs or districts and any scholarship recipients, cooperating organizations, project vendors, or other individuals or organizations that will benefit from the grant have been disclosed in this application. Except as disclosed here, neither we nor any person with whom we have or had a personal or business relationship will benefit or intends to benefit from Rotary Foundation grant funds or have any interest that may represent a potential conflicting interest. A conflict of interest occurs when someone is in a position to make or influence a decision about a grant or scholarship that could benefit them,

their family, their business, or an entity in which they serve in a paid or voluntary leadership or advisory position.

Primary contact authorizations

Global Grant Agreement - to be authorized by the primary contacts and club presidents (or DRFC chairs if district-sponsored)

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position.

District Rotary Foundation chair authorization

I hereby certify that this global grant application is complete, meets all Foundation guidelines, is eligible for funding, and that the sponsoring club and/or district is qualified.

All Authorizations & Legal Agreements Summary

Primary contact authorizations

Name	Club	District	Status	
Shailesh Sirsikar	Pune Pride [Rotary Club]	3131	Authorized	Authorized on 10/02/2025
Shyamoli Banerjee	Cupertino [Rotary Club]	5170	Authorized	Authorized on 10/02/2025

District Rotary Foundation chair authorization

Name	Club	District	Status	
Shailesh Palekar	Panvel [Rotary Club]	3131	Authorized	Authorized on 11/02/2025
Savita Vaidhyanathan	Cupertino [Rotary Club]	5170	Authorized	Authorized on 11/02/2025

DDF authorization

Name	Club	District	Status	
Shailesh Palekar	Panvel [Rotary Club]	3131	Authorized	Authorized on 29/12/2024
Shital Shah	Pune East [Rotary Club]	3131	Authorized	Authorized on 29/12/2024
Savita Vaidhyanathan	Cupertino [Rotary Club]	5170	Authorized	Authorized on 24/12/2024
GF Duerig	Livermore Valley [Rotary Club]	5170	Authorized	Authorized on 24/12/2024

Legal agreement

Name	Club	District	Status	
Jeff Moe	Cupertino [Rotary Club]	5170	Accepted	Accepted on 11/02/2025
Radha Gokhale	Pune Pride [Rotary Club]	3131	Accepted	Accepted on 10/02/2025