Global Grant Application

GRANT NUMBER
GG2686485

STATUS
Approved

Basic Information

Grant title
Strengthening Maternal and Child Healthcare and Community Economic Development

Type of Project
Humanitarian Project
Address community needs and produce sustainable, measurable outcomes

Primary Contacts

Name	Club	District	Sponsor	Role
William Kaguma	Kololo-Kampala	9213	Rotary Club	Host
Mauri Okamoto-Kearney	Cupertino	5170	Rotary Club	International

Committee Members

Host committee

Name	Club	District	Role
Winfred Bukirwa	Kololo-Kampala [Rotary Club]	9213	Secondary Contact
Silajji Kanyesigye	Kololo-Kampala [Rotary Club]	9213	Secondary Contact
AMOS KIBWIKA	Kololo-Kampala [Rotary Club]	9213	Secondary Contact
Samuel Mukasa-Kajubi	Kololo-Kampala [Rotary Club]	9213	Secondary Contact
Deo Mutebi	Kololo-Kampala [Rotary Club]	9213	Secondary Contact
Patrick Nasinyama	Kololo-Kampala [Rotary Club]	9213	Secondary Contact
Dominic Tumwesigye	Kololo-Kampala [Rotary Club]	9213	Secondary Contact

International committee

Name	Club	District	Role
Shylaja Nukala	Cupertino [Rotary Club]	5170	Secondary Contact International
Lynn Ching	Cupertino [Rotary Club]	5170	Secondary Contact International
Avnish Aggarwal	Cupertino [Rotary Club]	5170	Secondary Contact International
Ravi Nukala	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.
No

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.
NO

Project Overview

Tell us a little about your project. What are the main objectives of the project, and who will benefit from it?
Project Location
Kinoni Health Centre IV – Rwampara District
Kihihi Health Centre IV – Kanungu District
Southwestern Uganda

Target Population
Approximately 160,000 community members, including:
• Pregnant women and newborns
• Children under five
• Adolescents
• Persons with disabilities
• Vulnerable rural households

Background and Context
Rural communities in Southwestern Uganda continue to face significant health and economic challenges, particularly in maternal and child health. Kinoni Health Centre IV in Rwampara District and Kihihi Health Centre IV in Kanungu District serve large rural populations that depend heavily on these facilities for essential health services. These Health Center IV facilities also supervise several lower-level health centres within a radius of 10–20 kilometres.
Despite government efforts to strengthen health systems, maternal and neonatal mortality remain high in Uganda. Current estimates indicate maternal mortality at 189 deaths per 100,000 live births and neonatal mortality at 27 deaths per 1,000 live births. These outcomes are often linked to delayed referrals, limited access to skilled birth attendance, inadequate medical equipment, and low community awareness about maternal and new born health. Low antenatal health literacy, especially with poor understanding of maternal nutritional requirements, has led to a high incidence of congenital deformities and deficiencies. These issues have dire consequences not only on the children, but on their mothers' and families' welfare and economic situation.
Many women in rural communities still rely on traditional birth attendants (TBAs) and/or home deliveries due to long distances to health facilities, cultural practices, and lack of information. Health facilities often lack critical equipment such as ultrasound machines, neonatal incubators, and oxygen concentrators, which limits their ability to detect and manage high-risk pregnancies and new-born complications.
At the same time, poverty and limited economic opportunities further worsen health outcomes. Many households rely on subsistence farming with low productivity due to land pressure, soil depletion, and lack of modern agricultural practices. Women and vulnerable groups, including persons with disabilities, have limited access to income-generating opportunities.
The assessment revealed gaps in healthcare services, including delays in seeking, reach and receiving care, which contribute to maternal and child morbidity and mortality. To address these challenges, it is essential to strengthen healthcare systems, increase access to skilled care, and promote community awareness and

education, especially training of VHTs and integrating TBAs into the healthcare system.

This project proposes an integrated approach that strengthens maternal and child health services while also supporting community livelihoods to improve access to much-needed medical care as well as longer term overall wellbeing and resilience.

Problem Statement
Communities served by Kinoni and Kihihi Health Centres face multiple interconnected challenges that contribute to poor maternal and child health outcomes.
First, health facilities lack essential equipment and trained personnel needed to effectively manage maternal and neonatal emergencies. Diagnostic tools such as ultrasound machines and foetal monitoring equipment are limited, and neonatal care equipment such as incubators and baby warmers are insufficient.
Second, referral systems between lower health facilities and Health Centre IV facilities remain weak. Communication challenges, transport delays, and limited emergency response systems often lead to delayed treatment for high-risk pregnancies and newborn complications.
Third, community awareness about maternal health services remains low. Many women attend few or no antenatal visits, and some still rely on traditional birth attendants instead of skilled health professionals.
Fourth, poverty and limited livelihood opportunities reduce the ability of families to access health services and maintain adequate nutrition for mothers and children.
Addressing these challenges requires a comprehensive approach that strengthens health services while also improving household economic resilience.

Project Goal
To reduce maternal and neonatal mortality and improve economic resilience among vulnerable households in Kinoni and Kihihi communities in Southwestern Uganda.

Project Objectives
Objective 1: Strengthen maternal and newborn health services at Kinoni and Kihihi Health Centres and their surrounding health facilities.
Objective 2: Improve early detection and referral of high-risk pregnancies through community health systems.
Objective 3: Enhance community awareness and preventive health practices related to maternal and child health.
Objective 4: Promote sustainable livelihoods and economic empowerment for vulnerable households, including women and persons with disabilities to improve healthcare access and overall health in the community.

Key Project Activities
Health System Strengthening
• Procure and install essential maternal and new-born health equipment including ultrasound machines, oxygen concentrators, neonatal incubators, and delivery beds.
• Provide medical equipment for emergency obstetric care including anaesthesia machines and surgical instrument sets.
• Install solar power systems and improve water supply infrastructure to ensure reliable service delivery.
Health Workforce Development
• Train midwives and health workers on emergency obstetric and newborn care.
• Train Village Health Teams (VHTs) and community health volunteers to identify high-risk pregnancies and support referrals.
• Provide protective equipment and communication tools for community health workers.
Promote more effective healthcare access with VHT education and training on health and nutrition

Community Outreach and Health Education
• Conduct community health education campaigns on antenatal care, skilled birth attendance, and family planning.
• Implement radio awareness campaigns and community dialogues.
• Strengthen antenatal and postnatal home visits to monitor mothers and new-borns.

Economic Empowerment
• Support existing registered community groups/associations with skills training and equipment for value

addition enterprises such as wine processing and honey processing.
• Promote improved agricultural practices including modern banana and coffee farming techniques.
• Strengthen cooperative marketing for local products.

Expected Results
The project is expected to achieve the following outcomes:
• Increased access to quality maternal and new born health services.
• Improved early detection and referral of high-risk pregnancies, with reduction in emergency referrals and mortality from high-risk pregnancies.
• Increased community awareness and use of antenatal and postnatal services.
• Increased facility-based deliveries.
Reduced at-home deliveries of high-risk pregnancies.
• Improved survival rates for new-borns and mothers.
• Increased household incomes among vulnerable groups through community enterprises.

Specifically, the project aims to:
• Improve the medical facilities by providing equipment and training.
• Increase facility-based deliveries by at least 40%.
Improve maternal care and reduce morbidity and mortality of mothers and neonates.
• Reach over 5,000 mothers with maternal health education.
• Train 300 community health workers in maternal health surveillance and referral.
• Support over 80 households with livelihood and income-generating activities.

Areas of Focus

Which area of focus will this project support?
Maternal and child health
Community economic development

Measuring Success

Maternal and child health

Which goals of this area of focus will your project 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? 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 children under age 5 receiving medical treatment	Public records	Every month	50-99
Number of mothers receiving prenatal care	Public records	Every two months	50-99
Number of maternal and child health professionals trained	Grant records and reports	Every three months	1-19
Number of communities that report decreased mortality rates of children under age 5	Public records	Every month	50-99
Number of benefiting health facilities	Public records	Every month	1-19
Number of VHTs trained in Maternal and child health.	Grant records and reports	Every year	50-99

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

Name of Individual or Organization
Kinoni Zone will be Doctor Alan Twesigomwe Telephone +256702192958 and Kihihi Zone will be Midwife Apophia Tumusiime +256706347321

Briefly explain why this person or organization is qualified for this task.
Doctor Alan Twesigomwe is the in-charge Health Centre 4 Kinoni with Masters in Public Health, and Medicine in Obstetrics and Gynaecology (under study), Bachelor of Medicine, Bachelor of Surgery. professional experience; Acting District Health Officer, Rwampara District Local Government: July 2019 to March 2023, Senior Medical Officer, In Charge Rwampara HSD: February 2017 to-date,Medical Officer In-Charge, Mitooma Health Centre IV Mitooma District Local Government: July 2012 to January 2017 so suitable for this task. Dr. Twesigomwe is exceptionally suited for this task of training other medical staff, VHTs and associates because his vast past experience at the District Health level and his current health management leadership of Kinoni Health Centre IV. He will also manage, monitor and evaluate the qualification of the equipment, usage as well as the delivery, installation and training on equipment operation, repairs and maintenance at the Health Center IV as well as Health Centres under his jurisdiction. Please refer to his attached CV.

Dr. Birungi Mutahunga R. Edwin (MBChB, MSc. PH) is an enthusiastic, highly adaptable Ugandan Public Health specialist with vast experience in strategic management. He holds a diploma in Health Systems Management from Galilee International Management Institute, Israel (2012); Master of Science degree in Public Health from the University Of London, UK (2010) and a Bachelor of Medicine & Bachelor of Surgery (MBChB) degree from Makerere University, Uganda (2006), diploma in clinical medicine and community health, School of Clinical Officers Fort portal (1997).
For the last 10 years, he has served as Executive Director at Bwindi Community Hospital in Uganda's South Western district of Kanungu, ranked by the Uganda Protestant Medical Bureau the best performing hospital for nine consecutive years now. Also winner of the prestigious 2011 STARS Foundation health impact award for Africa and Middle East regions, Maama Alive Initiative (Uganda) Public health impact award 2014, Grand challenge Canada innovation award 2017, Social Innovation in Health Initiative award, 2018 and winner of Prince albert II of Monaco prize for Innovative Philanthropy, 2021.
Birungi is currently a doctorate student of Business Administration, corporate strategy jointly offered by Paris School of Business, France and Galilee International Management Institute, Israel. Dr Birungi is therefore

more qualified to do the training of medical staff, VHTs and others in Kihihi and has more wider knowledge of the area and will give us value for our project monies. Please refer to his attached CV

Apophia Tumusiime telephone +256706347321 is a qualified Midwife, graduating with a Diploma in Midwifery at Uganda Nursing School Bwindi, and Certificate in Integrated Management for Neonatal and Childhood illness (IMCI) who has worked with the Kihihi Kanungu local Government Health Centres communities, as a member of the community herself, understands the communities and their needs well. She joined the Kololo-Kampala team to conduct the community assessments and participated in the International Sponsor lead's, Mauri Okamoto-Kearney's, health centre visits in 2024 to investigate and meet facility leaders, VHTs and community members. and understands the communities well.

Her professional experience includes:
> In-charge God Heals Drug-Shop Matanda: providing medical services to the Kihihi community
> Volunteer midwife Matanda HCIII, providing:
>> midwife services and education to pregnant mothers ,babies and youth
>> antenatal services
>> family planning care
>> immunization services
>> record-keeping
> Nutrition volunteer at Save the children Matanda and education
>> nutritional assessments
>> consulting on health of children, babies and mothers in the community
>> sensitizing the community about prevention of malnutrition
>> promoting sanitation and hygiene
>> promoting kitchen gardens and food preparation for demonstrations of nutritional requirements for healthy full-term pregnancies and deliveries.
Ms. Tumusiime's experience as a midwife, her community care and leadership, her project management training, and her Rotaractor status, have contributed to her already significant contributions and our expectations of her ability to propel this project to implementation and conclusion.

Community economic development

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

Building the capacity of local leaders, organizations, and networks to support economic development in poor communities; Developing opportunities for productive work and improving access to sustainable livelihoods; Empowering marginalized communities by providing access to economic opportunities and services; Addressing gender or class disparities that prevent populations from obtaining productive work and accessing markets and financial services;

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 entrepreneurs supported	Direct observation	Every month	1-19
Number of individuals trained	Direct observation	Every month	50-99
Members of the groups that will participate and improve in the modern methods of farming that preserve the environment.	Direct observation	Every three months	1-19
Increased income from improved and new businesses	Grant records and reports	Every six months	50-99

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

Name of Individual or Organization
Ms Cilia Muhairwe for Kinoni Zone Rwampara District
Briefly explain why this person or organization is qualified for this task.
Ms Cilia Muhairwe telephone +256756170655 is a native and steered the community development in the District of Rwampara and a respected Teacher with Bacholar of Education, Masters in International Public Health, Diploma in Monitoring and Evaluation and many other qualifications. She knows the dynamics of the communities within and working closely with District Local Government currently. Her experience and connections will ease the implementation of this project in Rwampara District and set a good development example to others. Getting markets for farm products can be facilitated, a plus and motivational and being a lady, she's a pusher and go getter. As a suitable candidate to act as Project Manager, will assist in training these PWD group in Winery and Honey processes.

Ms Norah Atuhaire is more qualified to train the women group on Economic empowerment since she has been involved in training the community on best methods of modernizing agriculture in the area of Rwampara District. With given tools to facilitate the training of chosen groups, we expect better results in both short and long run.

Location and Dates

Humanitarian Project

Where will your project take place?
City or town
Kinoni Rwampara and Kihihi Kanungu Districts Western Uganda
Province or state
South Western Uganda
Country
Uganda
When will your project take place?
2026-12-16 to 2028-12-15

Cooperating Organizations (Optional)

Name	Website	Location
RWAMPARA DISTRICT LOCAL GOVERNMENT		P.O BOX 1 RWAMPARA MBARARA Uganda
Kanungu district local government		P.O BOX 5, Kanungu Kanungu Uganda

Supporting Documents

- MOU_Kinoni_fully_signed_GG.pdf
- Response_Kinoni_DHO_and_CAO_for_District_Annex_A3.pdf
- CAO_Contacts-25-05-2026-18 25_Annex_A3.pdf
- MOU_Kanungu_fully_signed.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?

We chose the District Local Governments as Partners on this project because of the
the relationship that Rotary Club of Kololo Kampala enjoys during medical camps held in these districts due to the extended assistance offered during the activities in the areas.
These Districts have good political will within the community and can easily obtain information on project inputs and outcomes.
They can mobilise the community when called upon for meetings that we have been having with them and spread the information faster to the community.
The District local Government are the arm of Government and go between with the communities hence take the responsibilities of community activities very seriously as they know the benefits of such projects and They manage the budgets of the districts that benefit the community on behalf of the Government like Parish Development Model where communities are selected under the groups to lead development.
They have responsibility to manage social services in the respective regions including health facilities and economic empowerment. In addition, they have budgets for sustainability purposes.
The roles of the choosen Partners spread across and are not limited to the mentioned below;-
- Mobilisation They will be responsible for mobilisation of community groups that were agreed to work with
- Monitoring and Evaluation will also be part and parcel of their role with us.
- Security of the project within the area and protection of equipment and cohesion within the groups on ECD
- District Budget allocation to the groups during and after the launching and implementation period for sustainability purposes
- Agreed to take up the formation of RCC at Rwampara Kinoni during the period of implementation that will continue work and expand the scope of the project within the districts and become a demonstration model especially the Wine processing that uses local materials (banana) and also Honey production. This they saw opportunity of expansion to different sub-counties within the district that will create job opportunities to the local natives hence reduce on youth redundance and security costs.
- The Local District Government normally spread the information of the project within the area and hence many communities appreciate the role of Rotary, public relations in promotion free of charge.

Partners (Optional)

List any other partners that will participate in this project.

- The Local Rotary Clubs that will be participating in this project both in 9213 and 9214 are as below-: Rotary Clubs (9213) Sonde; Bweyogerere Nambole; Kampala East; Kampala Kibuli; Kiwatule; Rotaract Kololo and Rotary Clubs (9214); Mbarara; Bwebaja, Kigo Seven Lakes Golf and Kihihi. We all came on board from both district to pool resources and make a good impact in our communities irrespective of locations. This collaboration will culminate into wider learning and opening other bigger partnership projects in different locations.
- Local Council level 1-3 for giving support within the areas of operations and protection of equipment as well as being watchdogs
- Any Health Centres within the radius of 5-10 kms of Kinoni and Kihihi HCIVs
- Security Agencies for safety measures and protection during and after the period of launch and Implementation.
- Saccos operating within the areas

These local clubs will play the roles and responsibilities but not limited to the mentioned below

• Attending all project meetings both physical and online during preparations, implementation, launch and closing the project
• Leveraging their professional classifications in the project.
• Participation in project service implementation processes
• Resource mobilisation in their respective clubs and local/international networks
• Participate in local outreaches planned within the project
• Participate in risk management eg collaboratively assesses and manages project liabilities
• Public relations eg co-brand promotional materials and highlights the collaborative partnership across club channels.
• Ensure the project 7cs are achieved; Clarity, consistency, communication, collaboration, commitment, creativity and courage.

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?

5. Rotary Club of Kololo KAMPALA is the host club in Uganda in district 9213 that will play the role and responsibility of project writing application in collaboration with international Partners from its initial stages to the last part of implementation in liaison with her partners both locally and internationally. Rotary Club of Kololo-Kampala will do more roles and responsibilities as outlined below and in the signed Memorandum Of Understanding;-

A. Manage the Global grant application to Rotary international.
B. Fundraising for the project
C. Be responsible for the procurement of the equipment for the project.
D. Work closely with Rotary Club of Cupertino and Kanungu and Rwampara Districts to ensure all funds are properly dispersed and accounted for in the implementation of the project.
E. Monitor the ongoing development of the project and support Kanungu district in operating their programs to ensure they are of the highest quality and meet the agreed community needs.
F. Open bank account(s) on which the GG money will be held and appoint members to be signatories to such accounts.
G. Promote Rotary through the project in the Community using local, national and international media.
H. Give periodic reports to the international partners and The Rotary Foundation on the project
I. Seek any necessary support from the government for proper implementation of the project
J. Participate in the selection of
K. Constitute a committee for the management of the project

6. ROTARY CLUB OF CUPERTINO SHALL as international host club located in District 5170 USA will play the role and responsibilities as outlined below;-

A. Manage the global grant application to Rotary international.

B .Fundraise for the project.
C. Appoint member(s) to sit on the project committee who will be responsible for overseeing and delivery of the project
D. In corroboration with RC Kololo review finances and ensure accountability
E. Publicize Rotary through the project internationally
F. Participate in the project implementation process
G. Receive progressive reports from the host
Please refer to the MOU signed between the parties as Annexed A16

The Rotary Club of Kololo-Kampala in district 9213 located at Hotel Africana Kampala will be the sponsor club that will receive and manage the grants funds from its inception, launch, implementation and close of the project and make proper accountability for every coin spent on the project to all her partners in this project. Refer to the MOU attached

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?

The partnership between the host and international sponsors was established through a strategic and relationship-building engagement during the Rotary International Convention in Calgary, Canada. At this global platform, Samuel Mukasa Farouq of the Rotary Club of Kololo Kampala connected with Mauri Okamoto-Kearney of the Rotary Club of Cupertino. Their discussions were informed by prior successful collaboration on Global Grant GG2349279, which supported women's economic empowerment and health interventions in Eastern Uganda, as well as ongoing support for other projects led by Samuel Farouk and RC Kololo-Kampala. This existing partnership-built trust, demonstrated capacity, and created a strong foundation for the current project. Following this engagement, both parties formalized their collaboration through a Memorandum of Understanding (MOU), clearly outlining roles, responsibilities, financial commitments, reporting structures, and accountability mechanisms to ensure effective and transparent implementation.
To operationalize the partnership, the host and international partners established a structured communication and coordination system. This includes a joint WhatsApp platform comprising representatives from Kololo-Kampala, Cupertino, Kihihi, and other collaborating stakeholders to facilitate real-time, transparent communication. In addition, the primary contacts from both clubs have committed to regular updates, continuous engagement, and scheduled monthly virtual meetings to review progress, address emerging issues, and align on key decisions.
A dedicated project oversight committee, composed of experienced Past Presidents and Rotarians with strong backgrounds in project management and financial stewardship, was constituted to supervise implementation, ensure compliance with Rotary and donor requirements, and uphold high standards of accountability.
To manage potential challenges, the partners have adopted a proactive and adaptive approach, including early identification of risks, joint problem-solving, and continuous monitoring. Lessons from previous collaborations have already informed early-stage issue resolution, strengthening project readiness.
Overall, the partnership is anchored in mutual trust, proven collaboration, structured governance, and consistent communication, ensuring that the project is implemented successfully and sustainably while upholding the strong reputation of the Rotary partners involved.

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
UGX	3400	16/02/2026

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 UGX	Cost in USD
1	Equipment	1pc UNIVERSAL ANESTHESIA MACHINE DOUBLE VAPOURIZER	JMS for Kinoni	83000000	24412
2	Equipment	1pc PRIMA ANESTHESIA MACHINE	JMS for Kinoni	66273500.79	19492
3	Equipment	1pc LARYNGOSCOPE SET, MACINTOSH 5 BLADES, GOWLANDS	JMS for Kinoni	530816.72	156
4	Equipment	1pc FINGER PULSE OXIMETER	JMS for Kinoni	40273.36	12
5	Equipment	10pc B.P MACHINE, DIGITAL	JMS for Kinoni	575807.80	169
6	Equipment	1pc OXYGEN CONCENTRATOR, OLV-5, OLIVE DOMESTIC	JMS for Kinoni	2401144.66	706
7	Equipment	INSTRUMENT SET, DILATION & CURETTAGE	JMS for Kinoni	1398161.42	411
8	Equipment	INSTRUMENT SET LAPARATOMY	JMS for Kinoni	5686495.64	1672
9	Equipment	DILATOR SET, SIZES 4-18MM, HAGER	JMS for Kinoni	1225609.02	36
10	Equipment	3pc PATIENT MONITOR EDAN CX10 WITH ROLLING STAND	JMS for Kinoni	8317414.86	2446
11	Equipment	5pc INSTRUMENT SET DELIVERY	JMS for Kinoni	5726967.80	1684
12	Equipment	5pc MANUAL VACUUM ASPIRATION SET (MVA)	JMS for Kinoni	6875000.8	202
13	Equipment	3pc FOETAL DOPPLER EASY CARE	JMS for Kihihi	6549000	1926
14	Equipment	3pc BABY INCUBATOR (PIP)	JMS for Kihihi	19110405	5621
15	Equipment	2pc NEONATAL BUBBLE	JMS for Kihihi	30323	8919

		CPAP MACHINE MODEL AD-1		402.80	
16	Equipment	1PC PHOTOTHERAPY UNIT WITH FLUXMETER	JMS for Kihihi	3163801.74	931
17	Equipment	4pc INFANT WARMER BN 100 A STANDARD	JMS for Kihihi	25421550.72	7477
18	Equipment	3pc OXYGEN CONCENTRATOR 10L CANTA	JMS for Kihihi	750000 00	2206
19	Equipment	6pc DELIVERY BED L185 X W90 X H95CM	JMS for Kihihi	11971247.52	3521
20	Equipment	3pc EPOXY DELIVERY BED- 3 SECTION	JMS for Kihihi	15635340	4599
21	Equipment	6pc INSTRUMENT SET DELIVERY	JMS for Kihihi	6455018.04	1899
22	Equipment	5pc STERILISER DRUM, STAINLESS STEEL,	JMS for Kihihi	1439083.30	423
23	Equipment	2pc WEIGHING SCALE MECHANICAL, BABY, 20kgs	JMS for Kinoni	110848.68	33
24	Equipment	4pc STETHOSCOPE LITMAN (CLASSIC II)	JMS for Kihihi	554188.72	163
25	Equipment	2pc WEIGHING SCALE, BABY MECHANICALHANGING TYPE, MAX. 25KG	JMS for Kihihi	108247	32
26	Equipment	2pc RESUSCITATOR SILICON PAEDITRIC	JMS for Kihihi	453102.52	133
27	Equipment	2pc RESUSCITATOR ADULT SILICON	JMS for Kihihi	451302.64	133
28	Equipment	4pc B.P. MACHINE OMRON M7 (HOSPITAL Grade	JMS for Kihihi	2074455.20	610
29	Equipment	4pc B.P MACHINE DIGITAL OMRON M2	JMS for Kihihi	880632.08	259
30	Equipment	4pc PATIENT BED WITH DRIP STAND	JMS for Kihihi	3909708	1150

31	Equipment	4pc PATIENT BED WITH DRIP STAND AND	JMS for Kihihi	5459864	1606
32	Equipment	4pc MATTRESS WITH PVC COVER,ADULT	JMS for Kihihi	560001.85	165
33	Equipment	1pc TROLLEY MULTIPURPOSE (PIP)	JMS for Kihihi	1053533.7	310
34	Equipment	1pc STERILISER, ELECTRIC W. TIMER 26LTR,	JMS for Kihihi	4656681.02	1370
35	Equipment	1pc AUTOCLAVE 75LTRS	JMS for Kihihi	8334720.66	2451
36	Training	Leadership training of Stakeholders, community in quality, marketing, good practicing in Banana, honey, crafts, piggery and management	Norah Atuhaire for Kinoni Rwampara	11000000	3235
37	Training	MCH training of health workers including VHTs in Kinoni Rwampara District	Dr. Alan Twesigomwe for Kinoni MCH	6000000	1765
38	Training	MCH training Medical Workers including VHTs in Kihihi Kanungu District	Dr Paul Birungi in MCH Kihihi Kanungu	6000000	1765
39	Monitoring/ evaluation	Project visits by the clubs	Rotary Club of Kololo-Kampala and collaborating local clubs of Bweyogerere Namboole, Sonde, Kampala East, Mbarara Ranchers, Mbarara City, Rotaract Kololo and Kihihi	76663200	22548
40	Personnel	Project Management Kinoni-Rwampara	Ms Cilia Muhairwe	23800000	7000
41	Personnel	Project Management Kihihi-Kanungu district for ensuring all equipment is put to use	Apophia Tumusiime	9350000	2750
42	Equipment	Wine processing machines and materials	Uhuru Food Technology & Skilling Centre	63460000	18665
43	Equipment	Modern Honey Bee hives	MM ApIary Farm	16075000	4728
44	Supplies	Fertilizer to banana farmers for plantations	From local suppliers who have alot of fertizers from animals in thier	15400000	4529

			back yard		
45	Publicity	Printing, Radio, Tv, News papers, branding and mobilization	Rc Kololo Kampala	10200000	3000
46	Signage	Project signs in Kinoni and Kihihi	Rc Kololo Kampala	3400000	1000
47	Operations	Contingency 5%	Rc Kololo Kampala	32457590	9546
48	Operations	Project costs and materials, hire of venue, meals for trainers and trainees plus stationary	Rc Kololo Kampala	10000000	2941
			Total budget:	614742578	180807

Supporting Documents

- ATUHEIRE_NORAH_-CV_Rwampara_District.pdf
- Abarindwa_Mukama_Letter.pdf
- Abarindwa_Mukama_minutes_1.pdf
- Abarindwa_Mukama_minutes_2.pdf
- Abarindwa_Mukama_minutes_3.pdf
- Alan_Twesigomwe_CV_Current_pdf_Kinoni_HC4_Rwampara.pdf
- CURRICULUM_VITAE_TUMUSIIME_APOPHIA_(1).docx
- CV_Birungi_Mutahunga_2024_MCH_Kihihi.pdf
- Cilia__CV_Kinoni_Project-Manager.pdf
- EQUIPMENT_CONSIDERED_KIHIHI-GG.pdf
- FELLOWSHIP_MINUTES_13_08_2024_Annex_A8f.pdf
- Honey_Proforma_Invoice_Kinoni_Project.pdf
- Kinoni_Kihihi_Op_and_Maint_template_Annex_A9.xlsx
- Kinoni_Medical_equipment_quote.pdf
- Kinoni_Wine-_Bee_Processing_Business_Plans_Annex_A12.xlsx
- MATERNAL_AND_CHILD_HEALTH-KINONI-Minutes_of_the_meeting.pdf
- Monitoring_and_Evaluation_Budget_Annex_A6.xlsx
- Project_Committee_minutes_Annex8b.pdf
- Project_Committee_minutes_Annex_A8.pdf
- Project_Committee_minutes_Annex_A8a.pdf
- Training_MCH_Wine_Wine_and_BEE_training_plan_Annex_A13.pdf
- Wine_Quotation_Kinoni_Project.pdf
- Zoom_minutes_Aug_2025_-02_Annex_A8c.pdf
- Zoom_minutes_Aug_2025_-03Anne_A8d.pdf
- Zoom_minutes_Aug_2025_Annex_A8c.pdf
- Zoom_minutes_Aug_2025_Annex_A8e.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	District Designated Fund (DDF)	6600	5,000.00	0.00	5,000.00
2	District Designated Fund (DDF)	5170	30,026.00	0.00	30,026.00
3	Cash from Club	Charlotte Hall [Rotary Club]	10,500.00	525.00	11,025.00
4	Cash from Club	Kololo-Kampala [Rotary Club]	37,400.00	1,870.00	39,270.00
5	Cash from Club	Bweyogerere-Namboole [Rotary Club]	3,000.00	150.00	3,150.00
6	Cash from Club	Sonde [Rotary Club]	2,000.00	100.00	2,100.00
7	Cash from Club	Kampala-East [Rotary Club]	1,000.00	50.00	1,050.00
8	Cash from Club	Kihihi [Rotary Club]	1,000.00	50.00	1,050.00
9	District Designated Fund (DDF)	9213	10,000.00	0.00	10,000.00
10	Cash from Club	Kololo [Rotaract Club]	500.00	25.00	525.00

11	District Designated Fund (DDF)	5160	10,000.00	0.00	10,000.00
12	Cash from Club	Catania Est [Rotaract Club]	100.00	5.00	105.00
13	Cash from Club	Mbarara [Rotary Club]	1,000.00	50.00	1,050.00
14	Cash from Club	Bwebajja [Rotary Club]	2,000.00	100.00	2,100.00
15	District Designated Fund (DDF)	9214	2,000.00	0.00	2,000.00
16	Cash from Club	Kampala-Kibuli [Rotary Club]	1,000.00	50.00	1,050.00
17	Cash from Club	Kigo Seven Lakes Golf [Rotary Club]	3,000.00	150.00	3,150.00
18	District Designated Fund (DDF)	7570	3,478.00	0.00	3,478.00
19	Cash from Club	Kiwatule [Rotary Club]	2,000.00	100.00	2,100.00
20	Cash from Club	Cupertino [Rotary Club]	7,400.00	370.00	7,770.00

*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 48,403.00 USD from the World Fund. 48403

Funding Summary

DDF contributions:	60,504.00
Cash contributions:	71,900.00
Financing subtotal (matched contributions + World Fund):	180,807.00
Total funding:	180,807.00
Total budget:	180,807.00

Sustainability

Humanitarian Projects

Project planning

Describe the community needs that your project will address.

The Rotary Club of Kololo-Kampala conducted medical camps in Rwampara District during 2016–2017, 2023–2024, and March 2024–2025, each lasting three days. These outreaches engaged local leaders, community members, and vulnerable groups, including the ABARINDWA MUKAMA PWDs Group, highlighting gaps in inclusive healthcare.

Through community discussions and data collected by Rotarians and Rotaract clubs, key health and livelihood challenges were identified. Similar needs were also identified in Kihihi through joint engagement by members of the Rotary Club of Kihihi and the Rotary Club of Kololo-Kampala, as well as by the Rotary Club of Cupertino in Feb 2024 leading to a collaborative project.

The project focuses on:

- Providing maternal and child health equipment for early diagnosis and improved care
- Supporting livelihoods through wine processing and modern beekeeping, with training toward Uganda National Bureau of Standards certification
- Building capacity of health workers and entrepreneurs in management and leadership.

To address these challenges, the project will strengthen maternal and child healthcare services through the provision of essential diagnostic and treatment equipment, promote women's economic empowerment through wine processing and modern beekeeping enterprises, and build the capacity of health workers and community entrepreneurs in leadership, management, quality assurance, and business development as is described in Annex A15 attached for ease of reference.

How did your project team identify these needs?

Needs were primarily identified through active participation of the local community, including local leaders, health workers, and review of health facility records. Community dialogues and medical camps provided first hand insights, complemented by input from Rotary Club of Kololo-Kampala, Rotary Club of Kihihi, Rotaract clubs, and Rotary Club of Cupertino.

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

Community members shaped solutions through consultative meetings, focus group discussions, community dialogues, stakeholder planning sessions, and health facility meetings. They provided venues and refreshments, mobilized participation, and shared local insights. They undertook to take active roles in implementation and committed to safeguard donated items, ensure proper security, and support long-term sustainability of project interventions.

How were community members involved in planning the project?

Community members were actively involved in the planning of the project through a participatory and inclusive approach designed to ensure that the intervention reflects local needs, priorities, and realities.

At the initial stage, community consultations and stakeholder meetings were conducted in the target areas surrounding Kinoni and Kihihi Health Centres. These meetings brought together local leaders, Village Health Teams (VHTs), women's groups, youth representatives, persons with disabilities, and other community members. Through open discussions, participants identified key challenges affecting maternal and child health, such as limited access to health facilities, reliance on traditional birth attendants, and low awareness of antenatal care.

In addition, focus group discussions were held with specific groups—including pregnant women, mothers of young children, and vulnerable households—to better understand their experiences, barriers to accessing healthcare, and livelihood challenges. This ensured that the voices of those most affected were directly incorporated into project design.
Community health workers and VHTs played a critical role by providing grassroots insights and local data on health trends, referral gaps, and cultural practices influencing health-seeking behaviour. Their input helped shape interventions related to community outreach, early detection of high-risk pregnancies, and referral systems.

Local leaders and health facility management teams were also engaged in joint planning sessions, where they contributed to defining project priorities, identifying resource gaps, and aligning the project with existing government health strategies. This strengthened ownership and sustainability.

Furthermore, community members identified needs and engaged in prioritization of solutions, ranking the most pressing issues and proposed practical solutions. For example, they emphasized the need for improved health equipment, better health education, and income-generating opportunities to address poverty-related barriers to healthcare.

This participatory planning process ensured that the project:
- Reflects real community needs and cultural contexts
- Builds trust and ownership among beneficiaries
- Encourages community responsibility in implementation and sustainability
- Integrates both health and economic priorities as identified by the community

Overall, community involvement was central to the project design, ensuring that interventions are relevant, acceptable, and more likely to achieve lasting impact in improving maternal and child health and livelihoods. They made proposals on the kind of interventions that they thought would work for them. These were both for the medical conditions and economic empowerment. The technical teams at the district and health centres were also contacted for their input.

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	Funds received and project initiation	2 weeks
2	• Partner engagement and agreement on implementation plan	1 month
3	Detailed planning and scheduling of activities	2 months
4	Procurement of medical equipment and supplies	3 months
5	Installation of equipment and infrastructure upgrades	3 months
6	Training of health workers, midwives, and VHTs	2 months
7	Deployment of community health tools and support systems	4 weeks
8	Community outreach, education campaigns, and sensitization	2 months
9	Implementation of livelihood and economic empowerment activities	3 months
10	Monitoring, oversight, and reporting of outcomes	6 months

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.
Complementary rural initiatives strengthen maternal and child health outcomes by addressing underlying social and economic challenges.
Community health activities promote preventive care, early referrals, and awareness.
Women's empowerment programs support income generation, enabling better access to healthcare and nutrition.
Food security and nutrition initiatives improve diets for mothers and children, while water, sanitation, and hygiene efforts reduce disease risks.
Education campaigns help change harmful practices and encourage health-seeking behaviour.
Support for vulnerable groups ensures inclusiveness, and agricultural programs increase household incomes.
Together, these integrated efforts enable health literacy and healthcare access, enhance wellbeing, strengthen resilience, and improve the overall quality of life in rural communities..

Please describe the training, community outreach, or educational programs this project will include.
The project will implement a comprehensive package of training, community outreach, and educational programs designed to strengthen health systems, empower communities, and promote sustainable behaviour change in rural settings.
Health worker training will focus on building the capabilities of midwives, nurses, and clinical officers in emergency obstetric and new-born care, infection prevention, use of medical equipment, and respectful maternity care. Village Health Teams (VHTs) and community health volunteers will be trained to identify high-risk pregnancies, conduct household visits, deliver health education, nutrition, and support timely referrals, with ongoing mentorship by healthcare professionals within the system to maintain quality services.
Community outreach will include providing antenatal care, immunization, family planning, and basic screenings. Community dialogues will engage local leaders, men, and families to promote birth preparedness and positive health-seeking behaviours, while radio programs will extend awareness to wider audiences.
Educational programs will provide pregnant women and mothers with practical knowledge on antenatal care,

nutrition, breastfeeding, new born care, and hygiene. Adolescents will receive reproductive health education and life skills training. Women's groups will be supported through training in financial literacy, savings, and small enterprise development.
In addition, rural women benefiting from economic empowerment initiatives will be trained in basic business and management skills, including record keeping, budgeting, marketing, and group leadership. They will also receive guidance on good living practices such as household hygiene, nutrition, childcare, and responsible resource management. Practical demonstrations like kitchen gardening, food preparation, and sanitation will reinforce nutrition and hygiene learning. Together, these programs will enhance knowledge, strengthen livelihoods, and improve overall health and wellbeing in the community. The training program planned for this project activities can be viewed in attached Annex A13A-C (MCH & ECD)

How were these needs identified?

The needs addressed by the project were identified through a participatory and evidence-based process that combined community engagement with technical assessments. Initial community consultations were held with local leaders, women's groups, Village Health Teams (VHTs), youth, and vulnerable households to understand their experiences and priorities related to maternal health, livelihoods, and overall wellbeing, with a strong focus on women's empowerment and improved living conditions.

These consultations were complemented by focus group discussions involving pregnant women, mothers of young children, persons with disabilities, and community-based livelihood groups, Women and group members highlighted challenges such as low household incomes, limited access to income-generating opportunities, lack of business and financial management skills, and restricted ability to meet basic needs. They emphasized the importance of economic empowerment through sustainable income-generating activities such as agriculture, and small enterprises to improve their living standards.

At the same time, health facility assessments were conducted with the facility in-charges and their staff at Kinoni and Kihihi Health Centres and surrounding facilities to identify gaps in equipment, staffing, and referral systems. Health workers provided insights into challenges affecting maternal and new born care.

Kololo-Kampala Rotary and other Rotarians on the project team reviewed secondary data such as district health reports and national statistics to validate community findings. In addition, stakeholder planning meetings with district leaders and health management teams ensured alignment with government priorities.

Finally, community prioritization exercises enabled all groups, especially women and livelihood groups like fruits growers, to rank their most pressing needs and propose solutions. This inclusive approach ensured that the project integrates maternal health improvement with women's economic empowerment through income-generating initiatives, ultimately improving household wellbeing and resilience.

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 project will use a balanced mix of non-monetary and modest monetary incentives to motivate community members to attend donor-related events and actively engage in project activities.

Participants will receive transport refunds or small facilitation allowances to offset the cost of travel and time spent attending meetings, especially for those foregoing work and coming from distant villages. Light refreshments or meals will also be provided during events to ensure comfort and encourage full participation.

To promote dignity and long-term value, the project will offer certificates of participation and recognition, particularly for community volunteers, women group members, and Village Health Teams (VHTs). Public recognition during community gatherings or local radio mentions will further motivate participation and build social pride.

For women and livelihood groups, including beekeeping groups, starter kits or productive inputs—such as equipment, seeds, or small tools—may be provided as incentives linked to training participation. This ensures that incentives directly contribute to improving household incomes and livelihoods.

The project will also use non-financial incentives such as capacity-building opportunities, exposure visits, and

leadership roles within community groups, which empower participants and strengthen ownership of the project.

Overall, these incentives are designed to be fair, transparent, and supportive of both immediate participation and long-term community development, while maintaining alignment with donor expectations and sustainability principles. The attached annex A6 (Budget) and A17 (M&E) expounds on the activities that will be taking place in both Kinoni and Kihihi with respective expenditures to implement this project in two (2) locations.

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

The continuation and sustainability of the project after grant funding will be overseen by a combination of established community structures and beneficiary groups, ensuring local ownership and long-term impact. Key community members and groups include:

- Village Health Teams (VHTs): They will continue conducting household visits, health education, and referral of pregnant women and children to health facilities.
- Health Facility Management Committees: These committees will oversee the maintenance and proper use of medical equipment and ensure continued quality of services at health centres.
- Women's Groups and VSLA (Village Savings and Loan Associations): These groups will sustain income-generating activities, savings culture, and peer support systems for women's economic empowerment.
- Community Leaders (Local Council Leaders and Elders): They will provide oversight, mobilize community members, and ensure continued adherence to positive health and social practices.
- Community-Based Organizations (CBOs): Local organizations will support coordination of activities, capacity building, and linkage with external partners where possible.
- Youth and Peer Educator Groups: They will continue awareness campaigns, especially on reproductive health, hygiene, and behaviour change.

Together, these groups will ensure that project activities—particularly in maternal health, women's empowerment, and livelihoods—are sustained, community-driven, and integrated into existing local systems.

Budget

Will you purchase budget items from local vendors?

Yes

Explain the process you used to select vendors.

Vendors were selected through a transparent process using competitive bidding for high-value goods and restricted selection for specialized or low-value items. Evaluation of favourable warranty periods and coverage, training commitments, and the capacity to provide quality equipment and easily obtainable replacement parts were put into consideration.

Bids were evaluated based on cost, quality, and capacity by the procurement committee at Kololo-Kampala Rotary

Proper documentation and ethical standards ensured accountability, value for money, and timely delivery in line with donor requirements.

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.

The project will implement an operations and maintenance plan to ensure all equipment is used effectively and remains functional. Trained health workers will operate medical equipment, while facility technicians and

district biomedical engineers will handle maintenance.
Suppliers will provide initial training, user manuals, and maintenance guides during installation. Routine maintenance, inspections, and record-keeping systems will be established at facility level. Refresher trainings and mentorship will reinforce skills.
Service agreements and warranties will support major repairs. Health facilities will use their budget for maintenance and spare parts.
This approach ensures sustainability, proper usage, and continuous delivery of quality healthcare services.
please refer to Annex A9- Operation and Maintenance

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

Community members and local structures will maintain project equipment through trained health workers and designated focal persons responsible for proper use and routine care.
Village Health Teams and community leaders will support oversight, promote accountability, and report faults early.
Equipment will be selected with locally available spare parts, and linkages with suppliers will ensure continued access to replacements and technical support. Health facilities and local authorities will be required to budget for maintenance and repairs.
Additionally, community-supported income-generating activities may contribute to minor costs. This approach ensures sustainability through local capacity, reliable spare parts access, and strong community ownership beyond the project period.
This has been demostrated by the commitment letters from the beneficiaries and district leaders as annexed A1 and A3 attached for reference.

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.

The equipment will be culturally appropriate and aligned with the community's technology standards. All medical equipment will be procured through Joint Medical Stores, a reputable and experienced supplier that provides quality-assured and context-appropriate medical supplies within Uganda.

The equipment supplied by Joint Medical Stores is specifically selected to suit rural health facility settings, considering factors such as ease of use, durability, availability of spare parts, and compatibility with existing infrastructure. The technologies are designed to function effectively in environments with limited resources, including unstable power supply, and are supported by locally available maintenance services.

In addition, the equipment will be user-friendly for trained health workers and aligned with national health guidelines and standards. This ensures that it is not only technically appropriate but also acceptable and practical for both healthcare providers and the communities they serve.

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.

After the project is completed, all items purchased with grant funds will be owned by the beneficiary public health institutions and community structures, in full compliance with grant requirements that prohibit ownership by Rotary entities or individuals.

Medical equipment and facility-based materials will be formally handed over to Kinoni Health Centre IV and Kihihi Health Centre IV, which will assume full responsibility for their use, management, and maintenance under the supervision of their respective District Health Offices.

Community-based assets related to livelihoods and economic empowerment will be owned and managed by registered women's groups, Village Savings and Loan Associations (VSLAs), and organized groups within the target communities. These groups will collectively manage the equipment and resources for income generation and shared benefit.

{Kinoni Women and Youth Cooperative Wine Processing Project}
Summary
The Kinoni Women and Youth Cooperative plans to establish a community-based wine processing enterprise focused on producing banana wine, pineapple wine, passion fruit wine, and related juice products. The project aims to promote value addition to locally available agricultural produce while creating sustainable employment and income opportunities for women and youth in the community.
The enterprise will target households, hotels, restaurants, supermarkets, tourists, and event organizers, responding to the growing demand for locally processed fruit wine and value-added products. The cooperative will compete through affordable pricing, quality production standards, environmentally friendly processing methods, and strong community participation.
The project will generate income through wine sales, juice processing, packaging services, training activities, and local distribution partnerships. This diversified business model is expected to strengthen financial sustainability and support long-term growth.
The business requires an initial investment of approximately UGX 68 million to finance processing equipment, infrastructure, raw materials, packaging, training, labor, and marketing activities. Financial projections indicate steady growth, with revenues estimated at UGX 64 million in Year 1, UGX 70.4 million in Year 2, and UGX 77.44 million in Year 3. The enterprise is expected to achieve operational break-even by the third year of implementation.
In addition to financial returns, the project will generate significant social and economic benefits. It will create jobs for women and youth, increase household incomes, reduce post-harvest losses, strengthen local agricultural value chains, and build entrepreneurship and technical skills within the community.
The Kinoni Wine Processing Project represents a practical and scalable agribusiness initiative that combines economic empowerment, community development, and sustainable use of local resources. With adequate financial and stakeholder support, the project has strong potential to become a successful community-owned agro-processing enterprise and contribute to local economic transformation.

In addition, oversight and support will be provided by Health Facility Management Committees and local leadership structures to ensure accountability and sustainability. This ownership model ensures that all assets remain within the community, directly benefiting the intended users and supporting long-term impact beyond the project period.

Funding

Does your project involve microcredit activities?
No

Have you found a local funding source to sustain project outcomes for the long term?
No

Will any part of the project generate income for ongoing project funding? If yes, please explain.
No.

Supporting Documents

- ATUHEIRE_NORAH_-CV_Rwampara_District.pdf
- Abarindwa_Mukama_Letter.pdf
- Abarindwa_Mukama_Letter_Annex_A1.pdf
- Abarindwa_Mukama_minutes_2__Annex_A1.pdf
- Abarindwa_Mukama_minutes_3_Annex_A1.pdf
- Abarindwa_Mukama_minutes_Annex_A1.pdf
- Alan_Twesigomwe_CV_Current_pdf_Kinoni_HC4_Rwampara.pdf

- Board_Minutes_for_13_08_24_Meeting.pdf
- CAO_Contacts-25-05-2026-18_25_Annex_A3.pdf
- CV_Birungi_Mutahunga_2024_MCH_Kihihi.pdf
- Cilia__CV_Kinoni_Project-Manager.pdf
- EQUIPMENT_CONSIDERED_KIHIHI-GG_(1).pdf
- Grants_form_application_Annex_A11.pdf
- Honey_Proforma_Invoice_Kinoni_Project.pdf
- Kinoni_Kihihi_Op_and_Maint_template_Annex_A9.xlsx
- Kinoni_Kihihi_Table_of_Monitoring_and_evaluation_Annex_17.pdf
- Kinoni_Medical_equipment_quote.pdf
- Kinoni_Request_Letter_GG.pdf
- Kinoni_Wine-_Bee_Processing_Business_Plans_Annex_A12.xlsx
- MATERNAL_AND_CHILD_HEALTH-KINONI-Minutes_of_the_meeting.pdf
- MOU_Kanungu_fully_signed_Annex_A16B.pdf
- MOU_Kinoni_fully_signed_GG_Annex_A16.pdf
- Monitoring_and_Evaluation_Budget_Annex_A6.xlsx
- Project_Committee_minutes_Annex8b.pdf
- Project_Committee_minutes_Annex_A8.pdf
- Project_Committee_minutes_Annex_A8a.pdf
- Project_Design__A15.pdf
- RESPONSES_TO_REGIONAL_GRANTS_OFFICER_RI-JESSICCA.pdf
- Response_Kinoni_DHO_and_CAO_for_District_Annex_A3.pdf
- TUMUSIIME_APOPHI-CV_saved.pdf
- Training_MCH_Wine_Wine_and_BEE_training_plan_Annex_A13.pdf
- Wine_Quotation_Kinoni_Project.pdf
- Zoom_minutes_Aug_2025_-02_Annex_A8c.pdf
- Zoom_minutes_Aug_2025_-03Anne_A8d.pdf
- Zoom_minutes_Aug_2025_Annex_A8c.pdf
- Zoom_minutes_Aug_2025_Annex_A8e.pdf
- abarinwa_request_letter_to_RC_Kololo_Kla.pdf
- abarinwa_request_letter_to_RC_Kololo_Kla_Annex_A1.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)

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.

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	
William Kaguma	Kololo-Kampala [Rotary Club]	9213	Authorized	Authorized on 27/06/2026
Mauri Okamoto-Kearney	Cupertino [Rotary Club]	5170	Authorized	Authorized on 27/06/2026

District Rotary Foundation chair authorization

Name	Club	District	Status	
John Magezi-Ndamira	Kampala-North [Rotary Club]	9213	Authorized	Authorized on 29/06/2026
GF Duerig	Livermore Valley [Rotary Club]	5170	Authorized	Authorized on 27/06/2026

DDF authorization

Name	Club	District	Status	
Katherine Eboch	Anthony Wayne Area [Rotary Club]	6600	Authorized	Authorized on 01/07/2026
Diana Savage	Bryan [Rotary Club]	6600	Authorized	Authorized on 02/07/2026
Herb Ritter	Pleasanton North [Rotary Club]	5170	Authorized	Authorized on 27/06/2026
GF Duerig	Livermore Valley [Rotary Club]	5170	Authorized	Authorized on 01/07/2026
John Magezi-Ndamira	Kampala-North [Rotary Club]	9213	Authorized	Authorized on 29/06/2026
Geoffrey Kitakule	Kampala South [Rotary Club]	9213	Authorized	Authorized on 29/06/2026
Mark Roberts	Lamorinda Sunrise [Rotary Club]	5160	Authorized	Authorized on 27/06/2026
Joy Alaidarous	Rossmoor (Walnut Creek) [Rotary Club]	5160	Authorized	Authorized on 27/06/2026
Peace Taremwa	Kajjansi [Rotary Club]	9214	Authorized	Authorized on 12/07/2026
Daniel Ddamulira	Mengo [Rotary Club]	9214	Authorized	Authorized on 13/07/2026
Paula Alston	Blacksburg [Rotary Club]	7570	Authorized	Authorized on 27/06/2026
Andrew Vanhook	Harrisonburg [Rotary Club]	7570	Authorized	Authorized on 29/06/2026

Legal agreement

Name	Club	District	Status	
Kathleen Yates	Cupertino [Rotary Club]	5170	Accepted	Accepted on 27/06/2026
James Byekwaso	Kololo-Kampala [Rotary Club]	9213	Accepted	Accepted on 29/06/2026