

Grant Title - Preventing Hearing Loss Among Nepalese Children Through Ear Surgeries and Primary Ear Care Education

Status - Authorizations Required

District Number 3292 (Qualified)

OBJECTIVES

WELCOME TO THE GLOBAL GRANT APPLICATION

Your application has been assigned the reference number GG1637950 , which you can use for tracking and when communicating with The Rotary Foundation or colleagues.

PLANNED ACTIVITIES

In a few short sentences, tell us your objectives for this global grant.

I. The purposes of the proposed Global Grant are as follows:

- To pay for ear surgeries to prevent loss of hearing at a cost of approximately \$183 per surgery for 100 economically disadvantaged school-age children living in the Kathmandu Valley of Nepal. Many of these hearing problems relate to infections in the middle ear, which is the normally air-filled cavity immediately behind the eardrum, also known as the tympanic membrane. When the middle ear is infected, it can cause the eardrum to perforate. Under this Global Grant, the most frequently performed types of surgeries would be (a) myringoplasties (which involve surgical repair of the perforated eardrum for restoration of hearing), (b) tympanoplasties (e.g. surgery to reconstruct ossicular chain 'small bones in the middle ear,' with or without repair of the tympanic membrane), and (c) mastoidectomies (surgical removal of Cholestatoma 'bone eroding disease' from the middle ear cavity to prevent life-threatening complications).
- To purchase additional auditory screening and surgical instruments for Ear Care Nepal (ECN), a 2.5-year-old volunteer organization whose purpose is to prevent deafness and to promote conservation of hearing through educational, ear screening, and surgical means.
- To augment the capacity of Ear Care Nepal (ECN), a volunteer nongovernmental organization, to screen children for correctible ear problems and to identify appropriate candidates for ear surgeries and other forms of treatment to improve ear functioning and ear health.
- To increase the awareness of children, parents, teachers, and guardians to the potential consequences of untreated ear conditions, particularly discharging ears and middle ear infections that may lead to permanent hearing impairment and even life threatening situations.
- To improve ECN's ability to perform ear surgeries in field locations.

II. Background Regarding Hearing Impairment in Nepal

According to the World Health Organization (WHO, 2012), 5.3 percent of the world's population suffers from disabling hearing loss; and 9 percent of these cases involve children. WHO estimates that the prevalence of hearing loss is greatest in the countries that comprise South Asia -- including Afghanistan, Bangladesh, Myanmar, Bhutan, India, Nepal, and Pakistan.

The incidence of hearing loss is believed to be significantly higher in Nepal than in other South Asian countries. As reported by The Journal of Laryngology & Otology in May 1993 (see reference below), a 1991 survey performed by Britain Nepal Otology Services (BRINOS, a charitable organization), and Tribhuvan University Teaching Hospital (TUTH), concluded at that time:

- 16.6 percent of the Nepalese population was significantly deaf [either ear worse than 30 dB hearing threshold (HTL) 1.0 to 4.0 kHz, or 50 dB HTL 0.5 kHz];
- 7.4 percent had some form of eardrum pathology;
- Approximately 32 percent of hearing impairment in Nepal was associated with middle ear infections or its sequelae (follow-

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on conditions);

- 70 percent of those suffering from middle ear infections or their sequelae were school-age children; and
- 50 percent of the incidence of ear disease in Nepal was preventable.

(Source: 'Hearing Impairment and Ear Pathology in Nepal,' The Journal of Laryngology & Otology, May 1993, Vol. 197, Issue 08.)

A national study of the incidence of hearing impairment in Nepal has not been performed since the completion of the BRINOS study in 1991. In the absence of a more recent national study of hearing impairment in Nepal, some people may argue that the 1991 statistics are not accurate.

However, after screening 13,000 students at 88 public and Buddhist monastic schools in and around Kathmandu from mid-2013 through the end of 2015, ECN's data collection revealed that incidence of middle ear infection causing variable degrees of deafness is 8.24 percent among public school children and 10.6 percent among the screened monastic school population. These figures are higher than BRINOS' 1991 survey results, which, as stated above, reported that 7.4 percent of the hearing impaired population suffered from eardrum pathology.

According to information available on the Internet, the current population of Nepal is somewhere between 26 million and 29 million people. Internet sources stated that in 2010-2011, approximately 24.7 percent of the population of Nepal earned less than \$1.25 per day.

According to information ECN provided, altogether there are 116 ear, nose, and throat (ENT) surgeons registered in the Society of Otolaryngology of Nepal, including both deceased and retired surgeons. Based on the 116 registered ENT surgeons, in Nepal there appears to be approximately one ENT surgeon for every 224,000 to 250,000 people. These figures may be conservative.

Given the very low level of per capita income among much of the population of Nepal; the large percentage of middle ear problems affecting school-age children (including those being raised as young monks and young nuns in Buddhist monasteries); and competing public needs (not the least of which result from the severe earthquake that struck in Nepal in April 2015), the statistics quoted above indicate a humanitarian need and a widespread but under-addressed and significant national medical problem.

Hearing impairment is particularly serious in children because in many cases it results in lifelong communication difficulties, delayed educational progress, marginalization of afflicted individuals, and their social isolation. These situations, in turn, can lead already disadvantaged young people to become a lifelong burden on society. If left untreated, ear problems can also cause meningitis, brain abscesses, and even death.

III. What Are the Common Causes of Hearing Impairment?

The most common causes of hearing loss in Nepal are preventable: discharging ears, the result of untreated ear infections; use of drugs harmful to ears; and placement of various traditional herbs in infected ears as an intended form of 'treatment.' This practice may, in fact, aggravate existing ear health related issues.

In Nepal, due to general lack of awareness about the significance of discharging ears, such discharges are considered 'normal' and often do not receive prompt or adequate medical attention. In many cases, significant hearing problems could be prevented from occurring through primary ear care education and early receipt of medical attention when symptoms occur.

A significant number of existing ear conditions require near-term surgery and other forms of medical intervention, such as access to antibiotics. In Nepal, ear surgery is performed primarily in hospitals in Kathmandu (population: over 1.6 million people), Pokhara (population: 265,000), and smaller population centers such as Biratnagar, Dharan, Chitwan, and Nepalgunj.

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IV. How Did the Rotary Club of Potomac-Bethesda First Become Aware of ECN?

In December 2014, Ed Edmundson, a new member of the Rotary Club of Potomac-Bethesda, traveled to Kathmandu on personal business. (Mr. Edmundson owns and operates a fair trade business that manufactures handbags in Nepal for export to the United States.) During his visit, he attended a breakfast meeting of the Rotary Club of Kathmandu Mid-Town, one of four Rotary Clubs in Kathmandu. At that meeting, Dr. Maharjan spoke about ECN's goals and activities. When Mr. Edmundson returned to the United States, he advocated that the Rotary Club of Potomac-Bethesda provide assistance to ECN to help it fulfill its mission.

In the summer of 2015, the Rotary Club of Potomac-Bethesda (which is located in the State of Maryland), provided a \$3,700 grant to ECN that paid for thirty ear surgeries for economically disadvantaged school-age children and a small amount of money that enabled it to perform an 'ear screening camp' in the district (state) of Nepal that includes Mt. Everest. The grant amount included \$1,125 that was provided to the Potomac-Bethesda Club in the form of a matching grant from Rotary District 7620.

ECN performed the 30 ear surgeries by November 9, 2015, which was well ahead of the projected completion date. The Rotary Club of Kathmandu Mid-Town administered the grant. As a result, good working relationships have been established between the two Rotary Clubs and between each of them and ECN.

V. What Is Ear Care Nepal?

ECN is a volunteer organization that was founded in mid-August 2013 to prevent deafness and to promote conservation of hearing among the school-age population of children of Nepal. All Executive Members of this organization work for ECN without any financial remuneration, as do the four ENT surgeons who currently provide ear care, both screening and surgery, on a part-time basis through ECN.

ECN's website, www.earcarenepal.org, provides a great deal of information about this organization and its recent activities.

When ECN was formed, it consisted of its founder, Dr. Milan Maharjan, an ENT surgeon; and just other two people, Dr. Maharjan's husband and one of her best friends. ECN was conceived primarily due to Dr. Maharjan's vision and her strong desire to provide much needed ear health services to economically disadvantaged school-age children.

By mid-2013, Dr. Maharjan had already volunteered part-time for ten years for Britain Nepal Otology Services (BRINOS), a charitable service organization that provides ear care to low-income people primarily in mid-western Nepal. Dr. Neil Weir, BRINOS' Chairman, provided ECN its initial screening equipment. Australian Professor of Neuro-Otology Dr. Paul Fagan provided initial support for ECN's ear surgery.

Dr. Maharjan's close friends and their families have incurred the cost of all educational materials, including posters, flip charts, and handouts. The ENT physicians who work with Dr. Maharjan, and her medical students, have contributed in many ways, including by collecting sample medications for free distribution. The Chief District Education Officer of the Lalitpur District, which is located near Kathmandu, welcomed Dr. Maharjan's offer to run a school-based ear-screening program at various government schools in that area.

Since ECN's founding, Dr. Maharjan, her family and friends, their friends' children, and other doctors have performed the necessary ear screening and surgical work sponsored by ECN without compensation.

When school-based screening occurs, it is carried out four days per week during school hours. On average, 150 children per day are screened. Children who have ear diseases are treated on site for minor problems, such as removal of excessive earwax. Those who require surgical treatment are referred to a local hospital for medical management by ECN's ENT surgeons.

After providing ear care education to the children selected for surgery, their teachers, and parents and/or guardians, and prior to referrals for surgery, ECN counsels individual parents about their child's need for surgery for restoration of ear health. After surgery, children are followed up regularly as per routine post-operative protocols. A senior audiologist and a speech

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District Number 3292 (Qualified)

pathologist see children who need post-surgical hearing rehabilitation services.

ECN's main category of expenses relates to performance of ear surgeries, including hospital fees, anesthesia, lab work, and pharmacy charges. The Aarogya Foundation, which is associated with Ani Choying Drolma, a Buddhist nun who is an internationally known musician and the UNICEF National Ambassador for Nepal, has provided and continues to provide a substantial proportion of the laboratory fees associated with ECN's ear surgeries. (See www.choying.org.) Similarly, ECN has obtained and continues to obtain financial relief from a group of anesthesiologists who, as a team, have agreed to discount their fees for children undergoing ear surgeries performed by ECN. Dr. Maharjan has also negotiated discounts on hospital fees and pharmacy charges.

Although ECN is less than three years old, it has already accomplished a great deal with very limited cash resources. More specifically, it has screened over 13,000 children for ear diseases and hearing impairment, and operated on 172 children for the restoration of their hearing, as well as delivered primary ear care education to thousands of people.

ECN believes it is very important for it to continue to focus its efforts on both public and monastic schools.

The children who attend government schools inside the Kathmandu Valley typically are from very impoverished family backgrounds. Many are the children of migrant workers. Many cannot even afford the cost of their children's monthly education, which is about \$5 per month.

Young nuns and young monks living in Buddhist monastic schools typically are from even more financially distressed family backgrounds. Most of these families reside in the Himalayan districts. Due to various risk factors, there appears to be a higher prevalence of ear infections among these more impoverished people.

According to ECN, at the national level in Nepal, deafness is as silent as the disease itself. To quote Dr. Maharjan, 'A lot has been done on blindness but not so much on deafness.'

VI. What Is Dr. Maharjan's Background?

Before founding ECN, Dr. Milan Maharjan, ECN's Chairperson, was a consulting ear, nose, and throat (ENT) surgeon and Assistant Professor at Kathmandu Medical College. Since mid-2013, she has continued to work for two hours per day as a paid ENT doctor. That is her sole source of income.

In 1998, Dr. Maharjan obtained her medical degree from the 'Dr. Sun Yat-Sen Institute of Medical Sciences,' in the People's Republic of China, under a scholarship provided by the Chinese Government. Thereafter, she worked for three years at the oldest government hospital in Nepal, the 'Bir Hospital.'

In 2003, Dr. Maharjan was awarded a scholarship to receive specialized ENT training at the B.P. Koirala Institute of Health Science in eastern Nepal, from which she earned a Master's degree in ENT. In 2007, Dr. Maharjan completed a fellowship in Neuro-Otology under the guidance of the renowned Neuro-Otologist, Dr. Paul Fagan, at St. Vincent's Hospital in Sydney, Australia. As discussed above, starting in 2005, Dr. Maharjan was employed at the Kathmandu Medical College Teaching Hospital as an Assistant Professor in its Ear, Nose, and Throat Department.

VII. What Are ECN's Goals and Objectives?

ECN's goals and objectives include:

- Expand coverage of ear screening and surgery from the few community schools and monastic schools of the Lalitpur District to the whole Kathmandu Valley.
- Provide clinical otolaryngological and audiological services.
- Provide primary ear care education to children, teachers, and guardians.

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- Deliver preventive ear care services.
- Refer selected patients who have ear diseases for surgical treatment.
- Perform research on the factors affecting the prevalence of deafness among underprivileged school-age children and the risk factors affecting this population cohort, including relatively low levels of nutrition, limited rates of immunization, low socio-economic status, poor personal hygiene, and relatively high exposure to smoke.
- Train and designate 'Community Ear Assistants' to participate in ECN's ear screening program.

VIII. How Does ECN Provide Its Services and Cover Its Out-of-Pocket Costs?

ECN's screening of children for ear diseases/deafness requires that it provide audiological testing at schools and Buddhist monasteries, and through 'ear screening camps' in remote locations. Four ENT consultants, including Dr. Maharjan, perform the necessary surgeries without charge. Dr. Maharjan and appropriately trained individuals provide education related to ear health through distribution of printed materials and face-to-face meetings with groups of school-age children, parents, teachers, and guardians.

With few exceptions, ECN has relied on 'personal contributions from friends and families' to pay for its educational efforts, ear health screening, transportation, and other out-of-pocket expenses, including ear surgeries. I. The purposes of the proposed Global Grant are as follows:

- To pay for ear surgeries to prevent loss of hearing at a cost of approximately \$183 per surgery for 100 economically disadvantaged school-age children living in the Kathmandu Valley of Nepal. Many of these hearing problems relate to infections in the middle ear. (The middle ear is the normally air-filled cavity immediately behind the eardrum, also known as the tympanic membrane.) When the middle ear is infected, it can cause the eardrum to perforate. The typical surgeries would be myringoplasties (which involve making surgical incisions in the eardrum to relieve pressure caused by excessive buildup of fluids or pus from the middle ear) or tympanoplasties (e.g., surgery to reconstruct the tympanic membrane or the small bones in the middle ear).
- To purchase additional auditory screening and surgical instruments for Ear Care Nepal (ECN), a 2.5-year-old volunteer organization whose purpose is to prevent deafness and to promote conservation of hearing through educational, screening, and surgical means.
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In Nepal, due to general lack of awareness about the significance of discharging ears, such discharges are considered 'normal' and often do not receive prompt or adequate medical attention. In many cases, significant hearing problems could be prevented from occurring through primary ear care education and early receipt of medical attention.

A significant number of existing ear conditions require near-term surgery and other forms of medical intervention, such as access to antibiotics. In Nepal, ear surgery is performed primarily in hospitals in Kathmandu (population: over 1.6 million people), Pokhara (population: 265,000), and smaller population centers such as Biratnagar, Dharan, Chitin, and Nepalgunj.

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Since ECN's founding, Dr. Maharjan, her family and friends, their friends' children, and other doctors have performed the necessary ear screening work without compensation.

Grant Title - Preventing Hearing Loss Among Nepalese Children Through Ear Surgeries and Primary Ear Care Education

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District Number 3292 (Qualified)

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- Expand coverage of ear screening and surgery from the few community schools and monastic schools of the Lalitpur District to the whole Kathmandu Valley.
- Provide clinical otolaryngological and audiological services.
- Provide primary ear care education to children, teachers, and guardians.
- Deliver preventive ear care services.
- Refer selected patients who have ear diseases for surgical treatment.
- Perform research on the factors affecting the prevalence of deafness among underprivileged school-age children and the risk factors affecting this population cohort, including relatively low levels of nutrition, limited rates of immunization, low socio-economic status, poor personal hygiene, and relatively high exposure to smoke.
- Train and designate 'Community Ear Assistants' to participate in the ear screening program.

VIII. How Does ECN Provide Its Services and Cover Its Out-of-Pocket Costs?

ECN's screening of children for ear diseases/deafness requires that it provide audiological testing at schools and Buddhist monasteries, and through 'ear screening camps' in remote locations. Four ENT consultants, including Dr. Maharjan, perform the necessary surgeries without charge. Dr. Maharjan and appropriately trained individuals provide education related to ear health through distribution of printed materials and face-to-face meetings with groups of school-age children, parents, teachers, and guardians.

With few exceptions, ECN has relied on 'personal contributions from friends and families' to pay for its educational efforts, ear health screening, ear surgeries, transportation, and other out-of-pocket expenses. As previously stated, laboratory fees have been largely covered by the Aarogya Foundation. ECN has also been able to negotiate discounts on hospital fees, anesthesiology, and pharmacy charges, thereby enabling it to leverage its donated funds.

During 2014, the Government of India donated a medical vehicle to ECN. This vehicle is of great help to ECN in enabling it to reach schools in different locations and to transport some children back and forth between where they live and where surgery is provided in Kathmandu.

The roads in Nepal are typically very challenging. To travel to different schools to conduct ear screening, it has sometimes been necessary to travel on earthen roads for hours and then to hike on foot for several additional hours. The donated vehicle substituted for an old car owned by Dr. Maharjan that was used to transport a much smaller number of people and less medical equipment for shorter distances. The donated vehicle has enabled ECN to provide its volunteer services over a broader geographic area.

At the prevailing exchange rate of one U.S. dollar to 106 Nepalese rupees (NPR), ECN's cash budget for calendar year 2014 came to U.S. \$6,845 (NPR 725,596). Excluding the funds ECN received from the Rotary Club of Potomac-Bethesda in 2015, ECN's cash budget for 2015 was U.S. \$9,189 (NPR 974,060). Outside of the possible Rotary Global Grant that might result from this application, ECN does not anticipate a significant change in cash donations in 2016 from the levels of donations it received in 2014 or 2015.

IX. What Have Been ECN's Accomplishments Since Its Founding in Mid-2013?

As previously stated, since its inception, Ear Care Nepal has screened 88 government schools and monastic schools, examined 13,662 children for ear diseases/deafness, operated on 172 children for restoration of hearing, and delivered primary ear care education programs to all school children screened for hearing issues, their teachers, and an uncounted number of their parents and guardians.

Grant Title - Preventing Hearing Loss Among Nepalese Children Through Ear Surgeries and Primary Ear Care Education

Status - Authorizations Required

District Number 3292 (Qualified)

Following the April 2015 earthquake, essentially all of the schools and monasteries in Nepal were damaged. As a result, they remained closed for nearly four months. During that time, ECN reached out to communities by organizing health camps and distributing relief materials in the Sindhupalchowk and Lalitpur Districts.

(Details of ECN's relief and reconstruction work is available on ECN's website, www.earcarenepal.org.)

X. What Screening and Surgical Instruments Would Be Provided Through The Requested Global Grant?

At the present time, ECN does not own a portable battery-operated audiometer, an impedance meter, an operating microscope, or its own microsurgical instruments. ECN currently borrows the microsurgical instruments that it uses from Nidan Hospital in Kathmandu.

- ECN currently owns one audiometer. Since operating this equipment requires an electrical outlet, this audiometer does not function during electric power outages. Sometimes the outages in Nepal last as long as sixteen hours per day. None of the public schools have any backup electrical generators. Therefore, a portable battery-operated audiometer would be an invaluable asset for ECN and would greatly improve the efficiency of its screening activities.
- An impedance meter is a very important diagnostic tool that is used to determine specific conditions related to of the tympanic membrane, the middle ear, acoustic reflex pathways, the auditory brainstem, etc. Currently, ECN does not have the financial wherewithal to purchase an impedance meter. Without having access to this equipment during ear screenings, ECN's surgeons are forced to depend primarily on their clinical judgment in deciding which individuals should receive ear surgery and what type of ear surgery may be necessary. Having an impedance meter would improve diagnoses and reduce the amount of judgment that must be applied in diagnosing ear-related problems.
- An operating microscope is an optical device specifically designed to be used in a surgical setting, typically to perform microsurgery. Most operating microscopes used for ear surgery have foot controls for focusing of the image while freeing up the surgeon's hands for the holding and use of medical instruments.

At the present time, ECN is dependent on the operating microscope and microsurgical tools that it borrows for surgeries from Nidan Hospital for surgeries performed in that hospital. If ECN owned these pieces of equipment, it could perform many surgeries at locations outside of Nidan Hospital, that is, in field surgery settings. Also, when ECN uses these tools at the Hospital, they are not available to other ENT surgeons at that location.

XI. What Would Be the Uses of the Funds Requested as Part of This Global Grant Application?

The proposed budget for 100 ear surgeries is \$18,250 (that is, an average cost of \$182.50 per surgery). The proposed equipment purchases would cost \$19,342. This figure is the result of an initial round of competitive bidding involving three Nepalese medical equipment vendors, followed up by further negotiations with one of the bidders, Innovative Medsystem Pvt. Ltd. Cost bids are provided in two attachments in the Budget Section of this grant application.

ECN has agreed to incur the costs of maintaining this equipment and provided a letter dated March 6, 2016, in which it made that commitment. That letter is also included as an attachment to the Budget Section.

Four additional cost items totaling \$5,244 are included in the proposed budget for this grant.

Having a paid 'Community Ear Assistant' for one year is critical both to the screening and surgical efforts in which such a person would participate, and in some ear care educational events. The salary for this one-year temporary position would cost U.S. \$1,358 (NPR 144,000) for one year. Printing additional primary ear care educational materials would cost approximately U.S. \$943 (NPR 100,000).

An allowance of \$943 is provided in the budget to cover the cost of gasoline to enable ECN to transport people and equipment to relatively more distant locations Kathmandu to screen children for correctible, ear-related problems and related services.

Grant Title - Preventing Hearing Loss Among Nepalese Children Through Ear Surgeries and Primary Ear Care Education

Status - Authorizations Required

District Number 3292 (Qualified)

To complete the large number of proposed surgeries within a one-year period of time, it would be necessary for ECN to employ a part-time paid ENT surgeon to perform some of the screening and surgeries. An allowance for this expense is already included in the \$183 figure discussed above as the average cost of the surgeries. However, Dr. Maharjan and ECN's current participating surgeons would continue to work on strictly a voluntary and non-paid basis.

Finally, a \$2,000 contingency fund is included in the budget to fund cost increases due to such things as shortages, national emergencies, changes in exchange rates, and other unanticipated problems. Expenditures of these funds may only be made with the approval of the Host and International committees overseeing this grant. In the event, that this contingency fund is not depleted by the end of this Global Grant, the Host and International committees will decide whether these funds should be used to pay for additional ear surgeries or returned to the Annual Program Fund of the Rotary Foundation.

As previously stated, laboratory fees have been largely covered by the Aarogya Foundation. ECN has also been able to negotiate discounts on hospital fees, anesthesiology, and pharmacy charges, thereby enabling it to leverage its donated funds.

During 2014, the Government of India donated a medical vehicle to ECN. This vehicle is of great help to ECN in enabling it to reach schools in different locations and to transport some children between where they live and where surgery is provided in Kathmandu, and back, again.

The roads in Nepal are typically very challenging. To travel to different schools to conduct ear screening, it has sometimes been necessary to travel on earthen roads for hours and then to have to hike on foot for several additional hours. The donated vehicle substituted for an old car owned by Dr. Maharjan that was used to transport a much smaller number of people and less medical equipment for shorter distances. The new van also enables ECN to bring more people from the countryside to Nidan Hospital for surgery and return them to where they reside.

At the prevailing exchange rate of one Nepalese rupee (NPR) to .009434 to one U.S. dollar, ECN's cash budget for calendar year 2014 came to U.S. \$6,845, i.e., NPR 725,596. Excluding the funds ECN received from the Rotary Club of Potomac-Bethesda in 2015, ECN's cash budget for 2015 was U.S. \$9,189, i.e., NPR 974,060. Outside of the possible Rotary Global Grant that might result from this application, ECN does not anticipate a significant change in cash donations in 2016 from the levels of donations it received in 2014 and 2015.

IX. What Have Been ECN's Accomplishments Since Its Founding in Mid-2013?

As previously stated, since its inception, Ear Care Nepal has screened 88 government schools and monastic schools, examined 13,662 children for ear diseases/deafness, operated on 172 children for restoration of hearing, and delivered primary ear care education programs to all school children screened for hearing issues, their teachers, and an uncounted number of their parents and guardians.

Following the April 2015 earthquake, essentially all of the schools and monasteries in Nepal were damaged. As a result, they remained closed for nearly four months. During that time, ECN reached out to communities by organizing health camps and distributing relief materials in the Sinddhupalchowk and Lalitpur Districts.

(Details of ECN's relief and reconstruction work is available on ECN's website, www.earcarenepal.org.)

X. What Screening and Surgical Instruments Would Be Provided Through The Requested Global Grant?

At the present time, ECN does not own a portable battery-operated audiometer, an impedance meter, an operating microscope, or its own microsurgical instruments. (ECN currently borrows the microsurgical instruments that it uses.)

- ECN currently has only one audiometer. Since operating this equipment requires an electrical outlet, this audiometer does not function during electric power outages. Sometimes the outages in Nepal last as long as sixteen hours per day. None of the public schools have any backup electrical generators. Therefore, a portable battery-operated audiometer would be an invaluable asset for ECN and would greatly improve the efficiency of its screening activities.

Grant Title - Preventing Hearing Loss Among Nepalese Children Through Ear Surgeries and Primary Ear Care Education

Status - Authorizations Required

District Number 3292 (Qualified)

- An impedance meter is a very important diagnostic tool that is used to determine specific conditions related to of the tympanic membrane (eardrum), the middle ear, acoustic reflex pathways, the auditory brainstem, etc. Currently, ECN does not have the financial wherewithal to purchase an impedance meter. Without having access to this equipment during ear screenings, ECN's surgeons are forced to depend primarily on their clinical judgment in deciding which individuals should receive ear surgery and what type of ear surgery may be necessary. Having an impedance meter would improve diagnoses and reduce the amount of judgment that must be applied in diagnosing ear-related problems.
- An operating microscope is an optical device specifically designed to be used in a surgical setting, typically to perform microsurgery. One common type of operating microscope is used by ENT doctors. Most operating microscopes used for ear surgery have foot controls for focusing of the image while freeing up the surgeon's hands for the holding and use of medical instruments.

At the present time, ECN is dependent on the operating microscope and microsurgical tools that it borrows for surgeries from Nidan Hospital for surgeries performed in that hospital. If ECN owned these pieces of equipment, it could perform many surgeries at locations outside of Nidan Hospital, i.e., in field surgery settings. Also, when ECN uses these tools at the hospital, they are not available to other ENT surgeons at the hospital.

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Four additional cost items totaling \$5,244 are included in the proposed budget for this grant.

Having a paid 'Community Ear Assistant' for one year is critical both to the screening and surgical efforts in which such a person would participate, and in some ear care educational events. The salary for this one-year temporary position would cost U.S. \$1,358 (NPR 144,000) for one year. Printing additional primary ear care educational materials would cost approximately U.S. \$943 (NPR 100,000).

An allowance of \$1,355 for transportation costs (i.e., gasoline) is envisioned to cover travel expenses to relatively more distant locations to screen additional children for correctible, ear-related problems, and thereby enabling 100 school-age children to be identified as the beneficiaries of the ear surgery.

Due to the large number of proposed surgeries within a one-year period of time, it would be necessary for ECN to employ a part-time paid ENT surgeon for performing some of the screening and surgeries. An allowance for this expense is already included in the \$183 figure discussed above as the average cost of the surgeries. However, Dr. Maharjan and ECN's current participating surgeons would continue to work on strictly a voluntary and non-paid basis.

Finally, a \$2,000 contingency fund is included in the budget to fund cost increases due to such things as shortages, national emergencies, changes in exchange rates, and other unanticipated problems . Expenditures of these funds may only be made with the approval of the Host and International committees overseeing this grant. In the event, that this contingency fund is not depleted by the end of this Global Grant, the Host and International committees will decide whether these funds should be used to pay for additional ear surgeries or returned to the Annual Program Fund of the Rotary Foundation.

Who will benefit from this global grant? Provide the estimated number of direct beneficiaries.

The 100 economically disadvantaged children who would receive the ear surgeries are the easiest to identify beneficiaries of the proposed

Grant Title - Preventing Hearing Loss Among Nepalese Children Through Ear Surgeries and Primary Ear Care Education

Status - Authorizations Required

District Number 3292 (Qualified)

Global Grant during 2016-2017. Surgery would restore hearing for many of these children and would prevent further deterioration of hearing for others. These life-long improvements in 100 individuals' lives are extremely difficult to quantify, but one suspects that they would be very substantial for these individuals and their families. With improved medical equipment, ECN's ability to screen children for hearing problems and to provide more accurate diagnoses would be enhanced for many people for many years. The ears of 5,000 children would be screened. The hearing problems of some of these individuals would be treated through primary ear care, including provision of medications such as antibiotics. Therefore, some of these problems not be allowed to progress to the point where damages to eardrums would occur and surgical procedures would be required. All 5,000 children plus their teachers and available parents and guardians would receive primary ear care education. It is predictable that many people's attention would be focused on symptoms of middle ear problems, including headaches and discharging ears; and that early medical attention would be more likely to be sought in the future and folk remedies that can worsen ear-related problems would increasingly be avoided. Additional education would be provided to at least the one 'Community Ear Assistant.' Funds provided through the proposed Global Grant for transportation (e.g., for gasoline) would also enable ECN to travel longer distances to perform screening and to reach people in need of the services that ECN provides. The number of direct beneficiaries from the proposed purchases of equipment are difficult to quantify. Over time, they would probably greatly exceed the numbers of people identified as direct beneficiaries during the approximately one-year period of this Grant. ECN believes that having the battery-operated audiometer and the impedance meter would greatly increase and improve the efficiency of ECN's screening activities. That benefit plus the resulting benefits of ECN being able to conduct field surgeries would last long after the time when ECN would have completed the numbers of ear screenings and ear surgeries envisioned in and financed through this Global Grant.

Which of the following activities will this global grant fund?

Humanitarian project

Humanitarian Project

Where will your project take place?

Community: The Kathmandu Valley

City or Village: In and around the City of Kathmandu

Country: Nepal

When do you anticipate your project will take place?

From:2016-06-06 **Until:** 2017-08-31

Outline your project implementation schedule.

No.	Activity	Duration
1	Performance of 100 Middle Ear Surgeries	Approximately one year
2		

Grant Title - Preventing Hearing Loss Among Nepalese Children Through Ear Surgeries and Primary Ear Care Education

Status - Authorizations Required

District Number 3292 (Qualified)

	Purchase of Additional Screening and Surgical Equipment	One to Two Months
3	Financial Assistance for Augmentation of Outreach Efforts	Approximately one year
4	Assistance for Ear Care Education	Approximately one year
5	Contingency Fund for Unanticipated Expenses and Cost Increases	Fourteen months

SUSTAINABILITY

What community needs will your project address and how were these needs identified? Provide any relevant data or survey results

This project will address the following needs in the Kathmandu Valley: (1) the medical need for more ear surgeries than would otherwise occur, particularly among school-age children from economically disadvantaged backgrounds; (2) the need for screening more children for ear diseases so the affected individuals need not lead lives diminished by deafness or other hearing impairments or, in some cases, suffer experience premature deaths; (3) the need to enhance surgical outcomes by providing advanced medical equipment that can lead to improved surgical outcomes; (4) through educational means, the need to raise public consciousness of ear-related symptoms and to prevent ear health problems that might otherwise damage human lives; and (5) to need to increase the capacity of the medical professionals in Ear Care Nepal to prevent deafness and promote ear health after the end of this Global Grant. Each of these needs has been discussed above under the heading 'Objectives of this Global Grant.' Please note that the 1991 survey performed by Britain Nepal Otology Services (BRINOS) and Tribhuvan University Teaching Hospital (TUTH), reported at that time that approximately 16.6 percent of the population of Nepal was significantly deaf; approximately 32 percent of hearing impairment in Nepal was associated with middle ear infection or its sequelae; 70 percent of these individuals were children; and 50 percent of these cases were deemed preventable. Research available on the Internet failed to reveal more recent survey results that would alter the perceptions generated on the basis of the 1991 BRINOS/TUTH survey information and the experience of ECN. ECN and other volunteer organizations focused on ear care in Nepal continue to cite above data in their web sites, so it is assumed that a high incidence of deafness continues to afflict Nepalese people and a large percentage of the individuals are school-age children.

Detail how your project will address these community needs.

See the discussion above.

How were members of the local community involved in planning the project? Does your project align with any current or ongoing local initiatives?

This Global Grant application originated with the Rotary Club of Potomac-Bethesda, which received input from the Rotary Club of Kathmandu Mid-Town and Dr. Maharjan, the Chairperson of Ear Care Nepal. Dr. Maharjan provided a great deal of useful information that is incorporated in this Global Grant application. The information she provided was subject to detailed review and analysis and was supplemented by research independently performed on the internet. As part of preparing this Grant application, questions and answers went back and

Grant Title - Preventing Hearing Loss Among Nepalese Children Through Ear Surgeries and Primary Ear Care Education

Status - Authorizations Required

District Number 3292 (Qualified)

forth between the Potomac-Bethesda Rotary Club and ECN that led to further refinement of the substance of this Grant application. The proposed project is congruent with ECN's goals and initiatives in the Kathmandu Valley, which have been carefully articulated and are similar to the activities ECN previously performed in cooperation with local public and Buddhist schools.

Describe any training, community outreach, or educational programs, if applicable, and who will conduct them. How will recipients be selected?

Dr. Maharjan and her colleagues would train the 'Community Ear Assistant' who would be hired for one year as part of this Global Grant. Subject to discussion with and possible recommendations from the two sponsoring Rotary Clubs (the one in the United States and the other in Kathmandu), Dr. Maharjan would design and implement the community outreach and educational programs as she thinks best. Dr. Maharjan, other volunteer ENT surgeons, and the 'Community Ear Assistant' would conduct the educational programs for children, parents, guardians, and teachers. Dr. Maharjan and her ENT colleagues would be responsible for selecting the people who will attend these educational programs, as well as for making all medically necessity decisions. There would be no exclusion of potential candidates for surgery based on ethnicity, race, gender, political preference, or religious belief.

Areas of Focus

Disease prevention and treatment

Which goals will your activity support?

Improving the capacity of local health care professionals;Enhancing the health infrastructure of local communities;Educating and mobilizing communities to help prevent the spread of major diseases;Preventing physical disability resulting from disease or injury

How will you meet these goals?

Please note: The proposed Global Grant would promote prevention and treatment of non-communicable medical problems, most specifically, middle ear infections and other problems such as perforated eardrums that could lead to deafness, less severe forms of hearing impairment, or even deaths It would not address communicable diseases per se. The boxes above were checked to the extent that they addressed non-communicable rather than both communicable and non-communicable diseases, which are implied in some of the above stated goals. This proposed Global Grant would satisfy The Rotary Foundation's (TRF) parameters for eligibility within the prevention and control of non-communicable disease area of focus by: • Improving the capacity of local health care professionals to identify and treat hearing related problems among economically disadvantaged children who would otherwise not be likely to receive medical diagnoses and surgical treatment of middle ear problems; • Promoting disease prevention programs, with the goal of limiting the incidence and complications of ear conditions that would benefit from treatment; • Enhancing the health structure of local communities in the Kathmandu Valley, particularly to cover children of economically disadvantaged families, by improving ECN's ability to provide screening of and treatment for hearing related

Grant Title - Preventing Hearing Loss Among Nepalese Children Through Ear Surgeries and Primary Ear Care Education

Status - Authorizations Required

District Number 3292 (Qualified)

problems in these children; • Educating and mobilizing parents, children, teachers, and guardians of school age children to help prevent the incidence of ear health related problems; and • Preventing physical disabilities resulting from ear diseases or injuries. Additionally, in terms of meeting the TRF's parameters for determining eligibility for prevention and control of noncommunicable diseases, the proposed Global Grant would provide: • Materials and training to prevent physical disabilities due to ear health conditions; • Community education and early screening programs with the goals of reducing the incidence and prevalence of chronic ear infections, and to bring about needed medical interventions; • Mobile technology equipment to treat patients; • Potentially lifesaving surgeries and appropriate post-surgical care as needed; and • Treatment of ear-related noncommunicable diseases that includes programmatic components to prevent disease and to provide public health education to improve the long-term health of local communities.

How will you measure your impact?

No.	Measure	Measurement Method	Measurement Schedule	Target
1	Number of recipients of disease prevention intervention Number of ear surgeries performed	Direct observation	Every three months	50-99
2	Other number of children screened for potential hearing impairment problems.	Testing	Every three months	1000-2499
3	Other number of children, parents, teachers, and guardians who receive education on ear health issues due to use of Global Grant funds	Direct observation	Every three months	1000-2499

Who will be responsible for collecting information for monitoring and evaluation?

ECN would be responsible for collecting the quantitative information. The Rotary Club of Kathmandu Mid-Town and the Rotary Club of Potomac-Bethesda would be responsible for reviewing this data with ECN for purposes of monitoring and evaluation. On the basis of this information, the Host and International Committees might provide additional direction to ECN.

Participants

Primary Contacts

Name	Club	Role	Sponsored by	Serving as
Robert Fuhrman	Potomac-Bethesda	(Primary Contact)	Club	International
Mani Joshi	Kathmandu Mid-Town	(Primary Contact)	Club	Host

Committee Members

#	Name	Club	Role

Grant Title - Preventing Hearing Loss Among Nepalese Children Through Ear Surgeries and Primary Ear Care Education

Status - Authorizations Required

District Number 3292 (Qualified)

1	Govinda Chipalu	Kathmandu Mid-Town	(Secondary Host Contact)
2	Komal Chitracar	Kathmandu Mid-Town	(Secondary Host Contact)
#	Name	Club	Role
1	Chinyere Amaefule	Potomac-Bethesda	(Secondary International Contact)
2	Caesar Kavadoy	Potomac-Bethesda	(Secondary International Contact)

No Rotarian who has a vested interest in the activity (e.g., an employee or board member of a cooperating organization, owner of a store where project goods will be purchased, trustee of a university that a scholar plans to attend) may serve on the grant committee. If any potential conflict of interest exists, disclose it here.

None of the Rotarians who would serve on the Grant Committee has a conflict of interest.

Cooperating Organization

No.	Name	Website	Street address or P.O. box	City	Country
1	Ear Care Nepal	www.earcarenepal.org	Nidan Hospital, Pulchowk	Lalitpur	Nepal

Describe your process for selecting this organization. What resources or expertise will this organization contribute?

As discussed elsewhere in the Global Grant application for GG1637950, ECN was identified when a member of the Rotary Club of Potomac-Bethesda (Mr. Ed Edmundson) attended a meeting of the Rotary Club of Kathmandu Mid-Town in December 2015, at which the speaker was Dr. Maharjan, the Chairperson of Ear Care Nepal. Dr. Maharjan's talk inspired the visitor from the Rotary Club of Potomac-Bethesda to ask his Club to consider issuing a grant for ECN to pay for the provision of 30 middle ear surgeries to present hearing loss among 30 children of economically disadvantaged families in Nepal in the summer of 2015. In the summer of 2015, Rotary Club of Potomac-Bethesda provided \$2,575 for this initial grant and obtained \$1,125 in matching funds for this purpose from Rotary District 7620. Based on the positive interactions between the two Rotary Clubs and ECN, the Rotary Club of Potomac-Bethesda decided to seek a Global Grant to provide needed medical equipment to ECN and to pay for 100 additional middle ear surgeries to be performed by ECN, as well as the other items discussed in the budget for this Global Grant project. In fulfilment of the goals of this Global Grant, ECN will bring to bear its medical knowledge, the labor of its volunteers including four ear, nose, and throat surgeons, its volunteer's ear-related surgical skills, and organizational skills that have enabled it to achieve its goals from the summer of 2013 to the present, as well as its set of relationships with public schools and Buddhist monastery schools and its relationships with medical equipment vendors in Nepal.

Grant Title - Preventing Hearing Loss Among Nepalese Children Through Ear Surgeries and Primary Ear Care Education

Status - Authorizations Required

District Number 3292 (Qualified)

VOLUNTEER TRAVELER(S)

No.	Name	Email
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Identify the responsibilities of the volunteer traveler(s) and the specific tasks that each individual will complete.

No volunteer travelers have been identified, so it is not necessary to discuss the responsibilities of volunteer travelers here.

PARTNERS

List any additional partners who will participate and identify their responsibilities. This may include Rotary clubs, Rotaract clubs, Rotary Community Corps, or individuals.

Only one additional 'partner' has been identified at this time (March 2015), Mr. Edwin Edmundson. Mr. Edmundson travels to Kathmandu on personal business at least every six months. When in Kathmandu, he will contact Host Committee for this Global Grant project and to arrange to meet with both the Host Committee and Dr. Maharjan. He will advise both the Host and International Committees on his perceptions of the progress that ECN is making in achieving the goals of this proposed Global Grant and will identify for discussion any issues/problems that he may perceive.

Although Mr. Edmundson resigned his membership in the Rotary Club of Potomac-Bethesda in early 2015 due to health problems, his health has improved. He intends to rejoin the Rotary Club of Potomac-Bethesda in April 2016. Mr. Edmundson plans to visit Kathmandu in both June and December 2016 and may do so at least one more time prior to June 30, 2017. Mr. Edmundson's continued involvement in this project at least twice per year during 2016 and at least once during 2017 is most appreciated by both Rotary Clubs.

ROTARIAN PARTICIPATION

Describe the role of the host Rotarians in this activity and list their specific responsibilities.

The host Rotarians would provide on-site oversight and administration of this grant, including the receipt and disbursement of funds to Ear Care Nepal in a manner that promotes accountability and transparency. Rtn. Mani Joshi, a past President of the Rotary Club of Kathmandu Mid-Town, will be the Host Committee's prime contact on a day-to-day basis.

Govinda Chipalu, as Foundation Chair for the Rotary Club of Kathmandu Mid-Town, and Komal Chitracar, as a Past President and Past Foundation Chair of that Club, will provide guidance to Mr. Joshi. Collectively, Mr. Joshi, Mr. Chipalu, and Mr. Chitracar will work with Dr. Maharjan to assure compliance with all governing rules and achievement of the goals of this proposed Global Grant project. Additionally, they will interact with Dr. Maharjan on at least a quarterly basis, if not more frequently, with the intention of providing guidance to ECN related to this Global Grant and developing progress reports to best sent to the International Committee identified above.

Describe the role of the international Rotarians in this activity and list their specific responsibilities.

Bob Fuhrman, as President of the Rotary Club of Potomac-Bethesda for both 2015-2016 and 2017-2018, would serve as the day-to-day point of contact for reports and any questions that may arise related to this proposed Global Grant. Chinyere Amaefuele, as Chairperson of the Foundation of the Rotary Club of Potomac-Bethesda and a past President of that Club, and Caesar Kavadoy, immediate past President of the

Grant Title - Preventing Hearing Loss Among Nepalese Children Through Ear Surgeries and Primary Ear Care Education

Status - Authorizations Required

District Number 3292 (Qualified)

Potomac-Bethesda Rotary Club, would provide advice, assistance, and guidance to Mr. Fuhrman. Collectively, they would work with the representatives of the identified members of the Host Committee to assure the success of this Global Grant and, if necessary, to raise questions of specific interest to the International Committee.

SUSTAINABILITY

Describe the role that members of the local community will play in implementing your project. What incentives (e.g., compensation, awards, certification, promotion) will you provide to encourage local participation?

At this time, outside of members of the Rotary Club of Kathmandu Mid-Town, ECN, and officials of participating public schools and Buddhist monasteries, it is not contemplated that additional members of the local community would play a role in the direct implementation of the envisioned Global Grant.

Identify any individuals in the local community who will be responsible for monitoring outcomes and ensuring continuity of services. How will you support these individuals to help them take on this leadership role?

At this time, outside of the Host Committee Rotarians, in general, and Rtn. Mani Joshi, in particular, it is not contemplated that members of the local community would play a role in monitoring the outcomes and ensuring the continuity of the services to be provided as part of this Global Grant.

BUDGET

Select the local currency for your budget and enter the current rate of exchange to 1 U.S. dollar. Obtain the current RI exchange rate from Rotary's website. If your country is not on the official RI exchange rates list, visit the Oanda or Bloomberg website to obtain the current rate.

Detail your proposed expenses by adding items to the budget. Note that the total budget must be equal to the total financing of your activity.

Local currency: NPR Exchange rate to 1 USD: 106

No.	Description	Supplier	Category	Local cost (NPR)	Cost in USD	
1	100 Middle Ear Surgeries	Ear Care Nepal	Operations	1,934,500.00	\$18,250.00	
2	Screening & Surgical Equipment	Local Vendors	Equipment	2,050,204.00	\$19,342.00	
3	Community Ear Assistant	Employee	Personnel	144,000.00	\$1,358.00	
4	Printed Educational Materials	Local Purchases	Training	100,000.00	\$943.00	
5	Transportation Costs	Local Vendors	Travel	100,000.00	\$943.00	
6	Contingency for Unanticipated Cost Increases	Vendors in Nepal	Operations	212,000.00	\$2,000.00	
				Total budget:	4,540,704.00	\$42,836.00

Grant Title - Preventing Hearing Loss Among Nepalese Children Through Ear Surgeries and Primary Ear Care Education

Status - Authorizations Required

District Number 3292 (Qualified)

SUSTAINABILITY

Describe the process for selecting these budget items. Do you plan to purchase any items from local vendors? Have you performed a competitive bidding process to select vendors? Do these budget items align with the local culture and technology standards?

The budget items were proposed by ECN and selected by the two Rotary Club sponsors of this proposed Global Grant on the basis of communications between and among Bob Fuhrman, President of the Rotary Club of Potomac-Bethesda and Govinda Chipalu, the Rotary Foundation Chairman of the Rotary Club of Kathmandu Mid-Town. Equipment purchase prices are based on competitive bidding solely involving vendors located in Nepal. The budget items would align with local culture and technology standards and would be compatible with local conditions. As a result, the donated audiometer and the impedance meter would both be portable and battery-operated.

How will the beneficiaries maintain these items? If applicable, confirm that spare or replacement parts are readily available and that the beneficiaries possess the skills to operate equipment.

Per Attachment #4 above, Ear Care Nepal has agreed to accept responsibility for maintaining the donated equipment and has obtained a letter from the local vendor, Innovative Medsystem Pvt. Ltd., which will likely sell all of the 'donated equipment' discussed above. (See Attachment #5.)

According to that letter from Innovative Medsystem Pvt. Ltd., all the relevant pieces of equipment medical equipment would be covered by a two-year warranty. The vendor also has agreed to provide an annual maintenance contract for each of the next three years at a fixed cost of 90,000 NPR per year, which equates to \$849 in each of those years. ECN anticipates saving some money due to the donation of the operating microscope because it would no longer need to rent such equipment from Nidan Hospital. ECN anticipates it would be able to pay the costs of the annual maintenance contracts with the donations it normally receives each year.

ECN's surgeons have the skills to operate the surgical equipment. With the assistance of the surgeons, ECN staff members will be trained to operate the new screening equipment and perform routine straightforward maintenance of all of the donated equipment to keep it in good working order.

Who will own the items purchased with grant funds at the end of the project, including equipment, assets, and materials? Note that items cannot be owned by a Rotary club or Rotarian.

At the end of the proposed project, ECN, a legal entity in Nepal, would own the equipment and any leftover materials. It is anticipated that all financial assets would be totally depleted through ECN's educational, screening, and surgical activities according to the goals and objectives of this proposed Global Grant. Depending on the decisions of the Host and International Committees, any unspent funds in this Grant allocated for unanticipated contingencies will be either spent on additional ear surgeries or returned to the Rotary Foundation.

FINANCING

The Rotary Foundation funds global grants from the World Fund, and awards range from US\$15,000 to US\$200,000. The Foundation matches cash contributions at 50 percent and District Designated Fund (DDF) contributions at 100 percent. The

Grant Title - Preventing Hearing Loss Among Nepalese Children Through Ear Surgeries and Primary Ear Care Education

Status - Authorizations Required

District Number 3292 (Qualified)

Foundation will also match non-Rotarian contributions toward a grant, provided they do not come from a cooperating organization or a beneficiary.

To determine the World Fund match for your global grant, list all sources of funding, specifying contributions from cash, DDF, and other sources. Non Rotarian contributions with no match from TRF can be included in the grant financing if they are being used to purchase grant budget items. These contributions should not be sent to TRF. Note that the total financing must be equal to the total budget of your activity.

*NOTE: Any grant cash contributions sent to TRF must include an additional to support processing expenses.

After you have added all funding sources and the requested World Fund match, click "Save" to save your grant financing.

#	Funding Method	Organization	Amount (USD)	Extra support *	Contribution + Extra support *
1	District Designated Fund (DDF)	7620	\$6,450.00	\$0.00	\$6,450.00
2	Cash from club	Potomac-Bethesda	\$8,000.00	\$400.00	\$8,400.00
3	Non-Rotarian contributions to be matched by TRF	Various Individuals	\$6,791.00	\$339.55	\$7,130.55
4	Cash from club	Metro Bethesda	\$1,000.00	\$50.00	\$1,050.00
5	District Designated Fund (DDF)	3292	\$2,000.00	\$0.00	\$2,000.00
6	Cash from club	Bethesda-Chevy Chase	\$1,000.00	\$50.00	\$1,050.00
7	Cash from club	Pleasant Valley	\$500.00	\$25.00	\$525.00

Funding Summary	
DDF contributions:	\$8,450.00
Cash contributions:	\$10,500.00
Non-Rotarian contributions to be matched by TRF:	\$6,791.00
Endowed/Term gift contributions:	\$0.00
Donor Advised Fund:	\$0.00
World Fund match maximum::	\$17,096.00
World Fund match (requested):	\$17,095.00
Financing subtotal (matched contributions + World Fund):	\$42,836.00
Non-Rotarian contributions with NO match from TRF:	\$0.00
Total financing:	\$42,836.00

Grant Title - Preventing Hearing Loss Among Nepalese Children Through Ear Surgeries and Primary Ear Care Education

Status - Authorizations Required

District Number 3292 (Qualified)

Total budget:	\$42,836.00
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SUSTAINABILITY

Have you identified a local funding source to ensure long-term project outcomes? Will you introduce practices to help generate income for ongoing project funding?

ECN has agreed to accept the responsibility for paying for annual maintenance of the donated medical equipment. ECN has the funds to do so and has provided a letter to that effect that is attached to this Global Grant application. See Attachment #4 in the Budget Section of this Grant application.

Authorization

Application Authorization

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

1. All information contained in this application is, to the best of our knowledge, true and accurate, and we intend to implement the activities as presented in this application.
2. The club/district agrees to undertake these activities as a club/district.
3. We will ensure all cash contributions (as detailed in the grant financing) will be forwarded to The Rotary Foundation (TRF) or sent directly to the global grant bank account after Trustee approval of the grant.
4. Rotary International (RI) and TRF may use information contained in this application to promote the activities by various means such as The Rotarian, the RI international convention, RVM: The Rotarian Video Magazine, etc.
5. We agree to share information on best practices when asked, and TRF may provide our contact information to other Rotarians who may wish advice on implementing similar activities.
6. To the best of our knowledge and belief, except as disclosed herewith, neither we nor any person with whom we have or had a personal or business relationship are engaged, or intend to engage, in benefiting from TRF grant funds or have any interest that may represent a potential competing or conflicting interest. A conflict of interest is defined as a situation in which a Rotarian, in relationship to an outside organization, is in a position to influence the spending of TRF grant funds, or influence decisions in ways that could lead directly or indirectly to financial gain for the Rotarian, a business colleague, or his or her family, or give improper advantage to others to the detriment of TRF.

Primary Contact Authorizations

Role	Name	Authorization Status	Authorization Date
Primary Contact	Robert Fuhrman	Authorized	21/03/2016
Primary Contact	Mani Joshi		

DRFC Authorizations

Global Grant Record - GG1637950

Grant Title - Preventing Hearing Loss Among Nepalese Children Through Ear Surgeries and Primary Ear Care Education

Status - Authorizations Required

District Number 3292 (Qualified)

Role	Name	Authorization Status	Authorization Date
District Rotary Foundation Chair (DRFC)	Andrew Baum		
District Rotary Foundation Chair (DRFC)	Basu Dev Golyan		
DDF Authorizations			