

# GG1865770 Report

Aquisição de Dessintômetro para Dessintometria  
Ósea para Hospital São José, Brazil

REPORT TYPE

Final

REPORT STATUS

Draft

## Committee Members

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### Primary Contacts

Name	Club	District	Sponsor	Role
Marta Stangherlin Bagio	São José do Ouro	4700	Club	Host
Maria Aparecida de Moraes Pereira	E-Club of Latinoamérica	4195	Club	International

### Host committee members

Name	Club	District	Role	Date Added
Liliani Langone	São José do Ouro	4700	Secondary Contact	
Aldacir Stanguerlin	São José do Ouro	4700	Secondary Contact	
Hermes Martarelo	São José do Ouro	4700	Secondary Contact	

### International committee members

Name	Club	District	Role	Date Added
Marta Eva Espinosa Nahon	E-Club of Latinoamérica	4195	Secondary Contact International	
Ernesto Neumann K.	E-Club of Latinoamérica	4195	Secondary Contact International	
Marco Kappenberger	E-Club of Latinoamérica	4195	Secondary Contact International	

# Project Objectives and Implementation

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## PROJECT OBJECTIVES

### **The Rotary Foundation approved global grant funding to be used for the following project objectives:**

Aquisição de equipamento para realização de procedimentos de Densitometria Óssea, permite o controle contínuo da osteoporose, que atinge 85% das mulheres e 15% dos homens. Aproximadamente 45% das mulheres com mais de 45 anos de idade sofrerão pelo menos uma fratura devido a osteoporose durante suas vidas

Com o uso das funções de imagens da coluna lombar em PA e DualFemur e dos estudos avançados de avaliação de fraturas vertebrais é possível avaliar a saúde óssea dos pacientes em menos de cinco minutos com seis cliques no computador, otimiza a automação, economizando tempo e ao mesmo tempo fornecendo resultados consistentes.

Oferece confiança, eficiência e coerência na avaliação de riscos de fraturas baseado nos critérios da OMS (Organização Mundial de Saúde), para definição de prevalência de osteoporose, além de informações essenciais para o diagnóstico, permitindo a interpretação de resultados e a avaliação do risco de fraturas sejam coerentes.

Com o uso do densitômetro com a tecnologia de aquisição direta de imagens digitais e medida real “sem magnificação”, assegura uma precisão 50% maior.

Quem serão os beneficiários deste Subsídio Global?

Habitantes da microrregião de São José do Ouro: 6.904, de Sananduva: 15.373 e de Tapejara: 19.250, totalizando: 41.527 habitantes.

**Have any of these objectives changed?**

No

**Have you made progress toward your project objectives?**

Yes

**Describe the progress you've made so far.**

## PROJECT IMPLEMENTATION

Your grant application included plans for the following activities. Please report on each of your project activities below. If there were any additional activities during the project, please report each of them by clicking the Add an Activity button at the end of this section.

### 1. Aquisição dos equipamentos de densitometria óssea

**Duration**

1 mês

**Status**

Completed

**Start Date**

17/04/2018

**Completion Date**

17/05/2018

### 2. Treinamento da equipe técnica para operação e/ou manutenção

**Duration**

15 dias

**Status**

Completed

**Start Date**

26/06/2018

**Completion Date**

13/07/2018

3. Além do curso básico foi proporcionado treinamento in loco os técnicos que operam o equipamento, pela CEDIL-Passo Fundo/RS.

<b>Status</b>	<b>Start Date</b>	<b>Completion Date</b>
Completed	16/11/2018	17/11/2018

# Measuring Success

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How many people have directly benefited from the project?

## DISEASE PREVENTION AND TREATMENT

Impact measures

### 1. Number of medical and health professionals trained

Collection method	Frequency	Beneficiaries
Surveys/questionnaires	Every six months	20-49

RESULTS TO DATE

### 2. Number of recipients of disease prevention intervention

Collection method	Frequency	Beneficiaries
Grant records and reports	Every month	1000-2499

RESULTS TO DATE

## Monitoring and evaluation

Here is the person or organization that was selected to monitor and evaluate impact measures

### Person or organization

Elce Kern  
54- 99100-7540  
elce@araucaria.org.br  
Avenida Marechal Floriano - 837

### Qualifications

Porque é uma colaboradora da Fundação Araucária, já envolvida no programa ou projeto.

### Has this person or organization changed?

No

# Participants

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## SPONSOR PARTICIPATION

**What roles and responsibilities did host sponsor members have?**

**What roles and responsibilities did international sponsor members have?**

## PARTNERS (*OPTIONAL*)

Add any Rotary clubs or districts that were involved in this project, other than the host and international sponsors or financial contributors.

No.	Type	Club name or district number
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## COOPERATING ORGANIZATIONS

### 1. Fundação Araucária

Avenida Marechal Floriano  
São José do Ouro Rio Grane do Sul  
99870-000  
Brazil

**Describe how cooperating organizations participated in the project.**

Inicialmente com a elaboração do projeto, após a aprovação do mesmo a adequação das instalações, contrapartida no valor de 1,600.00 (USD) e treinamento dos profissionais da área de imagenologia.

# Project Expenditures

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## Grant amount:

53,630 USD

## Expense log

Date	Description	Category	Amount (BRL)
23/04/2018	Placa de Inauguração do Densitômetro, em aço escovado com letras e logo coloridos.	Signage	830.00
06/04/2018	Nobreak NHS Premium on line	Equipment	2921.00
06/04/2018	Mesa de apoio e nichos em MDF	Equipment	950.00
19/04/2018	Plaquetas metalizadas de identificação de equipamento autocolante de bronze impresso e resinado	Equipment	942.00
06/04/2018	Ar Condicionado Samsung 12.000 btus - quente e frio	Equipment	2100.00
23/03/2018	Equipamento para Densitometria óssea- densitômetro para o Hospital São José	Equipment	138739.00
05/04/2018	Cadeira giratória - estrutura preta	Equipment	315.00

## Expense summary

Category	Budget (BRL)	Expenses (BRL)	Variances (BRL)
Equipment	166360.00	145967.00	20393.00
Signage	1500.00	830.00	670.00
<b>Totals:</b>	<b>167860.00</b>	<b>146797.00</b>	<b>21063.00</b>

**Did your project have any unexpected or unusually large variances?**

No

**Will you return unused funds to the Foundation?**

No

## Financial Details

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### FINANCIAL MANAGEMENT

**Who is in charge of the project's financial management?**

**Please describe the project's financial management, including record keeping, inventory, payment authorizations, and conversion of funds.**

**Were there any challenges in managing the project funds?**

No

### PROJECT INCOME

**Did your project generate any income through sales, interest, or other sources?**

No

# Authorizations

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## YOUR AUTHORIZATIONS

### Primary contact

By authorizing this report, I confirm that, to the best of my knowledge, these grant funds were spent according to Foundation guidelines and that all of the information contained in this report is true and accurate. Original receipts for all expenses incurred will be kept on file for at least five years, or longer if required by local law, in case they are needed for auditing purposes. I also understand that all photographs, video and other media submitted with this report will become the property of Rotary International and will not be returned. I represent and warrant that I own all rights in the photographs, video and other media, including copyrights, and that I have permission to license use of the images/likenesses of the persons appearing in the photographs, video and other media to Rotary International. I hereby grant Rotary International and The Rotary Foundation a royalty-free, worldwide, irrevocable license to use, including, but not limited to, publish, print, reproduce, display, distribute, modify, sublicense and publicly perform, the photographs, video and media now or at any time in the future, in Rotary International publications and materials, and for promotional purposes in any form, medium or technology now known or later developed.

### Sponsor

By authorizing this report, I confirm that, to the best of my knowledge, these grant funds were spent according to Foundation guidelines and that all of the information contained in this report is true and accurate. Original receipts for all expenses incurred will be kept on file for at least five years, or longer if required by local law, in case they are needed for auditing purposes. I also understand that all photographs, video and other media submitted with this report will become the property of Rotary International and will not be returned. I represent and warrant that I own all rights in the photographs, video and other media, including copyrights, and that I have permission to license use of the images/likenesses of the persons appearing in the photographs, video and other media to Rotary International. I hereby grant Rotary International and The Rotary Foundation a royalty-free, worldwide, irrevocable license to use, including, but not limited to, publish, print, reproduce, display, distribute, modify, sublicense and publicly perform, the photographs, video and media now or at any time in the future, in Rotary International publications and materials, and for promotional purposes in any form, medium or technology now known or later developed.

## AUTHORIZATION SUMMARY

### Primary contact authorizations

Name	Club	District	Status
Marta Stangherlin Bagio	São José do Ouro	4700	
Maria Aparecida de Moraes Pereira	E-Club of Latinoamérica	4195	

### Sponsor authorizations

Name	Club	District	Status
Hermes Martarelo	São José do Ouro	4700	
Miguel Bertoni	E-Club of Latinoamérica	4195	