

Global Grant Application

GRANT NUMBER
GG2352417

STATUS
Draft

Basic Information

Grant title

Community Empowerment to Promote Healthy Mothers and Healthy Babies to Reduce and Monitor Stunting

Type of Project

Humanitarian Project

Address community needs and produce sustainable, measurable outcomes

Primary Contacts

Name	Club	District	Sponsor	Role
Leya Cattleya	Semarang Pandawa	3420	Club	Host
Jean-Marie HOFFMANN	Luxembourg-Horizon	2160	Rotary Club	International

Committee Members

Host committee

Name	Club	District	Role
Lina Soeratman	Semarang Pandawa	3420	Secondary Contact
Anang Pratama	Semarang Pandawa	3420	Secondary Contact
Maria Penida	Semarang Pandawa	3420	Secondary Contact

International committee

Name	Club	District	Role
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Do any of these committee members have potential conflicts of interest?

No

Project Overview

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

Background.

East Sumba is one among districts in East Nusa Tenggara with the highest level of poverty, 28.22%. While stunting cases in East Sumba were reported to decrease into 13.3% in 2022, lower than that of the national's target, much need to be done, particularly in remote areas such as Rindi village, where access to most services is limited. While cases of stunting were 12 and cases of low weight children were 6 by May 2023, under-reporting was recognized, due to some reasons. Limited capability of local health staffs and health volunteers in recognizing stunting issues, community's health seeking behaviour, social and cultural biases toward certain protein, and inequality in power relation among the social strata in East Sumba, as well as severe poverty that makes most 4 months infants were only provided with tea and sugar as opposed to milk, contributed to the high level of malnutrition among the village community. The lack of substantive health and nutritional interventions have led to some negative labelling towards families with stunting children, as the government has heavily focused on data collection work. The supplementary food being provided by the village government was neither following nutritionist' advice nor accepted by families with stunting children. As a result, no significant health and nutritional improvement was found among children with stunting and low weight in this village. Lacking of personal and environmental health situations, as indicated by the village data that 88 out of 323 households not having access to clean water and toilets. Thus, it is critical for a Project to promote an integrated approach through community empowerment, by increasing capacities of local health staffs, Posyandu's cadres, and mothers and their families to be able to reduce, control, mitigate, monitor, and report stunting in their community. This Project will involve the local government and the village community, both females and males, including adolescent, to help mothers and children to avoid malnutrition. Below are the overview.

Objectives:

To empower Rindi Village's community to support mothers and children to prevent and reduce stunting through health and nutrition promotion, and to improve knowledge, attitude, and health behaviors of targeted communities (parents, mothers, adolescents, health cadres) in Rindi Village of East Sumba District, Indonesia.

The Project's beneficiaries will be a) Mothers (and fathers) of under 5 years children with stunting and nutritional issues, b) Pregnant women, c) Mothers with children of 0 – 60 months, d) Young families (husbands and wives), Health volunteers and community volunteers, Teachers, Adolescents - students (junior high school and senior high school) and those out of schools, Day-care's teachers and managers, village government's staffs, and health staffs of the local Community Health Center (Puskesmas)

Areas of Focus

Which area of focus will this project support?

Maternal and child health

Measuring Success

Maternal and child health

Which goals will your activity support?

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

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

Measure	Collection Method	Frequency	Beneficiaries
Number of children under age 5 receiving medical treatment	Grant records and reports	Every six months	50-99
Number of mothers receiving prenatal care	Grant records and reports	Every six months	1-19
Number of communities that report decreased morbidity rates of children under age 5	Grant records and reports	Every six months	50-99
Number of communities that report decreased morbidity rates of mothers	Grant records and reports	Every six months	1-19
Total number of direct beneficiaries	Grant records and reports	Every month	50-99
Number of maternal and child health professionals trained	Grant records and reports	Every six months	100-499
Number of communities that report decreased morbidity rates of children under age 5	Focus groups/interviews	Every six months	50-99
Number of communities that report decreased morbidity rates of mothers	Focus groups/interviews	Every six months	100-499
Increased knowledge and skills among mother and child health's cadres and local health staffs on how to prevent stunting and to work with pregnant women, families with stunting children and with low weight in their localities	Focus groups/interviews	Every year	100-499
Increased awareness among targeted community groups on the importance of improved family's health and nutrition for reducing stunting	Focus groups/interviews	Every year	100-499

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

Yes

Name of Individual or Organization

1) Health staffs of PUSKEMAS and Posyandu Cadres, 2) Lina Soeratman, 3) Cindy Bachtiar, 4) Budi Laksono, 5) Theresia Eko Setyowati, 6) Indana Lazulva, 7) Dati Fatimah

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

a). For PUSKEMAS and Posyandu Cadres, it is their mandates to facilitate and improve and monitor mothers and child's health regularly, b) For Lina Soeratman, Cindy Bachtiar, and Budi Laksono, they come from the hosting Rotary Club, c) Theresia Eko Setyowati and Indana Lazulva, as they have roles to monitor Project's interventions under their expertise, and d) Dati Fatimah to do independent evaluation as she is an evaluator by profession.

Location and Dates

Humanitarian Project

Where will your project take place?

City or town

Rindi village, Rindi Sub-district, East Sumba

Country

Indonesia

Province or state

East Nusa Tenggara

When will your project take place?

2023-09-01 to 2024-08-31

Participants

Partners (Optional)

List any other partners that will participate in this project.

Volunteer Travelers (Optional)

A grant for a humanitarian project can pay for travel for up to two people who will provide training or help implement the project if the necessary skills are not available locally. Upload a CV for each volunteer traveler. Do not include sensitive personal data, such as government ID numbers, religion, race, health information, etc. You are responsible for informing volunteer travelers of the personal data you have provided about him/her to Rotary and that it will be processed in accordance with Rotary's [Privacy Policy](#).

No.	Name	Email
1	Indana Lazulva	izulva@gmail.com
2	Eko Setyowati	thekosetyowati@gmail.com

Briefly explain why these individual(s) were selected and how they are qualified to provide skills that are not available locally.

Indana Lazulva has a bachelor degree in political science and a master degree in public health. She has over 20 years of experiences working in the area of public health, nutrition, and gender for various donor agencies. Specifically, she has worked with the targeted community to introduce the importance of sexual and reproductive health and nutrition. She has significant experience using gender transformative approach for involving men and other male members of the society to take part in mother and child's health, including in reducing stunting in Sumatra and Kalimantan for the millennium Challenge Account Indonesia, funded by the Millennium Challenge Corporation. She also recognizes the linkage between stunting and disabilities, and vice versa. Currently, Indana is one among the Cross Red committee in Yogyakarta Province. Volunteerism has been one among her works

Theresia Eko Setyowati has a bachelor degree in agriculture and also has another bachelor degree in teaching science. She has held an organic farming auditor's licence and also has had familiar work on ISO 65 regarding

Agriculture. She has long experiences working with the indigenous women in Kalimantan and East Nusa Tenggara for livelihood and community development programs, funded by various donor organizations. Specifically, she has worked RCC Patanning Wuakamba for promoting healthy food and drinks using local material as well as in increasing quality and hygiene in the production of traditional medicine (Jamu). Her experience in working for organic and integrated farming makes her a good expert to work in the Project. Eko has also supported some volunteer works for Rotary Semarang Pandawa in training women who live in coastal area of Tambak Lorok Semarang to be able to have alternative livelihood options.

Describe this person's role in the project.

Indana Lazulva will provide training expertise in Gender, Health, and Nutrition. She will work with 2 medical doctors and 2 nutritionists to increase capacities of health staffs of Puskesmas and Posyandu's cadres to facilitate and provide health services for mothers and children. She will also provide guides on how to carry out home visit for counselling and mentoring purposes, facilitate training for trainers in using awareness raising material, and facilitate a webinar on health and nutrition. She will advocate the participation of males in the households to also be active in supporting their wife to increase their nutritional status while mitigating stunting. She will identify male champion among the high caste 'Maramba' to be part of the Project's supporter. She will also take monitoring roles during the project implementation.

Theresia Eko Setyowati will support the targeted community to develop 4 pilot integrated farms and equip the community with knowledge and skills to manage and maintain the farms. She will also train Posyandu cadres and women to prepare healthy and nutritional food and drinks using local material. She will also do refresher training along with field monitoring of her work's areas during her 2nd visit in the project

Host sponsor confirmation of volunteer travelers

I confirm that the host club or district has extended a travel invitation, fully supports and approves volunteer traveler(s), and verifies that the international travel to the club and/or district is needed to implement the project.

Supporting Documents

- CV_Indana_Updated_May_2023.pdf
- CV_Theresia_Eko_Setyowati.pdf

Rotarian Participants

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

- PP Budi Laksono : To provide inputs during the Project's design, implementation of toiler, and to monitor and provide advice and inputs during project implementation, particularly from his professional advice as a medical doctor
- IPDG Lina : To contribute to the PR for the Project and monitor and provide advice and inputs during project implementation
- PDG Cindy Bachtiar. She will contribute to the PR for the Project and monitor and provide advice and inputs during project implementation
- Rtn Leya Cattleya : Oversee the Project, coordination of the implementing team and collaboration with local stakeholders, preparing community assessment, writing proposal and reporting, and will be the main contact for this Project. She will follow up communication between Host and International partners, and wrapping the progress and final Report.
- Pres Bernard Samuel Elim. His role will take part in coordinating purchase of supplies and equipment, and local contacts for supporting the Project in channeling with 2 local medical doctors and 2 nutritionist for supporting the Project implementation.
- Rtn Paulus Suhendro from RC Kudus will participate in the monitoring of the project from the community empowerment aspect
- Pres Isna Nood Khilda from RC Kudus Srikandi will participate in the monitoring of the project from the

community empowerment aspect

- DGN Diah Anggraeny from RC Semarang Kunthi will participate in the monitoring of pregnant mothers and stunting children indicators

The Project nominates Kristin Melly Udju to be a A full time field/administrative/finance officer will be recruited. She is non Rotarian, but has a field experience to take care day-to-day work and activity's monitoring. Her role will be critical as none of Rotarians from the Host will be in the field fulltimely.

Kristine Hara Tola, a local woman of Rindi, currently the chair of Rotary Communiy Corms (RCC) Petanning Wuakamba will support the coordination with the local stakeholders.. As she us running for a member of local parliamentarian, she will only be a part-time person in the Project and se will not directly manage the project, avoiding conflict of interest during the community mobilization. Remy, the chair of village senate will take part in supporting Kristine Hara Tola.

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

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
IDR	14888	11/06/2023

What is the budget for this grant?

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

#	Category	Description	Supplier	Cost in IDR	Cost in USD
1	Training	Training on maternal and child health and nutrition for 18 cadres offline (1 time offline training, for 2 days, venue in the community house, provided with food and snacks and transportation costs for 18 cadres, village nurse, village midwives, health staffs of Puskesmas, meals for 30 people)	Gender, Health and Nutrition Expert, in coordination with 2 medical doctors, 2 nutritionists, Health Staffs of PUSKESMAS	7350000	494
2	Training	Refresher online Training on maternal and child health and nutrition for cadres (1 time, 3 hours, internet, and for facilitating 18 cadres and 7 health staffs of PUSKESMAS, 2 health staffs of village) to meet at the community meeting house)	Gender, Health and Nutrition Expert, in coordination with 2 medical doctors, 2 nutritionists, Health Staffs of PUSKESMAS	6450000	433
3	Training	Training of Trainers on how to use the KIE to Cadres, Teachers, and Adolescents (3 training @20 people),	Gender, Health and Nutrition Expert, in coordination with 2	17925000	1204

			medical doctors, 2 nutritionists, Health Staffs of PUSKESMAS		
4	Training	Facilitate home visit of 18 cadres and 1 village nurse, 1 village midwife, and Puskesmas Staffs to households with stunting children and children with low weight, pregnant women, young families (transport cost of 16 cadres Posyandu and 2 cadres bi-weekly)	Gender, Health and Nutrition Expert, in coordination with 2 medical doctors, 2 nutritionists, Health Staffs of PUSKESMAS	36000 000	2418
5	Training	Facilitate training using KIE material with adolescents and girls in "Posyandu Remaja", organized by the Puskesmas. 3 Training @15 people	Posyandu Cadres, Teachers, and Youth Groups	78750 00	529
6	Training	Bimonthly discussions on health and nutrition for adolescents @20 adolescents, 6 times, facilitated by 1 nutritionist	Youth Groups, supported by Gender, Health and Nutrition Expert	94500 00	635
7	Training	District Webinar to prevent stunting. Fee for main speaker of a district webinar participated by 150 health staffs in East Sumba	DR.dr Tan Shot Yen, M Hum, Community nutrition expert, from the Dr Tan & Remanlay Institute. Moderator : Indana Lazulva	70000 00	470
8	Training	Preparing 4 pilots of integrated farms, food consumptions for the community labour (4 days activity, 1 meals, 4 farms, for 15 people each	Integrated Farming Development Expert	42000 000	2821
9	Training	Healthy and nutritional food and drink preparation, in 4 Posyandu, involve 100 mothers, cooking material	Integrated Farming Development Expert	12000 000	806
10	Supplies	Reprinting Training and KIE Material	Photo copy store in Waingapu (alternatively Snapy Bali/Jakarta)	12500 000	840
11	Supplies	Daily eggs and milk for stunting babies (16 children) and low weight children (6 children) and pregnant women (6 people) for 60 days	Local Stores in Melolo or Waingapu	47520 000	3192

12	Supplies	Supplementary healthy food and vitamin for pregnant women and under 5 children, once a month, for 12 months	K-24 pharmacy in Waingapu	48000 000	3224
13	Supplies	Vegetable Seeds	Dahlia Store Waingapu	16000 00	107
14	Supplies	DOC chicken and duck	Praihowar store in Waingapu	25200 00	169
15	Supplies	Fishes for fish ponds	Sangkuti farm store in Waingapu	20000 00	134
16	Supplies	Build the toilet bulding and removate kitchen in 4 Posyandu, clean and painting the Posyandu , purchase bookshelves (1 for Posyandu and 1 for childcare	Local labours from Rindi and local stores in Waingapu	16000 000	1075
17	Supplies	Build stoves and labours in 16 HH of stunting children and 6 low weight children and pregnant women 6 women . Labours are paid daily and provided with meal	Local labours and local stores)for cements), and local markets	31555 000	2119
18	Supplies	Purchase and build Aluminium fence @IDR 100,000 for 10 meters. \$ farms a) 110 m for 40 m x 15 m, b) 50 m for 10 x 15 m, c) 60 m for 15 x 15 m, d) 60 m for 15 x 15 m and nails	Local stores in Waingapu	33000 00	222
19	Supplies	bamboo for fence	Traditional market in Melolo	10000 00	67
20	Equipment	Kitchen utensils (30 pan and 30 wok stainless stil), 2 spatula, napkins, for 4 Posyandu and 22 households of families with stunting children, low weight children, and pregnant women	Local store	30000 000	2015
21	Equipment	Bookshelves for 4 Posyandu	Praiwora Store Waingapu	40000 00	269
22	Equipment	Water filer/ plastic water jar 13 liters for 26 HH with stunting children and low weight children @IDR 300,000 (IDR283,000 and courier cost)	Kopernik, Bali/Tokopedia	78000 00	524
23	Equipment	8 Water hose @ IDR 650,000	Cinta Karya Store	52000 00	349
24	Equipment	1 laptop, 1 printer, 1 portable LCD Projector	Global Teknik	12500 000	840

25	Personnel	Stipen the Gender, Health and Nutrition Expert/Professional (15 days offline and 6 days online) (15 days in field and 10 days online)	Indana Lazulva	19950 000	1340
26	Personnel	Stipen for the Integrated Farming Expert/professional	Theresia Eko Setyowati	19950 000	1340
27	Personnel	Stipen of a Full Time Field Coordinator resides in Rindi (full time), 12 months	Kristin Ujju	60000 000	4030
28	Personnel	Stipen of a RCC team's transport for stakeholders and community engagements for 12 months	Kristine Hara Tola	18000 000	1209
29	Personnel	Stipen of a RCC team's transportation to support community engagement	Remmy	96000 00	645
30	Personnel	Stipen for 2 medical doctors and 2 nutritionist(10 visits)	Team of RSUD Umbu Rara Meha Waingapu	10000 000	672
31	Personnel	Independent Evaluator	Dati Fatimah	62500 00	420
32	Personnel	Village's Cooking Team	Patanning Wuakamba Team	21600 000	1451
33	Travel	Airfare ticket of Farming Expert from Solo to Waingapu Round Trip, 2 times	Lion Group, Traveloka	11000 000	739
34	Travel	Airfare ticket of gender, health and nutrition expdert, 2 times	Lion Group, Traveloka	11000 000	739
35	Monitoring /evaluation	Airfare 5 Rotary's Monitoring @ IDR 5,500,000	Lion Group, Traveloka	33000 000	2217
36	Monitoring /evaluation	Airfare Independent Evaluator	Lion Group, Traveloka	55000 00	369
37	Monitoring /evaluation	Meals and Board of the 5 Rotary Monitoring Team at the village and in Waingapu - transiting for air travel	Community and Traveloka	64000 00	430
38	Monitoring /evaluation	Meals and Board of the independent Evaluator in the village for 5 days	Community housing in the village	10000 00	67
39	Accommod ations	Meals and Accommodation of Farming Expert - 15 days	Communiyt housing	30000 00	202
40	Accommod ations	Meals and Accommodation of Gender, Health and Nutrition Expet - 15 days in the	Community Housing	30000 00	202

		field			
41	Accommodations	Meals and Accommodation of Full Time Field Coordinator in the village, 12 months	Community Housing	1440000	967
42	Accommodations	Meals and Accommodation of 2 medical doctors and 2 nutritionist from RSU - 10 visits each	Community housing	800000	537
43	Accommodations	Purchase of 3 matres, 6 pillows and 3 bed sheets for 3 rooms in the Village House to be Decent Accommodation for the whole 1 year	Styo Foam Store Waingapu	300000	202
44	Operations	Health Check of Stunting Children and Mothers to the Refferal Hospital	RSD Waingapu	640000	430
45	Operations	Office supplies, internet connection for 1 year, phone subscription	Waingapu Store	1020000	685
46	Operations	Electricity Voucher 12 months @ IDR 300,000	PLN Voucher	360000	242
47	Operations	Car Motorcyle rental including gasoline for local transport to the field - with max of 5 trips from Rindi to Waingapu Round Trip - 12 months	Local Vehicles owned by the community	300000	2015
48	Accommodations	Clearring Service for 1 year @ IDR 400,00 per month	Local Community	480000	322
Total budget:				691195000	46428

Supporting Documents

- CV_Dati_Fatimah_May_2023.pdf
- CV_Indana_Updated_May_2023.pdf
- CV_KRISTIN_MELY_UDJU-2.pdf
- CV_Theresia_Eko_Setyowati.pdf
- Community_Asessment_-_RCC_Patanning_Wuakamba.pdf
- Laya_Cattleya_CV_Short_Version_2023.pdf
- Logical_Framework_-_Prevent_Stunting_Rindi_-_Patanning_Wuakamba.pdf
- Presentation_Rindi_June_2023_slide.pdf
- Summary_of_Budget.xlsx

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)	3420	4,000.00	0.00	4,000.00
2	Cash from Club	Kudus	200.00	10.00	210.00
3	Cash from Club	Kudus Srikandi	200.00	10.00	210.00
4	Cash from Club	Semarang Pandawa	200.00	10.00	210.00
5	Cash from Club	Semarang Kunthi	200.00	10.00	210.00

*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 3,200.00 USD from the World Fund. 3200

Funding Summary

	DDF contributions:	4,000.00
	Cash contributions:	800.00
	Financing subtotal (matched contributions + World Fund):	8,000.00
	Total funding:	8,000.00
	Total budget:	46,428.00

Sustainability

Humanitarian Projects

Project planning

Describe the community needs that your project will address.

1. Quality awareness raising and Knowledge Information and Education (KIE) material using interesting media and counseling for mothers of young children under 5 years of age and young families to control and mitigate stunting, including knowledge about appropriate and healthy feeding practices, breastfeeding, complementary feeding, and how to handle acute and severe malnutrition, as well as personal and environmental hygiene
2. Capacity development of public health staffs/cadres/volunteer and improved knowledge and skills to carry out their mandates to work with women and children’s health in the village to be able to facilitate and provide awareness raising regarding risks of stunting, how to prevent and eliminate stunting, knowledge about healthy feeding practices, breastfeeding and complementary feeding, and how to handle acute and severe malnutrition, personal and environmental hygiene through training, mentoring, webinar
3. Quality and regular services of health cadres in the Posyandu, which supplemented with door-to-door visit and mentoring approach
4. Appropriate and clean Posyandu building with a) a healthy kitchen, b) an appropriate toilet and water supply, c) book and references about family’s health and nutrition for cadres, mothers, families, and broader community and books for children
5. Sustainable and integrated pilot farms, which include a) pilot home garden with fence to avoid pest (pigs and large livestock) for planting vegetables, vegetations for herbal drinks and traditional healthy drinks (Jamu), and shadowed trees around the farm, i.e. cotton trees, b) chicken and duck farming, c) water fish

pound

6. Skills to prepare different healthy food and recipes using available local vegetables and protein

7. Clean and healthy kitchen in houses of mothers with stunting and low weight children

8. Other health related aspects, including raising awareness about the importance of access and use of clean water, sanitation (especially latrines and safe septic tanks), which are urgently needed to support personal and environmental hygiene behavior, knowledge about risks of smoking to families' health and stunting implications

How did your project team identify these needs?

The Project team participated in the process of community assessment and project design.

The Project Team carried out a community assessment, which was organized between 8 May and 3 June 2023 through secondary data collection, which was done through a series of desk review on data and research reports on issues of health and nutrition, and specifically on stunting as well as about knowledge, attitude and practices on health and nutrition among people of East Sumba, with specific attention to Rindi Sub-district and village, published by the Indonesia's Central Board of Statistics (CBS) and other relevant research of health and nutrition journals and also a series of primary data collection.

The primary data collection was done through 2 visits and live in the community of Rindi Village and 1 visit to Waingapu, to understand health and nutritional knowledge, attitude and practices among the government people, health staff, and communities (mothers and fathers as well as children) in the village. Some home visits and discussions with mothers and families in 2 hamlets were carried out, in addition to having 7 group discussions, a) with health cadres of Posyandu, village nurse, village government's people, and board of community representatives (BPD), and Bethesda Yakkum, Head of Puskesmas b) with 26 women with under 5's children, c) with 22 women farmers, and weavers, d) with 19 traditional drinks (jamu), e) one-one-one interview with care givers in day cares, f) Director of Yayasan Yasalti.

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

Participatory planning processes were assured through a series of consultations where the community, females and males, participated in some consultative meetings to reach an objective of reducing and controlling stunting in the village, by identifying problems and mapping of possible options of actions to resolve the problems. RC host members and an expert only acted as facilitators.

There were some consultative meetings and discussions, which were done. They were, among others .:

a. Home visits and informal interviews with mothers and families with stunting children in 2 hamlets regarding their knowledge and practices on how have health and nutritional status of their children's health and nutritional status have been improved, what challenges they have experienced, what improvement can potentially be made, otherwise to address the challenges.

b. A Focused Group discussion with health cadres of Posyandu (8 females and 2 males) and village nurse about their roles in the Posyandu's activities, their knowledge about health and nutrition behaviour, and their roles in reducing and controlling stunting, their challenges in carrying out their mandates and what approaches and activities can improve their roles to produce better results.

c. a Focused Group Discussion with 22 women (farmers and weavers), including mothers of under 5 children, pregnant women, young families, and young women, discussing about their daily activities, including their livelihood, health and nutritional knowledge and practices, and willingness to take part in community's activities and in what roles

d. A Group discussion with village government's secretary, board of community representatives (BPD), and Bethesda Yakkum and discussed about the village budget for health and nutrition, the village's economy and people's livelihood, home garden activities in the community, relationships of the village government with the Puskesmas and sub-district and district government offices and how the future efforts to reduce and control stunting can be made

e. A Group discussion with 19 women (aged 18 – 50) on their families' health and nutritional situations, their kitchen situations, their hygiene practices, their challenges in meeting the set of nutritional requirements and hygiene standard, and potential ways to improve them.

f. A Participatory Asset Mapping, involving members of RCC Patanning Wuakamba, Secretary of the village government, and Chair of the Village Representative Board (BPD) people to visit 4 Posyandu in the village and to see the building situation, the cleanliness of the room, the room available and not available, access of water, and safety of the Posyandu, to identify potential building for meetings, pieces of lands that are available for pilot farms

g. Consultative discussions with care givers in day cares, managers of day cares, RCC members, and director of Yayasan Yasalti on social and gender context, the social cultural structure, and their potential roles in the Project.

It is expected targeted communities will receive Project's benefits from the planned interventions, among others :

1. Training on maternal and child health and nutrition for 18 cadres and PUSKESMAS' health staffs, which will follow up with its refresher training (26 beneficiaries)
2. Training for Trainers on how to use the KIE to Cadres, Teachers, and Adolescents (3 training @20 people), 60 beneficiaries
3. Facilitation of home visit of 18 cadres and 1 village nurse, 1 village midwife, and Puskesmas Staffs to households with stunting children and children with low weight, pregnant women, young families (transport cost of 16 cadres Posyandu and 2 cadres bi-weekly) (260 people)
4. Facilitation of training using KIE material with adolescents and girls in "Posyandu Remaja", organized by the Puskesmas. 3 Training @15 people (65 people)
5. Bimonthly discussions on health and nutrition for adolescents @20 adolescents, 6 times, facilitated by 1 nutritionist
6. District Webinar to prevent stunting. Fee for main speaker of a district webinar participated by 150 health staffs in East Sumba (200 people)
7. Development of 4 pilots of integrated farms, including provision of fence, how to make organic compost, provision of seeds of vegetables, DOC chicken and duckling, and fishes for pond. 4 pilot farm (60 people)
8. Training for preparing healthy and nutritional food and drinks using local material (300 people)
9. Provision of supplementary food, i.e. Daily eggs and milk for stunting babies (16 children) and low weight children (6 children) and pregnant women (6 people) for 60 days (30 people)
10. Provision of healthy food for under 5 children and mothers visiting 4 Posyandu (once a month, for 12 months) (120 people)
11. Vegetable seeds for 4 farms
12. Build the toilet building and renovation kitchen in 4 Posyandu, clean and painting the Posyandu, purchase bookshelves (1 for Posyandu and 1 for childcare) 4 Posyandu houses
13. Developing stoves of 16 HH of stunting children and 6 low weight children and pregnant women 6 women (28 Households)

How were community members involved in planning the project?

The community not only involved in the identification of problems in relation to stunting and underweight children, but also in the identification of possible solutions, map on the available resources, identification of gaps, and in the development of proposal, particularly in setting of priorities. 3 visits to Rindi village were done between 8 May to 3 June 2023) to meet different groups of people, including pregnant women, women with stunting children, Posyandu Cadres, Village secretary, head of Village Representative Board, nurses, and midwife. A series of participatory tools, including time used analyses, asset mapping, and stakeholders mapping were utilized. Social inclusion and gender equality analyses were employed to lead the Project design to identify the specific needs of women, including women pregnant women, women with stunting children, and poor women, as compared to those of men as well as institutional capacity needs, such as the Posyandu's coordinating team and PUSKESMAS Tanairang.

Through google meet and zoom meeting application, representatives of Rindi community participated in the Project Design, including in verifying the proposed approach, project's components and activities, Project's targets as well as potential community members who have commitments to take part in preparing and organizing the activity.

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	Inception a. Team meeting with Hosting RC, PIC b. Team recruitment and discussions of roles and responsible as indicated by the Terms of References (TOR) c. Field and Admin Officer to mobilize d. PIC and Field Team to check and reconfirm project's activities and plan (involve village government, Puskesmas, health cadres, community members' committee, RCC, beneficiaries and targets, and timeline e. Inception Report, including an Implementation Plan to be finalized	1 month
2	Socialization of Project's objectives to targeted community groups, mothers (and families) with stunting and low weight children, pregnant mothers, young families, adolescent, and relevant stakeholders (Village government, Puskesmas, Posyandu Cadres, Day-cares, Junior high schools and senior high schools), and District office of Health in Waingapu	2 weeks
3	Reprinting training and KIE material	1 week
4	2 days cadre training to increase knowledge on the promotion of health and nutrition, including preventing stunting, and community facilitation (offline)	2 days
5	Facilitation the organization of regular/monthly Posyandu meeting with appropriate activities and provision of food supplement and healthy food for children under 5 and pregnant mothers	Once every month
6	Facilitation of home visit and counselling of cadres to Households with stunting and low weight children, households with under 5 children, pregnant women, young families,	Once every month
7	Provision necessary health referral of children with serious health issues to the local hospital (RSD Waingapu)	As necessary
8	Build/renovate 4 Posyandu's toilet and kitchen and purchase/distribution of kitchen utensils and book shelves, posters for the day care to 4 Posyandu	1 month
9	Purchase and distribution of egg and milk to stunting and low weight children and pregnant women	Everyday for 2 months
10	Development of 4 pilots of Integrated Farms and to maintain them	1 week and everyday maintenance
11	Purchase and distribution of seeds of vegetables, ODC, Duckling, and fishes	2 times for 4 pilot farms
12	Construction/renovation stone stoves of households with stunting and low weight children (22 households)	1 month
13	Purchase and distribution kitchen appliances (pan and wok) and drinking water's filter/container to households with stunting and low weight children	2 weeks
14	Training on making of healthy food using available local material	2 times @1 day

		offline 1 time @1 day online
15	Training of Trainers on how to use KIE material	3 times @ 1 day
16	Facilitation of youth groups and adolescents to use the KIE material to discuss with their peers in discussion sessions	3 sessions @ 1 day
17	Refresher training on health and nutrition	2 times @ 1 day
18	Refresher training on managing and maintaining farms	2 times @ 1 day
19	Webinar on health and nutrition for health staffs of East Sumba District (online)	1/2 day
20	Facilitation of community to organize Rindi's village food festival, displaying food made of local materials in 4 Posyandu	1 day
21	Monitoring	4 times per year
22	Independent Evaluator	once at the end of the year (5 days)

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.

1. Coordinate the work with 4 Posyandu in the 2 hamlets of Rindi Village ad they have regular meeting, once a month
2. Coordinate with Rindi Village Government that manages the Posyandu cadres and community cadres on health and nutrition and funded. by the Village development fund (ADD)
3. Coordinate with the village's health staffs (village midwife, village nurse) as they monitor health and nutritional status of mothers and children
4. Coordinate with PUSKEMAS that also has health promotion activities, but with a very limited budget. It also organizes 'Posyandu remaja', intergrated health post for adolescents
5. Coordinate with the East Sumba District's Health Office (Dinas Kesehatan). They manage all health staffs in East Sumba, and it is important for the Project to share lessons to the broader areas of East Sumba. Also the Project will organize a webinar for health staffs in East Sumba. This requires coordination
6. Coordinate with the Bethesda YAKKUM that works for promoting health and nutrition through different activities in the relevant area.

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

1. Socialization of Project's objectives and plan will be done in through targeted meetings with the head of village and other relevant village government officials, PUSKEMAS, East Sumba District's Health office, and targeted community groups, mothers (and families) with stunting and low weight children, pregnant mothers, young families, adolescent, and relevant stakeholders. Posyandu's meetings will be used to inform mothers and pregnant women about the Project

2. During the project inception, the Health and Nutrition Team, comprising of volunteered medical doctors, volunteered nutritionist and the Gender, Health and Nutrition Expert Trainer will work in coordination with the local Puskesmas to meet, consolidate, and plan the capacity development's activities, including the series of training activities and the facilitation of home visits done by the Posyandu Cadres and the Community Cadres. Facilitation of regular Posyandu's activities will be done once a month. Medical doctors and nutritionist will come to the Posyandu meetings for more thorough checking on the targeted groups of stunting and low weight children and pregnant women as well as providing counselling.. Meanwhile, facilitation of home visit, which will be done once a month, about two weeks after the monthly Posyandu meeting. Food supplements and vitamin will be provided during the regular Posyandu meetings. The Posyandu cadres will distribute egg and milk to stunting and low weight children and pregnant women everyday for 2 months. Distribution mechanisms will be agreed upon.

3. On the use of KIE material, the Health and Nutrition Team will work with PUSKESMAS to carry out a series of Training of Trainer for different groups. They are 1) Posyandu Cadres, 2) Teachers, 3) Youth groups. Then, participants of the TOT will exercise their knowledge and skills in their outreach. For example, the Posyandu Cadres will exercise disseminating information from the KIE during the regular Posyandu meetings and home visits. Meanwhile, teachers may identify subject under character education, which can be used to disseminate material about health and nutrition. The youth group will work in coordination with Posyandu Program and Puskesmas to organize 3 different sessions for disseminating information from the KIE to adolescents in the community.

Together, trained Posyandu cadres, trained teachers, and trained youth groups can increase knowledge and awareness of mothers and their families as well as adolescent on how to take care their children and their health when getting pregnant since day 1 to the age of 5 years of aged of their children.

4. An Integrated Farm Expert will work closely with a Stakeholders Engagement team, comprising of two community members who work intensively in the Project to facilitate the community to establish 4 pilot integrated farms, build fence, grow vegetables, chicken and ducks, and fishes for the community to learn and further replicate the farm development. Yield from the pilot farms can be further distributed to other replicated farms in the community and can be consumed by the community. The Integrated Farm Expert will also increase knowledge and skills of the community members on how to maintain the farms. The Integrated Farm Expert will also provide training to Posyandu Cadres and families on how to prepare healthy and nutritious food and drinks using available local materials.

5. The Gender, Health, and Nutrition Expert and the Integrated Farm Expert will organize a distance refresher training with participants who will gather in the Project's meeting venue, which will be followed with another field visit assure that the new knowledge and skills are appropriately utilized. Such visit can also be used as a monitoring purpose.

How were these needs identified?

The needs were identified during the community assessment processes, which was organized between 8 May and 3 June 2023 through a series desk review of data published by Central Board of Statistics, data from the village's demography, data from research and journals, as well as through primary data collection. The primary data collection was done through 2 visits and live-in in the community houses of Rindi Village and a visit to Waingapu, to consult with different NGOs to understand health and nutritional knowledge, attitude and practices among the government people, health staffs, and communities (mothers and fathers as well as children) in the village. Some home visits and discussions with mothers and families in 2 hamlets were carried out, in addition to having 7 group discussions, a) with health cadres of Posyandu, village nurse, village government's people, and board of community representatives (BPD), and Bethesda Yakkum, b) with 26 women with under 5's children, c) with 22 women farmers, and weavers, d) with 19 traditional drinks (jamu), e) one-one-one interview with care givers of day cares, which resides in the Posyandu's building, with the head of Puskemas (online), Director of Yayasan Yasalti (online), follow up discussions with YAKKUM Bethesda's management team (online). Then, such needs were reconfirmed during the Project's design/application, which the specific approaches and targeted beneficiaries will be further reconfirmed during the inception stage.

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

Monetary compensations

- Monetary compensation will be provided for participants of training that will be carried out for a full day, such as , training for Posyandu Cadres, Community Cadres, and health staffs on health and nutrition, as well as participants training on the use of KIE for teachers and youth groups, as the training will be carried out for a full day.
- Monetary compensation, in the form of transportation fund of IDR 150,000 will be provided to Posyandu Cadres and Community Cadres as well as health staffs (midwives and nurses) of Puskesmas who will do home visit, once every month. This is provided as distance to community's houses are quite far.
- Other monetary compensation will also be provided to community members who will be actively take part in the preparation and management of activities in the project. The monetary compensations, for example, are provided by 2 people who will carry out stakeholders engagements and community organizing, for cooking team. Monetary compensation for the cooking team will be provided as there is no nearby stores or restaurants that sell snacks and meals for the training and activities. Moreover, food will also be served for the community who will participate in the development of integrated farms and for other construction works. '

Award

Awards will be given to targeted community groups to be able to do exercise healthy practices and consume healthy and nutritional food and drinks as part of realizing the Project's objectives.

No Award Beneficiaries

- 1 Seeds, 5 DOC Day old Chicken and Duckling, and fishes for 4 pilot farms, fences for 4 farms Community groups in 2 hamlets
- 2 4 simple latrines 4 Posyandu Houses
- 3 26 pans, 26 woks , 26 water filter/containers 4 Posyandu Houses
- 22 Poor Households with stunting and low weight children
- 4 4 shelves 4 Posyandu Houses
- 5 A Laptop, a printer, and a poratable LCD Projector that have been used for Project's activities RCC Patanning Wuakamba
- 6 3 mattresses, pillows and bed sheets The house that is contributed by the community to be used as the Project's office and venues for project meetings and training as well as for accommodation of the Project's team and Rotary's guests visiting to Rindi village

Certification

Certification will be provided to mothers who always bring their under 5 children to the Posyandu and improve their children's health status, to Health Staffs, Posyandu Cadres, speakers and participants of the Project's webinar, Teachers, and members of Yotuh Club and to non Rotarian's volunteers as well as members of the RCC who have participated in the Project.

Publicity

Rotary and the participating local governments (the village government of Rindi, the Puskemas of the local Sub-District, District's Health Unit of East Sumba and other relevant governments will be mentioned in publicities in relation to the Project.

Whenever applicable, awards and compensations will be bear the logo of TRF so that it is clear seen TRF works in communities.

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

1. The village government of Rindi, East Sumba
2. PUSKESMAS
3. The office of Health Unit of East Sumba District
4. RCC Patanning Wuakamba
5. Posyandu Cadres and Community Cadres
6. Empu Community for Sustainable Fashion

Budget

Will you purchase budget items from local vendors?

Yes

Explain the process you used to select vendors.

As much as possible, for the benefits of local community, the Rotary team commits to buy all supplies from the local vendors in East Sumba. Selection of vendors will be made based on an assessment, in terms of quality and prices. Whenever available, comparison of prices from 3 potential vendors will be made. As there are only few super markets available in East Sumba, most supplies will be purchased from available stores and markets.

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.

A laptop, a printer, and a portable LCD Projector need only minimal maintenance. During the Project implementation, a designated Administrative and Finance Officer will operate the equipment. Members of the RCC Patanning Wuakamba will be trained on how to operate and maintain.

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

A Laptop, a printer, and a portable LCD Projector may require limited maintenance. Purchase of the equipment will have guarantee for any damage or troubles. The Project will purchase brands that their spareparts are widely available

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 above equipments will be used for disseminating work related information

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

The RCC Patanning Wuakamba

Funding

Does your project involve microcredit activities?

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

Yes

Please describe this funding source.

The Village government has received annual Village Grant Fund (ADD), which includes allocation for

financing the operation of Posyandu cadres and for providing supplementary food for stunting children. The improved knowledge and skills among Posyandu Cadres can be facilitated through the more optimal utilization of the Village Grant Fund (ADD). Furthermore, RCC Patanning Wuakamba will continue monitoring the work of Posyandu Cadres and Puskesmas after the Project Concluded. The RCC Patanning Wuakamba will continue working with Empu Community

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

No

Supporting Documents

- CV_Rambu_Kadi_2023.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

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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
Leya Cattleya	Semarang Pandawa	3420	
Jean-Marie HOFFMANN	Luxembourg- Horizon	2160	

District Rotary Foundation chair authorization

Name	Club	District	Status
Cindy Bachtiar	Semarang Kunthi	3420	
Philippe VANSTALLE	Flémalle	2160	

DDF authorization

Name	Club	District	Status
Romy Junardy	Surabaja	3420	
Cindy Bachtiar	Semarang Kunthi	3420	

Legal agreement

Name	Club	District	Status
Jean-François ZIMMER	Luxembourg- Horizon	2160	
Anang Pratama	Semarang Pandawa	3420	