



GLOBAL GRANTS COMMUNITY ASSESSMENT RESULTS

Use this form to report community assessment findings to The Rotary Foundation when you apply for a global grant.

Assessing the strengths, weaknesses, needs, and assets of the community you plan to help is an essential first step in designing an effective and sustainable global grant project. See [Community Assessment Tools](#) for full instructions and helpful tips.

This form will help you report the results of your community assessment, and it's required when you apply for any humanitarian or vocational training team grant. Complete a separate form for each beneficiary community (e.g., school, health care system, or village), using information that is both current and specific to each community. Remember, you can't use global grant funds to cover the cost of doing an assessment, but you can use district grant funds.

Beneficiary community or institution

Rindi Village (Rindi sub-district, East Sumba District, East Nusa Tenggara, Indonesia)

Groups in the community that would receive a clear, direct, and immediate benefit from the project

- Mothers and under 5 years children with stunting and nutritional issues and their families
- Pregnant women
- Mothers with children of 0 – 60 months
- Young families (husbands and wives)
- Health volunteers and community volunteers
- Adolescents - students (junior high school and senior high school) and those out of schools, including youth groups
- Cadres of Mother and Child's Health

Beneficiaries' demographic information, if relevant to the project

Demography Aspects	Total	Female	Male
Population of Rindi Village (2022)	1.549	757	792
Households (2023)	332	N/A	N/A
Children with stunting cases (May 2023)	12	6	6
Children with malnourished status (May 2023)	6		
Stunting prevalence in East Sumba (2022)	28.8%		
Children in 4 day-cares (May 2023)	95	NA	NA
Numbers of Under 5 Children (May 2023)	148	NA	NA
Reported pregnant mothers who visited Posyandu (May 2023)	6		
Education level of mothers with stunting children (May 2023)	Elementary School or no education		
Majority of livelihood	Rainfed corn farmers and tobacco		
Numbers of mother and child health's cadres	20	17	3
People with no school and drop out from elementary school (2022)	293	NA	NA
Health facilities			
Puskesmas Pembantu ("Pustu", Sub health center)	1		
Posyandu	4		
Number of Elementary school building	2		
Day care	4		
Children in day care	95	NA	NA
Public Well	3		
Households with toilet	150		
Households with no toilet	98		
Households using public toilets	84		
Source : Village Demography (May 2023), Cadre Reports (May 2023, Central Board of Statistics (2022)			

Who conducted the assessment? (check all that apply)

- ☒ Host sponsor members
- ☐ International sponsor members
- ☐ A cooperating organization
 - ☐ University
 - ☐ Hospital
 - ☐ Local government
- ☒ Other – Members of RCC Patanning Wuakamba

Assessment dates

8 May - 2 June 2023

What methods did you use? (check all that apply)

- ☐ Survey
- ☒ Community meeting
- ☒ Interview
- ☒ Focus group
- ☐ Asset inventory
- ☒ Community mapping
- ☒ Other Desk Review on relevant research reports, Indonesia's Board of Statistics' census and survey reports and data, Rindi Village's Demographic Board and Data

Who from the community participated in the assessment?

Pregnant mothers (sample)
Young couples (sample)
Mothers and fathers of young babies and children below 5 years of age (sample)
Cadres of Mother and Child Health or 'Kader of Posyandu ' integrated health post
Care givers of childcare (sample)
Childcare manager (sample)
Male members of the families (father) - sample
Secretary of the Village
Head of Village Representative (BPD)
Village Mid-wife/Nurse from the Puskesmas
Yakkum Bethesda, a religious based community empowerment organization

List the community needs you identified that your project would address.

1. Quality awareness raising material 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 and complementary feeding, and how to handle acute and severe malnutrition, personal and environmental hygiene
2. Increased capacities of public health cadres and improve 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
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
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. Provision and available healthy food in the households, including skills to prepare different receipes
7. Provision of clean and healthy kitchen
8. Non health 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

List any needs you identified that your project would not address.

- a. Provision of toilets for all households, including households of mothers of under 5 children and in the house of health cadres in the Rindi's neighborhood
- b. Developing water piping installation from the public well to households with stunting children and low weight children that do not have access to water
- c. Provision of healthy food and snacks at school
- d. Sustainable and differentiated livelihood of the community and among women with under 5 children who have stunting and health issues.

List the community's assets, or strengths.

- 4 building of Mother and Child Health Post (Posyandu), which have also been used for a child care (PAUD) with simple kitchen, but no toilet, and no furniture : 9 m x 6 m, although they don't have access to water
- Home garden in some houses that are available for the Pilot integrated home garden
- A village meeting hall

- Community houses, which can be used for facilitating meeting
- 16 cadres of mother and child health (Posyandu)
- Social capital/assets a) help each other among people in the neighborhood and village ('Gotong Royong'), b) supports from the village government, c) dedicated women's group RCC Patanning Wuakamba who have also been working as health cadres (Kader Posyandu)
- A relevant program organized by Community Development Bethesda Yakkum serving neighboring villages

Considering the needs and assets you listed, explain how you determined the project's primary goal.

Primary goal

To empower Rindi Village's community in preventing and reducing stunting through health and nutrition promotion, and in improving knowledge, attitude, and health behaviors of targeted communities (parents, mothers, adolescents, health cadres) in Rindi Village of East Sumba District

How would your project's activities accomplish this goal?

1. Develop knowledge, competencies/capabilities and skills of health cadres to enable them effectively facilitating parents and mothers to prevent, reduce, and eliminate stunting through dissemination of information, counselling, and door-to door visitations
2. Facilitate and regularize Posyandu's sessions, door to door visits, and mentoring of parents of stunting and malnourished children, young parents, and pregnant mothers
3. Promote appropriate and clean 4 Posyandu House through development/provision of a) a healthy kitchen, b) an appropriate toilet and water supply, c) book and references about family's health and nutrition for cadres, mothers, and community
4. Promote sustainable and integrated 4 pilot farms, which include a) pilot home garden that is safe from pest (pigs and large livestock) for planting vegetables, roots and spices for traditional healthy drinks, shadowed trees around the farm, i.e. cotton trees, b) chicken and duck farming, c) water fish pound
5. Help providing available healthy food in the households through the introduction of different recipes
6. Help providing stoves and kitchen utensils for mothers with stunting and malnourished children as well as poor young parents
7. Organize stunting consultations, control and monitoring
8. Develop stronger working linkages between the village government staffs with the Community Health Service (PUSKESMAS) in health promotion
9. Help linking the households/women with under 5 years of children to sustainable livelihood with the local government projects and other relevant NGOs/communities

What challenges have prevented the community from accomplishing the project's goals?

- **Limited availability of government's programs on health promotion, including on stunting, leading to the massive miss-perception and lacking of understanding** among families and women about personal hygiene behavior, food, and nutritional practices, and their health implications. Interviewed health cadres reported that they only received a one-day technical guidance ('*Bimbingan Teknis*') to function as cadres of mother and child health and no other training have been provided, including training to increase knowledge and understanding about stunting and nutrition and to equip them with skills and competence to provide health 'socialization' and counselling for mothers and families .
- **Social culture's bias against certain protein and minerals.** Among the people of East Sumba (and broader East Nusa Tenggara) food have strata. Meat (pork and beef) considered being the highest in

the strata, then followed by meat from goat below it, then chicken, while seafood and vegetables being the lowest in the ladder. Unfortunately, pigs and cows are mostly used for bride-prize 'Belis' and for traditional ceremonies for the dead, when pigs and cows are slaughtered and be available for everybody. Unfortunately, chicken/ducks are sold to be able to buy *Sirih Pinang* (beetle nuts), cigarette, rice and salts. Diets of most children are rice, accompanys by instant noodle. As For poorer families, they eat corn that they plant and harvest form their farms. b) Due to lack of nutrition among mothers, mothers only give breast feeding for 3-4 months. After 4 months, babies are given tea (NOT MILK) until they have teeth. When having teeth, young children are given rice, accompanied by instant noodles. Only small percentage of families who eat small amount of protein (meat and fish) and vegetables. Asked in a focused group discussion of 23 women, only 25% of them eat fish one time in a week.

- b. **Low education level and High level of illiteracy** among the community members, particularly among poor women, due to limited access of quality education, and low level of awareness about the importance of education for improving quality of life. Women rarely speak out about their concerns/ Too, there are high level if illiteracy among students. Even graduated from elementary schools, high number of students are not able to read.
- c. **Low capacity of the community** to organize themselves to prevent and control stunting., due to very limited health promotion activities have ever been carried out in the village. In addition to the low level of village budget (IDR 1.3 billions), the community does not have experiences working with any other social and economic development projects in the village.
- d. **Structural poverty**, due to a) challenging geographical typology where dry land not allowing many different vegetation to grow easily, b) remoteness of the village location, leading to lacking access to social and economic services (health, education, economy, markets), c) inequality in power relation among the social strata in East Sumba, where Maramba or King is placed in the highest rank of the society, followed by Kabihu in the second and Hamba or Ata as slave in the bottom, where women have been at the lowest among each strate. This means, women have been the lowest in the society's strata. Marambas occupy the top position in social relation due to its social economy privilege and power to control other groups. It also creates the dominant narrative about the Maramba's absolute truth that whatever the Waramba says is right. Maramba also controls politics and dominates government positions, so that those who do not belong to the high class cannot easily be identified by the state. Land, properties, and livestock are owned by the Maramba while Ata has been excluded and do not have (or have limited) access to social services, livelihood opportunities, and decision making process. As Ata live in their Maramba family, they are the property of the Maramba. Ata do unpaid work as slaves. Access of Ata to education and health has been decided (and controlled) by their Maramba. Many aristocrate families decided not to send their 'hamba' children to go so school so that the next generation of 'hamba' still be able to retain the culture. Most positions in the village government have been filled by the highest ranks, either Maramba or Kabihu. It was reported that women that have been organized through weaving community and traditional jamu community of Patanning Wuakamba include hamba who have independently worked for their families, and not been part of the Waramba's staffs. Nevertheless, such cultural practices, which are part of the history of *Marapu* culture persist. Many women who are 'hamba', and have sexually served the king usually not reported the babies. Such culture occurred prior to the arrival of world religions to Sumba Island. Gradually, Christianity and Catholicism replaced these local religions, although Marapu's influence on the social and cultural system of the people of Sumba persists until now. It was reported that 50% of the population of Rindi village are practicing Merapu. This religion is what underlies the social stratification of the nobility (maramba), free people (kabihu), and servants (ata). This religion also gave birth to various traditional rituals such as the Pasola tradition (war games by riding and throwing javelins) and the stone grave ceremony.
- e. **The community perceives stunting as a bad data as the government was considered focusing much on the data collection. And, it is therefore, has put a negative labelling to families with stunting children.** As the government focuses its data collection on stunting and not making many families with children with stunting refused to receive the government's supports. Nonetheless, the government supports have been limitedly given to children with stunting aged of 0 – 24 months, while other children with stunting were only monitored with no specific treatments. Sadly, children of 0 -24 months with stunting have only been given supplementary vitamins from the Puskesmas and a one time lunch box, which has been prepared by PKK, women movement's organization in the village.
- f. **Such as in other places in East Sumba, Rindi situates in a dry land, where some**

community groups have limited access of water. Too, there are 88 households among 323 households do not have access to toilet.

How is the community addressing these challenges now?

- Health cadres (Kader Posyandu), accompanied by a midwife and a village nurse, meet once every month to organize mother and child's health, which generally covers basic health checking of pregnant mothers, measuring the weight and length of babies and children below 5 years of age, and providing reminders about health and nutrition issues. Limited awareness raising to mothers have been done during the Posyandu's meetings. Most Posyandu's visit have been attended by mothers. Rarely fathers came to the meetings
- For children with stunting, in addition to the provision of micro-nutrient pill from the Puskesmas, the village government also has provided supplementary food, in the form of one- time meal ala lunch box provision, so called '*Pemberian Makanan Tambahan*' (PMT) for stunting children age of 0- 24 months. Usually, menu of the lunch box contains of rice, egg and instant noodle. Such initiative leads to some issues. **First**, the PMT or lunch box has usually been prepared by the wife of village's elite or PKK, without involving the appointed nutritionist from the local Puskesmas, which raised some concerns, in terms of transparency and nutrition quality of the food. **Second**, families with stunting children who have jobs and having cash income refused to receive the supplementary food, as this was considered insulting. For example, a mother of a stunting child has a kiosk business and her husband is a preacher. This couple refused to have the PMT and not willing to regularly visit the Posyandu for checking their stunting kid as stunting becomes a bad label to their families. **Third**, there has been no mandates for the cadres to do counselling about nutrition and health behavior to mothers with stunting and mal nutrition. Moreover, cadres have not received sufficient knowledge and skills to be able to carry out counselling and family visitation. **Fourth**, the PMT did not produce the expected outcome, i.e. increase weight of stunting children as no change behavior occur.

Why are the project's activities the best way to meet this community need?

The Project is designed based on a thorough community assessment, not only collecting primary data, by talking with women and men, girls and boys, but also considering available secondary data, including relevant research in the relevant areas and adopting experiences from the workable and good practices for preventing stunting in East Nusa Tenggara province and broadly in Indonesia.

The project design promotes an integrated approach for controlling and preventing stunting in Rindi Village, which will cover a) health related components, such as developing and raising awareness among targeted mothers and families, strengthening of the work of health cadres to work with the health team in the local Puskesmas for providing health treatments and checking on the nutritional interventions), b) improving the availability of healthy food through the development of integrated home garden pilots, where planting vegetables, raising chicken and duck, and managing fish pound will be organized, c) individual and environmental hygiene. Meanwhile, other non-health related matters, such as improving the family's livelihood, improving access and utilization of clean water and sanitation (latrines and safe septic tank, which are urgently needed to support personal hygiene behavior and the environment will be done in collaboration with the local governments, other relevant projects done by other organizations (UPTN Bethesda Yakkum), as well as other Rotary's projects, for example for toilet provision.

The Project will use friendly media communication, such as comics, film, and community discussions for increasing the targeted community groups for preventing and controlling stunting.

The Project will empower the community through capacity development of female leaders, cadres (females and males) of Posyandu, and youth groups, as well as through institutional capacity development. At the same time, the Project will promote gender transformative approach where those at the higher ranks, such as at the Maramba and Kabuhi's position will be invited to work to support the community to promote (better) equality, while people at the lowest rank will also be promoted to take leaderships and catalytic roles at the cadre level.

The Project will be supported by experienced and knowledgeable experts who have been working for reputable international development agencies, who will contribute their volunteering services through coordinating and management, training, mentoring, and hands-on monitoring during their field works as well as an independent evaluator.

More importantly, the project will closely work with the village's government, the Mothers and Child Health's Cadres, and Puskesmas to carry out community based stunting control and prevention by applying appropriate monitoring tools to evaluate the stunting prevention outcomes, the nutritional knowledge, attitude and practices coupled with an assessment of the nutritional status of mothers and children for controlling and preventing stunting in Rindi village.

The Project will collaborate with other Rotary's project for providing toilets.