

Basic Information

Grant title

Improving Maternal & Child Health in Thomassique, Haiti

Type of Project

Humanitarian Project

Address community needs and produce sustainable, measurable outcomes

Primary Contacts

Name	Club	District	Sponsor	Role
James Williams	Punta Gorda	6960	Club	International
Edith Salomon	Hinche, Centre	7020	Club	Host

Committee Members

Host committee

Name	Club	District	Role
Casimir SAINTIL	Hinche, Centre	7020	Secondary Contact
Wildy MULATRE	Hinche, Centre	7020	Secondary Contact

International committee

Name	Club	District	Role
Duke Rateau	Punta Gorda	6960	Secondary Contact International
Craig Esterly	Punta Gorda	6960	Secondary Contact International

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?

Food insecurity and malnutrition are refractory issues in Haiti that continue to devastate the most vulnerable populations. It is estimated that over 65,500 children under 5 years are affected by acute malnutrition in Haiti and that over 17,000 under-five deaths occurred in 2018, the most recent year for which such data are available (UNICEF, 2018). Thomassique, where the grant will be implemented, is located in an area of the country that has been defined as having a crisis level of food security by the United Nations Office for the Coordination of Humanitarian Affairs (2019) and has historically been among the most vulnerable areas of the country in times of increased stress on the food system (USAID, 2008). Since the determinants of childhood malnutrition are multifactorial, this grant seeks to not only treat the immediate causes of malnourishment, but to address its underlying and basic causes as well.

Specifically, the grant aims to (1) treat the immediate causes of severely malnourished children in Thomassique, Haiti, with particular focus on those under age 2; (2) help prevent many of the underlying causes of malnourishment; and (3) empower and educate caregivers to help break the perpetuating cycle of malnourishment, poverty, infection, and inequity. Through this comprehensive approach, the global grant will immediately benefit (1) children suffering from severe malnutrition by providing adequate energy and nutrient support to meet both maintenance and catch-up dietary intake demands while treating any contributing burden of infectious disease; (2) the caretakers and families of those children by providing education and support to enable their children to access the food sources, care, and health services they need to prevent relapse; (3) and the wider Thomassique community, through improving the health and development of the future generation.

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; Funding graduate scholarships for career-minded professionals related to maternal and child health

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 week	1000-2499
Number of maternal and child health professionals trained	Grant records and reports	Every six months	1-19
Number of communities that report decreased mortality rates of children under age 5	Surveys/questionnaires	Every three months	1-19
Number of communities that report decreased morbidity rates of children under age 5	Public records	Every three months	1-19
Number of maternal and child health professionals trained	Grant records and reports	Every week	1000-2499
Number of direct beneficiaries of prevention items (mosquito nets, soap, potable water systems, etc)	Grant records and reports	Every week	1000-2499
Number of individuals reporting better quality of health care services	Surveys/questionnaires	Every three months	100-499

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

Yes

Name of Individual or Organization

Wilner Osse, St. Joseph Clinic Outpatient Therapeutic Feeding Program (OTP) Director, with the support of Medical Missionaries' Global Health Fellows.

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

Wilner Osse has been trained by World Vision and the Haitian Ministry of Public Health (MSPP) to monitor and evaluate children for malnutrition and has been the Director St. Joseph Clinic malnutrition program for over two years. Medical Missionaries' Global Health Fellows are trained by health professionals at St. Joseph Clinic to assist with data collection and analysis.

Location and Dates

Humanitarian Project

Where will your project take place?

City or town

Thomassique

Province or state

Country

Haiti

When will your project take place?

2021-07-01 to 2022-06-30

Participants

Cooperating Organizations (Optional)

Name	Website	Location
Medical Missionaries	medicalmissionaries.org	9590 Surveyor Court Manassas United States

Supporting Documents

Do any committee members have a potential conflict of interest related to a cooperating organization?

No

Why did you choose to partner with this organization and what will its role be?

Medical Missionaries, an NGO based out of Manassas, VA opened St. Joseph Clinic in 2007 and helps oversee its operations. The Clinic is the only permanent medical facility serving Thomassique and its outlying villages and has an outpatient therapeutic feeding program (OTP). They are in the perfect position to oversee the implementation of the grant program at the Clinic and will be responsible for monitoring and evaluation of the grant.

Partners (Optional)

List any other partners that will participate in this project.

Palmetto Rotary Club
Hinche Rotary Club
Punta Gorda Rotary Club

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	Nick Cuneo	cucuneo@gmail.com
2	Julian Hertz	Julian.hertz@gmail.com

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

Dr. Nick Cuneo is a physician with specialty training in pediatrics, having completed residency at Boston Children's Hospital in 2019. He has completed his Masters in Public Health at the Harvard Chan School of Public Health, where he has taken advanced coursework on global nutrition. He completed a Fulbright scholarship in South Africa from 2009-2010 on food insecurity and started the pilot child acute malnutrition program in Thomassique which this grant will be expanding.

Dr. Julian Hertz is an emergency physician who is currently faculty at the Duke School of Medicine and the Duke Global Health Institute. He has completed his global disease treatment and maternal & child health through various programs, including a Masters Degree in Global Health from Duke University, a Fogarty Global Health Fellowship from the US National Institutes of Health, and a Global Health Fellowship from the Duke School of Medicine.

Dr. Cuneo and Dr. Hertz have specialized medical & public health training that most healthcare professionals in Haiti do not have. Since there no pediatrician in Thomassique and it is very expensive to see/hire one in Hinche, they will bring valuable expertise and skills to train St. Joseph Clinic's program coordinator and clinical staff.

Describe this person's role in the project.

Dr. Cuneo and Dr. Hertz were selected because they are fluent in Haitian-Creole and served as Global Health Fellows at St. Joseph Clinic. They are well qualified to provide continuing education for the staff on maternal and infant health. They are members of the Medical Missionaries Board of Directors. NOTE: We are not budgeting travel expenses for them. They are covering their own expenses in their role in this grant.

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

- Vocational_Team_Member_Application_-_Cuneo.pdf
- vocational_training_team_member_application_en_(1).docx

Rotarian Participants

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

Hinche Rotary Club will help manage the finances of the project in Haiti, connect St. Joseph Clinic to relevant in-country organizations and individuals and advise the Clinic on where to source project materials and medicine. They will be responsible for coordinating regular meetings with the Clinic to discuss project implementation and will be in charge of submitting Rotary grant reports/updates. Their health professionals will help monitor and evaluate the program and routinely provide continued education for staff at St. Joseph Clinic.

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

International Rotarians will help finance the project, work of project accounting with host Rotarians, collaborate with host Rotarians to monitor and evaluate the initiative and provide program advice for the Clinic as needed.

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
USD	1	12/10/2020

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 USD	Cost in USD
1	Supplies	Medical Mamba	Meds & Food for Kids	59000	59000
2	Supplies	Medications (calculataed based on the different essential medications needed & the average number of patients enrolled)	IDA Foundation	3000	3000
3	Supplies	Medications (calculataed based on the different essential medications needed & the average number of patients enrolled)	Local supplier in Hinche	5700	5700
4	Supplies	Prevention items (mosquito nets, klorfasil water treatment systems, and sop)	Local suppliers in Hinche & Port-au-Prince	9000	9000
5	Travel	Transportation of medicine & supplies to Tomassique	Local supplier in Hinche	1400	1400
6	Travel	Child Referral Stipend	Rotary grant	2400	2400
7	Training	Instructor training / Continued education	Rotary grant	2000	2000
8	Supplies	Education Class Materials	Local supplier in Hinche	4200	4200
9	Supplies	10 Child Scales & 10 Child Holders	Amazon	300	300
10	Project management	Program Audit and Grant Management	Hinche Rotary estimates 5% of total budget	5000	5000
11	Project management	Opening Bank account in Hinche, Haiti	Local supplier in Hinche	500	500
12	Project management	Measuring Project Outcomes	Medical Missionaries	500	500
13	Project management	Exchange Rate Fluctuation Contingency Fund	Rotary grant	7000	7000
Total budget:				100000	100000

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)	6960	30,000.00	0.00	30,000.00
2	Cash from Club	Punta Gorda	2,000.00	100.00	2,100.00

*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 30,000.00 USD from the World Fund.

Funding Summary

DDF contributions:	30,000.00
Cash contributions:	2,000.00
Financing subtotal (matched contributions + World Fund):	32,000.00
Total funding:	32,000.00
Total budget:	100,000.00

Sustainability

Humanitarian Projects

Project planning

Describe the community needs that your project will address.

In examining the malnutrition program at St. Joseph Clinic and conducting a community needs assessment in Thomassique, the data revealed to us that by reinforcing the Clinic's current primary care network, the Malnutrition Program could more effectively deliver assistance to children in need, subsequently saving more lives and improving maternal and infant health in the region.

To determine the unmet needs of the community's most vulnerable children and to learn how a global grant would most effectively leverage the clinic's program to address them, a community assessment consisting of three focus groups was conducted. The focus groups were composed of the following: a sample of direct stakeholders of the malnutrition program, i.e. caregivers of enrolled children, Thomassique community members, and clinic healthcare providers, with focus on those involved in program operations, support, and referrals.

First, all three focus groups offered that the clinic's program has positively impacted their community and expressed concern that childhood malnutrition is a large problem in Thomassique that is getting worse. Although each group explained that the current program has positively impacted the lives of malnourished children in Thomassique and is a valuable resource, they acknowledged many areas of improvement that could strengthen the program. Some of the key findings in the focus groups and background research include:

a) Inadequate dietary intake & food insecurity:

Numerous mothers in the program explained that they are unable to provide their child with a nutritionally

diverse diet because of financial constraints. They frequently explained that they do not have enough financial capital to support their families, making them unable to meet the dietary needs of their children. Additionally, some mothers stated that their child was malnourished because they themselves were malnourished while pregnant. When asking members of the wider Thomassique community why they believed children were malnourished, they had an identical response: parents do not have the means to adequately take care of their family's nutritional needs.

Looking at data from International agencies, Haiti has the worst malnutrition rate in the Western Hemisphere and one of the highest levels of chronic food insecurity in the world that continues to devastate its most vulnerable citizens, especially young children (The World Food Programme, 2019). In 2018, half of the country's population was undernourished and Haiti's Global Hunger Index score rose to 35 - up from 28 in 2009, with a staggering 22% of children in the country suffering from chronic malnourishment (The World Food Programme, 2019). It is estimated that over 65,500 children under 5 years are affected by acute malnutrition in Haiti and that over 17,000 under-five deaths occurred in 2018 (UNICEF, 2018). Haiti is considered one of the ten worst food crises in 2019 (Global Report on Food Crises, 2020) and Thomassique, where the grant will be implemented, is located in an area with a crisis level of food security according to the United Nations Office for the Coordination of Humanitarian Affairs (2019).

Members of the healthcare provider group expressed great concern over the supply chain of the Ready-to-Use Therapeutic Food (RUTF), Medika Mamba, due to the sociopolitical unrest that has disrupted all aspects of Haitian life. Additionally, the Director of the malnutrition program explained that the MSPP is no longer sending the Clinic Medika Mamba regularly because UNICEF is no longer supplying MSPP with Medika Mamba. Given these disruptions, the Clinic has received significantly less Medika Mamba during the past few months, subsequently putting constraints on the program and transferring the financial responsibility of procuring more to the clinic. More recently, because of the coronavirus pandemic, the Clinic has not received any Medika Mamba from World Vision (who have closed their office in Hinche) or MSPP. Since malnutrition has particularly far-reaching implications, correlating with lower performance on intelligence tests, poorer educational attainment, and lower future income (Cuneo et al., 2017), treating severely malnourished children is the primary objective of our global grant.

To address this need, our grant will help the program procure Medika Mamba to continue treating severely malnourished children in Thomassique, enabling treatment of more lives than they currently are able to. Furthermore, we will consult Rise Against Hunger, an international hunger relief non-profit organization, to advance the Clinic's Breadfruit Program. This program supports the malnutrition program by addressing food insecurity in Thomassique through distributing breadfruit plants to the community and by providing nutritious breadfruit flour to enrollees.

b) Underlying diseases:

One of the immediate causes of childhood malnutrition includes exposure to disease. Many mothers in the focus group explained that their child became malnourished because their child became sick and lost weight. Some specific symptoms of illness they mentioned include anemia/weakness, loss of appetite, diarrhea, cough, and fever. Other mothers also noted that although their child's health improved in the program, they were not cured of malnutrition because they had not cured their child's disease and/or they had become infected with another illness. Given that most families do not have the financial means to purchase medications prescribed to their children in town and given that the Clinic does not always have medications available, many children do not receive the treatment they need. Furthermore, since acutely malnourished children have an increased susceptibility to infectious diseases, it is imperative that essential medications are included within the grant. Additionally, the lack of availability of and access to prevention items was raised as another concern. Looking at a representative sample of past data from home visits of children enrolled in the Clinic's malnutrition program, the percent of patients who had diarrhea at entry was 18%, mosquito nets 36.1%, and latrines 58.3%. In the focus group, mothers unanimously agreed they would benefit from increased access to these products to be able to better take care of their children.

To address this need, the grant will include a budget to purchase essential medications and disease prevention items.

c) Barriers to accessing the malnutrition program & emergency care:

Across all three of our focus groups, the most frequent barrier to screening and treating children cited was household distance to the clinic. The median household distance from the Clinic for a child enrolled in the program is 67.5 minutes. The Director of the Malnutrition program, two CHWs, the clinic's Chief Physician, and all mothers interviewed stated that finding the money to cover transportation costs is the most significant challenge for families to access the program and come for follow-up appointments. "Many people," the Chief Physician said, "live far away and do not always have access to a motorcycle, horse, or donkey for transport, so they would have to walk very long distances to the clinic, which leads them to just stay home and not receive care." When asked how to best decrease these barriers in order to more effectively reach children in the outlying villages, members of the healthcare group unanimously suggested that the program should provide transportation stipends to help families who live far away get to the clinic. Additionally, the Chief Physician suggested having mobile clinics specifically for the malnutrition program, which would enable the Director of the program to travel to more remote locations with Medika Mamba and other supplies to provide more case detection and follow-up of patients in their home settings. It was also emphasized that the Clinic does not have a vehicle to utilize for this purpose or for referring emergency cases to the MSPP Hospital in Hinche (located one hour away by car).

To address this need, the grant will include transportation stipends for caretakers living in remote villages and a vehicle to be used for emergency case referrals and Medika Mamba Mobile Clinics.

d) Education:

The focus groups also highlighted a gap in education and knowledge on behalf of families and community members who lack information on the causes of malnutrition, the severe consequences of malnutrition and the steps to take in order to ensure prevention and treatment. A CHW and traditional birth attendant explained that some parents lack knowledge about the signs of malnutrition and therefore do not know to come for care. Another traditional birth attendant stated that some families are afraid of the stigma attached to having a malnourished child, deterring them from the program.

In discussing malnutrition with the wider Thomassique community, a few interviewees found it difficult to articulate how exactly malnutrition impacts their community and were only moderately aware of clinical signs of childhood malnutrition. Although many mothers explained that they learned many health-related topics from the program (such as the importance of hand-washing, water treatment, hygiene, and a balanced diet), mothers mentioned that they would like to learn more about nutrition, general child and maternal health topics, and have access to more resources to help them take care of their families. When asked if they would be interested in learning more business or agriculture skills to help start their own business, mothers unanimously replied in the affirmative. Members of the wider community informed us that education sessions would be very helpful because many people do not have the money to go to school, and therefore lack access to a lot of essential knowledge. Lastly, everyone in the healthcare provider focus group was enthusiastic about receiving additional education on identifying signs of malnutrition and on how to better care for malnourished children in their community.

To address this need, the grant will provide continued education to the clinic staff, conduct more education sessions in remote villages, and equip a learning center at the Clinic to host formal education classes on nutrition and income-generating activities. These educational outreach activities will help community members learn that prevention of malnutrition begins with prenatal care, breastfeeding, improved hygiene and sanitation, and empower them with the knowledge to meet their children's nutritional, educational, and health needs through earned income. Education for caregivers will address the basic causes of maternal and child malnutrition and aim to empower them to make improvements to their dietary behavior, health-seeking behavior, and caring practices. With the advent of the novel coronavirus disease (COVID-19), it is predicted that malnutrition and food insecurity will get worse for Haiti. COVID-19 is expected to be one of the key drivers for acute food insecurity worldwide and will have a profound impact on the country's most vulnerable, as many have limited or no capacity to cope with either the health or socioeconomic aspects of the shock (Global Report on Food Crises, 2020). The pandemic has already started to strain resource-strapped primary health care centers and begun to divert resources from other areas, like acute malnutrition. Additionally, we have had meetings with Rise Against Hunger and they have agreed to help us get educational resources on nutrition and agronomy to use in our outreach activities.

Therefore, the need to galvanize support to meet the needs of the world's poorest and most vulnerable inhabitants has never been more urgent. The global grant will address the high rate of childhood malnutrition in Thomassique, help alleviate the mounting rate of food insecurity, increase people's access to disease prevention items, and help combat the perpetuating cycle of undernutrition through education.

1. Cuneo, C. Nicholas, et al. "Treating Childhood Malnutrition in Rural Haiti: Program Outcomes and Obstacles." *Annals of Global Health*, vol. 83, no. 2, 2017, p. 300., doi:10.1016/j.aogh.2017.05.003.
2. Phillips E, Rhatigan J. "Treating Malnutrition in Haiti with Ready-to-Use Therapeutic Foods." Harvard Business Publishing. 2011.

How did your project team identify these needs?

These needs were identified through our Rotary Community Needs Assessment conducted in Thomassique, clinical research on the Clinic's OTP program using routine data from ongoing monitoring and evaluation efforts (published in 2017 in an international peer-reviewed journal, *Annals of Global Health*), and a collection of academic resources on malnutrition and food insecurity in Haiti.

Specifically, during the Rotary Community Needs Assessment, we conducted various focus groups in Thomassique to learn more about the community's experience of malnutrition, to learn of the barriers to purchasing prevention items, and the local root causes of childhood malnutrition. These groups included: 1) families impacted by malnutrition; 2) community members not directly impacted by malnutrition; and 3) health care professionals and those involved in program management and logistics for the malnutrition program.

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

The members of the benefiting community were involved in developing the program during the Community Needs Assessment. Specifically, the program integrates information learned from conducting focus groups with local families, caretakers of children enrolled in the program, healthcare providers, and the wider Thomassique community.

How were community members involved in planning the project?

Feedback and suggestions learned from conducting focus groups with local families, caretakers of children enrolled in the program, healthcare providers, and the wider Thomassique community were integrated into planning our project.

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	Purchase Medika Mamba from MFK Haiti	9 days
2	Purchase education materials (notebooks, desks, blackboard/whiteboard, etc.)	12 days
3	Education Program Staff Hiring & Training	3 weeks
4	Purchase prevention items (soap, mosquito nets, klorfasil systems)	12 days
5	Health & wellness classes for local community members	Formal classes last 6 weeks & a new cohort begins after one graduates.
6	Health & Wellness Education Sessions	3x per week before patient check-ups

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.

We plan to work in coordination with the Haitian Ministry of Health (MSPP), World Vision International, Partners in Health, and Fonkoze Bank.

1) MSPP sets national protocols for the management of severe and moderate acute malnutrition. The Clinic’s malnutrition program is authorized by MSPP, which has supported the program in a number of ways for nearly a decade (the program has been operating since 2009). The Clinic has partnered with MSPP to receive Medika Mamba, although due to the political turmoil in Haiti, the amount of Medika Mamba the clinic receives has significantly decreased and the frequency that the Clinic receives it is increasingly unpredictable. Furthermore, since the arrival of COVID-19 in Haiti, the Clinic has not received any Medika Mamba from MSPP.

2) World Vision International is an NGO that works in Haiti and has a malnutrition initiative that provides Medika Mamba to local health partners and refers at-risk children for treatment. World Vision provides the clinic with Medika Mamba, but only sporadically and it is not enough to meet the high demand of the program. Since the arrival of COVID-19 in Haiti, however, their office in Hinche has closed and they are not providing any Medika Mamba to the Clinic.

3.) Partners in Health (PIH) operates a clinic in Cerca La Source, about 30-40 minutes from St. Joseph Clinic. The Clinic has an OTP that serves its outlying villages. Members of the Clinic’s OTP program have met with the PIH group to talk about areas of potential partnership in order to best support the region. The PIH group is interested in collaborating with St. Joseph Clinic on malnutrition initiatives more in the future to better serve the Central Plateau.

4) Fonkoze Bank, a microfinance institution in Haiti, has a program whereby trained community workers screen children for malnutrition in Thomassique. Currently, their community workers refer severely malnourished children to the Clinic to be treated, but they do not provide direct support for their treatment or for the acquisition of more Medika Mamba.

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

Formal education classes will be provided at the clinic to disseminate information on the prevention of

malnutrition, targeting both caregivers of enrolled children as well as new mothers in the maternity unit. During caregivers' education classes, participants will receive targeted skills-based education to gain the confidence to manage the recovery of their child. Furthermore, they will learn how to engage in new income-generating activities, which will allow them to help meet their child's nutritional, educational, and health needs through earned income. Classes will further emphasize the importance of sending children to school, a vital step in breaking the cycle of generational undernutrition and often a key source of reliable meals for the children, enhancing food security. Given the age range of the children enrolled in the program (all under 5), they should all be qualified to enroll in public education in Haiti, the importance, process, and logistics of which will be reviewed in detail. We also hope caretakers will share their knowledge with family, friends and the community to become advocates for malnutrition prevention.

In addition, the Clinic's five community health workers (CHWs) will continue to conduct education sessions each month on malnutrition, nutrition, hygiene, and other health-related topics in the clinic's outlying villages to increase program awareness and encourage community members to visit the health center for screening. These sessions are held at schools, churches, and other community gatherings. Additionally, the OTP Director holds the responsibility of screening children in outlying villages every week, providing health education for families awaiting consultation, and conducting home visits for patients enrolled in the program. Every month, he also assigns home visits to the clinic's CHWs in their respective villages. These visits consist of safety evaluations/inspection, utilization of a water treatment system, hygiene, and food availability. Through our partnership with Rise Against Hunger, we also plan to integrate agronomy education classes and will consult them on how to most effectively expand the outreach of the Breadfruit (agronomy) Program at St. Joseph Clinic.

How were these needs identified?

These needs were identified through the Rotary Community Needs Assessment, peer-reviewed research papers written on Community-based Management of Acute Malnutrition (CMAM) programs, and data collected from the Clinic's OTP program.

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

Community members are encouraged to come to the health center for screening their children for the program and are incentivized by receiving Medika Mamba, medicine, weekly health education classes, and prevention items if their child is eligible for enrollment. Regardless of eligibility, caretakers of children enrolled in the OTP as well as other interested caretakers in the community will have access to the wellness classes. To incentivize community members to participate in the program, they will receive a certificate upon completion of the 6-week formal education course. Additionally, since many caretakers of families live in outlying villages and do not have the means to travel to the clinic for our courses, small travel stipend will be provided to families who qualify.

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

The clinic's program has a long (>10 year) track record of sustainability in providing high-value care, with particular focus on the treatment of acute malnutrition, to children under five in the community of Thomassique. We hope that, with support from TRF, we can improve the program to expand and more effectively deliver assistance to children in need, saving more lives than we are already currently able to. After grant-funded activities conclude, Medical Missionaries will oversee the continuation of the project by finding additional grants and alternative sources of funding (including drawing on its sustainability endowment, which it is currently in the process of building) for medications, supplies, prevention items, and transportation stipends for classes. With these materials and supplies, the OTP Director, Global Health Fellows, Clinic Administrator, Education Program Staff, and Chief Physician will ensure the project is sustained at the clinic.

- To receive more Medika Mamba: in 2017, the Clinic had a reliable supply chain to receive Medika Mamba from MSPP. Given the recent political turmoil in Haiti, the COVID-19 pandemic, and the subsequent decrease in funding allocated to MSPP to purchase Medika Mamba, the quantity of Medika Mamba that St. Joseph Clinic (and other clinics in Haiti) receives has significantly decreased and the frequency that the clinic receives it is unpredictable. We are hopeful that during the three years of our grant, the political situation will improve, the COVID-19 pandemic will subside, and MSPP will reestablish their funding, thereby redeveloping

a reliable supply chain.

- To fund more medicine: The clinic will continue to look for more grants and alternative funding sources to help ensure that essential medications are available for children enrolled in the program.

Budget

Will you purchase budget items from local vendors?

Yes

Explain the process you used to select vendors.

Besides certain medications and supplies to weigh children, all of the budget items will be purchased from local vendors in order to stimulate and support the local economy:

1. Medika Mamba - this product is exclusively produced and sold by Meds & Food for Kids (MFK). Their factory is located just outside of Cap-Haitian, Haiti and has been a clinic partner for over a decade, since the start of the clinic's malnutrition program. Notably, this organization employs Haitian workers, purchases raw materials from Haitian Farmers, and collaborates directly with the Haitian MSPP, who has adopted their RUTF into national protocols for the treatment of childhood malnutrition.
2. Mosquito Nets - After comparing prices and quality of mosquito nets in Thomassique, Hinche, and Port-au-Prince, Haiti, a suitable vendor has been found in Port-au-Prince.
3. Soap - this product will be purchased from a depot / bulk supplier in Hinche, Haiti
4. Klorfasil System - this product is exclusively sold by a company located in Port-au-Prince, Haiti
5. Medications - the majority of medications will be purchased from IDA Foundation, an independent social enterprise that provides medicine to healthcare organizations. Among other areas, IDA Foundation works with international NGOs, smaller mission hospitals, and ministries of health to provide quality medications at the best price possible. Medical Missionaries works with the IDA Foundation in partnership with Partners In Health, who assists with supply chain support. Medications not offered from IDA Foundation will be purchased from pharmacies located in Port-au-Prince and Hinche.
6. Class Materials - this will be purchased from a depot / bulk supplier in Hinche, Haiti

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.

Education equipment and mosquito nets will be maintained by the Clinic.

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

Community members will insure that desks and chairs will be protected from the weather and stored in a secure location in between class sessions. Replacements for desks, chairs, mosquito nets, and water filtration systems are 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.

All equipment used in this grant are culturally and technologically appropriate items that have been used for an extended period of time in Haiti.

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.

St. Joseph clinic will own the items purchased by grant funds after the project is completed.

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 Clinic hopes to continue receiving Medika Mamba from MSPP and World Vision in the future. For other components of the grant, however, local funding sources have not yet been identified because of the high rate of poverty in Thomassique. Medical Missionaries will continue to support and look for alternative sources of funding to support the program.

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

No.

Authorizations

Authorizations & Legal Agreements

Legal agreement

Global Grant Agreement

I confirm and agree to the following:

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 District Grants and Global Grants ("Terms and Conditions") and will adhere to all policies therein.
3. The grant sponsors ("Sponsors") shall defend, indemnify, and hold harmless Rotary International (RI) and The Rotary Foundation (TRF), including their directors, trustees, officers, committees, employees, agents, associate foundations and representatives (collectively "RI/TRF"), 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 RI/TRF 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, war, fire, riot, civil unrest, hurricane, earthquake, or other natural disasters, acts of public enemies, curtailment of transportation facilities, political upheavals, 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 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 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 its 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 International (RI) and TRF may use information contained in this application and subsequent reports to promote the activities by various means such as The Rotarian, Rotary Leader, rotary.org, etc. Unless indicated otherwise in writing, by submission of the photos, the parties hereby grant to RI and TRF the worldwide right to publish and use the photos, including but not limited to, in RI and TRF publications, advertisements, and Web sites and on social media channels and to license use to others, including, but not limited to, media outlets and its partners and through RI's online image database, for the purposes of promoting Rotary. By submitting the photos, the parties represent and warrant that all persons appearing in the photos have given their unrestricted written consent to use their likenesses and to license use to third parties.

16. The Sponsors agree to share information on best practices when asked, and TRF may provide their contact information to other Rotarians who may wish advice on implementing similar activities.

17. 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.

Primary contact authorizations

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.

All Authorizations & Legal Agreements Summary

Primary contact authorizations

Name	Club	District	Status
James Williams	Punta Gorda	6960	
Edith Salomon	Hinche	7020	

District Rotary Foundation chair authorization

Name	Club	District	Status
Alfred Current	Englewood	6960	
Patrick Adizua	Mandeville	7020	

DDF authorization

Name	Club	District	Status
Darryl Keys	Charlotte Harbor Sunset	6960	
Alfred Current	Englewood	6960	

Legal agreement

Name	Club	District	Status
Casimir SAINTIL	Hinche	7020	
Darcy Hanley	Punta Gorda	6960	