

Project-plan Yayasan Kolewa Harapan Indonesia  
Supporting communities and children with a care need or  
(plastic)surgery.

## Project year 2020



Welcome to the  
world of Kolewa Foundation.



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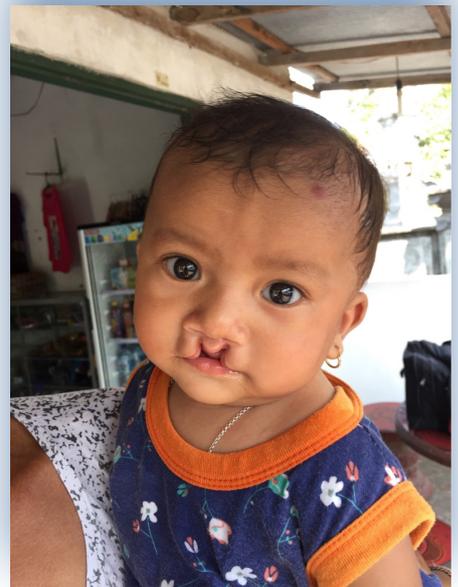
The website [www.kolewa.com](http://www.kolewa.com) is inDutch, English and Bahasa Indonesia



## Preface:

The primary target group of our Indonesian Kolewa team consists of children, but sometimes adults, with a medical aid indication in the provinces of Bali, Rote, Timor, Flores, Alor, Ambon, Sumba, and Sumbawa. The focus is on schisis children, orthopedic disorders, hearing impairment, vision loss, congenital cataract, microtia, anus atresia, spina bifida, hydrocephalus, and severe mutilation due to burns. Their appearance or disability is the cause of a life in isolation and often complete or partial neglect within the family. In some cases, it is not the family that caused the trauma, but the environment. The children are often bullied, or even the entire family is excluded from the community, usually caused by superstition.

If we identify children with a request for help, they are often apathetic and closed. They cling to the one person they still trust. In most cases, this is the mother or grandmother. Kolewa offers medical support, but also puts a lot of energy into the socialization of the child, both individually and in groups.



Our local team guides patients to hospitals in Bali for research and operations. The foundation contributes to a large extent to the costs of transport and accommodation during treatment and rehabilitation. Our team of counselors works locally, with several very dedicated medical and social professionals. Together we aim to achieve positive results on the following topics:

Increasing the child's chances of survival through medical assistance

Returning to society, including through educational integration

Self-confidence and socialization: increase self-confidence, feel that you belong and dare to interact with others

Stimulate the inquisitiveness

Have the parent come closer to the child

Healthier living (food & hygiene)

In short, better chances for a healthy life if possible.

Also, we are increasingly focusing on prevention - partly through structural information about proper nutrition and genetic defects - so that in the very long term, the number of children born with a disability could reduce.



# Chapter 1

## Introduction

Yayasan Kolewa Harapan Indonesia is officially registered at the department of Human Rights in Jakarta and acknowledged by the governmental Dinas Social of the city of Denpasar. Our policy and annual reviews are published on our website [www.kolewa.com](http://www.kolewa.com)

### 1.1 Mission and Vision

#### **The Kolewa Foundation - Give a future with a smile!**

##### **Our motive**

Physically disabled or limited children have a right to a decent and promising life. They should be able to grow up just like any other child. The Kolewa Foundation contributes to this goal by offering medical help and fitting education.

We want to prevent that these children get isolated and neglected, and have to grow up without proper education, as a result of their disability or the way they look. These children should have a chance to participate in home and school activities as much as possible and not be ostracised at school. They are part of the community!

##### **What we do**

We bring change to the lives of children with medical issues. Our approach is unique; we take care of the child's entire 'medical trip'. This includes medical examinations, (often relatively easy) surgery and providing medicines. During this medical trip, we try to make things as fun as possible for the children. For children with hearing disabilities, we provide special education, sign language classes and speech therapy.

Our work area covers all the islands of Indonesia. Our patient companions go to pick up patients from other islands. Before and after the surgery, the patients and their companions stay in our shelter 'Rumah Bicara' in Denpasar, the capital of Bali. After a final check at the hospital, we take the children back to their homes. We provide follow-up care in the form of check-ups, additional support and periodic 'family gatherings' where we reunite with the children and their companions. We also try to prevent diseases by giving poor families access to clean drinking water through our water filtering project.

We work to improve self-confidence, the feeling of belonging and daring the children to interact with others. We also work on improving the communication between parent and child. We stimulate the development of the children by offering all kinds of activities and lessons. We provide information about a healthy lifestyle and hygiene. Most of these children have very bad teeth, so before the procedure, a visit to a dentist is often required.

### **Our target groups**

We focus on children from families on the most isolated and poorest islands in Indonesia. Due to the lack of adequately equipped hospitals and available specialists, good medical care is often not available. The patient's families often don't have the financial means to make the trip to Bali.

The medical focus is on children born with cleft lip, cleft palate, hearing problems or serious disfigurements due to burns. We also help children with anal atresia, spina bifida or hydrocephalus, among others. We provide aid for approximately 200 children per year.

### **How do we do this**

Committed and result-oriented

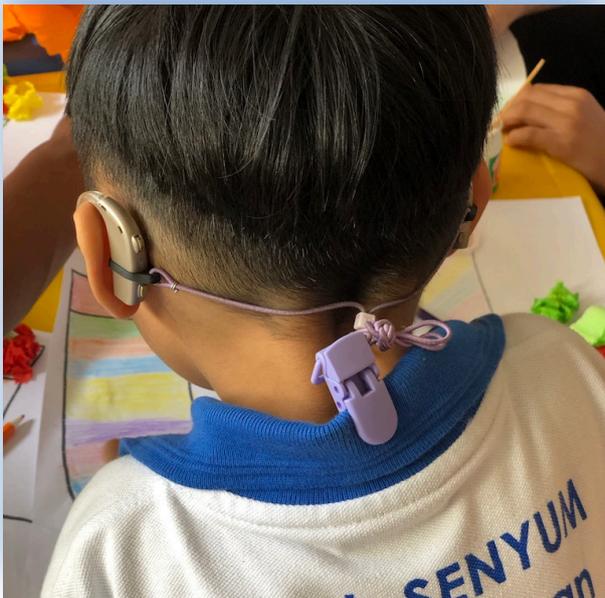
We are a small organisation, that is our strength. Our commitment allows us to act quickly. We can skip the lengthy procedures and start working right away. We are creative in finding solutions and will continue until we succeed, which means that we can quickly achieve a positive result. That is exactly what appeals to the sponsors and friends of the Kolewa Foundation. They are enthusiastic about our approach, which enables us to make major changes in the lives of these children.

### **Sustainable cooperation**

Apart from the Kolewa Foundation in the Netherlands, there is also an Indonesian foundation, called Yayasan Kolewa Harapan. This foundation is run by an enthusiastic and professional local team.

The stable network of our Indonesian field partners is indispensable. We consider it important to have long-term cooperation with various institutions for eye and hearing problems, speech therapy and rehabilitation. This enables us to contribute to the sustainable improvement of the local health care system. We work together with local scouts on the various islands, and we receive regular support from student trainees and volunteers from the Netherlands.

### **The Kolewa Foundation – Give a future with a smile!**



# Yayasan Kolewa Harapan Indonesia

## 1.2 The Board

Kolewa Foundation works closely with its counterpart in the Netherlands, Stichting Kolewa, where Stichting is the equivalent of a foundation or NGO. Yayasan Kolewa Harapan Indonesia is formed by a board and a small executive team. Each team member has its specialty, such as speech therapy or medical background. We can count on the support of volunteers, interns, and local field partners — their expertise in, among other things, pedagogy, education, and care. The local team reports every quarter to the Dutch Kolewa board on its activities. Our work is regularly monitored by the social services of the province of Bali and the city of Denpasar.

The founders (Pendiri) of Yayasan Kolewa Harapan Indonesia are Syta Plantinga en Ana Ni Juliani (Ketua).

The following persons do lead the organisation:

Ana Ni Luh Juliani	Chairwomen	Also teamleader
Uttari Luh Dessy Widayani	Treasurer	Assistent teamleider
Nusrani Putu	Secretary	Midwife in Bali
Fenny Laurens	Board member	Owner Kaliuda Galery

Syta Plantinga is supporting the board as Pembina, being supervisor and advisor..

## 1.3 Team

The permanent team of Kolewa Indonesia consists of a few paid employees:

Ana Ni Luh Juliani	Teamleider, certified speech therapist
Uttari Luh Dessy Widayani	Midwife, social worker, speech therapist intraining
Widia, Holldyn en Ers	Scouts, social workers and teachers
Klement	Conciërge, former clp patient
Heldi	Cooker, former patiënt burns
Komang	Driver

The team is supported by voluntary specialists and works together with field partners.



## Chapter 2

### Rumah Bicara

# Professional care and guidance for Indonesian children who need surgery

#### Introduction:

What is common in the Western world in the field of health care and special education is often the exception in Indonesia. Only a small part of the population has access to medical help and knowledge. Together with our field partners, we are working to provide poor communities with access to health care and to proactively provide the necessary care, support, information, and knowledge transfer, especially for (parents of) children with a congenital physical disability who suffer from their disability. Or restriction living in isolation or threatening to come. We do focus on islands such as Rote, Sumba, Flores, Timor, Sumbawa, Alor, Ambon, Lombok, and occasionally also East Java. Kalimantan and Sulawesi, where no or minimal medical care is available, and in Bali, wherein the capital of Denpasar, our Rumah Bicara is located..

Rumah Bicara (the chat house) locates in a quiet area of Denpasar, Bali. It is the home of our organisation Yayasan Kolewa Harapan Indonesia. The local team consists of five Indonesian supervisors (Ana, Uttari, Widia, Holldin, and Ers), caretaker Klement (former schisis patient), and cooker Heldi. Volunteers and students from the Netherlands further support the team.

From Rumah Bicara, this dedicated and enthusiastic team of care providers works together to support children, but also adults with a help indication, both on Bali and other islands. The focus is on schisis, craniofacial disorders, anus atresia, orthopaedic disorders, hearing impairment, loss of sight, congenital cataract in children, and mutilation due to burns. Rumah Bicara is a temporary residence for many children (and a parent) who come from remote islands when they have to rehabilitate after a significant operation in Bali, where they receive speech therapy and/or speech lessons and where integration in regular or special education receives a lot of attention.

- **Our activities divided into a program with the following components:**
- Supporting communities and identifying children with a care need
- Patient care or medical support
- Revalidation
- Support for (special) education
- Transfer of knowledge to involved communities



On the following pages you will find a detailed description of our activities, followed by a budget for the implementation year. 2020.

## 2.1 Supporting communities and children with a care need or (plastic)surgery.

### Clean water supply.

A large part of the Indonesian population has no connection to water from the tap. People depend on river water or rainwater because water from a bottle is unaffordable for them. Drinking this heavily polluted water causes illnesses and especially in children. It has a significant impact on the family, as there is often no money for a doctor, and especially children under the age of five have a higher risk of dying from bacterial infections or drying out due to diarrhoea. Children with a reduced resistance due to, for example, cleft, are even more vulnerable. A cheap solution to this problem is the Tulip Water Filter, a Dutch invention manufactured in India. This filter, which contains carbon, silver, and ceramics, filters even the dirtiest river water for 99.995% of unwanted substances such as parasites, harmful bacteria, and other pathogens, causative agents of cholera, diarrhoea, typhoid fever, and parasitic diseases. The purchase and distribution of 400 water filters are again included for 2020 as part of our outreach activities.



### Identification of children with medical needs

The Kolewa team has a firm focus on supporting communities. The Yayasan Kolewa team, often accompanied by, among others, Indonesian board member Putu and her fellow obstetricians, travels to impoverished areas in Bali, where people live who are unable to visit a doctor or hospital on their own. Posters inform the population about the possibility of free cleft-lip surgery. They also explain about the other activities of Kolewa during meetings of midwives associated with the Puskesmas (consultation office). After all, midwives are the first ones to find that something is wrong with a child; they play a vital role in the community within the villages. The focus is mostly on schisis, hearing impairment, eye problems, and burns. In 2020 the Indonesian team will continue this program with a brochure in the Indonesian language, a booklet about healthy food and hygiene, and posters to actively involve as many consultancies and village chiefs as possible.

Our Outreach-car is equipped with indispensable first aid items, such as bandages, baby food, teats, clothing, and vitamins so that we can - if necessary - provide first aid immediately. We can also transport children to the hospital in Denpasar and back home. In addition to Bali itself, we also visit other, often underdeveloped islands where we identify children with a medical request, talk to the parents, and prepare a brief file of the child (nature of the condition, weight, health, data of the parents). We do make a treatment plan to take the child with a parent to Bali for surgery and rehabilitation. Collaboration with communities initiates development in the areas of care, education, breaking taboos, and, in the long term, also in the economic field.



*Our 4-wheel-drive car enables us to visit and explore hard-to-reach places in Bali. We come to places where others cannot reach! Thanks to the modifications to the Ford Ranger, it is possible to transport 8 to 10 people at a time to Denpasar for consultation and treatment.*

**Medical mission:**

In 2020 we will again periodically participate in a large-scale health project in the weak areas of Bali, such as Klungkung, Bangli, Nusa Penida, Gianyar and Karangasem, Negara, and Singaraja. This one-day project is called Sedasa Sunar Outreach Bakti Sosial and is an initiative by several doctors from the Sanglah Hospital in Denpasar. The local primary school is temporarily set up as a medical aid post on the location. Each classroom is set up as a consulting room for a specialty, including dental care, eye care, gynaecology, surgery, and ENT. Both doctors and physician assistants and nurses are present to be able to treat a large number of patients during a day. The residents of 6 to 10 villages get informed by the local authorities. They can visit the consultation hour free of charge, receive medication, or will be referred to the hospital in Denpasar. Approximately 600 people come each time. Our team takes part in ENT consultations, makes hearing testing possible, and makes hearing aids available. Assistants remove persistent earwax from school children. For the children who are waiting for the doctor, our team organises sports and creative activities such as making bracelets and necklaces.



## 2.2 Patient care

Minor interventions in the field of hearing problems, among other things, are immediately remedied during the outreach missions described above. In more severe cases, the child will be referred to the capital of Bali, Denpasar. A local hospital often does not have access to an excellent and soundproof test room. That is why we work together with Lumina Hearing Center in Denpasar, not far from our own Rumah Bicara. Lumina has two perfect quiet rooms. Every year we strive to facilitate and finance around 30 to 40 hearing tests, for which we subsequently make new or secondhand (from the Netherlands) hearing aids and associated accessories available free of charge. The Lumina team also supports us with monthly hearing checks for students on location in Tabanan, at a school for special education, where a large group of students with a hearing impairment received a hearing aid through Kolewa.

Our Kolewa team guides patients from both Bali and other islands to hospitals in Bali for research and operations. Indonesia has a large number of very isolated and impoverished islands. Timor, Rote, Flores, and Sumba are clear examples of this. The medical care is minimal, and surgical procedures are impracticable. Kolewa Foundation focuses to a large extent on children with schisis disorder. Children with burns, water heads, or spina bifida form the second group that are housed in Rumah Bicara of the Kolewa Foundation. We expect to be able to offer around 140 to 150 children an operation in 2020. These children are scouted by our team members, supported by our volunteers, and accompanied by a parent. They travel in groups, accompanied by us, to Bali for the operation and further treatment. The foundation bears the costs for transport, required documentation, a fee for health insurance, shelter in our own Rumah Bicara, and rehabilitation by our care team during this period. The costs of medical examinations and interventions are, in some cases, funded through the BPJS, a state insurance policy for poor people. Often this is not sufficient, and we supplement this. After a child has received the required help in Bali, the right path for rehabilitation will be discussed. Our Rumah Bicara team specialises in drawing up a suitable program and treatment plan for rehabilitation and guides the parents through regular parent meetings.

### **Expenses cleft lip and open palate surgery.**

The operations for schisis patients are not covered by the BPJS-insurance but were funded in 2019 by a Global Grant through Rotary Club Bali Nusa Dua, with which our local organisation has a Memorandum of Understanding. A preparatory visit to the dentist, before surgery for the cleft lip, palate, or craniofacial disorder, was also supported by the Rotary Global Grant. Schisis patients, in particular, have serious dental problems. Clean and repaired teeth promote health and speed-up recovery. Teeth that need to be extracted, for example, because they grow in the palate, are removed by the dental surgeon in the Dental 911 clinic, if necessary, after consulting the plastic surgeon of the Dharma Yadnya hospital.

**Unfortunately, the Global Grant ended in December 2019, and we are entering a bridging period of at least six months, during which the Kolewa Foundation will have to raise other funds. Meanwhile, Rotary Club Bali Nusa Dua will be committed to funds in the form of a new Global Grant to cover the approximately 60 to 72 operations in the second half of 2020. The costs of traveling and accommodation are at all times under the financial responsibility of Kolewa Foundation.**

**patients with severe burns.**

Specifically, for severe mutilation due to burns, our local team has a group of children on its waiting list for 2020. The patients are from Bali, Sumba, Rote, Timor, and other NTT-islands. In collaboration with Australian plastic surgeon Tim Cooper, a skin-graft surgery marathon will take place in Bali in September in partnership with field partner John Fawcett Foundation. Kolewa is responsible for the costs of transport, shelter, care, and medication for at least 10 to 12 children. Our field partner will finance the costs for the hospital. The foreign doctors operate voluntarily.

*Team member Widia visits twice a month  
The island of Sumba. Together with scouts  
Agung (near Waingapu)  
and Silas, (near Tambolaka)  
she enters the interior on the moped.  
Poverty and ignorance make that one  
huge range of patients has arisen.  
Not only schisis children, but also  
severe burns, children born  
without an anus, club feet, water heads  
and spina bifida find their way to  
Kolewa foundation. A waiting list without end ...*



*Frequent home-visit by our team & board members in order to offer help.*



## 2.3 Revalidation

In total, we can accommodate up to 28 people at the same time in Rumah Bicara. In 2020 we expect to help around 150 patients with one parent for a short or more extended period during their treatment and rehabilitation period in Rumah Bicara. Children with burns, schisis, anus atresia and orthopaedic problems from other islands can come here. These families find temporary shelter in Rumah Bicara, three daily meals, and medical and social supervision by our team, including intensive speech therapy lessons, simple education, and information. There are two categories in Rumah Bicara: the long-stayers and the short-stayers.

The long stayers are children with a congenital disability such as anus atresia, orthopaedic problems, or burns due to an accident. The duration of stay can vary from 4 months to a year. These patients often come in very shyly and quietly but gradually become happy children again. Through intensive supervision, attention, and love from the team, we see the children thrive, participate in activities, become curious and not unimportant: eating better and healthier.



The short stayers are children with schisis. A visible handicap to the face has made them insecure, and the open palate makes their speech power miserable and unintelligible. These children are being bullied a lot. On average, this group spends three weeks in Rumah Bicara. In addition to the surgery in Bali, a lot of attention is paid to speech lessons, healthy food, and creativity in our shelter. By meeting many fellow sufferers and a visible result through plastic surgery, self-confidence increases during these three weeks, and they receive tools to get started with at home, for example, by giving a self-help booklet with speech exercises. Every year we put together hundreds of speech therapy packages for the children who need it. The speech therapy package includes an information booklet with information, exercises for home, dietary advice, a toothbrush and paste, a whistle, a straw with a ball (both critical for training the lips, tongue, and muscles to the correct position) and speech) and a puppet show doll. The parent/guardian is intensively involved in this entire program. We will continue to monitor the schisis children for at least another two years.

Approximately 12 - 14 schisis children come to our shelter home every month. For children who need a long rehabilitation period, the so-called long-stayers, we have six beds, which are usually occupied for many months and are immediately filled up again when a child can go home.

Children with hearing impairment do not sleep in Rumah Bicara. Every Saturday and Sunday afternoon, the doors of our shelter in Denpasar are open to children with a hearing impairment. We then give free speech therapy and sign language lessons to families from the city.

The number of children participating in the weekend varies from 15 to 25 children. In addition to rehabilitation, speech lessons, and sign language learning: learning and playing in a creative manner. We also offer one-on-one therapy to children who need it, and there is a reading group for children who have since moved on to regular or special education.

*After a successful rehabilitation, we bring the child and the parent back home, after which there is room again for a new patient. We continue to monitor the health of the children who are home still at a distance and during outreaches. On the islands of Rote, Flores, and Sumba, we organise weekends in the context of speech therapy and education for children who have undergone cleft surgery.*



Photo: Kevin practices his physiotherapy exercises together with team member Erska, he has undergone four burns and stayed with us several times, for a more extended period. Handoyo, from the island of Rote, got brittle bones from TBC and was also operated on several times in the Sanglah hospital. Jeni came to Bali from Timor in 2018 and 2019 for plastic surgery and physical therapy.



## 2.4 Support special education.

The Kolewa team, together with various field partners, provides tailor-made solutions. We support a child, it's family, depending on a child's abilities, place of residence and wishes of both the child and the family to achieve sound development. Some children visit a school for hearing-impaired children or another Special Education School for some time during or after their rehabilitation period. We try to place our Kolewa children who fall under our supervision, at a primary school for hearing impaired children near our Rumah Bicara shelter. They get a reasonable basis at this school, and they can also learn a trade at the follow-up institute. Some children suffice with a supplement to regular education and can, after a while, enter regular school in their village. We provide periodic inspection of the hearing-aid on site.



Every week the speech therapy team, regularly supported by Yayasan Corti Special Education teachers, travels to Rendang in Karangasem to give speech lessons, supported by sign language. They use the hospitality of the midwifery practice of Ibu Putu, a board member of the Yayasan. The group of deaf and hard of hearing children in Karangasem has been around for a few years now. The children from this group came to Kolewa as isolated and often lonely and shy children. Step by step, there was more self-confidence, and they learned to communicate. For eighteen, the next step was daily education at the Yayasan Corti Institute in Denpasar. However, transportation was a challenge. With the purchase of a school bus, the appointment of driver Komang and support in the costs for school fees, uniforms, and books, these children could go to school. Two more children admitted to special education in 2020.

All children get tested regularly, or the hearing aid is getting checked. Besides, the kids come to Denpasar for special occasions: check-up, group activities, or a family gathering.



Our team also provides support to the Samaritania Children's Home in Denpasar, where children from the shantytown near the garbage dump are taken care of. This is where Indonesians of the lowest caste work in poverty and stench to separate the waste and man the pig farms. There is a kindergarten connected to this home. Our team goes to this area on Friday morning to give (English) lessons and sports & play activities. With interested parties, we regularly visit the slum to experience the "other" Bali, a visit that impresses many tourists from Europe and Australia. On Thursday, we teach at the Nitti Mandala Club, a school for young people with a disability or disadvantage.



## 2.5 Sharing knowledge to relevant communities

We are working on easy-to-understand information campaigns in communities, often in collaboration with local obstetricians or health posts. We organise, among other things, family gatherings, with themes "prevention is better than cure" (wound treatment, recognising symptoms, knocking on the door at an outpatient clinic). You are what you eat! (Get more vitamins from your garden, drink clean water, use livestock not only for meat but also use milk for by-products, for example) and information about family planning, hygiene, care for your environment (waste), increased risk of abnormalities in cousins -niece relationships, and risks of changing contacts.

The Kolewa team organises a family weekend or day once a year, supported by volunteers and trainees. The program for parents of children with hearing impairment is put together by a team of experts.

A similar program is available for the parents of a schisis child. In particular, knowledge transfer, sharing of experiences, and new developments in the medical world are central during the day. The evening hours are informal, used to talk to each other about the education of their disabled child. Our activity team keeps the children busy. The emphasis is on creativity and sports & games in combination with speech therapy. Parents and children use the meals together. There is excellent interest in the family gathering. Every year we can count on the participation of 75 to 100 people. In this way, parents, brothers, and sisters are made more aware of the fact that their child, brother, or sister has not only a limitation but also a lot of potentials. That he or she is not only different, but also the same in many aspects, and how they can help or support him or her in development.

On Rote, Flores, Timor of Sumba (yearly on one of the islands) we do the same with the focus on monitoring former cleft lip and open palate patients and their families.



*Family gathering April 2019: All kids got a medical check.*

## Chapter 3 – Budget

Budget calculation Yayasan Kolewa Harapan Indonesia 2020	Total in IDR
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### Charity program

<b>Outreach and Kolewa-cars: transporttion, scouting, guiding patients and distribution waterfilters at Bali</b>	
Insurance, fuel, maintenance and taxes	IDR 52600000
Distribution 400 waterfilters	IDR 160000000
Patient-care after home visiting like, paperwork insurance, wheelchair, medication, food or transportation	IDR 73000000
<b>Total</b>	<b>IDR 265600000</b>

<b>Bakti Sosial Sedasa Sunar Outreach Baksos with fieldpartner or Dinas Sosial.</b>	
Financial support Yayasan Sedasa Sunar	IDR 15000000
Transportation and materials Kolewa team	IDR 5500000
<b>Total</b>	<b>IDR 20500000</b>

### Patient-care

<b>Healthcare for children from NTB, NTT , Moluccan islands and other parts of Indonesia.</b>	
140 - 150 children + 1 paren : travelling & hosting, documents and BPJS insurance-fee (traveling from home Bali and back), medication en aid.	IDR 988650000
Onvoorziene kosten operaties	IDR 40000000
<b>Total</b>	<b>IDR 1028650000</b>

30 Cleft lip and open palate surgery operations operaties January - June	IDR 227500000
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<b>Lumina Hearing Centre Denpasar</b>	
30 free hearing tests, hearing aid and fitting materials	IDR 35000000
monthly checking children SLB-school Tabanan	IDR 16250000
<b>Total</b>	<b>IDR 51250000</b>

<b>Surgery for burn victims</b>	
10 -14 victims of severe burn accidents (traveling, hosting, medical costs and aid, physiotherapy)	
<b>Total</b>	<b>IDR 157000000</b>

<b>Rumah Bicara Shelter Home Kolewa</b>	
Daily expenses 140 - 150 patients plus guiding familymember	IDR 470500000
Rent & tax already paid until September 2025	
Staff, cleaning, electricity and internet etc.	IDR 282500000
Unforeseen expenses and reparations	IDR 31500000
<b>Total</b>	<b>IDR 784500000</b>

Speech-therapy for children with CLP or hearing-problem	IDR 156750000
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**Support Special Education**

<b>Schoolproject children with hearingproblem</b>	
Salary driver, insurance, tax, fuel and maintenance car for year	IDR 80350000
School fee for 18 children	IDR 82300000
extra activities like computer lessons, dancing,cooking class, yoga and school trip	IDR 33350000
<b>Total</b>	<b>IDR 196000000</b>

<b>Slum school and shelterhome Samaritania &amp; Nitti Mandala Club school for special needs children</b>	
Once a week English lessons Samaratania on Friday	IDR 5000000
Once a week English lessons Nitti Mandala Club on Thursday	IDR 5500000
<b>Total</b>	<b>IDR 10500000</b>

**Sharing knowledge to communities and family gatherings**

<b>Family Gatherings</b>	
Bali	IDR 41000000
1 NTT island	IDR 60500000
<b>Total</b>	<b>IDR 101500000</b>

**Overhead expenses Yayasan Kolewa Harapan Indonesia**

Website, meetings and office	IDR 52850000
administration, taxes	IDR 10000000
(re)presentation expenses & fundraising	IDR 30000000
Expenses volunteers Bali	IDR 18000000
<b>Total</b>	<b>IDR 110850000</b>

<b>Total needed for 2020</b>	<b>IDR 3110600000</b>
<b>Donations received in advance</b>	<b>IDR 585000000</b>
<b>Still needed funds 2020</b>	<b>IDR 2525600000</b>