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Partnerships for Change: A Collaboration for Global Wellbeing

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A collaboration For Global Wellbeing

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Abstract (300 word limit)

Promote HealthCare for disabled in India

Abstract

Partnerships For change (PFC) consists of a team of social impact strategists and practitioners. The organization is dedicated to promote sustainable development through direct humanitarian action and transforming social and economic conditions of underserved communities around the globe. With the commitment to elevate and empower individuals to reach their ultimate potential, PFC partnered with Jaipur foot, world's largest organization for prosthetic devices, to network Jaipur Foot to innovators and funders. They have also started the building of a health clinic in Johnsonville, Liberia due to inadequate medical support for individuals living in the community. There are several steps in building a community clinic such as creating a community needs assessment, budgets, finding funders, writing grants, etc. I assisted in all of these initial steps in building the clinic in Liberia. I assisted PFC in accelerating their ongoing projects for the Liberia Clinic and Jaipur Foot. This paper summarizes the 300 hours of field work experience at Partnerships for Change detailing my duties to write grants, write strategic plans, find and network with different funders, and create community assessments for the expansion of Jaipur Foot. This piece sheds light on the public health problem of disability in India and how Jaipur Foot aims to decrease the number of disabled through their continuous efforts in the field.

In 2015, approximately 70 million individuals with disability in India had inadequate access to basic and specialized health care services (THE RIGHT TO HEALTH OF PERSONS WITH DISABILITIES IN INDIA, Kathori, 2014). Partnerships For Change (PFC) is a non-profit organization that seeks to implement lasting change in underdeveloped populations. The organization is a team of social impact strategists who accelerate change through direct action projects through all forms of media. The organization is also dedicated to sustainable development through humanitarian action by engaging local partners globally and locally along with filmmakers, authors, artists, journalists, etc. to bring change (Partnerships For Change, n.d). I had the pleasure of assisting Partnerships for Change in several of their projects. My work as an intern included writing grants, writing strategic plans, creating info graphics, setting up social media campaigns, data collection, writing a Nobel Peace Prize nomination letter, and a Hilton humanitarian Award nomination letter, and other duties assigned day to day for different ongoing projects.

One of the projects that I worked on was a health clinic that Partnerships For Change built in Liberia to better the lives of a community. I assisted in writing proposals, setting up budgets, and strategic plans for this project. Though, the main project that I worked on and one that is very close to my heart is centered around a subject I am very passionate about. This project is Jaipur Foot for which PFC collaborates Jaipur Foot to innovators and funders to help expand the work.

Jaipur Foot is the largest organization of prosthetic devices and aims to better the life of the handicap population in India (Arya AP et al, 1995). The NGO registered in 1975 has its headquarters in Jaipur, India and provides all of its assistance such as artificial limbs, calipers, and other aids and appliances absolutely free of charge. The organization helps all categories of

disabled but focuses largely on poor disabled who are deprived of limbs, aids and appliances under the existing unaffordable health care system. The organization aspires to eliminate social and economic problems faced by underserved population by accelerating economic, social, and health empowerment projects through awareness and policy change. Through their work, Jaipur foot empowers their Patients by providing them with limbs, assistance, etc., which give them mobility and also restores their economic capabilities. On a selective basis, Jaipur Foot also provides vocational training to young amputees and assistance for self-employment. Patients are treated humanely and with respect; personal attention is paid to them. Jaipur Foot's assistance is offered without discrimination on the grounds of gender, caste, creed, religion or geography. The organization holds outreach programs and rehabilitation camps to reach out to handicapped people living in remote areas. Besides this, any disabled individual from any part of India or elsewhere can access these services. So far, Jaipur Foot has benefited over 1.55 million disabled. It is a pan-India organization that serves disabled from all parts of the country and has 23 branches/centers in India. In addition, Jaipur foot also works internationally as it had already held more than fifty on the spot artificial limb/caliper fitment camp in 26 countries of Asia, Africa, and Latin America (Jaipur Foot, n.d).

Disability is an important public health problem especially in developing countries such as India. Majority of the disabled in India reside in rural areas where accessibility, availability, and utilization of treatment services are key issues alongside the cost effectiveness (Kumar et al, 2012). Research on disability burden, appropriate intervention strategies and their implementation to the present context in India is a big challenge. The underdeveloped infrastructure across much of the country makes it difficult for the handicapped to also get around.

The most important problems faced by persons with disabilities are physical inaccessibility and financial barriers in accessing health care. In addition to these barriers, there is the problem of qualitatively poor health care services (Kumar et al, 2012). Disabled people experience various barriers due to restriction of participation moreover, their lives are affected with poor health outcomes, low education, lack of social and economic participation, higher rates of poverty and increased dependency.

Countries around the globe give their own definitions of disability. In India, Disability is mainly taken as is defined in the Persons with Disability Act (Equal Opportunities, Protection of Rights and Full Participation) of India, 1995 where Disability means • Blindness • Hearing Impairment • Low Vision • Loco motor disability • Leprosy-Cured • Mental retardation • Mental illness (Disability Rights Education & Defense Fund. Doing Disability Justice, n.d).

Table 1. Epidemiological Profile of Disability in India (2011)

	Prevalence	Disabled population by Types of Disability (%)			
		[In movement]	[In Seeing]	[In Hearing]	[Multiple Disability]
Total	2.21				
Male	2.41	**22.5**	17.6	17.9	7.8
Female	2.01	**17.5**	20.2	20.2	8.1
Geographic Residence					
Urban	2.24	**17.1**	18.7	20.5	8.5
Rural	2.17	**21.7**	18.8	18.3	6.4

Percentage of Disabled to total population India, 2001			
Residence	Persons	Males	Females
Total	2.13	2.37	1.87
Rural	2.21	2.47	1.93
Urban	1.93	2.12	1.71

The prevalence rate of disability in India is 2.21%. As shown in the epidemiological profile and the table above, percentage of disabled persons in India has increased both in rural and urban areas during the last decade. The proportion of disabled population is higher in rural areas . Along with this, in movement disabling has the highest proportion from all types of disabilities (Census of India 2011, Data on Disability, 2011).

Disability and Rehabilitation Services in India: Issues and Challenges

Kar et al (2012) discuss various issues and challenges related to disability and rehabilitation services in India and place emphasis on strengthening health care and service delivery to disabled in the communities. The article mentions a recent community-based study in India which found the prevalence of all types of disability as 6.3% . As of 2011, total of 26,810,557 are disabled in India. The total disabled population in rural India is 18,631,921 and urban India is 8,223,753. The precise scale of disability in India is not known due to different definitions being placed by different groups. The World Bank estimated that 8-10% of the Indian population was living with disability in 2003. However the Census of India, 2011 reported the prevalence to be 2.21%. Majority of persons with disabilities live in rural areas, 49% of them are

literate and only 34% are employed (Chavan, 2014). The purpose of rehabilitation services is so that people with disabilities could maximize their physical and mental abilities.

Access to health care and employment status of people with disabilities

Gudlavalleti et al (2014) conducted the South India Disability Evidence (SIDE) Study to understand the health needs of people with disabilities, and barriers to accessing health services. The study was performed in one district each in the states of Andhra Pradesh and Karnataka. People with disability were identified through a population based survey and available government disability records. They were compared to the recruited individuals with disability who were age and sex matched. Upon this, individuals were examined to confirm the diagnosis by a medical team. Questionnaire schedules were administered to people with and without a disability to gather information on employment and health service access, utilization and barriers. The results showed that people with disability had significantly lower employment rates. People with disabilities needed to visit a hospital significantly more (18.4%) often in the previous year compared to people without a disability, 8.8%. People with disabilities had 4.6 times higher risk of suffering from diabetes and 5.8 times higher risk of suffering from depression compared to people without a disability. People with disability faced significantly more barriers to accessing health services compared to people without a disability. These barriers included ignorance regarding availability of services, costs of services and transportation.

Quality of Life among Persons with Physical Disability

Kuvalekar et al (2015) aimed to assess the quality of life (QOL) of physically disabled persons, the impact of physical disability on activities of daily living (ADL) and to study the awareness about laws and facilities available for disabled persons. They conducted a cross

sectional community based study in Udupi Taluk, Karnatka among 130 physical disabled persons who were selected using convenience sampling technique. The respondents were mostly 25-44 years of age, the minimum age being 18 and maximum of 76. The results showed that among the study participants, 36.2% had congenital disability, disability from birth. The second common cause of disability was found to be post polio residual paralysis as it was found among 26.2% respondents. Other causes found were stroke/paralysis and accidents, in 19.2% and 18.5% respondents, respectively. Also, 11.5% respondents required help in one of the activities of daily living. Quality of Life score was found to be low under the psychological domain reflecting on negative feelings, bodily image, appearance, spirituality, and self-esteem of respondents. Physical disability also affected social participation as well as marriage of the respondents. Along with this, it was found that very few of them are aware about facilities provided under persons with disability act.

Data shows that although people with disabilities seek more health care than people without disabilities, those with disabilities are more disadvantaged in accessing health, education and employment opportunities compared to people without disabilities. It has been estimated that in developing countries no more than 2%-3% of the disabled could benefit from rehabilitation services.

Saikia et al (2016) present a study is to quantify the prevalence of disability by gender, region (rural and urban; states and districts), and caste. The results shows that around 70% of all people with disabilities live in rural areas. The researchers also found that the disability prevalence decreased with increasing proportions of the female population who were literate, and of the general population who were working and have access to safe drinking water. This shows

a direct link of disability with education and socioeconomic status, as people with better socioeconomic status have better access to safe drinking water.

Janardhana et al (2015) analyze and describe the discriminatory circumstances that children with disability go through with their immediate families and communities in general. Children with disabilities in India are subject to multiple deprivations and limited opportunities in several dimensions of their lives. In 2004, the Global Burden of Disease report estimated that over 100 million children under the age of 15 years had a moderate or severe disability, the majority of whom live in low and middle income countries (Simkiss, 2011). The families and caregivers of these children also go through lot of stress and challenges in having a person with disability at home which eventually leads to severe discriminatory practices towards these children. Due to the stigma associated with disabilities, families become victims of discrimination and human rights abuse.

Disabled children are kept hidden away at their home, denied basic rights of mobility, education and employment. They are viewed as dependent persons. Such discrimination in some cases starts from the family members. Social attitudes and stigma play an important role in limiting the opportunities of disabled people for full participation in social and economic life, often even within their own families. Kuper et al (2014) conducted a study to investigate the impact of disability on the lives of children sponsored by Plan International across 30 countries. They observed that among those attending school, children with disabilities were at a lower level of schooling for their age compared to children without disabilities. Children with disabilities were more likely to report experiencing a serious illness in the last 12 months as well. They found that children with disabilities were at risk of not fulfilling their educational potential and

were more vulnerable to serious illness. This exclusion would have a long-term deleterious impact on their lives.

This stigma is harsher on women with disabilities in India who are attempting to establish their own identity in the complex society, their condition remains very different. The plight of women with disabilities is very depressing as they face a triple handicap and discrimination due to their disability, besides the gender issues. Violence against women with disabilities can range from neglect to physical abuse to denying them even the traditional roles of marriage and childbearing along with sexual assault. Dawn (2014) suggests implications for rehabilitation for women. The article suggests that women with disabilities need to be provided with adequate knowledge about sexuality which will equip them to understand that they have been sexually assaulted. There is a need for policy makers to ensure greater accessibility to complaint and for women with disabilities. The article also urges for efforts to be made to strengthen the legal system and necessary legal aid/help to bring the perpetrators of such crime to justice.

Disabled Individuals and Jaipur Foot

According to National Sample Survey Organization, as of 2015, every year 23,500 amputees are added to the amputee population in India (Mahida, 2015). The elaborate artificial lower limbs developed in industrialized countries do not meet the needs of rural Indian amputees. The Jaipur foot design was developed to meet the socio-cultural needs of Indian amputees with their unique needs for a prosthetic that would allow them to squat, sit cross-legged, walk on uneven landscape, work in wet muddy fields, walk without shoes, and so on. The Jaipur Foot has proved to be a universal design and can interface with prosthetic technology used around the globe. It was started as attached to a public hospital. The benefits of this included having multiple doctors on board and the good will of being attached to a welfare

institute.

Description of the agency

Partnerships For Change is dedicated to sustainable development through humanitarian action by engaging local partners globally and locally along with filmmakers, authors, artists, journalists, etc to bring change. The organization aims to transform social and economic conditions of underserved communities around the globe. They are committed to elevate and empower individuals to reach their ultimate potential. The organization's sustainable ventures are to advance compassion and get rid of cruelty to people, animals and the environment by accelerating economic, social, and health empowerment projects. In addition, the organization also seeks to build advocacy with awareness and policy change.

In essence, the organization is relatively small consisting of six Board of directors. The Board of directors consists of three directors, secretary, treasurer, and President. I was the only MPH intern at the organization from May 2016 to end of August 2016.

Partnerships for Change works on many projects such as empowering spiritual entrepreneurs which focuses on the organization identifying spiritual leaders and building capacity to have a positive social impact through education, environmental, and social programs. They have been sponsoring the Humanitarian Hall of Fame monk, Lama Tenzin Choegyal, and his heroic efforts to rescue children from the Dolpo region of the Himalaya Mountains. Pushing through insurmountable odds, the children were placed in an orphanage where Tenzin created a safe and loving home for them as well as a private school education. The empowering spiritual entrepreneurs projects also includes The Medium of the Oracle of Tibet which is a spiritual advisor to the Dalai Lama. In 2007, PFC was invited to partner with The Medium of the Oracle

of Tibet to manifest the vision of a monastery. PFC organized a tour of the U.S.A. to raise funds, including obtaining media spots, for the completion of the monastery by 2008. Upon this, PFC was honored to be included with the Dalai Lama for the opening ceremony of the monastery (PartnershipsforChange.com, n.d).

Partnerships For Change also works on women empowerment projects in India, Liberia, Nepal, and South Africa. In addition, they are also working on several projects with Jaipur Foot which is the largest organization of prosthetic devices, aiming to better the lives of many amputees.

Overall Project Plan:

The two projects I assisted on during my internship at PFC were the grant writing, strategic plan writing, community needs assessment for The Liberia Clinic project and Jaipur Foot.

The Liberia Clinic Project is a project which PFC had started from ground up when I started the internship. So my role as an intern was to find funders for the project along with writing proposals for funding for this project. The duties also included writing a community needs assessment, a rough draft of the budget, and contacting organizations donating medical equipments globally.

As I am focusing on Jaipur foot for this paper, I will focus/elaborate on my duties for Jaipur Foot. The collaboration between PFC and Jaipur Foot started in 2005. The role of PFC was to network Jaipur Foot with innovators and funders to help expand their work. When I started my internship in May 2016, PFC and Jaipur Foot were preparing to conceptualize how to expand Jaipur Foot through associating with more funders. During this time, we had a meeting

at our office in San Francisco with D.R Mehta to understand his vision in expanding Jaipur Foot. I had the pleasure of meeting the visionary and understanding the future of Jaipur Foot. During this meeting, we learned that Mehta now needs more money to take the Jaipur Foot to the interiors of India and also enter more international markets. Mehta is also aware that 95 percent of his patients fall below the poverty line. Many of them do not even have money to go back home. So Jaipur Foot not only puts up the patients in its dormitories but also provides them with food and warm clothes in winter. During this time, Partnerships for Change developed its main objective to assure Jaipur Foot's prominent position as a social organization.

PFC'S main objective for the Jaipur Foot:

Sustainable donor pool:

a. We will work to create state of the art marketing materials (presentations, short movies, flyers, social media campaigns) that increase awareness of Jaipur Foot and its activities. This will meet the needs of corporate donors and successful Corporate Social Responsibility (CSR) campaigns.

b. We will embark on a national campaign to get the attention of corporate executives and provide the necessary tax and audit documentation to assure continued participation and funding

My duty as an intern was to assist in the writing of a strategic plan to expand Jaipur Foot. Along with this, I was to research the prospect big funders who would collaborate with Jaipur Foot in its commitment to continue the building of Jaipur Foot, to physically expand the center, further the research and development and reach more amputees in over 22 countries. The work and the drafts which I initially would put together were first reviewed by Partnerships For

Change. After editing the drafts, they were sent to the board of Jaipur Foot in Jaipur India. Upon receiving feedback from them, I continued to refine and edit the drafts I had put together.

The initial goals were to:

1) Put together a credibility worksheet for the Jaipur Foot proposal. The credibility worksheet was for the project, organization, and the individual(D.R Mehta).

2) Research/contact prospective funders

3) Put together a community needs assessment

While putting this together, I studied the budget which Jaipur Foot had already put together. In order to write a good proposal and get a better understanding of Jaipur Foot and disability in India, I put together a literature review for the public health problem of disability in India. This helped me understand the unmet needs of the community, the gaps in the research for disability in general and the lack of proper statistics for the disabled in India. I was able to get a good understanding of the background and was also able to get in contact with several employees in India working on the Jaipur Foot. This helped me gather a good proposal and strategic plan for Jaipur Foot.

The main goal for PFC while writing the proposal was to

1) Understand/ Review the budget of Jaipur Foot

2) Develop a plan to increase the funding

3) Become familiar with which funders to approach

There were three goals for the Jaipur Foot strategic plan in order to catalyze and sponsor Jaipur Foot to reach more victims of birth defects and warzone amputees and hence, broaden the scope of Jaipur Foot. The initial draft for the strategic plan had the following three goals:

A. Goal 1: Reduce the number of disabled individuals in India.

- By December 2018, increase the number of amputated individuals receiving treatment through Jaipur Foot in India through established centers, outreach programs, and rehabilitation camps.

B. Goal 2: Increase research to improve the quality of work provided by Jaipur Foot.

- By December 2018, undertake in-house or collaborative research for the improved quality and lower cost of aids and appliances for Jaipur foot.

C. Goal 3: Promote health equity and reduce health disparities

- By December 2019, increase the number of Jaipur Foot outreach programs and rehabilitation camps to reach out to handicapped people living in remote areas in India.

Theoretical Foundations:

The beginning of the fieldwork experience focused on preparing myself and increasing my knowledge on the concepts involved with achieving our goals. I did this through the coursework taken during my Public Health education. The statistics and disease frequency related to disability were understood through the Biostatistics class. I was able to understand a lot of the trends in disease frequencies and the incidence/prevalence rates of disability through my biostatistics and epidemiology classes. I was also able to read an epidemiology table of disability through these courses. Public Health Leadership and Administrations class served as a great foundation for the strategic planning and marketing. The course Essential Tools for Making Public Health Change helped tremendously in putting together pitch for my preceptor for several

funders she was meeting. I also create an info-graphic for Jaipur Foot through the skills I developed in my Communicating for Healthy Behavior and Social Change course. I had developed an info-graphic for an assignment in class which served as a template to creating the info-graphic during my internship. For a lot of the work for the proposal, I referred to my Public Health Program Planning and Evaluation course. The course helped me in putting together the needs assessment, and the other sections of the proposal such as the evaluations and the budget. The coursework taken during my Public Health studies served as a template for me to accomplish my duties as an intern.

Findings:

The fieldwork project was from May to August so the results and success of the strategic plan to expand Jaipur Foot could not be assessed. The strategic plan would take months to refine and finalize. It would not be implemented until 2017.

While performing my duties for the proposal, I did contact a few funders such as The Conrad Hilton Foundation. Upon contacting them, I learned about the Humanitarian of the Year award. Conrad N. Hilton Humanitarian Prize is the world's largest humanitarian award, 2 million dollars, and is presented to organizations judged to have made extraordinary contributions to alleviating human suffering. I wrote a nomination letter for Jaipur Foot to receive this award. The nomination period for the 2017 prize will be from September 15 to October 15, 2016. The results would not be available until next year.

Through the proposal I put together, there were two grant applications submitted, one to the Ford Foundation and one to Bill and Melinda Gates Foundation. Along with this, I wrote a letter for the nomination of D.R Mehta for the Nobel peace prize for 2017. This letter has been sent for review.

Application of MPH coursework

The learning objectives completed during my 300 hour internship at Partnerships for Change show the accomplishment of University of San Francisco Master of Public Health competency. For the MPH competencies, my fieldwork objectives and activities focused on identifying and prioritizing the key dimensions of disability in India by critically assessing public health literature utilizing both quantitative and qualitative sources for both disability and Jaipur Foot. When I first learned about the Jaipur Foot project, I explored the subject of disability and reviewed literature on the topic to put together a literature review for the grant proposal. My knowledge from Biostatistics and epidemiology helped me not only understand the literature, disease frequency, trends, incidence rate, prevalence rate epidemiological profiles but also allowed me to make a epidemiological profile myself to understand the community needs. While progressing through the internship, I started my proposal writing for which I used my skills attained through the program planning, development, budgeting, management, and evaluation course at USF. I helped refine the budget for the Liberia clinic project and Jaipur Foot. We also worked on needs assessment for the Liberia Clinic for which I contacted the manager in charge of the project for Partnerships for Change in Liberia. The needs assessment helped me apply theoretical constructs of social change, health behavior and social justice in planning community interventions for Liberia Clinic Project and for Jaipur Foot. We learned to demonstrate the ability to utilize the proper statistical and epidemiologic tools to assess community needs and program outcomes, developing public health programs and strategies responsive to the diverse cultural values and traditions of the communities of Johnsonville in Liberia and within Jaipur Foot's reach in India.

The fieldwork project was teamed up with my skills earned from USF MPH. Since the main duty was to work on grant proposals and strategic plans, I was able to incorporate my knowledge from Biostatistics, Epidemiology, Program planning, Communicating for Healthy Behavior and Social Change, and Essential Tools for Making Public Health change. Therefore, my project at Partnerships for Change included many of the USF MPH program competences, mission, and core values. I was able to draw from my learning through the USF MPH coursework to develop proposals, strategic plans info-graphics, community needs assessments, etc.

Conclusion

The field work experience at Partnerships for Change proved to be very useful in understanding Global Health and how to work in collaboration with different organizations and community. It served as a the perfect end to the USF MPH program as I was able to utilize my knowledge earned at the program fresh into the internship. Initially, I was overwhelmed working at the organization because we were working with multiple organizations. Due to this, attaining the goals and objectives was difficult at times. But with time, I was able to understand how to function within the different structures, values, and time zones of the organizations and the projects. When I entered my MPH program, I had mentioned that I would like to focus on Global Health. I am proud of my work done at Partnerships for Change. I feel I have added value to my life by dedicating my time to such amazing projects. I remember speaking to a group of professionals working on the Liberia clinic project who were residents from Johnsonville, Liberia. Their gratitude and thankfulness made me cry on the phone. I was extremely proud of what I was doing for individuals who were in much need for help.

I also remember having had the fortune and opportunity to meet D.R Mehta. He is such

an incredible visionary and has created a legacy for himself. I was able to show him the work I was doing for Jaipur Foot and received direct feedback on what he was expecting from me as an intern.

My fieldwork activities added to my personal knowledge along with the projects on hand. By working with professionals who have had such wonderful body of experience, I was able to draw from their knowledge. They helped me understand how to put together proposals, how to understand a community, how to network with funders, and how to speak and conduct myself with other professionals from my field. My fieldwork experience has added value to my two years of Public Health education and I feel I was able to pu the knowledge I gained from my professors and courses in action.

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Final Learning Objectives

Student Scope of Work

Goal : promote sustainable development through direct humanitarian action, transforming social and economic conditions of underserved communities, globally.				
Objectives (S)	Activities	Start/End Date	Who is Responsible	
Networks Jaipur Foot to innovators and funders to expand its work.	1)Study the budget and back ground of Jaipur Foot 2) Understand the background of Disability in India 3) Research articles on Jaipur Foot 4) Develop a needs assessment for Jaipur Foot 5) Research for prospective funders 6) Write a nomination letter for Humanitarian Award (2million) 7) Write a nomination letter for Nobel peace prize for D.R Mehta 8) Write proposals for the Ford Foundations	May 2016/August 2016	Intern, preceptor and director of Partnerships for Change	

	and Bill and Melinda Gates Foundation			
Gather a strategic plan for expansion of Jaipur Foot	1)Meet with D.R. Mehta to understand his vision	May 2016/ August 2016	Intern, preceptor and director of Partnerships for Change	
Network the Liberia Project to funders	Start writing a grant Research for funders Network with potential funders	May2016/August2016	Intern, preceptor and director of Partnerships for Change	
Complete a Needs Assessment for Liberia Project	Research the background of Johnsonville Liberia	May2016/August2016	Intern, preceptor and director of Partnerships for Change	
Develop basic community and individual data for Liberia Project	Gather data on number of people to be served Types of energy, water, medical service provided Funding options	May 2016/August2016	Intern, preceptor and director of Partnerships for Change	
Develop a plan for the medical supplies in the clinic in Liberia	1)Network with organizations donating medical supplies to Liberia 2)Get an estimate for the number of medical supplies needed for	May 2016/August 2016	Intern, preceptor, and director of Partnerships for Change	

	Liberia 3) Review how similar clinics are operating in Liberia			

Master of Public Health Program FIELDWORK TIME LOG

Student Information	
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Preceptor's Phone: (415) 548-3330	Preceptor's Email: Jackie@partnershipsforchange.com
Organization: Partnerships for Change	
Student's Start Date:5/26/2016	Student's End Date: Hours/week:8//12/2016

Time Log for (Check One):

_____ **Summer 2015** _____**Fall 2015**

RG_____ **Summer 2016** _____**Fall 2016**

Week	Total # of Hours for Week	Preceptor Initials
May 16 2016 Week 1	30 hours	*JM*
May 23 2016 Week 2	30 hours	*JM*
May 30 2016 Week 3	30 hours	*JM*
June 6 2016 Week 4	30 hours	*JM*
Week5 June 13 2016	30 hours	JM
Week6 June 20 2016	30 hours	JM
Week7 June 27 2016	30 hours	JM
Week 8 July 4 2016	20 hours	JM
Week8 July 11 2016	10 hours	JM
Week9 July 18 2016	10 hours	JM
Week10 July 25 2016	10 hours	JM
Week11August 12016	10 hours	JM
Week12August 8 2016	20 hours	JM
Week13August12 2016	20 hours	JM

Student Evaluation of Field Experience

Student Information	
Student's Name: Ravneet Gill	Campus ID # 20343195
Student's Phone: 8187449589	Student's Email: ravneet.gill.80@my.csun.edu
Preceptor Information	
Preceptor's Name: Jaqueline Miller	Preceptor's Title: President
Preceptor's Phone: (415) 548-3330	Preceptor's Email: Jackie@partnershipsforchange.com
Organization: Partnerships for Change	
Student's Start Date: 5/26/2016	Student's End Date: Hours/week: 8/12/2016

Please use the following key to respond to the statements listed below.

SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree N/A = Not Applicable

My Field Experience…					
Contributed to the development of my specific career interests	SA	A	D	SD	N/A
Provided me with the opportunity to carry out my field learning objective activities	SA	A	D	SD	N/A
Provided the opportunity to use skills obtained in MPH classes	SA	A	D	SD	N/A
Required skills I did not have Please list:	SA	A	D	SD	N/A
Required skills I have but did not gain in the MPH program Please list:	SA	A	D	SD	N/A
Added new information and/or skills to my graduate education Please list: giving a pitch Speaking to funders	SA	A	D	SD	N/A
Challenged me to work at my highest level	SA	A	D	SD	N/A
Served as a valuable learning experience in public health practice	SA	A	D	SD	N/A
I would recommend this agency to others for future field experiences.	Yes			NO	
My preceptor…					
Was valuable in enabling me to achieve my field learning objectives	SA	A	D	SD	N/A
Was accessible to me	SA	A	D	SD	N/A
Initiated communication relevant to my special assignment that he/she considered of interest to me	SA	A	D	SD	N/A
Initiated communication with me relevant to general functions of the agency	SA	A	D	SD	N/A

2. Would you recommend this preceptor for future field experiences? Please explain.

Yes Yes _____No _____Unsure

3. Please provide additional comments explaining any of your responses.

This internship allowed me to practice the skills I learned during my MPH courses I had a wonderful time learning from individuals who have so much experience working in the field.

Ravneet Gill 8/16/2016

Student Signature Date

MPH Program Competency Inventory

USF MPH Competencies	Notes
1. Assess, monitor, and review the health status of populations and their related determinants of health and illness.	1) Review literature on Disability in India 2) Understand the incidence and prevalence rates of disability in India 3) Take a look at the determinants of health and the socioeconomic status of disabled 4) Understand other determinants and create an epi table for the determinants
2. Demonstrate the ability to utilize the proper statistical and epidemiologic tools to assess community needs and program outcomes.	1) I was able to study the epi tables and statistics provided for disability to help create proposals and strategic plans in an effort to expand jaipur foot
3. Identify and prioritize the key dimensions of a public health problem by critically assessing public health literature utilizing both quantitative and qualitative sources.	1) Review past data on disability and understand past research on disability in India
4. Specify approaches for assessing, preventing, and controlling environmental hazards that pose risks to human health and safety.	
5. Apply theoretical constructs of social change, health behavior and social justice in planning community interventions.	Understand the communities in Liberia to build the clinic in Johnsonville in order to increase the number of individuals getting check ups
6. Articulate the relationship between health care delivery and financing, public health systems, and public policy.	
7. Apply evidence-based principles to the process of program planning, development, budgeting, management, and evaluation in public health organizations and initiatives.	Create a community needed assessment for both Liberia Health Clinic and Jaipur foot India Create a budget for Liberia Health clinic
8. Demonstrate leadership abilities as collaborators and coordinators of evidence based public health projects.	
9. Identify and apply ethical, moral, and legal principles in all aspects of public health practice.	
10. Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served.	

11. Effectively communicate public health messages to a variety of audiences from professionals to the general public.	Work collaboratively with the people and professionals in Liberia to continue to building of the health clinic Raise awareness in Johnsonville by putting together a ground breaking event for the community to get informed about the clinic and to enjoy as locals Work collaboratively with health professionals in India in order to expand Jaipur Foot
12. Advance the mission and core values of the University of San Francisco.	Yes, by advocating for community and global health Investing time in creating Public Health change and accelerating public health projects