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Deliverables Proposal : DPPI+ Fall 2014

Background on my DPPI+ Organization

The social change organization that I am conducting my DPPI+ fellowship with is *Child Family Health International (CFHI)*. CFHI offers global health education programs for pre-health and health professions students (medical, dental, nursing, public health and allied health) in seven countries in the Global South. These programs offer students first-hand experiences alongside local physicians and public health experts and combine instruction, experience, service, and reflection, to create a model that supports physicians, clinical sites and communities abroad. CFHI places ethical practice and community needs first, ensuring that students never exceed their level of training, and that their presence does not detract from the limited resources of the local healthcare system (50% of program fees go directly to community-led development initiatives). CFHI participants return with a deeper understanding of global healthcare inequalities, but also of the assets and strengths that exist within under-resourced communities. This experience proves valuable to the many CFHI participants that go on to practice medicine in under-resourced communities here in the U.S.

My role as a DPPI+ Fellow at CFHI

CFHI's newest program location is in Kabale, Uganda, where the two focus areas are *Nutrition, Food, Security & Sustainable Agriculture*. CFHI's director expressed to me that the current greatest need for assistance is in the capacity building and scale-up of this program. First, I will create a problem tree of the malnutrition epidemic facing the community (Deliverable 1) in order to help direct CFHI's efforts. While on this program, participants work with the local partner to attempt to influence nutrition habits and improve access to sustainable nutrition sources for the community. Participants generally have a more diverse background and skill set than those in the medical, dental, and nursing programs, and also have a higher degree of independent contact with the community (since they conduct community needs assessment surveys and trainings). CFHI's partner has therefore expressed the need for a facilitation plan for the training of trainers (Deliverable 2). Lastly, CFHI's competencies lie mainly in clinical healthcare, making preventative healthcare, such as nutrition, a new frontier. As such, the director has asked me to conduct a core competency map and strategy canvas for the Uganda nutrition program, as well as a social network analysis of the global health education network in Uganda, so as to determine potential partner organizations to help support the communities that CFHI works in (Deliverables 3,4,5). The following section outlines the scope of each deliverable and an estimated timeframe for completion.

1. Problem Tree of Malnutrition in Uganda

Uganda is known as the bread basket of Eastern Africa, with the majority of the country covered with fertile soils belonging to small peasant farmers that comprise of 80% of the population. There's no shortage of food in Uganda, yet the majority of its poorest households are reported to be "food insecure," with poor health and disease exacerbated by malnutrition. Approximately 45% of children under the age of 5 suffer from severe malnutrition. Development of a problem tree will assist CFHI and its local partner in determining the root causes of malnutrition in their community, and identifying a "sweet spot" where CFHI participants might most effectively assist the local partner in their efforts to treat and prevent maternal and child malnutrition

**Timeline:** Sept 1 – Sept 15

2. Facilitation Plan for Training of Trainers—CFHI Uganda Nutrition, Food Security & Sustainable Agriculture Program

This deliverable will be a detailed agenda of a day-long training of trainers session that CFHI's partner in Uganda will be able to run with program participants during their orientation, which will prepare them in turn to deliver such trainings in the community. Methods covered will include asset-based community development, appreciative inquiry, and participatory reflection and action, introducing one or two tools per method (e.g. appreciative listening, card and chart, social asset mapping, etc.). I will conduct this training session with CFHI's headquarters staff, who will then be prepared to reproduce it during their next site visit to Uganda.

**Timeline:** Sept 16 – Sept 30

3. Core Competency Map of CFHI's Partner in Uganda

CFHI programs traditionally focus on clinical medicine, and therefore local partners are typically clinics and independent healthcare providers (e.g. midwives). By contrast CFHI's Uganda partner is an NGO that provides nutrition education and counseling. As such, it is important that CFHI map out the competencies of its partner in order to understand what services participating students might be expected to render during their program experience, and what adjacent services the partner organization might be able to expand into (e.g. provision of micro-credit for rabbit breeders, improved survey methodology to assess community nutrition status, pop-up clinics to assess nutrition levels in rural areas, etc.).

**Timeline:** Oct 1 – Oct 15

#### 4. Strategy Canvas for CFHI Programs in Uganda

Building off of the core competency map, a strategy canvas will help CFHI and its Uganda partner to determine the priority areas in which the program will focus over the next 6 to 8 months (1 program cycle). The canvas will help ensure that CFHI's participant recruitment strategy and the partner's social change goals are aligned. This canvas will provide a visualization of next steps for the program.

**Timeline:** Oct 15 – Oct 31

#### 5. Social Network Analysis Mapping for Strategic Partnering

This tool is intended to provide a visual analysis of relationships between CFHI and other *International Volunteer Program Association* (IVPA) members that operate in Uganda, in order to encourage discussions about partnership formation. CFHI's Uganda partner could benefit from further support in the form of capacity building, micro-finance, and program evaluation expertise. CFHI interns do not provide these functions, as they are engaged in clinical and public health duties, which creates a structural hole of volunteer support for the community initiatives. The objective of the SNA analysis will be to identify potential partner organizations whose volunteers have complimentary skill sets to support CFHI's partners. CFHI might then be able to develop joint volunteer opportunities with these program providers.

**Timeline:** Nov 1 – Nov 15