



GLOBAL GRANTS COMMUNITY ASSESSMENT RESULTS

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

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

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

Beneficiary community or institution

Agra, India patient population

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

1. Indigent children and adults with neglected or acquired deformities of the foot and ankle (e.g. post polio, clubfoot, cerebral palsy, trauma related, etc.).
2. Families of children with these conditions who will benefit from their children becoming independent walkers
3. Orthopedic physicians in the Agra community who will receive additional on-site training and ongoing remote learning through the Operation Footprint surgical group
4. Physicians in the Agra community who will have a referral source for the patients indentified in #1.

Beneficiaries' demographic information, if relevant to the project

Although the predominant patient population will be children, adults with severe, neglected deformities

will be treated as well.

Who conducted the assessment? (check all that apply)

- Host sponsor members
- International sponsor members
- A cooperating organization
- University
- Hospital
- Local government
- Other [Click or tap here to enter text.](#)

Assessment dates

Prior surgical missions in September of 2017, 2018 and 2019. The 2019 assessment involved a face to face meeting among representatives from the groups identified elsewhere on this form.

[or tap here to enter text.](#)

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

- Survey
- Community meeting
- Interview
- Focus group
- Asset inventory
- Community mapping
- Other local hospital facility

Who from the community participated in the assessment?

The 2019 assessment involved a face to face meeting among:

1. host Rotarians from the Agra Taj Mahal Rotary
2. international Rotarians from the Southern Pines Rotary
3. directors of the cooperating organization Operation Footprint

4. the Agra Orthopedic Society
5. Owners of the hospital in which the surgical care will be undertaken

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

1. Healthcare and disease prevention in neglected demographic in community (primary focus)
2. Increased awareness in the Agra medical community of this capability
3. Improved social and labor opportunities in the local community by patients free of limiting foot and ankle deformities

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

1. financial status of recipient population
2. living conditions of recipient population
3. other areas of healthcare beyond orthopedic and neurologic

List the community's assets, or strengths.

1. Strong support from the local Rotary community
2. Strong support from the local orthopedic medical community
3. Existing infrastructure for patient travel to and from the hospital for pre-operative, operative and postoperative care

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

Awareness of local Agra orthopedic community and local Rotarians of the difficulty in obtaining needed healthcare care in this area of medical specialty led to a relationship with one of the Operation Footprint directors, Dr. Bhavesh Shah. Operation Footprint is a US based 501C3 organization of foot and ankle surgeons with over 40 years of continuous humanitarian care in Mexico and Central America, that has treated over 30,000 patients with the conditions referenced and which has performed over 3000 major surgeries at no charge to needy patients. See www.operationfootprint.org

Dr. Shah was responsible for the vanguard work in Agra referenced in 2017 and 2018, along with local orthopedic surgeon Dr. Ankit Varsheneya, and Agra Taj Majal Rotarian and district/zone principal Rahul Wadhwa that led to a more extensive assessment of the potential for expansion of the project done in 2019, as referenced.

How would your project's activities accomplish this goal?

The intent of the grant is to increase the functional capacity of the local hospital to deliver more surgical care to this target population by installing additional equipment in the operating suite and recovery areas of the hospital. As planned, these modifications will more than double the number of patients treated in annual missions by the Operation Footprint team and concurrently increase access by participating local orthopedic surgeons to perform humanitarian surgeries at no cost at the facility throughout the year.

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

1. Lack of patient access to the local medical community for care and aftercare due to patient poverty

How is the community addressing these challenges now?

1. The problem is mostly not addressed. Local physicians are aware of the abundance of neglected conditions, however there has been no conduit for these indigent people to receive care.

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

Prior extensive experience of an Operation Footprint/Rotary/ local medical community affiliation in Mexico, El Salvador and Honduras for over 40 years has demonstrated the value of the project model referenced. The model has effectively increased community awareness of the availability of care through:

1. Rotary effort – in this case the Agra Taj Mahal and other local clubs
2. Identification of a cooperating facility in the local community (in this case the Center for Trauma and Joint Replacement in Agra).
3. Delivering the needed care (in this case through Operation Footprint surgeons working on site with local orthopedic surgeons).
4. Ongoing assessment of patient progress through post operative remote conferencing and grand rounds discussion at critical points in patient aftercare between Operation Footprint surgeons and local participating orthopedic surgeons.