

Doctors for Doctors & Nurses for Nurses
Activity Statement - Response to 11a & c

Introduction

Doctors for Doctors & Nurses for Nurses or The Society is a steadily growing organization of like-minded health care professionals and researchers who believe in positive change in Nicaragua through local empowerment. We have 50 like-minded volunteers that are deeply dedicated to improving lives in Nicaragua through education and health care. We are all volunteers. We are currently located in Toronto, which allows us to meet in person to share ideas and develop strategies for our programs, fundraising and communications. We also have several volunteers living abroad thanks to our online communications (Attachment 1 - Photo). We have experts volunteering every week to work on The Society's events, accounting, legal, communications, fundraising, and grants; as well as our programs, monitoring, and research activities in Nicaragua. Our journey began after our founder Dr. Andrew Wilson traveled to Nicaragua and met a student from a rural community with poor access to medical services. This student wanted to go to medical school so he could return to his community and provide health care services to his neighbours. Dr. Wilson left Nicaragua feeling that he needed to help students attend medical school in this situation. Upon his return to Canada, he began fundraising through a network of health care students he knew in hopes of raising enough money to provide tuition for the Nicaraguan student. This became the first fundraising activity for The Society. We assist students to overcome the barriers that prevent them from attending medical school. Not only financial barriers but we also provide social support to promising students who otherwise would not be encouraged to attend medical school. After their graduation; our plan includes helping our graduates to return to their communities to provide care, thereby improving the quality of life for other Nicaraguans. We believe in a model that empowers individuals to develop their own solutions. By investing in education, we invest in the future success of our students and the health of their communities. We began as a small special project under the charity Global Peace Network, for which our founder Dr. Wilson is an active board member. Today, we are ready to break away to focus solely on Nicaragua. For more please see the Global Peace Network folder. Note that we have read and fully understand the CRA's Guidance to Charities Working Outside of Canada (CG-002).

Nicaragua is the country in which all of our charitable projects take place. It is the poorest country in Central America, with a population of just over six million, nearly half of which (43%) live in rural areas. Life in rural Nicaragua is based on small family farms run by family members. Many families in rural regions lack access to essential health care and approximately 55% of women in rural regions give birth at home, without medical assistance. More than one third of the population lacks access to basic health services. The lowest levels of health care coverage are found in rural areas, where the population is scattered and the availability and/or use of services is low. There are also many communities in urban regions that also lack access to basic health care services. The Nicaraguan Ministry of Health provides no financial incentives for health care staff to work in remote and difficult-to-access areas and no training of personnel

to carry out any health promotion activities in these same regions.

Nicaragua is full of vibrant cultures and smart, talented, and empowered local youth. Youth that dream of making changes in Nicaragua so their families, friends, and future children have better essential health care services. Nicaragua has the education infrastructure and the medical programs to support the dreams of the youth. They can and want to be educated locally.

For a map of Nicaragua with our locations, please see Attachment 2 - Map

San Juan del Sur, Nicaragua is a relatively small town of 16,000 people located on Nicaragua's southwest border. Because of its location on the Pacific coastline this community is popular amongst tourists who travel to Nicaragua. Despite attracting tourists to this region just 15 km outside of this town people have difficulty accessing basic health care services.

Esquipulas, Nicaragua is another small community located close to the centre of Nicaragua. Unlike San Juan del Sur, Esquipulas is difficult to access. the town has few roads but is surrounded by 'walk-in' communities. Many communities in this region have very poor access to a sustainable health care services.

Universidad Cristiana Autónoma de Nicaragua or UCAN is a local private medical school in León, Nicaragua. Like The Society, UCAN also believes in the support of students from underserved communities in Nicaragua and has agreed to help us achieve our mission of supporting these local students as much as possible. They have agreed to give students of The Society 25% off of their tuition to demonstrate their support of our program.

The Fundacion of Jean Brugger or FAJB is a local charity that operates out of San Juan del Sur in Nicaragua. The FAJB has a strong history of supporting the education of students in the surrounding area and is very excited to help support more students through The Society. FAJB has three full-time staff filling the roles of manager, Alvaro, student coordinator, Vilma and operations, Jamie, they act as a local intermediary for The Society and carry out important tasks for us on the ground in Nicaragua.

The March 8th Women's Collective (CM8M) is another local charity operating out of Esquipulas and its surrounding regions. We believe that their mission of protecting the rights of children and women in Nicaragua ties very closely with ensuring the right to access health care services. They are composed of their director Sandra and their grant manager Martha. Their organization works out of many regions and with many disadvantaged communities in Nicaragua. Their main office is in the capital city of Managua, Nicaragua. (Attachment 3 - Photo).

Charitable Purposes and Activities

The purposes of the Not-for-Profit Corporation are:

1. To advance education in and about marginalized communities in Nicaragua by:

a) providing publicly available scholarships, bursaries and other forms of financial assistance as well as educational resources to students to be used for elementary, secondary, or postsecondary education;

The Society currently sponsors the medical education for two students in Nicaragua. These students are from rural communities where access to healthcare is limited and they want to work hard to see that change for the better. Our first student, Bryan, is currently in his fourth year of medical school and our second sponsored student, Kimberly, is currently in her third year of medical school (Attachments 4 - 8 - Photos). Both students are currently performing very well both academically and in their medical practicums. Both are already giving back by participating in health screenings and by providing health information to members of their respective communities. When our students write to us it is clear that they feel they are making a valuable contribution to the health care in their communities (Attachment 9 and 10 - Student Letters). We have seen tremendous growth in the levels of confidence of our students.

Bryan and Kimberly are both from the San Juan del Sur area and are thus supported by The Society and the FAJB (Attachment 11 - FAJB MOU). Although we do not currently have students from Esquipulas, we have conducted interviews and have an Memorandum of Understanding in place with the CM8M to sponsor a selected student from that area. We are currently fundraising for that scholarship (Attachment 12 - CM8M MOU). We also allow the CM8M to distribute resources for The Society to ensure that all potential applicants know about our scholarship program (Attachment 13 - CM8M Spanish Info Package). Through working with the FAJB in San Juan del Sur and the CM8M in Esquipulas, students accepted to a medical program are chosen to receive a full scholarship for their education in Nicaragua. This currently includes the cost of transportation, tuition, textbooks, food, and accommodations. The FAJB and the CM8M act as intermediaries by helping to identify student applicants, promote the scholarship program in their respective communities and provide recommendations for student selection. Having these partners report back to The Society allows us to gain a local perspective for the student selection process. By understanding the surrounding communities, we can assess how hard students work and their reputation for helping others. (Attachment 14 - Photo). There are currently three phases of student acceptance. Phase 1: acceptance for a personal interview, Phase 2: acceptance onto a student short-list. Phase 3: acceptance to receive a fully-funded medical school scholarship. The application process begins with local intermediaries announcing the scholarship program in high schools and education facilities via local teachers and staff. The local intermediaries then gather applications which are comprised of a grade report, a written letter of intent, demonstration of financial need, and proof of acceptance into a Nicaraguan medical program. When students complete Phase 1, they are

contacted for an in-person interview by a Society representative and a local intermediary organization. During the interview (to complete Phase 2) students are assessed based on the following categories: demonstrated leadership, work experience within the community, financial need and academic standing. Anyone who has graduated from high school may apply to our program. If a student has a great deal of work experience within their community, they receive a high score in this category. A student must demonstrate financial need to be considered for our scholarship. Financial need is based on family income, personal income, family support and other scholarships received. We recognize that many factors influence school grades, particularly when a student is from a community where schooling may only be available on weekends. The Society takes these factors into consideration understanding that grades do not always truly reflect a student's overall intellect or acumen for medical school. For example, one of our students is earning better grades in medical school than the grades he attained in high school. This may be attributable, in part, to his schedule. While in high school this student was needed to work on the family farm, tending animals and working in the fields for five hours each day. This significantly reduced his available study time. This student's high school grades averaged in the 70's and 80's, while other scholarship applicants had grades in the 90's. But we recognized his potential, realizing that if this student could work hours on the family farm daily and still pass high school, he was intelligent and would be capable of completing medical school. After assessing financial need, a selection committee from The Society makes the final decision as to which students complete Phase 2. When a student has passed the interview round, she or he enters Phase 3 of our eligibility process. The student is contacted by The Society so information can be gathered. With the student's written permission, The Society initiates fundraising for their education. Once funding is obtained, the student has passed Phase 3 and is officially awarded our scholarship allowing them to enter into her or his medical school program.

It is the goal of The Society to have 10 medical school students sponsored over the next two years and to continue expansion of the scholarship program as funding allows. The current cost to send a medical student to school in Nicaragua is roughly \$30,000 CAD for all five years of the student's medical education (Attachment 15 - Student Budget). One or two weekends per month our students travel by bus between school and home. Working with the FAJB and the CM8M, we check-in monthly with students to ensure their mental and physical well being. Any concerns (past, present, or future) are addressed at that time. Students are currently given a small monthly allowance while at school to cover costs such as housing, transportation, and school supplies. Tuition is paid directly to the institution and receipts are obtained. Receipts signed by each student monthly are also obtained by The Society to ensure the correct management of funds. Students will most likely need to live away from home, closer to the school of their choice, in order to complete their education. They are supported financially should the students like to return home throughout the year as the transportation fees to visit their families are covered under our scholarship. After they have successfully completed all courses and placements in their primary doctoral schooling, students then move on to the residency program, lasting two more years. The \$30,000 budget includes the cost of the full 5-year medical program and it also includes additional money should a student face an emergency due to a family, health, or other

urgent matter that would take the student away from school. If scholarship funds remain after a student's graduation, the money will be allotted to support the newly graduated doctor's delivery of health care in the community. (Attachment 16 - Budget).

When resources permit, The Society has made plans to host and facilitate extra-curricular remedial programs to assist our sponsored students in their medical education as well as expand their knowledge of health care in rural communities. Connecting our students with doctors, nurses, tutors, community leaders, and traditional healers within communities where access to health care is scarce will give our students tools to be the best doctors they can be. Through the school UCAN and community organizations such as the CM8M, The Society also would like to coordinate extra-curricular programs to assist students with reading, mathematics, science and other subjects according to student need and curriculum. (Attachment 12 - CM8M MOU). The goal of these programs is to support our students as much as possible while they are in their medical education program as well as support their re-entry into their communities upon graduation. These programs are to be administered by local volunteers or paid supporters. These sessions will take place as close to our students as possible; at their schools, in their home communities, or in a relevant location (ie. a rural clinic). Additional student transportation fees and food will be provided by The Society to ensure the success of the extracurricular programs. Such educational opportunities will last approximately one day and include breaks for food and socialization. Approximately two of these events are to be scheduled each year to increase students' connections to and understanding of health care in communities in need. Each program will cost approximately \$100 CAD to operate, depending on how many students are available for participation.

**b) conducting research into effective ways to relieve poverty and improve public health;
and**

We will need to conduct research and collect information to ensure that The Society is having a long term positive impact on the lives of the students and the health of their communities. This research will not only help guide which areas in Nicaragua we choose to implement our projects but will also help guide the monitoring of our programs as they are being conducted. In an effort to make our programs have the best possible outcomes for the local Nicaraguan communities we service, we have come to understand that monitoring and evaluation is an essential component of the work that we do. The Society has begun to identify sources of ill-health and poverty in Nicaragua. We are currently creating a large evidence database in hopes of improving these issues through needs assessments. We have already built a database that maps all the Canadian charities working out of Nicaragua and are expanding the map to include American charities as well. (Attachment 17 - Nica Charity Map). To identify intervention best practice guidelines in Nicaragua, we will also be conducting research literature reviews when we have the means to do so. Research will be designed, supervised, and analyzed by The Society. Currently, The Society will be collecting data through one of its projects, the Radio Health Program, an interactive Spanish radio show in Nicaragua (see 1. c) for further explanation). Nicaraguans who live in the surrounding community will be able to call in or text in to ask

questions or provide their personal experience with our experts. Information will be collected with the help of CM8M and through call-in and text-in data collecting applications. All data will be collected by the nurse manager of the Radio Health Program during its three month operation. All private information will be kept confidential and used only to gather information about access to health care in rural regions surrounding Esquipulas. Data will be published and made available publically to increase the information known about health care in different areas of Nicaragua. By collecting data from local people who call or text into the Radio Health Program, we can determine which communities are most in need of health care and where we should next sponsor students. Allowing us to perform research in Nicaragua will also assist our current students' learning about different rural communities in their country. Our students also understand that to improve health in rural communities, we must first start with awareness: research is a crucial step to informing the public and the government where and why people are suffering needlessly. The cost for the data collection is built into the salary of the nurse who will be managing the Radio Health Program (see below for details).

c) dissemination of information to the public about health care through media outreach, radio broadcasts, training sessions and counselling by health care professionals.

Currently, The Society is directing the CM8M in Esquipulas to implement outreach health promotion workshops. A current example of this is our three month long radio health program with the CM8M. Although many countries do not anymore use radio broadcasting as their primary means of communication, rural communities in Nicaragua still communicate through radio every day. Almost every house in Nicaragua has a radio and listens for community announcements, programs and culture. It's usage increases where families cannot afford a television or cell phones, making it important for our target population. Broadcast topics are to include family planning, the social determinants of health, disease, self-care, infant and child health and nutrition, hygiene, workplace safety, waste management and water processing (Attachment 18 and 19 - Photos). After obtaining \$5,886 CAD in grants from the Campbell Webster foundation and the Bridge Street Church foundation, the radio shows are set to begin in March 2016 but may expand to other Nicaraguan communities. The current show is scheduled to air weekly for three months with a 100 km diameter reach, ensuring broadcasting to difficult to access communities of the surrounding Esquipulas area. To maintain control over the program, The Society is ensuring that it is managed by a local nurse Herminia Morraz at the monthly cost of \$70 USD under contract (Attachment 20 - Photo). The \$70 USD can be broken down to \$50 for the part-time management of the program, including organizing of the radio show and the paperwork included; and \$20 for her transportation to and from the radio station (Attachment 21 - Nurse Contract & Attachment 22 - CM8M MOU). The manager of the Radio Health Program will bring in experts on the topics listed above either in person at the broadcasting station or by telephone or video conference. The purpose of the radio health show is to provide populations with knowledge to make informed decisions about the health of their families and communities. Social workers and health care professionals will be present to answer live questions expected from different communities in the surrounding area. Each show will be recorded and stored electronically by DFD/NFN in order to make the show available at a

later date, for ongoing research, for translation and to increase awareness about Nicaraguan rural health care here in Canada.

2. To promote public health by providing marginalized communities in Nicaragua with:

a) health services that prevent, treat and manage threats to health and survival; and

Currently, we do not have any projects providing health services to communities in Nicaragua. When resources permit we would like to expand in this area in the coming two years. We included this portion of our purpose statement because this is an essential component of our future planning with our medical students. Upon Bryan's graduation from medical school in approximately 1.5 years, we will support his giving of health care in his local community. Having this purpose statement will allow us to help provide direction to Bryan so he can help more people. The idea is that once he graduates and is legally able to practice medicine in Nicaragua, we can work with him by providing finances, partnerships, and other materials and resources for him to give back to his community in the ways he has always dreamed of doing. The same will be said for our second sponsored student, Kimberly, as well as future students that graduate from our scholarship program as noted above in purpose statement 1. a). Upon graduation, we will provide a contract for the doctors to provide specific services on the The Society's behalf. This includes the diagnosis and treatment of common diseases that affect rural communities in Nicaragua, such as malaria. We can also provide medical supplies that are otherwise not available for clinics they work in, like rapid malarial diagnostic kits. Lastly, we can cover the cost of a clinic space for them to work out of in their community.

These students are greatly inspired by the prospect of returning to their communities to administer health care. This is because their communities currently have minimal access to health care and medical services. Their ability to return to their communities and help diagnose, treat, and prevent disease keeps these students motivated to finish medical school. Already, our students are engaging in community projects to increase knowledge about health. Providing medical services is the next step in their journey after graduation.

b) access to healthy environments through the establishment of water, waste management and similar community health infrastructure.

The Society does not currently contribute to water sanitation however a project is under way that we would like implement. We understand that not having access to safe drinking water and poor water management can significantly decrease the health of a population. Through speaking with the San Juan del Sur Rotary Club, we are working towards an agreement to install water catchment and water purification systems at local schools. Projects to give a sustainable source of clean drinking water to students are quoted to cost as little as \$800 USD and as much as \$15,000 USD per school (Attachment 23 - Excel Budget). Although many consider these projects short term as the majority of work for each water system is in its initial setup, we consider these projects to be a long term commitment. While it usually takes less than

one year to install a clean water system, such systems would require ongoing periodic maintenance. For example, if we fundraise to build a water tower and a water catchment bin on top of the welded tower, it will be important to check the quality of the water every six months, repair damages as they occur and ensure the integrity of the water tower and catchment bin. Due to the importance of long term maintenance of the water catchment systems, we plan to fundraise more than the targeted amount of money as visualized in the Attachment 23 budget above. We will develop a Memorandum Of Understanding with the San Juan del Sur Rotary Club that will allow us to maintain direction and control over these long term projects. We met with both the founder and the president of the San Juan del Sur Rotary Club, Luis Contreras and Jane Mirandette respectively, and discussed our plans to work with them to ensure safe water in the communities outlined in the Water Management Systems Document. Several phone and skype conversations have since followed and a formal contract will be in place by the end of this year.

Currently we plan on implementing hand-washing stations (Attachment 24 - Photo) and water holding systems (Attachment 25 - Photo) with the San Juan del Sur Rotary Club.

Fundraising for our projects has been through health care students as well as grants from two foundations. As we are currently a special project of GPN, our funding has gone into the GPN account while being marked under Doctors for Doctors & Nurses for Nurses. We have received approximately \$9,000 CAD for our medical scholarship program from Dr. Wilson's marathon fundraising event in 2010 and approximately \$20,500 CAD from a public indigogo campaign held in 2014 (Attachment 26 - Campaign Indigogo). In 2015, we received grants from two Canadian based foundations for our Radio Health Program: \$4,318 CAD from the Campbell Webster Foundation and \$2,000 CAD from the Bridge Street United Church Foundation (Attachment 27 and 28 - Grant Applications). Currently we are obtaining funds by appealing to corporate donors and packaging our student sponsorship package in a way that makes it more beneficial to these donors (Attachment 29 - Corporate Appeal). We will also be arranging events and fundraisers for doctors and nurses. The goal of these will be to increasing funding for our programs as well as to discuss the current health care concerns in Nicaragua. We have one student currently awaiting funding, Brandon, as he has passed Phase 2 of the selection process. Once we secure funding for Brandon, he will begin medical school. The Society is currently looking for supporters of Brandon and once funding is obtained we will hold interviews again in Nicaragua. The Society does not intend to charge fees to any clients.