

Annual Report June 30, 2011

I. Program development

- a. **Students.** This has been another active year and there are now about 70 students enrolled in the IUBAT College of Nursing. A few foreign students continue to enrol, but we are mostly seeing enrolment of Bangladeshis. Our medium-term objective is about 20-25 students in each of three intakes annually; we expect this will result in about 50 students per year graduating.



IUBAT graduate Asha John (BSN 2010) demonstrates a dressing change in IUBAT's new Nursing Laboratory, with volunteers Monique de Groot and JoAnn Leavey.

- b. **Course Faculty.** Junior Nursing students take general courses with students in other programs. This is an important innovation relative to most nurse training in Bangladesh, which takes place in isolated institutes. We continue to work towards training Bangladeshi nurse educators as a permanent and sustainable faculty base. Canadian volunteer, Dr. Karen Lund continues as Chair of the IUBAT Health Sciences Department. Dr. A.S.A. Masud is Coordinator of the College of Nursing and an employee of IUBAT. We also rely on two sessional instructors, also physicians.
- c. **Visiting Faculty.** As previously, volunteer educators from Canada and elsewhere provided the core teaching for IUBAT nursing students. This year (April 2010-June 2011) visiting faculty for IUBAT College of Nursing included Alex Berland, Monique de Groot, Deirdre Evans, Emilie Fourrey,

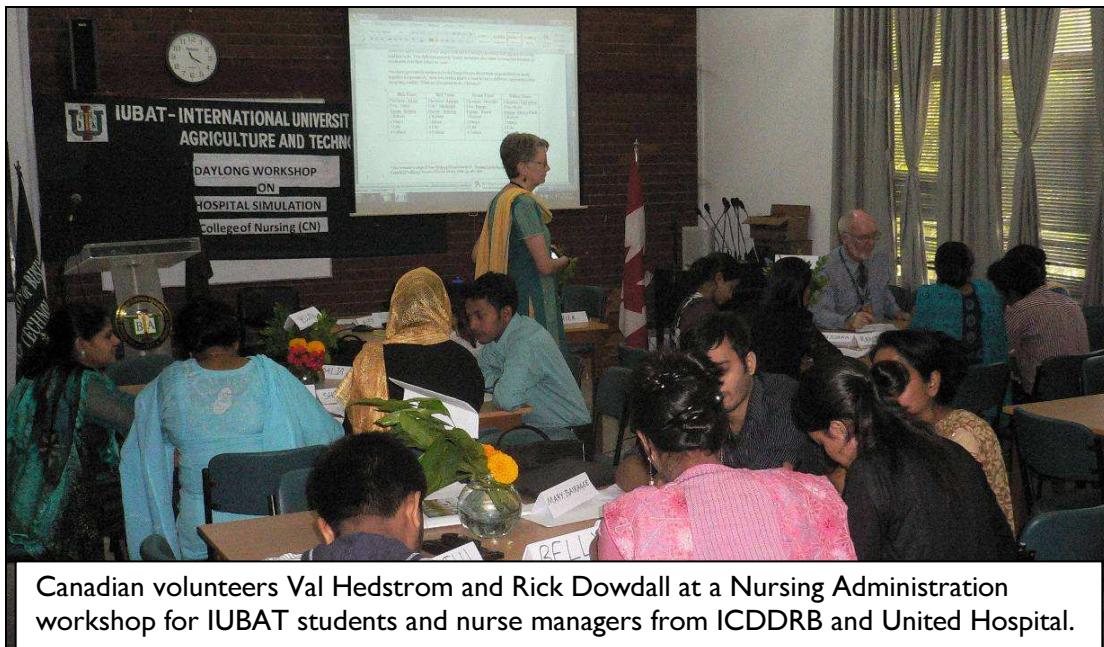
MID-MAIN FRIENDS OF BANGLADESH – BANGLADESH HEALTH PROJECT

Stephanie Lee, Danielle LeMoine, Rebekah Lowes, Cassandra Ma, Gillian McKay, Susan McNeill, Rabiya Merani, Sonie Meyer, Judi Morton, Linda Rollins, John Ringhisen, and Sally Sando. We are grateful for their dedication.

- d. **Clinical placements.** Our teaching sites are the Centre for Rehabilitation of the Paralyzed, Centre for Woman and Child Health, International Centre for Diarrhoeal Diseases Research Bangladesh [ICDDR,B], Monon Mental Health Clinic, National Institute for Mental Health and United Hospital. Junior students visit the Families for Children Orphanage. Senior students study the health of communities near the university. We have been careful to choose practice sites with good care standards and progressive staff attitudes because we want positive role models for our students.
- e. **Other IUBAT activities.** IUBAT is growing rapidly due to its reputation as one of the best private universities in the country and the demand for better quality higher education. New construction in the past year has again greatly increased classroom space. Improvements to the computer lab and internet capacity have greatly benefited Nursing students. A new and much larger Nursing Laboratory has been built in a cluster of lab units. IUBAT has recently paid to equip this with two hospital ward beds and patient care furniture. We provide modest support to IUBAT, by hosting international volunteers teaching in other programs, writing university policies, assisting with research activities, and developing marketing and recruiting materials. In February 2011 we again hosted a class of Community Nursing students from University of Vermont during their two-week field study. In June 2011, we had the first visit from three students of Vancouver Community College who were completing a final-term practicum.
- f. **Professional development for the health care community in Bangladesh.** Our Canadian volunteers have offered several lectures at our teaching hospital sites. This helps build our network through local nurse leaders who help us find practice sites and potential faculty members. The exchange of ideas enriches the volunteer experience and provides a valuable service for our local nursing colleagues.
- g. **Activities in Canada.** In early 2011, we prepared a major funding proposal to the Voluntary Sector Fund of the Canadian International Development Agency. Unfortunately this was not successful. We continue to provide support in Canada to nursing students going to IUBAT for their own educational purposes, and make presentations to schools and colleges and service organizations such as Rotary Clubs.

2. Canadian support

- a. We are grateful that Mid-Main Community Health Centre in Vancouver continues to be the Canadian sponsor for this project. Special thanks to Mid-Main Board members Deirdre Evans and John Richards and to Executive Director Irene Clarence for their on-going commitment and support.
- b. The Nursing Departments at Selkirk College Castlegar, University of Victoria and Vancouver Community College now have formal links with IUBAT.
- c. About 15-20 individuals each year travel to Bangladesh as volunteer educators. Many others based in Canada have provided educational materials or services to support volunteers. We are especially grateful to the College of Registered Nurses of BC for providing us with discarded textbooks for our library.



3. Financial status

We have been able to cover program operating costs through generous support of donors in collaboration with IUBAT. Donations pay guest house expenses for volunteers while they are at IUBAT, and also for textbooks, teaching materials and office equipment. Please see Appendix 1 for details. While the Bangladesh Health Project provides substantial support, so does IUBAT. The university pays for overhead services, including Library and Registrar, as well as sessional instructors and teaching staff for general programs taken by BSN students. IUBAT realizes modest revenue from student tuition fees.

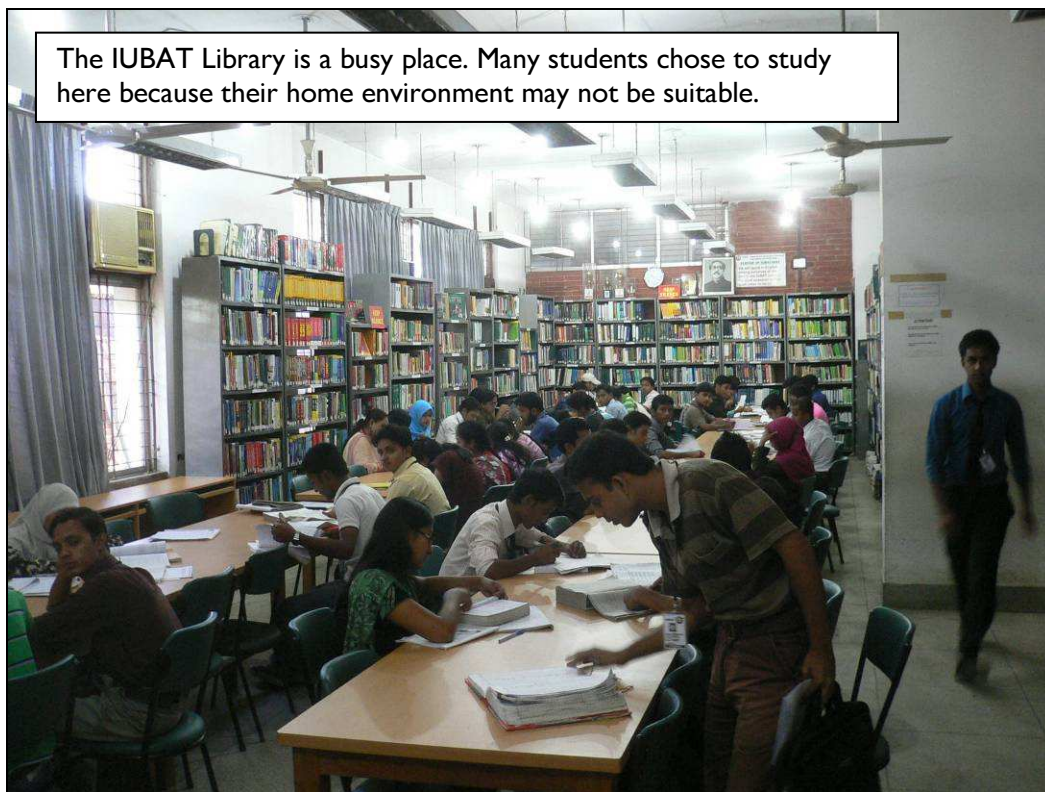
4. Next steps in the coming year

- a. Improve the curriculum. Continue developing and upgrading lesson plans, particularly to emphasize critical thinking and problem-solving.
- b. Continue developing our research program and reporting on our work and lessons learned
 - i. We published an article describing the Nursing College as a Canada-Bangladesh partnership in the International Journal of Nursing, (available at <http://www.ncbi.nlm.nih.gov/pubmed/20796065>)
 - ii. We published a working paper on nutrition in local slum community, based on survey work conducted by IUBAT nursing students (available at <http://www.iubat.edu/cpr>)
- c. We have had good feedback on our website and blog reports www.bangladeshhealthproject.com. Naturally, this needs continued up-dating.
- d. Prepare modules for teaching local educators how to teach.
- e. Engage volunteers more effectively.
 - i. Improve volunteer recruitment, orientation, policies and recognition.
 - ii. Involve Canadian-based Bangladeshis in program activities.
- f. Raise necessary funds to strengthen the program and support students.
 - i. Develop a fund-raising committee and submit other funding proposals.
 - ii. Seek donations for student scholarships and clerkships in Canada, instructional DVDs and equipment, and upgrading the IUBAT skills lab.

5. What will the Bangladesh Health Project do over the next five years?

This first stage of the Bangladesh Health Project is now substantially complete. It has shown “proof of concept” for our model of international standard nurse education. The next steps involve scaling-up and training trainers.

- a. Scaling-up requires that we organize our curriculum resources so they can be shared with other like-minded institutions that train nurses. We have now prepared the material for 21 nursing courses, plus 15 practicum and laboratory courses. This first draft of the entire nursing syllabus and administrative policies is available in digital format. To our knowledge, this resource is unique and, if available in open source format, could be a significant contribution to human resource development globally.
- b. The second proposed activity, training of trainers, is essential for IUBAT to become self-sustaining and to support our clinical partner sites as they develop higher standards. The objective is to create “islands of excellence” that demonstrate the benefit of effective nurse education. Locally educated nurses require considerable upgrading to be able to teach content at the level of the IUBAT program.



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Appendix I Financial statement (unaudited)

EXPENSE/REVENUE STATEMENT FOR BHP FOR YEARS 2008 - 2010			
	CAD		
	2008	2009	2010
Revenue			
Donations			
Past/Present Board Member Contribution	\$ 16,949.93	\$ 28,801.27	\$ 17,096.42
Volunteer Instructor Contribution	\$ 20,321.18	\$ 31,034.34	\$ 26,193.58
Fundraising Contribution	-	\$ 6,703.28	\$ -
Other	\$ 13,893.11	\$ 11,086.10	\$ 7,472.00
Guest House Services	\$ 2,188.08	\$ 1,375.12	\$ 4,513.94
Bank Interest	\$ 7.33	\$ 8.58	\$ 9.35
Expense			
Volunteers Expense			
- Guesthouse	\$ 3,797.34	\$ 6,454.63	\$ 8,644.84
- Food	\$ 2,198.88	\$ 2,733.36	\$ 2,010.36
- Travel	\$ 20,321.18	\$ 31,034.34	\$ 27,424.54
Teaching Expense	\$ 2,783.34	\$ 4,407.60	\$ 1,881.89
Accounting and Legal	\$ -	\$ -	\$ 690.00
Office Expense	\$ 2,477.71	\$ 1,079.68	\$ 293.06
Student Expense	\$ -	\$ 683.34	\$ 2,092.73
Training Clinic Expense	\$ 113.76	\$ 24.41	\$ 139.81
Assets	\$ 3,688.97	\$ 773.72	\$ 3,190.81
Coordinator Stipend	\$ 16,400.00	\$ 10,800.00	\$ 13,600.00
Other Expense			\$ 2,528.32
Bank Fees	\$ 282.20	\$ 166.00	\$ 117.00
Total Revenue	\$ 53,352.30	\$ 79,000.11	\$ 55,285.29
Total Expense	\$ 52,063.38	\$ 58,157.09	\$ 62,613.36
Direct Project Expenses (exclude volunteer travel expense)	\$ 31,742.20	\$ 27,122.75	\$ 35,188.82
Surplus/Deficit for Year	\$ 1,288.92	\$ 20,843.02	\$ (7,328.08)