

Annual Report June 30, 2010

I. Program development

- a. **Students.** This has been another active year and there are now about 80 students enrolled in the IUBAT College of Nursing (one-third males). The first batch of seven students graduated in late 2009. A further twelve will complete in 2010. Nepalese students continue to enrol, but we are seeing mostly increased 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.



- b. **Course Faculty.** Junior Nursing students take general courses with students in other programs. This is an important step toward reducing the stigma of nursing since most nurse training in Bangladesh takes place in isolated institutes. We continue to work towards training Bangladeshi nurse educators as a permanent and sustainable faculty base. This year IUBAT has hired Dr. A.S.A. Masud, a retired obstetrician with much experience in national family planning initiatives. We greatly appreciate his collegial style and concern for nursing. We also rely on two sessional instructors, also physicians. As previously, volunteer educators from Canada and elsewhere provide the core teaching for IUBAT nursing students (see Figure 1).

Figure 1: Visiting faculty for IUBAT College of Nursing (Jan 2009 - April 2010)

Heather Ames PhD(c)	Karen Lund PhD, Chair Health Sciences
Nicky Armstrong RN BSc BN	Cailey Lynch RN BScN
Amaan Banwait BComm	Rycki Maltby RN EdD
Alex Berland RN BSN MSc	Sonie Meyer RN BN
Lynn Buhler RN BSN MSc	Judi Morton RN
Shauna Connaughton BHK	Jamie Newman MPP
Deirdre Evans BA, MSW	Andrew Remillard BMLSc
Emilie Fourrey RN	Alysha Savji BSN (c)
Chrissie George MSW	Tricia Shinner BSN
Melodie Hull RPN, MSc, MA Ed.	Diana Trifonova RN BScN
Brenda Hutton BScN MAEd	Carrie Vossler RN BScN MA
Ann Irwin PhD	Darryl Vossler BSW

- c. **Clinical placements.** Our teaching sites are United Hospital , the Centre for Rehabilitation of the Paralyzed, Centre for Woman and Child Health, International Centre for Diarrhoeal Diseases Research Bangladesh [ICDDR], Monon Mental Health Clinic and. 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.



- d. **Other IUBAT activities.**

IUBAT is growing rapidly due to its reputation and the demand for quality higher education. New construction in the past year has nearly doubled classroom space. Improvements to the computer lab and internet capacity and a larger Skills Lab have greatly benefited Nursing students. We provide modest support to IUBAT, by hosting volunteers who have taught business courses, drafted a Research Ethics policy and

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accreditation framework, and researched English language program development. In February 2010 we hosted a class of Community Nursing students from University of Vermont during their two-week field study.

e. **Professional development for the health care community in Bangladesh**

Our Canadian volunteers have offered lectures whenever possible 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.

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, John Richards and Katia Wong and to Executive Director Irene Clarence for their on-going commitment and support.
- b. The Nursing Departments at Vancouver Community College and Selkirk College Castlegar have agreed to link with IUBAT.
- c. We have applied to the Canadian International Development Agency for support from their “Voluntary Sector Fund”. The focus of this proposal is to “train the trainers” to help us develop the local faculty who, in the future, will staff IUBAT and other colleges of nursing in Bangladesh.
- d. 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.



3. Financial status

We have been able to cover program operating costs through generous support of donors in collaboration with our partner, IUBAT. Donations pay a stipend towards living expenses for the Chair of Health Sciences, Dr. Karen Lund (permanently on-site) to pay living expenses for volunteers while they are at IUBAT, and also for textbooks, teaching materials and office equipment. Please see Appendix 1 for details.

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While the Bangladesh Health Project provides substantial support, so does IUBAT. The university finances most of the sessional instructors and teaching staff in the College. It also provides spaces in classes taught by other colleges, and office space to the Nursing College staff. IUBAT realizes modest revenue from student tuition fees.

4. Next steps for our work in the coming year

- a. Improve the curriculum. Continue developing and upgrading lesson plans, particularly to emphasize critical thinking and problem-solving.
- b. Begin undertaking research and reporting on our work and lessons learned. (An article describing the College and lessons learned has been accepted by the *International Nursing Review*. A College of Nursing project on shanty nutrition in surrounding neighbourhoods has been published as an IUBAT monograph – www.iubat.edu/cpr/.)
- c. Develop our website www.bangladeshhealthproject.com .
- d. Prepare modules for teaching 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 our new 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 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

EXPENSE/REVENUE STATEMENT FOR BHP 2008 AND 2009¹

	2008	2009
REVENUE		
Donations		
Past/Present Board Member Contribution	16,950 ²	28,804 ³
Volunteer Instructor Contribution	20,321	33,214
Fundraising Event Contribution	-	6,700
Other Donations	13,893	11,086
Guest House Services	2,188	1,375
Bank Interest	7	9
EXPENSE		
Volunteers Expense		
Guesthouse	3,797	6,455
Food	2,199	2,733
Travel by volunteer instructors	20,321	33,214
Teaching Expense	2,783	4,408
Office Expense	1,617	1,080
Student Expense	-	683
Training Clinic Expense	114	24
Assets	3,689	774
Coordinator Stipend (\$1200 per month)	16,400	10,800 ³
Bank Fees	246	166.00

Total Revenue	53,352	81,180
Total Expense	51,167	60,337
Direct Project Expenses (exclude volunteer travel expense)	30,846	27,123
Surplus/Deficit for Year	2,185	20,843³

¹ Calendar years 2008 and 2009

² Amounts rounded

³ Cash flow (timing) is main reason why these 2009 amounts differ from 2008.