



At a Glance



Costa Rica

Dominican Republic

El Salvador

India

Nicaragua

Peru

Uganda



CONTENTS

- 4 FIMRC Family
- 6 Who We Are
- 8 Costa Rica
- 12 Dominican Republic
- 16 El Salvador
- 20 India
- 24 Nicaragua
- 28 Peru
- 30 Peru/Huancayo
- 32 Peru/La Merced
- 34 Uganda
- 39 Volunteer Program Options
- 41 Next Steps
- 42 What's Included
- 44 Chapters



OUR MISSION

To provide access to medical care for underprivileged and medically underserved families around the world.

ACCESS

First and foremost, we look at access to healthcare. In areas where no clinical services are available, we work with the community to build out the necessary infrastructure to improve access.

EDUCATION

Preventative health. We work hard to integrate into our communities to address local needs and launch outreach programs. We build health education programs based on input from the community.

PARTICIPATION

Participation from community members is vital, as we ask the community to work alongside us in improving health in the communities in which we work. We also believe in participation from the global community.



COSTA RICA • *Project Alajuelita*

Alajuelita snakes up the mountain overlooking San Jose, Costa Rica's capital. The barrio, stacked with houses of concrete and tin, is home to nearly 126,000, many of which are Nicaraguan immigrants. Though only five kilometers outside the country's center, its residents do not enjoy the same luxuries as many urban residents, as only 26% of the population has access to clean water. Costa Rica is often held up as a role model for developing countries. In the 1980's, they were able to establish and improve social services, such as healthcare and education, and raise poverty levels. However, those who need these services the most are often invisible to the government. Alajuelita is made up of those who have slipped through the cracks. The majority of the community is comprised of Nicaraguan immigrants, most of them women and children who are uninsured. The native Costa Ricans, or 'ticos', are impoverished.

Nicaraguans flood over the border into Costa Rica, settling into places like Alajuelita. Eighty percent of these immigrants live under the poverty line, while over forty percent live in extreme poverty. Many of these immigrants are young women, often pregnant, seeking work and, for their children, access to Costa Rica's social services. Often, children are born in Costa Rica, ensuring their eligibility for school, and then sent back to Nicaragua to live with their grandparents. Mothers stay behind to work, and they are not reunited until the children are around seven years old, when they return to go to school. These women and their children make up the majority of FIMRC's patients.



BRIANNA, 2014

"FIMRC offers a mission unlike any other. You will be amazed at what can be accomplished in one mission. Serving the community provides volunteers with unparalleled happiness and memories that will last a lifetime."

9%

Although difficult to document, it is believed that nearly 9% of the Costa Rican population is comprised of immigrants, many of which are medically underserved.

¹ <http://www.iom.int/cms/en/sites/iom/home/where-we-work/americas/central-and-north-america-and-th/costa-rica.html>



CLINICAL ACTIVITIES

- FIMRC clinic provides services to patients of all ages
- Well child visit program
- Psychological services
- Medical campaigns with local soup kitchens

HEALTH EDUCATION

- Art therapy sessions
- Diabetes prevention program
- Nutrition work addressing obesity
- Healthy habits group focused on exercise

VOLUNTEER ACTIVITIES

- Assist with clinic operations
- Conduct patient intake
- Create health education materials
- Lead health education session in soup kitchen

Our mission is to fill the gap for immigrant healthcare, starting with our clinic in San Felipe, Alajuelita. Many of the community's problems are treatable and preventable. FIMRC addresses these issues with precautionary measures, education, and consistent monitoring. The clinic also maintains a psychologist to address the mental health issues that often accompany severe poverty and immigration.



VOLUNTEER OPTIONS:

- Global Health Volunteer Program
- Comparative Health Immersion Rotation Program
- Internships
- Master's Degree Practicums
- Custom Programs



Program Spotlight: *Dance Therapy*

Preventative health takes on many different forms at Project Alajuelita as community members enjoy an array of art and dance therapy based programs aimed to improve overall mental and physical well-being. More specifically, Bhanga Blowout is a program that was developed with the goal to improve the mental and physical health of the women of Alajuelita through dance. Bhanga is a community dance style originating in the Punjab region of Northern India. Many women in the community suffer from problems connected to obesity. These classes are not intended to solve the obesity problem, but rather to introduce the women of Alajuelita to lifestyle changes by showing them how to exercise in a way they enjoy, while allowing them to release stress and improve their mental health. Children in the community also have the opportunity to come together for weekly group ballet classes designed to develop flexibility and physical strength, build strong work ethic, increase self-esteem, and allow the expression of feelings in a constructive manner. In the future, we hope to continue to expand our offerings of unique therapeutic programs.

DOMINICAN REPUBLIC • *Project Restauración*

Hours on tangled, pockmarked roads lead from Santiago to Restauración, a Dominican town lying on the Haitian border. The center slopes up and down, full of brightly painted concrete, with villages spread out through the surrounding forest. Restauración lies in the second-poorest province in the Dominican Republic, a nation where half of the population lives in poverty. Just 12 kilometers away is the poorest country in the Western Hemisphere, and people float across the border with regularity. The town's population reflects that fact, filled with undocumented residents and the tensions that influence relations between the two nations.

While there are five clinics in Restauración's municipality, they all suffer from lack of funding. With the Dominican Republic spending three percent of its public funds on strengthening healthcare, many hospitals and clinics lack sufficient technology and other resources, and are typically run by under-qualified staff. These clinics are available to documented Dominican citizens only, and funding only considers this population. However, over 70% of patients seen in these municipal clinics are Haitian, with communities like Tilori, a town across the border, relying on Restauración for healthcare. With a population ranging unofficially into the thousands, Haitians living in Tilori face an eight mile trek to the municipal hospital in Restauración when in need of medical care, even though they receive no medical coverage as Haitian citizens and often have to cover the entirety of their medical expenses. This issue alone causes marginalized communities with no health education or medical care to fall through the cracks. This leaves these medical centers struggling to stretch their budgets to fit their reality. FIMRC works to address the gap in medical services as well as health education for both Dominicans and Haitians alike.



MEGAN, 2014

"I am so thankful to [...] go back to Restauración for a second year. The progress [...] is truly astounding and is a testament to all the work that FIMRC and the people of Restauración have done. I'm proud to be part of an organization that creates sustainable communities and inspires people to create better lives for themselves!"

2x

The United Nations Population Fund has reported that 105 of every 1000 teenagers become pregnant in the Dominican Republic, twice the world average.

² http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_dom_en.pdf?ua=1



CLINICAL ACTIVITIES

- Support medical brigades in remote communities
- Conduct community based medical visits
- Provide medical supplies and equipment to rural clinics and municipal hospital

HEALTH EDUCATION

- Nutrition group sessions and recipe demonstrations
- Prenatal programming and house visits
- Youth empowerment programs

VOLUNTEER ACTIVITIES

- Discuss appropriate behavior and attitude with adolescents in our "Superman" boys group and our "Chicas Maravillas" girls group
- Assist in the construction of public latrines and community-based training on maintenance

Our mission is to improve the quality of the healthcare provided in Restauración by training medical professionals and providing medical centers with much needed equipment, executing region-specific public health care and education initiatives, training locals on preventative healthcare, and arming them with the tools to monitor and help their community. We aim to work with both populations in Restauración and Tilorí, Haiti.



VOLUNTEER OPTIONS:

- Global Health Volunteer Program
- Summer International Health Fellowship
- Comparative Health Immersion Rotation Program
- Internships
- Master's Degree Practicums
- Custom Programs



Program Spotlight: *Chicas Maravillas*

Chicas Maravillas is an eight-session program that seeks to improve basic health and reproductive knowledge for girls ages 8–12. The program was created as a complement to the existing "Superman" course at Project Restauración, which aims to cover the same topics with boys ages 8–12. Program participants progress through a curriculum focusing on personal and dental hygiene, nutrition, as well as reproductive health. To date, over 200 girls in three rural communities have completed the course with new courses beginning regularly.

EL SALVADOR • *Project Las Delicias*

El Salvador is a small but crowded country, the most densely populated in Central America. Civil war and natural disasters have wreaked havoc on the healthcare system and the economy. The government is working to repair the damage, but small, rural communities are often some of the last to experience the results of the advances, such as Las Delicias.

Las Delicias sits hidden in the valley of an ominous volcano, located only a short drive from the capital city of San Salvador. This impoverished rural community is surrounded by coffee plantations, sugar cane and cornfields, where many of its residents used to find employment. In recent years, many of these farms have gone out of business, stripping many Las Delicias' residents of their jobs. Today, a majority of the community lives in extreme poverty with many of the health issues due in part to malnutrition, as well as lack of education, scarce resources and unfit sanitation (including poor water quality and lack of adequate housing). The closest clinic is ten kilometers away, a long trip with only public transportation or your own feet at your disposal. El Salvador's National Health Service, which most citizens access, is consistently underfunded and overburdened, creating long wait times for basic care. As a result, many residents choose not to use the healthcare system, leaving children particularly vulnerable to poverty related illnesses including diarrhea, malnutrition, and bronchial infections. Working with the Ministry of Health, FIMRC is addressing the effects of the tumultuous past by offering clinical services and community outreach initiatives.



CAIT, 2014

"I went to El Salvador thinking I would make an impact on the lives of people there. As it turns out, although I felt satisfied with my own contribution, I think they made an even bigger impact on mine! I had a wonderful time and the trip was a once in a lifetime experience."

8.7%

Of all of El Salvador's newborns, approximately 8.7% have low birth weight, largely due to inadequate maternal nutrition or prenatal care during pregnancy.

³ http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_slv_es.pdf?ua=1



CLINICAL ACTIVITIES

- FIMRC clinic treats patients of all ages
- Conduct community based medical visits
- Conduct testing and treatment campaigns for parasitic infections
- Support rural medical brigades in outlying communities

HEALTH EDUCATION

- Adolescent group workshops
- Water sanitation programs
- Prenatal programming and house visits
- Dental hygiene education

VOLUNTEER ACTIVITIES

- Learn about the local healthcare system through observing clinic operations and local medical professionals
- Lead health education lessons

Our mission is to improve access to health services for the population of Las Delicias and the surrounding rural communities. Through the delivery of medical care ranging from well child visits to prenatal and postpartum attention, the clinic provides a spectrum of services for the local population. FIMRC's work also includes extensive community outreach efforts that address preventable problems such as malnutrition, gastrointestinal illnesses, respiratory infections, diabetes, and hypertension. The holistic approach at Project Las Delicias aims to provide families with the tools necessary to maintain a healthy lifestyle.



VOLUNTEER OPTIONS:

- Global Health Volunteer Program
- Comparative Health Immersion Rotation Program
- Internships
- Master's Degree Practicums
- Custom Programs



Program Spotlight: *Prenatal Care Program*

Morena, the local Health Promoter, conducts FIMRC's prenatal program in Las Delicias. The program aims to improve the education of expecting mothers, as well as to promote compliance to scheduled prenatal appointments and a safe delivery. Monthly education occurs in the home and is targeted to address important topics pertinent to the month of gestation. In addition, expecting mothers are screened for warning signs, given prenatal vitamins and are invited to ask questions. The women are also seen at FIMRC's clinic for a full checkup. The program continues after the birth of the child, when Morena continues the home visit model to assure a healthy recovery of the mother and strong development of the newborn.

INDIA • *Project Kodaikanal*

India as a whole has enjoyed immense economic progress in recent years, ranking among the top ten percent of the world's countries in terms of economic growth since 1991. Unfortunately, India's healthcare system has not developed at the same rate. The public healthcare system is underfunded and struggles to bear the weight of its patients' needs, while the private healthcare system is expensive, requiring high out-of-pocket expenditures. One in three of the world's malnourished children live in India, and infectious diseases plague the population.

Many of these issues are preventable or easily treatable, but India's impoverished do not have sufficient access to healthcare. Most men and women work as day-laborers for around 100 rupees a day. Many kids are left in the care of other family members, forcing older siblings to forego an education.

Tucked in the hills of southern India, Kodaikanal has long been considered a retreat from the high temperatures and tropical diseases of the plains. Local tourists have flocked to the small village to enjoy its wooded slopes, waterfalls, and rich flora. This tourism has boosted Kodaikanal's economy, leading to a flood of international investment. However, this growth has further marginalized those on the bottom rung of Indian society, leaving many without the means to support their families, including many in Kodaikanal. FIMRC works with groups within the community to provide healthcare, education and personal economic growth to those left behind by India's broken system.



KATELYN, 2014

"I absolutely loved this trip. There are memories that I will never forget and things that I learned that I know will help me in the future. I had the time of my life and would love to go on another trip in the future."

21%

**India alone
accounts for 21% of
the world's global
burden of disease.**

⁴ http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_ind_en.pdf?ua=1



CLINICAL ACTIVITIES

- FIMRC rural clinic provides primary care services and referrals to patients of all ages
- Support annual surgical brigade for burn victims
- Assist with hospital pharmacy operations

HEALTH EDUCATION

- Ten local women's groups
- Preventative health education in the crèches
- Nutrition education in the crèches

VOLUNTEER ACTIVITIES

- Learn about the local healthcare system
- Accompany the FIMRC physician to crèche check ups and assist with intake and documentation
- Support rural clinic pharmacy operations
- Conduct health education

Our mission is to provide comprehensive healthcare by working with other groups operating in the community, and by providing basic medical services. With the Bethania Trust, FIMRC supports four crèches, which function as schools, day care centers, and health centers for children between two and five. These crèches allow parents to work and older siblings to attend school, and also provide meals for every child. We also work to alleviate the burden of other healthcare organizations, both through preventative education and through the operation of our own rural clinic.



VOLUNTEER OPTIONS:

- Global Health Volunteer Program
- Summer International Health Fellowship
- Comparative Health Immersion Rotation Program
- Internships
- Master's Degree Practicums
- Custom Programs



Program Spotlight: *Crèche Nutrition Program*

This program was created to teach the parents and teachers of the Kodaikanal crèches about childhood nutrition. With the children of Kodaikanal in the crèches for much of the year, FIMRC is able to monitor their nutrition. However, these children often lose weight during summer break and suffer during other breaks from school, mainly due to a lack of knowledge about nutrition and the necessities for a healthy diet. The program is aimed first at the teachers, who then present the information to parents at monthly parents' meetings. Program effectiveness is consistently monitored and successful weight gain has already been shown.

NICARAGUA • *Project Limón*

Nicaragua is fast becoming a study in opposites, as impoverished communities, like Limón, sit forgotten, adjacent to the upscale resorts and surfing sanctuaries that have begun to crop up in the last ten years. Nicaragua has experienced a boom in tourism, making it the second biggest industry in the nation. The country's reputation is improving, leaving behind the chaotic 1980s and slowly transforming itself into a tourist destination. Despite some progress, Nicaragua is still the second poorest nation in the Western Hemisphere, with the incidences of diseases like malaria and tuberculosis growing. Over forty five percent of the population lives under the poverty line, and less than seven percent have health insurance. Geography, socioeconomic status, gender and ethnicity all effect a citizen's access to health services, with marginalized groups bearing the heaviest burden.

Since FIMRC's launch in Limón, tourism has grown due to the close proximity of the Pacific Ocean and the perfect waves, the beauty of green pastures lining the coast and the rise in foreign investment. Unfortunately, infrastructure that directly impacts the health of our patients, such as potable water, has not improved and common health issues persist. Basic services also lack, with FIMRC hosting the only pediatrician of the region in the rural outskirts of Rivas. Many local officials say that the area is on the verge of an immense amount of growth, but the basic infrastructure in the area is comparable to that of an area that sees no tourism or foreign investment.



KRISTEN, 2014

"If you are even slightly considering becoming a volunteer with FIMRC, you need to do everything in your power to make sure it happens. Any concern you may have will be outweighed by all of the amazing, once-in-a-lifetime experiences you will have during your time volunteering with FIMRC."

15%

880,500 residents of Nicaragua live without sustained access to a clean water source, comprising about 15% of the population.

⁵ http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_nic_es.pdf?ua=1



CLINICAL ACTIVITIES

- Casa de Refugio, FIMRC's pediatric clinic, provides specialty care to children twice per week
- In-home prenatal and postpartum check-ups
- Support government health post and medical brigades

HEALTH EDUCATION

- Prenatal programming and house visits
- Kids in Focus school program
- Diabetes control and education
- Childhood development in schools

SPECIAL INITIATIVES

- Take vitals and conduct patient intake at Casa de Refugio for the Pediatric Health Program
- Conduct house visits to test and record blood sugar levels of diabetes group participants

Our mission is to improve pediatric healthcare in the area, through both our own clinic out of the Casa de Refugio, and partnerships with other community organizations like the Las Salinas Health Post, and the nearby Hospital Gaspar Garcia. We are working to bring down the high child illness and mortality rates that continue to afflict the country by establishing a pediatric health clinic and instituting preventative health measures.



VOLUNTEER OPTIONS:

- Global Health Volunteer Program
- Summer International Health Fellowship
- Comparative Health Immersion Rotation Program
- Internships
- Master's Degree Practicums
- Custom Programs



Program Spotlight: *Diabetes Program*

The diabetes program is a club operating in eight communities around Las Salinas that provides education about and monitoring of diabetes. Each community has a representative who is trained with a glucometer, allowing people within the community to consistently measure their blood sugar. Accompanying this is a year-long curriculum focused on educating people within these communities about the importance of a healthy diet, exercise, and how to control their diabetes. The goal of this program is for participants to lose 7% of their total body weight within the year, and to achieve normal blood sugar levels. Education sessions are held once a month in each of the communities to teach participants how to achieve these objectives and stay healthy.

PERU • Project Huancayo & La Merced

Culturally rich and vibrant with many contrasting regions, Peru is a diverse mix of coastal towns, urban city centers, and mountainous jungles. As such, the face of healthcare looks drastically different in each location. Project Peru is unique in that FIMRC operates in two distinct areas – Huancayo and La Merced. Huancayo is located in Peru's central highlands, about eight hours from the capital city of Lima. Huancayo is home to over 300,000 residents making it the fifth largest city in the country. Huancayo's vibrant markets, nightlife, and rich culture make it a popular tourist destination, yet common issues such as overcrowding and lack of access still plague the local population.

In contrast, Project La Merced is located in the Amazon basin about ten hours from Lima and has a population of less than half of Huancayo. La Merced is known as the gateway to the indigenous populations of the Ashaninka, Yanasha, and Amuesha, communities rich in native languages and culture. Despite the beautiful backdrop of the jungle, the location of La Merced still limits the population's access to care, especially the native communities such Marankiari Bajo and Orito Bajo.

In Peru, the varied terrain, cultures and resources provide both opportunities and challenges to economic development, education and healthcare and our work is directly influenced by these differences. Indigenous populations have held on to native languages and cultural practices, making patient care and community outreach efforts more complex. Traditional medicine is often the preferred choice of healthcare, and when the native populations seek treatment, it tends to be because their condition has worsened and they are in need of immediate and more advanced care. FIMRC works to address the complexity of working in such environments by employing a partnership model with the goal of increasing access to quality medical care as well as to execute health initiatives aimed at increasing awareness and education on significant health issues in the area.



EVE, 2013

"I loved being a Global Health Volunteer in Peru. It was one of the most amazing and rewarding experiences of my entire life. The program was unforgettable! I feel so lucky to have been a part of it."

45.9%

Peru has made a concerted effort to increase the percentage of citizens who have medical coverage. However, 45.9% of Peruvians still do not have any form of medical insurance.

⁶ http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_per_en.pdf?ua=1



CLINICAL ACTIVITIES

- Support local medical partners such as Hospital Carrion and Hospital El Carmen
- Organ donation compatibility testing
- Postpartum education in local hospitals

HEALTH EDUCATION

- Parasitic testing and prevention campaigns in local schools
- Dental health work including education and fluoride treatments
- Nutrition courses to mothers within partner organizations

VOLUNTEER ACTIVITIES

- Discuss and learn from local medical students about Peruvian healthcare
- Conduct rounds and observe surgeries with physicians in area hospitals and clinics

Project Huancayo

Our mission is to provide health education and training and offer support through collaborations with hospitals, clinics, schools, orphanages and other local organizations. Through these partnerships, we are able to address underserved communities and the health issues, both major and ignored, that afflict them. These partnerships also afford volunteers the unique opportunity to gain exposure in public hospitals and clinics.



VOLUNTEER OPTIONS:

- Global Health Volunteer Program
- Summer International Health Fellowship
- Comparative Health Immersion Rotation Program
- Internships
- Master's Degree Practicums
- Custom Programs



Program Spotlight:

Orphanage Education Program

The education program conducted at El Rosario Orphanage was developed to educate both children and 'tias', or caregivers, on basic health issues that are commonly seen in the orphanage. FIMRC staff and volunteers give weekly health sessions, using participatory education techniques, allowing the students and caregivers to learn in a fun environment. Given that the children come from difficult backgrounds, it is important for us not only to recognize the health issues that are prevalent, but also the mental health of the children. After many years of successful partnership, we are working with El Rosario staff to further develop the program and advance the implementation of health practices within the organization.

Project La Merced

Our mission is to provide access to medical care and health education through a multi-faceted approach. We strive to expand services offered by facilitating rural clinics in conjunction with the local hospital, work with native populations to increase knowledge and awareness around public health issues, and address the healthcare needs of the local communities with whom we work.

CLINICAL ACTIVITIES

- Support local medical partners
- Assist in the local hospital's tropical medicine department
- Participate in rural medical campaigns
- Deliver health education to patients in waiting area

HEALTH EDUCATION

- Broadcast health programs on local radio
- Work with mothers in native communities
- School based health education lessons
- Patient waiting room education

VOLUNTEER ACTIVITIES

- Conduct rounds and observe surgeries with physicians in local hospital
- Rural outreach campaigns with local hospital



VOLUNTEER OPTIONS:

- Global Health Volunteer Program
- Summer International Health Fellowship
- Comparative Health Immersion Rotation Program
- Internships
- Master's Degree Practicums
- Custom Programs



Program Spotlight: Radio Programming

Radio programs are a part of Project La Merced's education initiatives. These broadcasts allow FIMRC to educate an audience they would not usually reach, in a humorous and accessible way. When working in the native community of Marankiari Bajo, volunteers write programs to address a range of health topics such as dengue or malnutrition. Most recently, a "telenovela" style sketch was developed, using a love story to educate natives on dental health. Through this program, they were able to reach 20,000 people who would have been previously out of reach and volunteers return regularly to give new broadcasts.

UGANDA • *Project Bumwalukani*

Project Bumwalukani looks up on Mount Elgon, an extinct volcano that traverses Uganda and Kenya's border. With fertile volcanic soil, agriculture is the backbone of this district, a livelihood in the area that can barely feed a family let alone bring in a substantial income. Most of the residents make an average annual income of only 200 US dollars. Many do not have sufficient access to healthcare, by virtue of both their location and the significant personal expense required to travel to a clinic. According to the World Bank, out-of-pocket expenditures account for over 30% of all healthcare spending in the country. There are huge inequalities in outcome between different regions and economic classes.

Uganda has a highly fragmented and decentralized system of government, leading to little coherency to the healthcare system, and many districts have little or no access to resources for public hospitals or clinics. Many issues plaguing the country are solvable with education and increased funding, with a focus on preventative measures and consistent monitoring. FIMRC seeks to address these issues through the operation of our clinic out of the Beatrice Tierney Health Center. It is a hub for the delivery of acute and preventative healthcare to the underserved Ugandan community. The clinic has quite a heavy patient load, administering healthcare to the members of the Bumwalukani community and the surrounding region at large. It is not uncommon to see over one thousand patients a month, with the caseload occasionally exceeding one hundred patients per day. Health education is unique at Project Bumwalukani in that community members themselves are heavily involved in the dissemination of educational information. The work relies on Community Health Educators (CHEs), who travel the foothills of Mt. Elgon to educate villagers on health care concerns. The health education and outreach programs at Project Bumwalukani primarily strive to curb the devastating spread of common endemic disease caused by preventable microbial infections and to decrease the number of underweight children in the community.



ELIZABETH, 2014

"I especially admired [...] the Orphan and Vulnerable Children Program, where I got to talk about dental hygiene with another volunteer. There was a lot of room for creativity and the programs were flexible to accommodate volunteer's talents and wishes..."

22

The difference between infant mortality rates from 2010 to 2006, which has dropped from 76 to 54 per 1000 live births.

⁷ http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_uga_en.pdf?ua=1



CLINICAL ACTIVITIES

- Primary care services provided to patients of all ages
- Promotion of proper prenatal care and testing during pregnancy through the region's only antenatal clinic
- HIV testing and counseling
- Malaria testing

HEALTH EDUCATION

- FIMRC trained Community Health Educator's (CHE's) deliver relevant health information to patients in hard to reach areas
- Through the Patient Education Program (PEP), trained community members deliver educational talks in the clinic waiting area

VOLUNTEER ACTIVITIES

- Observe the clinic's medical staff at each station, from patient intake to exit interview
- Assist with clinic operations

Our mission is to reduce the burden of accessing healthcare for the nearly 15,000 residents of Bumwalukani and outlying communities. We help fill the gaps left by the Uganda government by working with the Ministry of Health, local Community Health Educators and a large clinic staff. Shouldering the burden left by Uganda's government, Project Bumwalukani has the heaviest caseload of any FIMRC site and offers the most extensive programming for public health initiatives.



VOLUNTEER OPTIONS:

- Global Health Volunteer Program
- Comparative Health Immersion Rotation Program
- Internships
- Master's Degree Practicums
- Custom Programs



Program Spotlight:

OVC Program

The Orphan and Vulnerable Child (OVC) Program supports and educates HIV+ children from the community. Each child is given a HIV+ qualified guardian, who conducts monthly well-child checks in the home. These guardians promote medication adherence, teach children the importance of taking antiretroviral medications daily, how to maintain healthy habits and provide moral support. The OVCs, ages 2–14, meet for monthly “Activity Days” for games, health education, and bonding while the caregivers meet regularly to receive refresher courses and trainings to ensure high quality care.

OUR VOLUNTEER OPTIONS

There are many ways to get involved with FIMRC! Participate in the Global Health Volunteer Program, initiate a chapter, get involved with the national office, or pursue an international volunteer trip. Your participation is central to the overall success of FIMRC's mission of promoting health worldwide. Below is a list of locations as well as specialized programs. No matter the path you choose, you can make an impact and gain valuable experience.

WHAT THEY HAVE TO SAY

"

The week we spent in Costa Rica was one of the best, most enriching experiences of my life. Highly recommend it to anyone... "

Ana Luiza,
Costa Rica 2014

"

It was the most amazing experience of my life. The mission truly opened my eyes to the world. The people were incredible... "

Emilie,
El Salvador 2012

"

...one of the best experiences of my life - and that is not an understatement! [...] so informative, fulfilling and most of all, fun! "

Ronak,
India 2014

"

I highly suggest this trip to anyone in any field of study, it is a great experience for all to have! "

Libby,
Nicaragua 2014

"

Take it all in! You will be amazed at how the smallest things can make a lasting difference, so enjoy every moment! "

Casey,
Peru 2014



GLOBAL HEALTH VOLUNTEER PROGRAM

Our international volunteers are the heart of FIMRC; without you we could not provide the level of individualized care and heartfelt community interaction we maintain at our clinic sites. Short-term and long-term opportunities are available at all of our project sites!

Dominican Republic • El Salvador • Nicaragua • Costa Rica • Peru • Uganda • India

SUMMER INTERNATIONAL HEALTH FELLOWSHIP

SIHF is a four-week immersion and service program designed for undergraduate students, recent graduates interested in medical professions, Physician Assistant students, and 1st or 2nd year medical students. The program provides an intensive daily clinical experience and community outreach opportunities based on current programming at each of the participating project sites.

Dominican Republic • Nicaragua • Peru • India

INTERNSHIP PROGRAM

The FIMRC Internship Program provides the most driven individuals with an opportunity to gain hands-on experience developing innovative and sustainable solutions to a variety of global health challenges. Two types of internships are offered based on length of stay. As a FIMRC Ambassador, you commit to 3 to 6 months on site while Fellows commit to 7 months to 1 year (or more!) on site.

Dominican Republic • El Salvador • Nicaragua • Costa Rica • Peru • Uganda • India • HQ



COMPARATIVE HEALTH IMMERSION ROTATION PROGRAM

Our Comparative Health Immersion Rotation Program (CHIRP) is a program for medical students and residents alike – the experience is tailored to your level of experience and the requirements of your school or rotation program. The program provides exposure to clinical activities and preventative health initiatives, but varies depending on the main health issues and program structure in-country.

Dominican Republic • El Salvador • Nicaragua • Costa Rica • Peru • Uganda • India



MASTER'S DEGREE PRACTICUMS

Are you an MPH student looking to fill a practicum requirement? We love to work with graduate students to fulfill academic requirements while also making a tangible contribution! Our team works one-on-one with students and institutions to arrange rotations according to the specific requirements of each academic program.

Dominican Republic • El Salvador • Nicaragua • Costa Rica • Peru • Uganda • India • HQ



GLOBAL HEALTH NURSING FELLOWSHIP

GHFN is a program for nursing students, recent graduates, and nursing professionals looking for an immersive experience into rural healthcare. It is tailored to the participant's experience, interests, and educational goals. Participants will gain exposure to international healthcare services, and continue to improve skills and abilities.

Nicaragua



CUSTOM PROGRAMS

FIMRC is happy to work with university professionals as well as individuals to design custom programs to meet academic and personal requirements. Our goal is to create unique programs that meet all academic objectives through providing an authentic and enriching experience.

Dominican Republic • El Salvador • Nicaragua • Costa Rica • Peru • Uganda • India • HQ

NEXT STEPS:

1

Contact FIMRC's Global Health Volunteer Program Manager at missions@fimrc.org to confirm your location and travel dates

4

Complete your enrollment profile and submit your full program donation fee

2

Receive your Welcome Letter (via email)

5

Receive your Pre-Departure Packet (via email)

3

Enroll in FIMRC Give to fundraise for your volunteer experience

6

Enjoy your trip!

WHAT'S INCLUDED

The cost of your program includes the program donation that supports our project sites as well as housing, some meals (depending on project site), and transportation. Transportation includes airport pick up/drop off and transportation to/from the project site during volunteer days. Excursions and trips for non-volunteer related activities, as well as the associated costs, are your responsibility and not included in the program donation.

By arranging lodging, food, and transport for you, we enable you to safely experience the local culture and focus your energy on the work you will be doing in the community!

FIMRC GIVE

FIMRC Give is a wonderful fundraising platform that is available to all volunteers. By creating your very own fundraising page, family and friends can contribute to your work in a tangible manner! For more information, visit give.fimrc.org.

Email missions@fimrc.org for detailed instructions on how to set up your own fundraising page!

REFUND POLICY

We operate on an innovative model of financial sustainability supported by the Global Health Volunteer Program. In order to ensure the vitality of all projects, program donations and/or housing/transport fees submitted to FIMRC cannot be refunded. However, we will happily apply any received donations or fees towards a future experience at one of our project sites or towards the account of another volunteer of your choice.

SAFETY

At all of our project sites, we arrange transportation and housing to maximize safety. We work with our project staff to ensure that they are trained on safety measures, that you receive orientation upon arrival in-country, as well as compiling tips and recommendations for the duration of your experience. We require medical and evacuation insurance as a safety measure. We constantly update our safety protocol to ensure that we are doing our best to keep you safe. While there are no guarantees, we work tirelessly to ensure that you have a safe and comfortable experience and that you're able to focus on volunteering. Safety is our priority!





STAY CONNECTED



A chapter is made up of individuals committed to serving as FIMRC's voice in their region. Each chapter is established by a group of officers who lead their peers in service projects which may include holding fundraisers, conducting donation drives, or coordinating community service events.

CHAPTERS

NORTHEAST

Boston College
Brandeis University
Brown University
Harvard University
Indiana University of Pennsylvania
Manhattan Chapter
Muhlenberg College
The College of New Jersey
Penn State University
Roger Williams University
Rowan SOM-GSBS
Rutgers University
State University of New York at Geneseo
Temple University
University of Pennsylvania

MIDWEST

Missouri State University
Michigan State University
University of Illinois at Urbana-Champaign
University of Michigan
University of Notre Dame
University of Wisconsin - La Crosse
University of Wisconsin - Madison

Visit www.fimrc.org/chapters for the most up to date list of chapters.

SOUTH

Clemson University
Emory University
Florida Atlantic University
Georgia Tech
University of Arkansas
University of Georgia
University of Kentucky
University of Maryland
University of North Carolina - Chapel Hill
Virginia Commonwealth University

WEST

Texas Tech University Health Sciences Center - School of Pharmacy
Trinity University
University of California - Berkeley
University of California - Davis
University of California - Irvine
University of California - Los Angeles
University of Colorado - Boulder
University of Houston - Downtown

INTERNATIONAL

McGill University
University of Sydney
University of Toronto
University of Toronto - Mississauga



Join the Movement.

