



# Projects Bulletin

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WWW.IFMSA.ORG/PROJECTS

## Message from the Editors

Projects Bulletin publishes articles about the best IFMSA projects to date. The idea originated by the end of 2005 to have a tool to promote IFMSA projects internally and externally. We thought that the idea of competition would encourage submission to the Projects Bulletin; in order to gain the title of "best IFMSA project". In order to have valid accredited results, a panel of experienced students in project management was established and very specific and standard evaluation criteria were set up.

The panel selected the best five projects from the submitted applications. Articles about these projects are published in the next pages, besides, some other articles about projects in IFMSA. During the 55th IFMSA August Meeting the best among these five projects will be confirmed and this will win the Rex Crossely Award for the best IFMSA project for this half year period.

The editorial board can only evaluate projects which apply for it, thus there might be better projects running within the IFMSA network. In order to have coverage as wide as possible, this publication will be issued twice a year and application is open for all IFMSA projects. Your project can go into one of the next issues. Just give it a try!

**Ahmed Magdy Publications Director**  
**Manuela Moraru Projects Director**

## BEST IFMSA PROJECTS

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## Message from President of IFMSA

It is my pleasure to present you the first edition of IFMSA Projects Bulletin; publication of International Federation of Medical Students' Associations. This special edition recognizes the best IFMSA projects and the work of dedicated project coordinators.

IFMSA members, medical students in 94 National Member Organizations worldwide initiate a variety of projects, covering a vast array of topics within our core areas of work: community projects to improve the livelihoods of those living in impoverished villages; global assessments of medical education curricula; opportunities for students to care for children in orphanages, village concept projects and many more. These projects are entirely student-initiated and student-run on local, national or international level.

I invite and encourage you to get involved in IFMSA projects: in what is purely a student-driven effort, there is only room for activism. Accept the challenge of starting project in your local community, share your idea with fellow medical students and promote your project throughout the world. IFMSA offers variety of projects' experiences and we encourage you to get involved.

Learn more about our projects opportunities or how to present your projects in the second edition of IFMSA Projects Bulletin; visit us at [www.ifmsa.org](http://www.ifmsa.org) or contact IFMSA Projects Support Division Director ([projects@ifmsa.org](mailto:projects@ifmsa.org)).

**Jana Kammeyer**

## ACTION

**Over** 230,000 people across Asia were killed and millions were affected by the tsunami in December 26, 2004. In Aceh, Indonesia, alone, 170,000 people lost their lives and over 500,000 remained without all of their goods.. Less than 2 years later, in May 2006, at least 3,000 people were killed and thousands injured when a strong earthquake rocked Indonesia's densely-populated island of Java.

**Asian** Collaborative Training on Infectious Disease, Outbreak and Natural Disaster and Refugee Management (ACTION) is an official transnational project of IFMSA, which aims to develop human resources who can take initiative to relieve people influenced by natural disaster. CIMSA-Indonesia and IFMSA-Japan cooperate to accomplish this project, supported by World Health Organization (WHO).

**ACTION** provides medical students with knowledge and readiness to serve their communities in times of disaster. Our first workshop program was designed very carefully to help delegates learn basic skills, get deeper into the problems addressed and ultimately increase their awareness on natural disasters. We also aimed to help delegates cultivate leadership skills and gain new perspectives. In addition, all delegates have the responsibility to spread their skills and knowledge to medical students in their own countries by doing follow-up activities so that ACTION will spread to all over the world!

**ACTION** provides students not only with disasters and infectious diseases knowledge, but also give important lessons on how to face them and how to act as medical students, before, during and after a disaster. "Be the participants of ACTION and you will know how ACTION can set up your mind", said Satria from Indonesia as the delegate of ACTION.

**ACTION's** first 6-day-training programme took place in Jakarta, Indonesia on March 19th-24th, 2006. A group of more than 70 motivated medical students from Japan, Indonesia and Rwanda have attended it. During the training workshops, medical students meet with professions in sanitation, nutrition and other health care related specialties, in small groups on a daily basis. Discussion, role plays and simulation games help students to acquire communication skills, knowledge and cope with different types of people. After the workshop, all delegates became more motivated to continue working for a better world. ACTION certainly empowered young people to make a positive difference in emergency disaster management.

**Candidate** participants to ACTION's next training workshops are required to have a current status of student (opinion) leader, to be capable to train and mobilize local students and to have strong sense of responsibility, to be interested in international health, and to have a clear vision of what he/she is going to do in the future. The next ACTION-Project is proposed to be held August 2007 with more exciting, practical workshops in order to obtain more professional skills! Please check the web-site (<http://action-ifmsa.main.jp/>) to be updated.

**You** are also welcome to join our organizing team, no matter where you live in on this earth - the future is on your hand.

**Taketo Tanaka**



## Idiot's Guide to Projects

### Why projects?

Setting up a project can be much more rewarding than you might think, for both you and the target population chosen. It will require commitment and many hours dedicated to it, but by all means will the results make you feel it worth the effort. Helping a scope or a single individual is valuable. Solid formation of individuals requires a wide variety of extra-curricular activities and in-the-field work. Projects involvement is an optimal option to strengthen and enlarge your core of knowledge and skills. But projects are not only about enlarging our professional training or about humanitarian aid; it is about teamwork, experiences sharing and cultural-specific matters understanding; making yourself useful, making friends and innovative adventuring; giving and receiving. Ultimately, it is about feeling the incredible sensation of... being involved!

## MARROW

**Every** year, thousands of people worldwide with diseases such as leukaemia or other hematological diseases reach a stage in their illness where their only help for survival is a bone marrow cell transplant. As to be successful, a bone marrow transplant has to be closely matched through HLA typing. 30% of Leukaemia patients don't find matches from their family members and rely on the bone marrow register.

**Marrow** is the student branch of the Anthony Nolan Trust (the national register bone marrow in the United Kingdom recognized by the UK government and by the WHO as part of the international bone marrow and stem cell register). Marrow was set up by a medical student in Nottingham University in 1998 whose friend was suffering with Leukaemia. There are now 31 Marrow groups in medical schools across the country, and new groups are to develop the idea in Portugal, the Netherlands, Denmark and Finland. In the UK a National Marrow team was set up to co-ordinate and support the individual groups and who is also coordinating the international Marrow team.

**Marrow's** ultimate aim is to give students the opportunity to join the bone marrow register. In 2005 Marrow recruited 2354 potential donors, and raised £40,000 for the Anthony Nolan Trust. Marrow has also addressed the problem of donors changing their mind should they be called up by insisting on a counseling session before the potential donor is registered. This ensures the understanding of the implications of being on a bone marrow register and the commitment to donating if and when the need should arise.

**Students** are an ideal target to recruit onto the bone marrow register as they are (generally) young, healthy and as a population often ethnically diverse. Ethnic minority donors are especially under represented on the register and transplants from males are most successful, therefore it is a national target to aim at these groups.

**Marrow** groups in the UK undertake the whole process of signing up new donors; fundraising £1000 for the Anthony Nolan Trust; arranging and running clinics which involve counseling and phlebotomy. Clinics are run in University buildings either academic buildings or residence building, or are run in the community, aiming at other population groups.

**Worldwide** there are 53 registers in 43 countries and a huge student population to target. Our international mission is to "share our knowledge of student recruitment so that medical students worldwide can hold clinics for the national bone marrow registry." The continuous raise in the number of marrow groups shows that our voice can be heard. For further information email at: [nationalmarrow@yahoo.co.uk](mailto:nationalmarrow@yahoo.co.uk).

**Daniella Donato-Brown**

**Jenifer Scaife**



## Idiot's Guide to Projects

### IFMSA Official Projects

Within IFMSA network the term "projects" refers to activities in any field of interest of medical students, in concordance with the IFMSA principles, aims and policy statements. This includes Projects, Events, Workshops, Surveys, Networks and Campaigns. IFMSA has three categories of projects: endorsed, transnational and initiative projects. Projects in all three categories must comply with the IFMSA Constitution and Bylaws. The projects and their coordinators rights include being displayed on the IFMSA website and the official projects database, receiving recommendation letters from the EB, being supported in grants application and fundraising, having priority in their promotion within the IFMSA network and those of our partner organizations. Besides, IFMSA transnational and initiative projects can use the IFMSA banking system and participation of 2 representatives at the IFMSA GAs. The coordinators shall submit the half-year reports before December the 1st and before May the 1st, to update the IFMSA projects website and official projects database and comply with the bylaws.

## NATIVE HEALTH INITIATIVE

**Rates** of chronic diseases and risk factors are significantly higher in American Indian Adults, when compared with the Caucasian population in North Carolina, a 2004 study found. According to the 2000 United States Census, North Carolina's Indian population totals 99 551. Eight Indian tribes are recognized; the Coharie, Haliwa-Saponi, Indians of Persons County, Lumbee, Meherrin, Occaneechi and Waccamaw-Siouan tribes are state-recognized while the Eastern Band of Cherokee possesses both state and federal recognition.

“**Native Health Initiative**” aims to raise awareness on these current health disparities among the Indian American natives themselves, as among the future health care professionals and the general public, locally and internationally. It seeks to provide concrete and sustainable benefits to the communities involved and to increase exposure of the target population to health care providers.

**The** project started in 2005 and addresses the needs of native populations in North Carolina. It is an initiative of student members of IFMSA-Norway and IFMSA-USA and works in close collaboration with the North Carolina Commission on Indian Affairs and Gesundheit Institute, the later providing valuable training programs for Native Health Initiative volunteers. It offers internships for international students interested to get involved in activities inside native communities. Concrete projects are planned in close collaboration between student volunteers and native mentors.

**Cultural** exchange is a key for the success of the project. Student involvement into the native communities' day-to-day life has already proven to be possible and effective. A positive impact especially on youth is expected, and training of local young people in leadership as in first aid or other relevant topics is envisaged. “Teddy Bear Hospital” concept projects will also be organized, aiming to involve children and get them familiar with the physicians' presence. When possible, participation in the work of local clinics is expected.



**Any** interested student is invited to participate. Should there not be enough capacity to allow participation of all, a selection will be done. Priority will be given to health care students and to students with abilities and interests that fit the needs expressed by the communities. The aspirants' proficiency in English will also be considered, as their experience in working with community health related issues in general. Join the project team of volunteers and we can assure you a great life experience! Keep yourself updated about our plans and achievements at [www.unc.edu/~flega](http://www.unc.edu/~flega) or contact us at anytime at either [Sabina.Fattah@student.uib.no](mailto:Sabina.Fattah@student.uib.no) or [anthony\\_fleg@med.unc.edu](mailto:anthony_fleg@med.unc.edu).

**Manuela Moraru**  
**Sabina Fattah**

### Idiot's Guide to Projects

#### IFMSA Endorsed Projects

They are organized by a single NMO or partner organization and have lighter candidature requirements and reporting system. This type doesn't apply for networks. The candidature must be sent to the PSD Director and the SG at any time of the year. The candidature must include a scanned completed candidature form signed and stamped by the NMO(s) president(s) and a project proposal with the responsible organization(s), the name of the coordinator, executive summary, project objectives and methods. The candidature form can be obtained from the PSD Director, as well as advice in its preparation. The EB will review the project and gain advice from the PSD Director, PPRC and other relevant officials, and will decide upon the endorsement. The project gaining the endorsement will receive a letter of recommendation from the EB and can use the text "endorsed by IFMSA" in its project material.

## ORGAN DONATION

**Organ** Donation Project is a transnational IFMSA project, which is active in eleven National member associations of IFMSA: CroMSIC Croatia, IFMSA Serbia and Montenegro, LeMSIC Lebanon, BoHeMSA Bosnia & Herzegovina, IFMSA Ukraine, IMCC Denmark, IMSO India, IFMSA Chile, IFMSA Peru, AECS Catalonia and MMSA Macedonia.

**The main** goal of the project is to provide medical students access to information and knowledge in the area of transplantation medicine and organ donation. By providing medical students access to information and educating them about this issue, we hope to raise their awareness on the entire issue of organ donation and transplantation, and its importance for today's medicine.

**In 2005** this project was restructured, and applied for the transnational status at the AM in Egypt 2005. The project received the final recognition as an IFMSA transnational project in MM 2006 in Chile, and at the same GA was awarded as the best IFMSA educational project. In April 2006 we organized the first Seminar on Organ Donation and Transplantation for Medical Students, held in Split, Croatia, April 20th – 23rd 2006. The seminar was attended mostly by medical students, but also by physicians and patients who had had an organ transplant. During the seminar, we established cooperation with Euro transplant International Foundation, Croatian Donor Network, Donor Network of Bosnia and Herzegovina, Ministry of Health and Social Welfare of Croatia and a number of governmental and non-governmental organizations.



**The following** educational activity of this project is the organization of a pre-GA workshop on organ donation and transplantation prior to the AM2006 in Serbia. Next to this, all NMOs participating in the project are constantly organizing different types of local educational and promotional campaigns. Participation in the project is available to all IFMSA national member organizations who decide to form a national project committee. The application process for participation in the Organ Donation Project is quite simple – contact the project coordinator ([mi\\_goran@yahoo.com](mailto:mi_goran@yahoo.com)) to get the necessary application forms.

**The next** Seminar on Organ Donation and Transplantation is scheduled in March/April 2007, and there will be more information available about this in November.

**Goran Mijaljica**

## Idiot's Guide to Projects

### IFMSA Transnational Projects

They are organized by more than one NMO or in collaboration between at least one NMO and another (international) organization. The candidature must be sent to the GS at [secgen@ifmsa.org](mailto:secgen@ifmsa.org) and [projects@ifmsa.org](mailto:projects@ifmsa.org) before the first of December concerning the March Meeting and before first of May concerning the August Meeting, in electronic format or by fax. The candidature must contain a scanned completed candidature form signed and stamped by the NMO(s) president(s) and a written project proposal. The candidature form must specify the name of the project leader, names of the project coordinators, permanent address of the project, names and addresses of the involved organizations. The project proposal should include information about all items listed in the Chapter 9 of the IFMSA bylaws. The PSD Director will revise the candidature, the PPRC will then review the proposal and provide written evaluation of it and will advise the GA about whether to accept it or not. After this the GA must decide upon recognition by simple majority.

## RWANDA VILLAGE CONCEPT PROJECT

**The** Rwanda Village Concept Project (Rwanda-VCP) is an inter-sectorial, multidisciplinary, student run project in the villages of Huye, the Southern province of Rwanda. The scheme was initiated in 2000 by a partnership between Medical students' association of Rwanda (MEDSAR) and the German Medical Student Association (BVMD, former GeMSA). The main actors on our scene are the community, local and international students and our partners. The main partners are Bristol Volunteers for Development Abroad (BVDA), IFMSA Sweden, the National University of Rwanda, The ministry of health, WHO-Rwanda and UNFPA-Rwanda on the local level. The project main aim is "Sustainable improvement in living conditions of vulnerable communities at village level as well as capacity building for participating students".

**Rwanda** has been deeply upset by the 1994 genocide, and the ensuing events, and is yet to come to terms with its past. The event caused the uprooting hundreds of thousands orphaned and widowed. Most of the population (98%) in the project's target area has been resettled there since 1994. The villages there have accordingly experienced massive unrest due to the newly settled population, widows and orphans, which now represent the majority of the population, causing demographic imbalance with huge economic impact. The living standards and the health conditions of the population have deteriorated considerably due to domestic crisis in Rwanda. The needs assessment showed various needs apart from health, with strong inter-linkage and inter-dependencies. However, health remains the central focus.

**The essential** aspect of Rwanda-VCP is the active participation of the community in the project activities and planning. Also, our team has committed to work towards achievement of specific, measurable and time-bound objectives. Most planned activities have two components to their implementation. An educational aspect accompanies most planned project implementations of technical and non technical content. The project activities are participatory in their character, using Participatory Rural Appraisal (PRA) and Participatory Learning and Action (PLA) as major tools. Monitoring and evaluation of the activities are carried out through participatory tools (Participatory Monitoring and Evaluation, PMA).

**The project** undergoes several activities in Malaria prevention, HIV/AIDS prevention and family planning, hygiene and sanitation, women/girls empowerment and income generating.

**The project** allows and encourages participation of students from different countries, with different backgrounds and from different fields of study. You can join the International coordinating group (ICG) or spend from 6 weeks to 6 months in Rwanda working as volunteer in the project, in close collaboration with local students and the community. Please, find more information about the application procedure on our website [www.rwanda-vcp.org](http://www.rwanda-vcp.org) or contact the project coordinators at [rwanda-vcp@yahoo.com](mailto:rwanda-vcp@yahoo.com).

### Edmond Baganizi



## Idiot's Guide to Projects

### IFMSA Initiative Projects

This option is for centrally running projects which could be proposed by an NMO to the EB or by the EB itself. The candidature must be sent to the GS at [secgen@ifmsa.org](mailto:secgen@ifmsa.org) and [projects@ifmsa.org](mailto:projects@ifmsa.org) before the first of December as to be considered for obtaining the official status during the March Meeting, and before the first of May, to be considered for obtaining the official status during the August Meeting. However, the EB can initiate the project (s) even between two General Assemblies but then will have to be approved by the GA. If and when the project is recognized as IFMSA initiative project, the EB appoints a coordinator, who becomes an IFMSA officer (without an appointed budget).

## Projects at the IFMSA March Meeting 2006

A total of 41 projects run by 27 different National Member Organizations were presented during the Project Presentations Sessions at the 55th IFMSA March Meeting in Pucón, Chile. These were divided into four categories and one best project for each has been selected, according to the attendees evaluation; the participants were asked to fill in an evaluation form for each of the presented projects, judging the importance of the problem addressed, whether the goals and objectives were achievable and whether the methodology was appropriate, the originality of the project, its' rate of cost-effectiveness and to give their overall impression. The data obtained was then processed using MS excel and the results were made public during the closing ceremony of the March Meeting. The mentioned categories are:

**COMMUNITY HEALTH PROJECTS** – projects that aim to improve the health and the well-being of a specific group from the members of a community. The best community health project at the IFMSA March Meeting was the Teddy Bear Hospital run by IFMSA Romania and SlomSIC Slovenia project, in collaboration with European Medical Students Association (EMSA).

**VILLAGE PROJECTS** – international rural development projects designed to improve the living conditions in the target areas. They are student designed and run projects based on the WHO Healthy Village Approach and are organized in collaboration with the target population and are approved by the governmental bodies of the host country. The best project at this category was KUMBA Village project run by SISM Italy and ANEM Portugal.

**HEALTH CAMPAIGNS** – including projects that aim to raise awareness of a specific group of population about a particular health care related issue. The best health campaign at the March Meeting was Marrow a project coordinated by Medsin UK.

**EDUCATION PROJECTS** – projects that aim at improving student health education and cover the gaps in the current preparation of the future physicians. According to the March Meeting participants, the best education project was Organ Donation – CroMSIC Croatia and LemSIC Lebanon.

In addition, we have had the Projects Fair where about 60 projects run by some 35 NMOs were presented with posters and other promotional materials. The best poster was selected by an evaluation team formed by the IFMSA publications director, the IFMSA Projects Director, 2 NMO representatives and one Organizing Committee member. We have considered the attractiveness of the design, the importance of its' idea, the projects' team participation at its' realization and the popularity of the poster rated by the biggest number of participants to select it as best poster at the fair. After processing the data using the same informatics system the winner was KUMBA Village project – SISM Italy and ANEM Portugal, as best project poster at MM 2006.

Overall, the best project presented at MM 2006 was KUMBA Village project (SISM Italy and ANEM Portugal) and this project won the Rex Crossley Award at the 55th IFMSA March Meeting.

**Manuela Moraru**

### List of IFMSA abbreviations

EB - Executive Board

GA - General Assembly

PSD - Projects Support Division

SG - Secretary General

VCP - Village Concept Project

PPRC - Projects Proposal Review Committee

GS - General Secretariat

NMO - National Member Organization

WHO - World Health Organization

SC - Standing Committee

## Projects at the IFMSA March Meeting 2006

### Kumba Village Project

Kumba Village Project is run by SISM (Italy) and ANEM Portugal and collaborates with the local clinics: St Francis and Ejed and their medical referents (Dr E.E. Eben and Dr G. Njumè) as well as with the Kumba's General Hospital. As volunteers in the Clinical Activity Program, medical students as well as physicians and nurses attend the activities of the partner sanitary centers. The program also includes donations of different kinds of medical material for both diagnosis (tests, ECG machine, etc.) and therapy (surgical kits, tubes, etc.). Up to 6 groups are sent every year.

The groups consist of 8-10 persons each. International participation is possible for a number of 2 students for each group and only for the clinical part of activities. For details about how to join the volunteers team you can surf on the projects website, or contact the project coordinator. The Application form can also be through :Project's Coordinator SISM-Italy: Kostas Batzalexis, [elpis10@yahoo.it](mailto:elpis10@yahoo.it) ,Project's Coordinator ANEM-Portugal: Igor Milet, [kumba@anem.pt](mailto:kumba@anem.pt) and Project's website: [www.kumbaproject.org](http://www.kumbaproject.org)



### Teddy Bear Hospital

The “white coat” syndrome? Of course, it refers to be fear of going to the doctor. And this is proved to be especially important in children. It was also noticed that some physicians find it more difficult to deal with a child as a patient. The Teddy Bear Hospital project tries to improve the communication between children and future physicians by bringing them together and “play the doctor” with the children's teddies.

Teddy Bear Hospital is an IFMSA transnational project organized in collaboration with the European Medical Students Association (EMSA) and it is carried out at the present in about 25 different countries around the world.

For more information about how to set up a Teddy Bear Hospital in your town, feel free to contact Adela Delecea, the project coordinator at: [teddybearhospital@dsms.net](mailto:teddybearhospital@dsms.net) or [adela\\_delcea@yahoo.com](mailto:adela_delcea@yahoo.com), or visit the project website at: [www.dsms.net/teddybear](http://www.dsms.net/teddybear)



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