

# International Medical Intervention

## A "local" perspective on the impact in Nicaragua's Health.

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### Health Care



**Distribution:** Nicaraguan Ministry of Health (MINSa) is distributed in rural and urban areas all over the country. Minimum requirements of the facilities are: Waiting area, pharmacy (which gets monthly refills on medicines and disposable material, if possible), Observation area, OB/GYN and main room. MD or Nurse is in charge of running the clinic. MINSa focus its efforts on mother-child care, putting a lot of interest in pregnant ladies.  
**Human Resources:** MINSa has connections with several universities that offer Health careers; in this way students and professionals, via Communitarian Practices/Social Service, are in contact with the reality of the country in health-related topics.  
**MINSa is the only authority to grant entrance to foreign professionals and allow them to practice medicine, do research and/or realize short-period professional practices as long as they fill the requirements (diplomas, valid licenses, a legal in-country counter-part, etc).**

- During medical work, local health professionals' opinion/knowledge is not taking in count, although they have the experience and know the pathologies in their area/patients.
- People tend to beg to foreigners, for non medical related item.
- For the professionals used to technology in their labor, lack of lab reagents/ rapid test make the diagnoses unclear/inaccurate.
- Foreign professionals do not follow protocols of patient management.
- Foreign students take advantage to see patients without any permission nor coordination with MINSa.

- + More inter-professional work is been done, allowing the flow of information (eg: seminars and lectures) about new procedures and techniques.
- + Medical teams reach areas where MINSa cannot go.
- + Medical teams supports rural clinics with equipment and medicines.

International medical aid always has been seen as a positive impact in different areas, such as economic and psychosocial, especially in developing countries after natural disaster.

US universities and faith based organizations are primary participants in Nicaragua. These do invaluable interventions for the Nicaraguan Ministry of Health that benefits patients by travelling to uncommunicated communities and attending patients in areas with lack of medical supplies or professionals in health.

There are some activities that create more impact that regular Medical Teams, eg: Physical therapy or Non-prescription Reading Glasses, which are more effective when coordinated with entities that work with seniors.

Without a good leadership, coordination and follow up the medical foreign intervention can end in wrong use of resources and waste of materials.

It is our experience, cultural immersion trips incorporating in-country networks (universities, governmental/ non-governmental institutions) offering medical coordination, research, and training will provide a more effective and efficient impact in the health of Nicaraguans. Here is the importance of a well-structured intervention that takes in count different aspects besides the medical aid per se.

### Medicines, Medical Supplies, Equipment.



\*MINSa offers free medicines and professional appointment (including specialist such as: OB/GYN, pediatricians, surgeons, etc); also, when possible, free lab exams (eg: blood, stool and urine lab test, etc).  
 \*Patients with chronic-illnesses are prioritized and receive their monthly supply of medicines (eg: Carba, Gilburdyde, Metformin; etc) for FREE.  
 \*A patient can get an appointment with a professional in health, going through the respective channels; BUT most of the times medicines are not available on any pharmacy (hospitals, health centers' and even worse in rural clinics'). In this case the patient needs to purchase medicines

- Sometimes medicines are about to expire or expired and are delivered to patients.
- Sometimes medicines only exist abroad and no in-country, so follow up with drug-therapy it's impossible.
- Medicine is sold by patient.
- Patients lie about their health condition
- Medicine is not use adequately.
- Patients refer that their monthly chronic-illness medicine ran out, it's not working or they prefer the one from USA. (Consults with the local care giver must be done).

- + Medical teams bring medicines.
- + When team purchase medicines in the country impule the local economy.
- + When teams have left over medicine this is donated to MINSa clinics, increasing the amount of medicines in stock.

### Dental Care

- + Most of the work is done on kids; providing basic oral hygiene information and dental care supplies (eg: floss, toothpaste and toothbrush).
- + Application of fluoride and ...
- + Extraction of rotten pieces is the main task which have a great impact not only in preserving permanent pieces but also direct impact in their nutrition.
- + Left over of dental supplies are used for follow up.

- MINSa DO NOT have dental clinics neither of its facilities.
- The few clinic have few equipment and dental supplies, most of the work done is extraction, oral hygiene promotion.

- No or little collaboration with Dental Schools.
- No dental professionals are hired to work with foreign DDS.
- Some teams take back their items, not allowing locals to do follow up.



### logistics & Cultural Behavior

\*In rural areas there is a huge proliferation of churches, especially in small poor communities. Mission teams from abroad visit such areas and coordinate medical activities with the local spiritual leader.  
 \*Most entities offering medical trips are faith based organizations (whose main goal is not to provide health care but share their faith).  
 \*In country coordinator must be aware of hiring Nicaraguan health professionals (eg: local pharmacist to dispense medicines and answer questions about foreign/local drugs; local physician to answer doubt about diagnoses and treatment, etc) and also translators with experience in medical terminology.

- + People from the area are able to get medicine and professional health care.
- + Local professionals are hired to work with the team.

- Most of the time church members are the only ones attended and not the community as a whole.
- Some medical activities are not supervised by MINSa
- People pretend to be sick and ask for medicines; most of the time, no follow up on patients is done. Teams interested in NUMBERS OF PATIENTS PER DAY affect the quality of attention.
- When souvenirs are brought (eg: foodbags, flipflops, toys) patients will focus on these; the quality of attention will decrease and also many resources will be wasted. Money (fee) move local entities and individuals - with NO experience in coordinating groups and logistic related to medical teams - to sell a false idea of a perfect medical team in their area.



### Physical Therapy



\*MINSa has PT clinics in their main Health Clinic. PTs have scheduled patients based on their need, but patients must go to the clinic.

\*Complicated and severe patients are seeing at the hospital, which is equipped with basic tools for special cases.

- Work with materials from homes.
- No or little collaboration with PT Schools.
- No follow up.
- Patients beg for material stuffs (no related to treatment) to PT team.

- + Door to door
- + Custom made exercises per patient.

### C-IT

Cultural Immersion Trip

### Research

\*Nicaragua is a country where research is not well developed. In many universities, areas such as public health and epidemiology are not focused on research in students of health sciences careers.

\*Some of the statistics offered by MINSa are not accurate.

\*Some information about Nicaragua health statistics are based on MINSa data.

\*Adjust the instruments to the reality of the country and the core group of investigation (eg: teens, illiterate, professionals, communities in rural/urban areas, etc.).

\*Is recommended and useful a "pilot/scout" team previous any visit can be arranged, preferably with one professor, few students and/or medical team coordinator. In this way the scout group can collect first-hand information about the local point of contact, local academic responsible and the environment in the selected areas of research.

\*Part of the research must include Cultural Immersion Trips, this will allow to every single participant a better understanding of the history, ergo customs of rural and urban communities, Geography to understand demographic data and Art.

