

### **Donc voici un bref résumé de mon expérience au Nicaragua (February 2016)**

J'ai atterri au Nicaragua le 5 février dernier. Les différentes consignes concernant le déroulement à l'aéroport de Managua ont grandement aidé lors de mon arrivée. Tel que promis, Denis était à l'aéroport pour m'accueillir et m'accompagner dans ma famille d'accueil à Granada.

Pendant la fin de semaine, j'ai pu visiter la ville et ainsi me familiariser avec mon nouvel environnement. La famille d'accueil a rapidement réalisé que ma capacité de communiquer en espagnol était limitée et nous nous sommes rapidement adaptés.

Ma semaine en classe à l'école Casaxalteva a été une bonne école d'apprentissage. La classe en groupe en matinée a été une bonne suggestion de Denis. J'ai pu pendant cette semaine apprendre une petite base d'espagnol me permettant de comprendre un peu les conversations qui se déroulaient autour de moi, mais pas assez pour faire du bénévolat en après-midi dans l'école de langue. J'ai donc pu prendre du temps pour faire des devoirs en Espagnole, aller faire une expédition au volcan Mombacho et prendre de grande marche dans la ville de Granada.

La famille d'accueil a été bien gentille et j'ai apprécié mon séjour avec eux.

Par la suite, j'ai eu l'opportunité d'aller à San Juan del Sur et à Veracruz avec Denis. Ce fut une bonne opportunité pour visiter des amis de la fondation.

Ma deuxième semaine dans le village de Chaguitillon a été une expérience très enrichissante. Pendant cette semaine j'ai pu mettre en pratique les quelques notions d'Espagnole que j'avais et continuer à augmenter mon vocabulaire.

Le placement dans la clinique a très bien été. J'ai pu me familiariser avec leurs pratiques et les responsabilités des infirmières de village au Nicaragua. Pas besoin de vous expliquer en détails des responsabilités des infirmières dans ce pays sont très différentes de celles du Canada et plusieurs de ces pratiques sont des actes protégés par les différents ordres professionnels au Canada. Ce fut donc intéressant de comparer leurs façons de faire avec les nôtres. J'ai aussi beaucoup appris sur les différents maux de la population, des défis liés au manque de ressources et de connaissances de la population.

Pendant cette semaine, mes limites en Espagnole ont rendu les échanges avec l'équipe de la clinique plus difficile, mais de part et d'autre nous avons fait des efforts pour échanger. Ce placement dans la clinique en campagne a été une super expérience et je suis très satisfaite.

Pendant cette deuxième semaine j'ai aussi eu la chance de visiter une petite école et faire une visite sur la ferme d'un agriculteur. Expérience forte intéressante.

Encore une fois la famille qui nous a accueillis a été très gentille et nous avons pu manger de la nourriture traditionnelle du Nicaragua.

Pendant ma dernière fin de semaine, Denis m'a amenée à Matagalpa. Ville forte intéressante et animée. Une courte visite à San Ramón et dans un autre petit village dont j'oublie le nom. Ces visites m'ont permis de rencontrer des gens fort sympathiques.

France Anik

### **NICARAGUAN LIFE (February 2016)**

For most Nicaraguans, life is no piece of cake – rather stale sour-dough bread. Most people here are born poor and in multi-generational homes. In the countryside and in the suburban slums the houses are precarious with dirt floors. Even after the revolution of 1979, education levels are low --- 8 years of schooling for urban kids and 3 for rural. Families, often headed by single mothers, have few resources and little money for their children's education and related costs. Jobs are scarce and incomes are low – less than U\$5/day. Everyone, mostly women, are out in the street selling something either made at home or acquired for resale. A lot of the men need to travel to Costa Rica or beyond to seek employment. More often than not, they disappear without ever returning to the original family. With few resources and tools, every endeavour requires a lot of time and manpower. Out in the hilly countryside, there are few mechanized machines. Supplemental forage for the cattle is cut manually with a machete and carted by horse or oxen to the stable. The hillsides are too steep and dangerous for any type of machinery so crops are planted and harvested by hand. The threshing and cleaning of basic grains are done manually and take hours upon hours. Cows are milked by hand and the milk is delivered to the transporter in cans.

And then there is the domestic work! Often, there is no running water in the home, so it has to be drawn in buckets from a nearby well or spring. Clothing is all hand washed. Meals are cooked on open wood-fired stoves – lots of rice/beans –gallo pinto-, tortillas and plantain. Seeing all of this human sweat and toil makes one realize how fortunate we North-Americans are to be living in such an affluent society. One consolation is that those who want to work here are in great physical shape and are productive on a daily basis. Materially, they have little but they take great pride and joy in their family and their friends. Even though they own little, they are capable of sharing a lot. Seeing the hope, the faith and the potential of this wonderful people and country, makes one want to return over and over again for yet another amazing experience

Denis Seguin

### **Update on Moravian clinics in Managua and Syksayari (January 2016)**

In January 2016, Three board members, Joe, Denis and Greta plus 2 of SHEAF's friends visited the clinic in Managua and 2 others joined us in visiting the Syksayari Clinic.

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### Managua Clinic

Three vivacious women manage this clinic: Jeannette, a nurse; Phyllis, a pharmacist; and Wilma, the administrator. They collaborate with 3 different doctors who come in during clinic time which is 3 times a week. Their patients come from about 5 different parishes or churches most of which are non



Moravian. Drugs, if required, are dispensed for free. The drugs are bought from another charitable organization Accion Medica Cristiana (AMC) which in turn buys the drugs at a very low cost from various drug companies and organizations with whom they have established connections over the past. They only sell their drugs to other NGO's not to pharmacies who sell drugs for profit. The clinic was very happy with AMC's services and except for some very specific antibiotic felt their drug needs were satisfied by this organization.

The clinic obviously runs on a shoe string but the women are dedicated, enthusiastic

and willing to work within a very limited budget and outdated equipment. They are very appreciative of the funds SHEAF sends. Their main funding comes from Moravian headquarters in Bethlehem Pennsylvania and through the efforts of a nurse who lives in Philadelphia and who volunteered at the clinic a number of years ago supplemented by funds from SHEAF.

### Syksayari Clinic

Our first big challenge with the Syksayari Clinic is getting there. In Canada it would be like going to Inuvik except you can't fly into Syksayari, you have fly to one of the larger towns and then boat in. The clinic is in North East Nicaragua which means flying to either 1 of 2 towns on the east coast: Waspam or Puerto Cabazas (Bilwi). Flights to Waspam only occur 2 or 3 times a week with an eight or twelve seater plane. (Since the boat embarks from Waspam, it is the desired place to fly into.) Needless to say, if a group of six or more is to fly down, the plane is filled to capacity very quickly. Bigger planes do fly into Bilwi, which is the capital of the province, but it is a 5 ½ drive from Bilwi to Waspam on a virtually impassable dirt road which is only navigable by a four wheel drive vehicle. The vehicles of choice tend to be trucks with a double cab with cargo area in the back which is used for luggage and people. Our group couldn't get a flight to Waspam which meant our group of 7 had to fly into Bilwi.

Our visit coincided with the Moravian church's national and international meeting in a small village, Sisin, halfway between Bilwi and Waspam. We had been asked to make an appearance at an evening service to give and receive greetings. This entailed an overnight stay in Sisin. The following day we would travel to Waspam, stay overnight, and embark on our boat journey the next day. The Moravians

provided a truck as previously described to transport us. Three of the group volunteered to ride in the cargo area.

When we arrived in Sisin, we soon realized that electricity had found its way to the village and cell phones but not much else, no running water, no flush toilets, no showers. Our accommodation was a 2 room wooden house, which was nice and airy with wooden shutters, but the latrines were not nearby nor was the river in which we were to bathe. But we managed.

For the evening service in Sisin the church was filled to capacity. We did give greetings and receive them.

It was fascinating to see how cooking was done for such a huge crowd since it was all over open fires. Delegates would have their own plate, utensils and cup because there was no way the church would have enough dishes or cutlery for such a crowd.



The next day we piled back in the truck but with 2 more people than we expected. That meant 5 people were sitting in the back. The 2 extra people were William Chow the pastor at Syksayari who as it turned out was also the 'boatman', (that is somebody who stands in front of the boat and guides the captain through tricky spots) and the captain of the boat. We took turns sitting at the back. We were all very glad to get to Waspam where we

at least had a hotel room with running water, not hot of course, and a flush toilet.

Our journey to Syksayari started early in the morning, 6 A.M. A giant dugout canoe with a motor was waiting for us. Our luggage was piled in the middle and covered with tarp. I believe there were 10 or 11 passengers plus the captain and the boatman. The first part of the trip was lovely, we met all kinds of sizes of dugout canoes, some with motors or others being paddled by children, women or men. We met boats going down river with 4 cows in the middle of the boat going to the market. I have some pictures but didn't manage to catch the cows. We also saw men pan for gold on the side of the river and lots of women washing clothes.

Everything was idyllic, we even had a stop for lunch after 6 hours in the boat for lunch. But then we arrived at the first set of rapids. All the passengers but 2 had to disembark and walk or rather hike over lava rocks to the next point of embarkation. At the most dangerous rapids everybody, as well as the luggage had to be taken off. First, it was all a fun adventure but after the 7<sup>th</sup> portage we got a little tired of getting out and getting in, moreover the sun was setting and we were hoping we would arrive at our destination soon. However, just before it became totally dark we arrived.



which consisted of a warehouse/office/ bedroom normally used by the William Chow, pastor of the Moravian Church alias boatman. We all had a mattress or a bed of some kind and were reasonably comfortable. There were windows we could open to allow a breeze through and we light in the evening only because the pastor had a solar panel. This was our home for 2 nights.

They fed us supper of chicken, rice and beans and fried plantain. It was actually very good.

The next day we were shown the river where we could wash and where they get their drinking water from a natural spring with a banana leaf for a spigot. Young women carry the water in 4 or 5 gallon buckets on their heads up a relatively steep incline to their homes. (They have asked for a better system of obtaining drinking water through building 3 small reservoirs which tap into 3 springs).



We were greeted at the dock by what seemed like all of the village who took us up the slope to our accommodations





We did see the clinic, the main reason for our visit. They now have a doctor and 2 nurses whom are paid by the government, thank goodness. We met the young doctor, who looked so young, we are sure, he had just graduated from kindergarten. The nurses were away but a nurse doing her practicum was there. The doctor is there for 6 months. The government has decreed that doctors are required to serve in a remote place for 6 months before they can begin a practice in a place of their choice. This particular doctor had done a 6 month stint and agreed to do another one when they couldn't get another one to come. But he was very firm that he isn't coming back for another stint. The nurses are more long term. The inhabitants of Syksayari would like to have a doctor who is there longer and would like us to intervene. But even with our intervention we think a full time doctor is a dream. The clinic seemed as well equipped as the one in Managua if not better. I felt everything seemed a little more up to date.

The doctor says that he is very busy and indeed while we were there, there were several people in the



The Doctor with Joe and a delegate



waiting room waiting to see him.

He also says he is still having difficulty getting ready access to the appropriate drugs. There is a small pharmacy run by Accion Medica Cristiana (ACM), the organization I mentioned earlier, from whom they buy their drugs. Of course, they in turn have to get it up the river from Waspam. They do have a bigger pharmacy in the town of Waspam; however, the drugs have to be transported to them as well. Since the donations cover the cost of the drugs, the patients themselves are not charged. But it is thinking



Greta and the nurse

ahead of what drugs may be needed is an issue. Also communication and distribution is a problem rather than one of unavailability or affordability.

We met with the administrators of AMC and were very impressed with them. They work very hard at trying to make the lives better for people on the east coast. They work in health care, emphasizing health and emotional support, access to medicines and potable water and sanitation. They also work in food sustainability. Their intent is to cooperate with agencies such as ADSIM. We know a Canadian woman,

sponsored by the Presbyterian Church, who has worked in Nicaragua for all of her career and who is currently seconded to ACM. She is also impressed with the organization.

It was very gratifying to see that the clinic was staffed and being used and that the pharmacy did have medicines which could be purchased by the clinic through donated funds. When Joe and I were there in 2013, the clinic had no staff. It was simply an empty building and the pharmacy was closed. They did have a government health care worker but we had difficulty seeing what his function was. The change from 2013 to now in the improvement in the people's access to health care was impressive. A functioning clinic is important since it serves people from 4 other villages besides Syksayari .

On our return journey we took a patient who needed to go to the hospital in Waspam. The doctor suspected he has throat cancer. His wife and young daughter accompanied him. The journey downstream was easier with fewer portages but it rained. Joe had told us that rain in Nicaragua in January is like snow in Canada in July. Well, I expect snow in Ontario in July. It gently rained initially but as we neared Waspam we had a torrential downpour. Fortunately, the sick man and his family took refuge under the tarp. As we recount the story, we say, we suffered sunstroke on the way up and hypothermia on the way down. Normally one would comfort oneself by thinking of a hot shower at the end of the journey but we knew only cold showers awaited us at the hotel.

We will not go to Syksayari every year we go to Nicaragua. Besides the length of the journey it is expensive but this trip was well worth while. We were glad we stayed for 2 nights since we had a whole day to meet with the people, see the clinic and as a result obtained a much better understanding of their issues.

Greta Hofstra

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