



HPIC thanks you for your collaboration in spreading health and hope. By providing information on the impact of the Travel Pack, you enable us to report back to the donors and healthcare companies that make this medical aid possible. Please send us your report within 30 days of your return.

Country: _____ SS #: _____

Your name: _____

Tel: _____ E-mail: _____

A NOTE ABOUT PHOTOS:

HPIC requests that photos be sent via e-mail in a high-resolution .jpg format with descriptions. If this is not possible, we will be happy to receive prints with descriptions by regular mail. Videos that show the impact of your medical work are also appreciated. Please note that all photos submitted may be used for promotion purposes.

Results

Take as much space as you need to answer these questions. You may attach an appendix.

1. What were the results (outcomes) of the shipment for the intended beneficiaries? How were their needs addressed with the shipment of medical aid?

2. Tell us about the setting (clinic, hospital, mobile clinic) where the medicines were used.

a) What are the conditions?

b) How many people were treated with the medicines and/or medical supplies? (Please specify individually how many men, women, boys and girls were treated.)

Responsibilities

The undersigned applicant accepts the following conditions and agrees to implement them or ensure that they are implemented:

- Medicines and medical supplies must be used outside North America and only in developing countries for humanitarian purposes;
- Donated medicines and medical supplies cannot be used in or marketed in or returned to North America, or sold or exchanged for property or services;
- Donated medicines and medical supplies must respond to the specific health needs of the country of final destination and be dispensed as agreed upon with HPIC to an indentified group of beneficiaries and within a specified project;
- Only licensed healthcare practitioners may dispense the medicines. Recipient hospitals and/or clinics and physicians must be aware of any imminent donation. In case of recall, recipients must adhere to HPIC's recall policies and procedures;
- Medicine and medical supplies must be dispensed by trained healthcare practitioners who are able to read Canadian (English / French) packaging and instructions;
- Donated medicines and medical supplies will be distributed free of charge and without discrimination as to race, religion, age, or gender;
- HPIC must be promptly advised of any change of destination and/or distribution plan. Any change in the date of departure should be promptly communicated with HPIC for further instruction;
- HPIC will be notified immediately of any loss, diversion or misuse of the donated medicines;
- HPIC will be notified immediately of any adverse reaction from use of medicine(s);
- The destination country's procedure to clear the donated medicines through customs will be respected. HPIC is not responsible for foreign customs charges or taxes;
- Medicines and medical supplies will not be used to support terrorist activities or organizations linked to terrorism;
- In accordance with World Health Organization Guidelines for Drug Donations, all donated medicines must be distributed and used before their expiry date, and any expired medicines must be destroyed in an environmentally safe manner;
- All medicines and medical supplies must be used in adherence to HPIC's Gender Equity Policy and HPIC's Environmental Policy (please inquire with HPIC for copies of these policies);
- The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief and The Inter-Agency Standing Committee Plan of Action on Protection Against Sexual Exploitation must be adhered to in the delivery of humanitarian aid in emergency situations;
- The "Confirmation of Safe Arrival" form included with shipping documents must be completed upon arrival of medicines at the final destination and returned immediately to HPIC;
- The "Project Report" form included with the shipping documents must be completed and returned, along with photos, within 3-6 months after the arrival of the shipment in the country of destination.

Recipient Organization

Signature

Date

X

/ /

Physician(s)

Signature

Date

X

/ /

Healthcare Facility

Signature

Date

X

/ /

Questions about the Travel Pack

1. Which medicines were most useful?

2. What items would you like to see added to the Travel Pack?

3. Were some products not used? If so, please name the products.

4. If some products were left behind at the end, who is responsible for their distribution?

5a) Can you assure that medicines will be used before their expiry date? Yes No

(Specify) _____

b) If they were destroyed, please forward to HPIC a copy of the documentation certifying the proper handling and disposal of the product. (This is required in order for HPIC to comply with Health Canada and WHO requirements).

6. Would you use the Travel Pack for subsequent trips? Why?

Signature: _____ Date: _____

Thank you for taking the time to submit this report. Your input, stories and photos are most valuable to HPIC.

Please send your report and photos to:
Health Partners International of Canada
Physician Programs
3675 Sources Blvd., Suite 209, Dollard-des-Ormeaux, Quebec H9B 2T6
E-mail: travelpacks@hpicanada.ca Fax: 514-822-0939

HPIC reserves the right to use your photos and stories for publications, the web site and reporting, unless otherwise specified. Please notify HPIC of any privacy and/or security issues that would limit use of this information.

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