Vanuatu Prevention of Blindness Program
Handbook for Medical and Nursing Team Members

Authors: Vanuatu Eye Care Team Members

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An Introduction for Nursing and Medical Team Members

Welcome to the Vanuatu Prevention of Blindness Program as one of our nursing/medical team members. All of us have found it one of the most satisfying experiences in our careers. The people are friendly and generous and the countryside is beautiful. The lifestyle brings us all back to reality of our basic needs, and helps us to appreciate and not take for granted what we have 'back home'. We hope these notes below will assist in 'setting the stage' for your tour of Vanuatu.

Vanuatu is a developing country where the sophistication of medical diagnosis and treatment facilities we are familiar with in Australia are just not available.

The Vanuatu Prevention of Blindness Program, as its name suggests, is essentially a primary eye care program to identify preventable and treatable blindness. It focuses on primary care and prevention. The nursing and medical contribution piggybacks onto the eye care program. That this has worked well is borne out by the fact that we have continued with this part of the program since its inception over 10 years ago.

Most (indigenous) Ni-Vans live in rural areas of the many islands of Vanuatu, outside the few large towns. We visit the more remote and poorer villages that do not have ready access to eye care services. Nearly all of our contact is in the villages, less commonly in larger towns.

In most villages and towns all the medical and nursing and obstetric care is provided by locally trained Nurse Practitioners. Their standard of training is quite variable and is more of a practical than an academic nature. This means their understanding of even basic physiology and pathology has limitations. Despite this many of them have gained considerable skill and provide basic health care under extraordinarily limited conditions.

The local clinics have limited stocks of basic medications and dressings. Supplies are variable often unreliable. Common tests such as X-rays and blood tests and ECGs are not available. Surgical treatment is often not possible. Much of what we accept as basic health care is only accessible by travel to the capital. And many villagers cannot afford even a one-way fare. Remember that currency is not in common use and the villagers trade amongst themselves by barter system.

Providing a standard of medical and nursing care that we take for granted in Australia is not always possible, nor is it feasible, and it can even be dangerous - without the necessary expertise and backup services it may place the patient at

higher risk of complications. Our duty of care is to provide the people of Vanuatu the best possible care within the limits of their situation and resources available and avoid interventions or good intentions that may be harmful in the short or long term.

As a consequence we accept a broader range of 'normal' when dealing with common conditions such as hypertension and diabetes. There are a number of very sound reasons for this:

- All drugs are expensive. Consequently "older" drugs, no longer used in Australia, are the norm.
- Regular monitoring of chronic conditions (e.g. blood pressure or glucose) is often difficult because of the tyranny of geography and terrain and difficulty getting to a health center that has a nurse present, or absence of necessary equipment (glucometers).
- All drugs have side effects. Increasing the dose may bring better control but a higher risk of lethal side effects (e.g. hypotension, bradycardia, hypoglycaemia.)
- Understanding of pharmacological actions and the consequences of over and under dosing are limited.

Health and hygiene education are high on our priorities, and we use every opportunity to impart this information in a guidance rather then didactic style. We are certain the 'message' gets through but never sure if it is carried out in the long term. Dietary education is of prime importance as most of their long-term health problems relate to 'lifestyle' (see diabetes and hypertension management, below). We have noted that there is a higher incidence of obesity, hypertension and diabetes in the 35-45 year age group then the older generation, i.e. 60-70years. This is most likely to doing less exercise and adopting a more Western diet.

Our primary aims:

- Be responsible for the running of the medical/nursing component of the clinics
- Primary health care education
- Encourage the local nurse practitioners to be involved and learn
- Advice for treatment of medical and surgical conditions
- Support the Team Leader and other team members
- Be considerate of others.
- Have fun while you are doing all this!

Setting Up the Medical Component of the Eye Clinic

1. Daily timetable varies depending upon travel distance, destinations, village activities, and 'enthusiasm' to attend. Some clinics are very busy, others quiet. Rest-days are factored in and sometimes there is time for a midday siesta or some sightseeing but this is not always possible. Clinics usually run until the waiting-line is empty or the sun goes down – whichever is first!
2. Clinic times and place are usually determined on the day by the Team Leader and Nurse Practitioner.
3. Furniture: Ideally 2 chairs and a table, where possible, will suffice. Privacy is not necessary for most patient assessments.
4. Ask Nurse Practitioner for advice on where to take patients who require examination in privacy. It is always helpful to take the Nurse Practitioner as a chaperone and interpreter. Do not examine patients on your own.
5. Medical equipment: pencil/pen, sphygmomanometer, stethoscope, disposable gloves, glucometer, glucose strips, lancets, cotton wool, dedicated container for sharps and contaminated waste, antiseptic hand wash. These are provided in the Team Medical Box but it also a good idea to bring your own portable sphygmomanometer, stethoscope, and otoscope.
6. Additional equipment you may bring and sometimes find useful: otoscope, pen torch, tympanic thermometer, and your own water bottle to prevent dehydration. (The eye team has rather good ophthalmoscopes!)

Running the Medical/Nursing Component of the Eye Clinic

1. Best shared between two team members e.g. nurse & doctor.
2. Patients are asked reason for attendance e.g. routine check-up, request for spectacles, medical check up, medical complaints. Patient name, age, and village are document on an individual Patient Clinic Record.
3. Brief medical check up is provided for most, e.g.

- Check BP
- Check blood glucose
- Address additional complaint. Ask Nurse Practitioner or Team Member to assist with interpretation.

4. Identify any patients who require further examination or specialist referral. Document this on PCR & notify Nurse Practitioner.
5. Provide primary health care education wherever possible (see below).
6. Document findings on PCR. Send patient, next, to Optometrist for eye check.
7. For patients with requiring further attention, they may be asked to wait until you have some spare time.
8. For complicated patients it often helps to discuss with other team members and Nurse Practitioner.

To read some personal accounts on the running of the clinics go to msm.org.au:
http://msm.org.au/site/a-medical-perspective/

http://msm.org.au/site/insights-from-a-medical-outpost/

Management of Diabetes.

Type II diabetes is more common than one would expect from those who live a rural and active life-style. The common causes are high intake of purchased Western foods (sugar, processed rice), coconut cream, obesity, genetic.

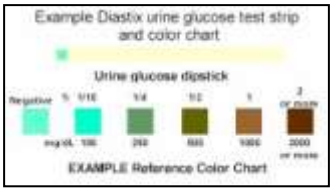
Insulin therapy is not available. Type 1 diabetes is virtually untreatable unless one lives in one of two large centres, Vila or Luganville.

Patients tend to be under-treated and moderate hyperglycaemia tolerated. Patients with a BSL of 12-14mmol/L are not uncommon. Many older patients have a BSL of 20+. We use glucometers during our clinic visits but they are not generally available. Although glucometers are cheap the running costs are not Reagent-strips are about $1 each, and the batteries are expensive to be replaced and supply of both is unreliable. Glucose monitoring is performed by urine testing, if at all. Kidney function testing is non-existent outside Vila and Luganville.

Suggested management of type II diabetes in rural Vanuatu

All patients

- Aim for fasting blood sugar level (BSL) <12mmol/L
- Primary treatment is through preventative measures, below:
- Prevent weight gain & reduce weight if overweight
- Reduce use of coconut cream in cooking
- Reduce amount and frequency of rice: maximum one handful cooked rice per day
- Reduce amount and frequency of sugar e.g. in tea, coffee.
- Reduce fat, and fried food
- Increase root and leaf vegetable
- Refer all patients for check-up when medical clinics visit



Medication regimen for patients with BSL >12mmol/L

- Ask when the patient last ate – it may not be a fasting specimen!
- Give education about preventative measures, before medications.
- For all patients >50yrs give Aspirin 150mg (=one-half tablet) daily
- Hypoglycaemic agents for elderly patients (>65-years): use with caution.
- Metformin 500mg one tablet twice per day.

If BSL remains >12 on Metformin,
or early morning urine sample on dipstick test >14mmol/L (=250mg/dl = ¼%)

- Reinforce preventative measures
- Consider addition of Glibenclamide 10mg one tablet twice per day.
- Educate patient and family that medication is life-long otherwise they may cease taking tablets once they feel better.
- Document on PCR and inform the Nurse Practitioner.

- Encourage weekly review and morning urine glucose test until <14.

Management of Hypertension

Most adults remain active and fit and many elderly adults have a low heart rate (60/min) and blood pressure (90-100 systolic BP.) Hypotension from tropical climate and antihypertensive medications is also a risk. On the other hand untreated severe hypertension can have catastrophic outcomes at an early age, e.g.. stroke. The common causes of hypertension are the frequent use of sea water (high salt content) in cooking and all the factors that predispose to type II diabetes (above.)

The supply of even simple anti-hypertensives is not reliable. Drugs commonly prescribed in Australia are not available in Vanuatu. Do not use ACE inhibitors because of their cost and renal side effects.

Suggested management of hypertension in rural Vanuatu
All patients

- Aim for blood pressure (BP) less than 140/90mmHg
- Reduce weight
- Cease cooking in salt water; use fresh water.
- Reduce fat, and fried food
- Reduce rice: maximum one handful cooked rice per day
- Reduce sugar intake
- Increase root and leaf vegetable
- Refer all patients for check-up when medical clinics visit

Medication regimen for patients with BP >140/90mmHg

- Do not administer medications without education about preventative measures
- For all patients >50yrs give Aspirin 150mg (=one-half tablet) daily
- Anti-hypertensives for elderly patients (>65-years) should be used with caution.
- Atenolol 50mg one tablet twice per day, if heart rate $\geq$60/min.
- If BP remains >140/90 add Hydrochlorthiazide 25mg once in the morning.
- Educate patient and family that medication is life-long otherwise they may cease taking tablets once they feel better!
- Document on PCR and inform the Nurse Practitioner

Antibiotic Prescribing

Infections of all sorts are common. Most, if not all, can be successfully treated with simple monotherapy: e.g.. penicillin or sulpha/ trimethoprim etc. Antibiotic resistant is rare. The use of 2nd or 3rd generation cephalosporins and other broad-spectrum antibiotics is discouraged except in the larger hospital facilities such as Vila and Luganville, where their use is under better supervision. (If you elect to bring these for your own or other members of the team that is fine (see Recommended Team Medication List).

In general it is preferable to give patients a script to receive their medication from the village Nurse Practitioner as it provides funds to the village clinic (no medications are free) and informs the nurse know what medication has been prescribed and what follow-up (BP or sugar or wound check) is required. Any patients needing follow up should be given a referral note (provided), a copy of which is given to the village Nurse Practitioner.

Simple antibiotic prescribing according to site of infection

- Scabies: scabicidal cream, if available.
- Skin wound: penicillin
- Middle ear: amoxicillin
- Urinary tract: sulphamethoxyzole/trimethoprim (Bactrim)
- Diarrhoea: usually not required. Educate patient and family about hand hygiene before meals after toilet, etc.
- Joint or bone: long-term cloxacilin
- Eye: topical antiseptic cream
- Yaws: oral or IM penicillin

Yaws is best treated with a single dose of long-acting penicillin but this is rarely available. A prolonged course of oral penicillin for 2-weeks is sufficient but should be supervised, or even dispensed daily, by the clinic nurse.

Education of patient and family is crucial. It is best to have the Nurse Practitioner present when explaining this to the patient. It must be made clear that the medication should be taken until all dispensed tablets are completed. Otherwise they may cease taking tablets once they feel better!

Fever Treatment.

Remember that fever improves survival from bacterial infection. Treating fever may reduce survival and will not prevent febrile convulsions. Only use antipyretics to treat discomfort (myalgia and headache, etc) or very high fever >39.5oC.

Wound Dressings

Simple frequent dressings are the best. Using expensive, state of the art, dressings you bring from home is of limited value. You should use what is commonly available.

Dressings are nearly always available at the village clinics. Use sterile or clinically clean dressings. This can be dressings boiled in salty clean water for a 5-10min, or dressings from a commercial pack. However do not assume that a dressing inside ‘sterile’ packaging is clean!

All dressings need to be changed 12 to 24 hourly as they are rapidly soiled. Use of non-stick dressings, if available, are useful such but they will need regular review, at least every 24 hrs. We cannot expect the villagers to keep the dressings clean given the circumstances of their lifestyle. Putting on a dressing and telling the patient to keep the dressing clean to be reviewed in 24 hrs is not successful especially in males! Having a contaminated dressing is worse then none at all.

Superficial skin wounds are best treated with sterile (e.g. boiled then cooled) water, and soaked with Betadine or Dettol solution. This can be left on for 5 minutes and then washed off. A clean dressing can be applied but should be changed every 8-12-hours. Another option is no dressing but emphasize bathing with sterile (boiled then cooled) salty water 8-12 hourly.

The patient or carer should undertake the dressings themselves after being shown how. The idea is to put emphasis back on the patient to look after his/her wound rather then say come back in 24 hrs or worse still in 2-4 days!

Do not use a more sophisticated dressing (even though they are available in Australia) that one can leave on for up to 1week as they are quickly contaminated and will serve as a source of infection then a barrier to it.

Summary:

- Wound toilet with salty (boiled and cooled) water;
- Soak in antiseptic (Betadine or Dettol solution) for 5minutes.
- Wash again with salty boiled cooled water.
- Dress with simple dry dressing. Commercial gauze or sterilized cloth (boiled in water for 5-10 minutes). This may need to be soaked off at next attendance.
- Alternative: no dressing but emphasize bathing with sterile (boiled then cooled) salty water 8-12 hourly.

Common Generic Medications Dispensed by Clinics

- Analgesics: Paracetamol, Ibuprofen
- Antibiotics: Penicillin, Amoxycillin, Cloxacillin, Trimethoprim/Sulphamethoxyzole
- Topical antiseptics: Dettol, Bactroban
- Hypoglycaemics: Glibenclamide, Metformin
- Antihypertensives: Atenolol, Hydrochlorthiazide
- GORD treatment: Simethicone tablets, Gaviscon
- Topical ear/eye antibiotic:
- Topical antifungal cream:
- Anti-platelet agent: Aspirin

Medical Waste and Sharps Disposal

Village disposal of waste is often more casual than we prefer and consequently we need to take particular care with soiled dressings and especially any 'sharps'. Take care. Nivans have sometimes offered to dispose of waste and only to find them on a small landfill where all locals walk by barefoot. We carry containers specifically for storage and safe disposal of lancets, needles, etc. to be disposed of at a suitable site usually Port Vila or Luganville.

If you receive a needle-stick injury please speak to your team doctor.

Suggested Medications For Team Members and Indications

- Loperamide 2mg: persistent or severe diarrhoea
- Paracetamol 500mg: pain, high fever
- Panadeine 500/8mg: severe pain
- Ibuprofen 200mg: pain, musculoskeletal injury
- Cephalexin 500mg: cellulitis
- Esomeprazole 20mg: severe indigestion
- Norfloxacin 400mg: prolonged tropical/travelers diarrhoea
- Augmentin DuoForte: chest or ear infection
- Lamisil or tinidazole cream: topical antifungal
- Puritabs: water purification
- Prednisolone 25mg: severe asthma, allergy
- Betadine or Bactroban ointment x 1 tube: skin cuts, abrasions (not eyes)
- Coloxyl/senna: severe constipation
- Flaminal: wound care
- Chloramphenicol eye ointment: bacterial conjunctivitis
- Kencomb: external ear infection
- Malaria test kit x 2
- Riamet or Coartem x 2 course: malaria

- Avomine x 20: motion sickness
- Maxolon 10mg: nausea, vomiting
- Stemetil: vertigo
- Ural x 2: urinary alkaliniser or antacid
- Anti-bacterial quick drying hand-wash gel
- Salbutamol inhaler
- Dressings: Sling, Steri-strips, Tegaderm, Fixamul, Primapore dressings, Crepe bandages, Saline ampoules

Doctor's Medicine Box: (optional)
Adrenaline, Dexamethasone, Hydrocortisone 100mg, Tramadol 100mg, Maxolon injection 10mg x 5, Ondansetron 4mg x 1, Syringe 1ml x 4, Syringe 5ml

Bislama: Don's Language Tips

Here are some phrases that may help you when dealing with patients. Please remember that Bislama is a totally phonetic language and the vowels only have a single pronunciation of "a' as in car, 'e' as in egg, i as in ink, o as in orange, 'u' as in true. For much of the language if you ask the speaker to talk slowly you will be able to follow most of what they say but there are some phrases that are totally foreign. Eg. If a patient tells you "*Sora blong mi hem i fas"*
"Sora" = ear and " *Fas"* means it does not work. So they are telling you they are deaf but the word "*fas"* which is pronounced "farce" can be applied to anything and particularly to parts of the body.
Remember the language is also highly descriptive and where technical terms are not available there are standard phrases used. So a woman who says "*Basket blong pickinini blong mi hem i fall daon"* is telling you she has a prolapse uterus. Another word that crops up from time to time that puzzled me for a long time is *" stampa*" this means the cause, the source of, or its beginning. Another thing that should be remembered is letters that have a similar sound are frequently interchanged so a word like stampa could be spelt stamba but it is still the same word. Also the same word can have a number of meanings. "Harem" can mean hear but it can also mean understand or feel. Here is a more systematic but brief list.

Greetings

Come in please	*Kam insaet plis*
Good morning	*Gud moning (* or it can be simply) *Moning*
Good afternoon	*Gud aftanun(*or*) Afatanun*
How are you?	*Yu filim olsem wanem? (or) Olsem wanem yu oraet?*

Good bye	*Gud bae,(or) Lukim yu, (or) Ale.*

General Instructions

Take a seat	*Yu sidoan, (or) Takem jea blong yu*
Sit here	*Sidoan long ples ia.*
Sit over there	*Sidoan longwe*
Come closer	*Kam klosap*
Stand there	*Stanup long ples ia*
Move up a bit further	*Muv i go moa long wei*
Here	*Long Plesia*
There	*Long wei*
Over there	*Long wei*

History taking : personal information

Date of examination	*Dei we oli jekemap yu*
What is your name?	*Wanem nem blong yu?*
How old are you?	*Hamas yia yu gat?(or) Hamas yia blong yu?*
Where do you live?	*Wea nao yu stap? (or) We ples yu stap?*
Where do you work?	*Wea nao yu wok?*
What work do you do?	*Yu mekem wanem wok?*
Are you Married?	*Yu maret or no?*
Do yu smoke?	*Yu stap smok or no?*
How long have you smoked?	*Hamas yia yu stap smok?*
Do you drink alcohol?	*Yu dring alcohol or no?*

Physical Examination Instructions

Stretch your hand up	*Stretem han blong yu*

Remember hand can mean the whole of the arm and leg includes foot

Undress	*Tekim out kaliko (for trousers or dress) Tekim out shirt (for shirt or blouse)*
Fold up your dress	*Foldim up kaliko(Shirt or dress) blong yu*
That is all	*Hem ia nomo*
Get dressed	*Wearem bak kaliko(Shirt or dress)*
Look straight	*Luk stret*
Look this way	*Luk long wei*
Look that way	*Luk igo olsem or Luk long wei*
Look up	*Luk antap*
Look down	*Luk igo daon*
Put your chin here	*Putum chin long plesia*
Place your forehead here	*Putum forhed blong yu plesia*
Open your eyes	*Openem ae blong yu*
Close your eyes	*Klosem ae blong yu (or) Sarem ae blong yu*

Medical history

- Have you ever been a patient in hospital? *Yu bin admit long hospital bifo? (or) Yu bin silip long hospital finis or no?*

- If yes, how many times? *Sipos yes; Hamas taem?*
- How long were you in hospital on each visit? *Taem yu stap go long hospital, yu stap long taem lelebet?*
- If more than 3 times what diseases were you admitted for? *Sipos i bitim 3 taem, ol wanem sik yu stap long hospital from?*
- Have you ever had an operation? *Oli bin operetem yu finis?*
- Have you ever suffered from TB, diabetes, hypertension, or asthma? *Yu bin harem no gud long TB, sik suga, hae blud presa, mor asthma (shot win)?*
- Have you been anaemic? *Yu bin harem no gud from yu shot long blad?*
- What treatment have you had for malaria or TB? *Wanem kaen meresin nao yu bin tekem from sik malaria or TB?*

How to take medicines

One tablet	*Wan tablet*
One half tablet	*Haf tablet*
A quarter of a tablet	*Wan quatar tablet*
One teaspoon	*Wan tispun*
One half teaspoon	*Wan haf tispun*
One tablespoon	*Wan bikspun*
To swallow	*Swalem daon*
To suck	*Dring olsem loli*
Warning	*Lukaot gud*
Take before food	*Tekem bifo kai kai*
Take after food	*Tekem afta kai kai*
Take with food	*Tekem wetem kai kai*
Keep away from children	*Lukaot gud long pikinini blong oli no kai kai.*

Time for taking medicines

Sun rise	*Sun i go antap (long moning)*
Noon	*long dinna*
Night	*Long naet*
During sleep time	*Taem blong yu slip*

Medications-

Medicine	*Meresin*
Tablet / pill / capsule	*Tablet*
Syrups	*Wata meresin or sirup*
Ointment	*Krim meresin*
Injection	*Stik meresin*
Liquids / mixtures	*Wata*

Time-

One year ago	*Wan yia finis*
One month ago	*Wan manis finis*
One week ago	*Wan wik finis*
Yesterday	*Yestede*

Just now	*Noa ia*
Periodically	*Wan wan taem*
Hour	*haoa*
Today	*tede*
Next week	*nekis wik*
Next month	*nekis manis*
Next Year	*nekis yia*

Preparation for your time in Vanuatu (with a focus on health)

Suitable preparations can avoid lots of problems. For new members Vanuatu is a wonderful place so please don't be put off by what you are about to read! This information is for your safety and ensures your involvement is enjoyable. We advise everyone to take appropriate health precautions as there are quite a few infectious diseases active in Vanuatu that can be quite nasty but suitable preparations will greatly lower the risks. The responsibility is yours, so please consult your family doctor, and ask if you need additional advice. Remember we are a team – if I get sick this will affect the team's ability to function. Notify your team leader or team doctor if you are unwell in any way.

Malaria caused by plasmodium vivax and falciparum are a big problem in Vanuatu, and some form of prophylaxis is essential. We know from bitter personal experience that malaria is not a fun experience. Be aware that this bug can remain dormant in your system for a long time and problems can flair months or even years after initial infection. Please take this seriously as cerebral malaria is a killer. We carry a Malaria rapid test kit and immediate treatment (Riamet, the best and most up to date drug for instant treatment) for team members but you are responsible for your own preventative medication.

Malaria prophylaxis needs to be started a few days before you leave home and continued for 1- 4 weeks after you return. The duration depends on which drug you take. Ask your doctor for advice on this. Most Australian doctors have had very little if any experience with malaria and don't really know a huge amount about it. So check carefully what is recommended for the drug you finally decide to use. Or consult a 'travel doctor' who specializes in travel medicine.

Even minor stomach upsets can reduce the effectiveness of your prophylaxis and if you are unfortunate enough to have these sorts of problems it is worth telling the doctor on your team as soon as you can. Sometimes changing the dose is useful and can avoid the lowered immunity but you need to be properly

advised. On top of this we always have with us some anti diarrhoea and anti nausea anti-emetic medications.

Options for **malaria prophylaxis**:
1. Your best protection is **reducing your exposure** to malaria-carrying mozzies, so use of (a) effective **repellants**, (b) **bed netting**, and (c) **sensible clothing** is strongly recommended. We use "Bushman's" repellants as they have the highest concentration of DEET (the active ingredient) in them. The use of **light colored** loose fitting clothing with sleeves that can be rolled down is also useful as mosquitoes are attracted to dark colors.
A mosquito net for your bed that has been treated with the insecticide permethrin is highly advisable. Most hiking equipment stores will stock these.
You will need a prescription from your doctor for malaria prophylaxis medications. None of the drugs recommended for prophylaxis are 100% effective and all have potential side effects.

2. **Pharmacological prophylaxis**
(a**) Doxycyline** 100mg daily, starting 2-days before departure and continuing for 4-weeks after returning. This is the cheapest and is an effective option, but can cause sun sensitivity in some people. Extra precaution against sunburn (hat, sunscreen, etc) is advisable.
(b) **Malarone** (atovaquone & proguanil combination tablet) once daily, starting 2-days before departure and continuing for 7-days after returning.
(c) **Mefloquine** 250mg weekly starting 2-days before departure and continuing for 4-weeks after returning, but is not highly recommended because of its possible psychological and cardiac side effects.

Dengue Fever
Malaria is carried by night biting mozzies but that does not mean you can ignore the ones that bite during the day as they carry dengue fever and can be as bad as malaria. Unfortunately there is no prophylaxis for dengue but it is far less prevalent. The big plus for us is we are going to be in Vanuatu in what we hope will be the dry season and mosquito numbers should be well down.
Once again the ‘avoidance’ techniques above are your best prevention.

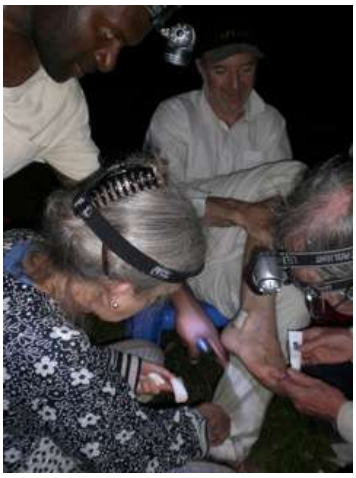
Immunisations
This is highly recommended for the following diseases that are uncommon in Australia.

- Polio is still active in Vanuatu so immunization is recommended if you are in any doubt about your current immunity.
- Tuberculosis (TB) is prevalent in the southern islands in particular so talk to your doctor about this too.
- Typhoid fever is another nasty worth avoiding and you should have immunization for it. Repeat every 3-years.

- Hepatitis A and B are also significant problems and immunization is strongly advised.
- Tetanus is another one you need to check your immunity status for. One shot every 10-15-years should provide adequate immunity.

With some of these "nasties" it either needs more than one shot, or takes a while for your immunity to kick in completely, so don't leave it too long before visiting your family doctor about this.
http://travelvax-px.rtrk.com.au/home/home/VaccinePreventableDiseases.html

Footwear & skin protection



In a trip like this it is important that we all take care to avoid as many potential problems as possible and using suitable foot ware is something that should be given a priority. Remember the conditions can be rough and cuts from coral in particular can be a big problem as they don't heal quickly.

Wearing suitable foot ware is one of the best precautions you can take. We have found strong, high quality surf sandals to be one of the best investments you can make. Ones that do not have a raised lip around the sole are best as water can drain away from under your feet quickly. Anything that tends to keep your feet damp can cause quite severe skin problems in the tropics. Flip-flops (foot thongs) are useful for taking a shower. In some of the villages hookworm is a problem.

In fact any minor cuts or scratches can ulcerate very quickly in the situations you will be in and that can be very serious. Bitter experience has shown us that it is essential to cover even very minor scratches immediately. Infections begin much more quickly and more severely than we are used to in our part of the world.

Dress Code

NiVans are very modest people, especially the women. Most of them wear dresses or skirts, however this is not very practical for us getting in and out of boats and utes!

Here's a guide for the islands and villages we visit: no cleavage, cover your shoulders, shorts and skirts no higher than just above the knee, and underwear should not be visible. Remember you may have to bend over to examine a small child, or even kneel on the floor. Loose fitting blouses and shirts are cooler than tight! Modest night attire is also preferable. If you plan to swim wear a rash-vest or shirt & board shorts, no bikinis when in the company of Ni Van people. The code is a little different for Port Vila, where they are more familiar with tourist dress styles.

What To Bring With You To Look After Your Health

- Self-inflating sleeping mat and small pillow. Many of the beds in the local accommodation have no mattress. The temperatures are generally warm and in most cases sleeping under a single sheet is all you will need though some may need a very light blanket. **A good sleep is important!**
- The temperature range is generally 20 degrees C to 30 C but there are occasional evenings when a light jumper will be appreciated.
- Insect repellent, tropical strength (e.g. Bushmans, or Rid)
- Mosquito net for your bed that has been treated with the insecticide permethrin (+/- self-adhesive removable plastic hooks to attach to ceiling)
- Sturdy quick drying 'surf' sandals (see above)
- Loose lightweight quick drying clothes.
- Sun-screen 30+
- Broad brimmed hat & polarized sunnies.
- Toilet paper. Not always available where we stay.
- Anti-bacterial quick drying hand-wash gel e.g. Aqium, DeBug, Dettol.
- "Wet-ones" antibacterial hand-wipes. These are useful for the rare occasions when water and soap are not available.
- Travel sickness medication
- 1-2L Drink bottle
- Anti-malarial prophylaxis (see above) plus a supply of your own regular or routine medications, plus extras. See your family doctor for extra supplies and a letter for customs to identify these for personal use.

Extra things that help make the trip more enjoyable

- Clothes line and pegs.
- Washing detergent.
- A ball of string.
- Knife, fork, spoon, cup and plate.
- A few good strong garbage bags and some zip lock bags that are big enough for wet / dirty clothes.
- Diary and pens
- Torch- a head torch is probably best.
- Camera
- Please pack into a soft bag eg hiking pack, rather than a suit case as when travelling on the back of a truck or in a boat they are much more safely stowed.
- Light weight rain gear.
- A towel

More Information about Vanuatu

Vanuatu is a Pacific island nation situated approximately 2000 km East of Queensland, made up of 83 islands (65 inhabited) spread over 1300 km from north to south. It has a population of 229,000 (2007 DFAT Market Information & Analysis), with the largest towns being the capital Port Vila (population approx 33,000) situated on the island of Efate and Luganville (population approx 10,700) on the island of Espiritu Santo.

The people predominantly rely on subsistence agriculture and as fertility is high, hunger is generally not a problem but there is evidence of malnutrition and quite major diet related problems caused by lack of knowledge. There is very little money available in the villages, communications are very difficult, and transport is hard to access, expensive and often unreliable. There is only limited capacity to earn income in the villages and the subsistence life style generally provides enough for life but does not offer a sufficient taxation base for government funding of services in a way we would consider normal or satisfactory. The islands are rugged, and subject to extreme environmental challenges.

Health care is very basic except in Vila and Luganville, and even there it is far below any standard we would consider acceptable in Australia. Conventional commercially available primary Eye Care is extremely difficult to access and where it is in existence it is aimed at the expatriate population only, as the price

structure excludes the indigenous population. None of the available optometry services are provided by people who by Australian registration standards would be allowed to practice.

Prior to our program's inception, even basic primary eye care was simply not available outside Vila. This meant that large numbers of people were severely visually handicapped for want of a pair of glasses. Many others had debilitating or blinding eye conditions that went completely undiagnosed and therefore untreated. Over the 11 years the program has been operating, considerable progress has been made toward reversing this situation, but much still remains to be done.

In our initial visits the optometrists diagnosed significant numbers of patients with diabetic retinopathy. So we began screening for diabetes and for blood pressure problems. This revealed that diabetes was in many areas in epidemic proportions and was going untreated. On top of this, our village visits attract large numbers of people who come to us for general medical needs many of them serious and even life threatening. For them too, access to real medical services is extremely limited. Our teams can provide some of what is required and arrange follow up treatment and surgery as necessary.

The Presbyterian Church of Vanuatu (PCV) became concerned enough about the overall situation, to establish a Prevention of Blindness Committee to monitor and coordinate the on going work in the field. At the request of the Vanuatu Government the Presbyterian Church was asked to take on a wider role in relation to health and the prevention of Blindness committee became the PCV health committee. They are our projects controlling body at the work face. They manage the domestic budget, set our itineraries, assist us with all internal organization and avoidance of any cultural sensitivities, while we in turn provide the technical expertise, equipment etc. Representation on the Committee includes the Director General of Health for Vanuatu, The Clerk of the Assembly of PCV, a representative of the Municipality of Vila , the manager of the clinic and edging Laboratory we have set, up and the chairperson is the Moderator of the Presbyterian Church of Vanuatu. They meet regularly and communicate the outcomes of their meetings to the Project Co-ordinator (Don McRaild). As far as possible their deliberations set our priorities but they still look strongly to us for advice.

NOTES FOR OPTOMETRISTS.

By Donald Beaumont (Optometrist)

This program started in 2000 with the aim of
1. Providing a Primary Eye care Program in Vanuatu, particularly to rural communities and isolated villages; who have very little access to such services.
2. To train local people to do the job in established clinics and outreach programs, working toward self sustainability.

The last 10 years have seen great progress towards these goals. We now have permanent clinics in Port Vila and Luganville and soon to be on Tanna, and with the clinicians we have trained, the job is nearly done. Such that the emphasis of the program is changing from one of "doing" to one of "supporting" from training to expanding their knowledge and techniques, from readymade and hand-me-downs to specific prescriptions cut and fitted in our Lab.

Hence we are at the stage of increasing sustainability, supporting the clinicians, increasing the product range and creating a financially viable service.

Optometrists coming to this type of work need to forget the "at home" full eye examination, and focus on what I call -The Art of the Possible.

<u>THE CLINICS</u> -

These can vary from the local meeting house -nakamal- , dirt floor , no windows , only light that comes in through the door , to outside with the chart attached to the trunk of a tree, often setting up in the local church or medical aid post. So variable - such that examination procedures vary from day to day.

To set up we need -a bench for the trial case
a chair for the patient - I often prefer to work standing and with patient standing.
a chart at 3 or 6 meters, or what is possible.
THE TEST- Trial frame and chart [letter, Illiterate E , or Lea] and not much else.
We need to do as much as possible in the condition we are working in, as quickly as practicable with regard to the line of patients waiting. Flexibility and working outside the square are the keys.
Expectations are not often high, but the aim is to make each patient more able to live an active and useful life in their community.
My routine is roughly as follows-
<u>Ascertain the problem</u> –“You no see longway?” (See attached information on Bislama which is the main local language)
<u>Measure unaided vision</u>.
External assessment - clear quiet eye

pterygium, infection
movement and convergence.
Refraction- remembering what we have available or what can be readily sourced.
- monocular , binocular
- if acuity in 6/9 or better will usually work with sphere only ,and a final script using best eye.
-if worse than 6/9 maybe a quick Ret.
-Cyl refraction- only if necessary - often difficult for the patient to understand .
Internal Examination. - Can be difficult due to lighting condition. I dilate only if is essential ,then you may need to find a darker site .The local nurse is sure to point you in the right direction
THE PRESCRIPTION - Refractive error seems to be within a fairly narrow range -90 % from -1.50 to +2.00 for distance
An Add is usually needed for most over 35.
Astigmatism seems much less than we are used to.
But we need to work to what is possible. A pair of +2.00 ready-mades will make life a great deal easier for most people over 40 , and what we can provide on the spot is far better than having something made and forwarded on later which could take months to reach the patient
REFERRALS-The local Eye care Nurse should be consulted before a plan is made. Pterygium can often be treated locally.
Cataract anything worse that 6/12 -6/18 in the best eye is considered. Where to, will depend on when the next surgery will be.
Other conditions -will depend on what is possible in terms of facilities and seriousness.

THERAPEUTICS - I tend to use minimal medication - leaving it to the Doctor or nurse present.
One dose treatments are practical but ongoing treatments can be hit and miss.
Dilation- I do only if really necessary. Detecting Diabetic Retinophathy is only relevant if there is treatment available. Refer notes in Medical section.

EQUIPMENT- Your normal hand held gear is adequate.
Rechargeable handles are not suitable without a reliable power supply. So a good supply of batteries is essential.
Don't take your most precious or delicate- the environment can be a bit corrosive.
PRESENTATION - We need to be respectful and mindful of local custom. Conservative attire is recommended. Bare chests and short shorts may be OK for swimming but not in the "clinic."
In some areas it is not appropriate for women to wear shorts.

Despite all these Do's and Don'ts I am sure you will find it as rewarding and an enjoyable experience as I have over the last 11 years.

Ophthalmology referral –

Over the years we have developed a very good relationship with the Fred Hollows Foundation (NZ branch in particular) and the Pacific Eye Institute in Fiji. Dr John Szetu the director of the Pacific Eye Institute organises annual visits from teams of ophthalmologists who are happy to deal with our referrals. This year there will be 2 teams working across 3 hospitals Luganville, Vila and Lenakel from September 12 to 23. In addition there is a partially trained ophthalmologist (Dr Johnson Kasso) on the island of Santo who is able to do most urgent things. This year things should be better than in previous years as we have equipped him with portable operating microscopes plus other appropriate surgical equipment and consumables. Our project has also purchased portable generators and other support material that should enable him to do some surgery in key villages. Thus reducing the need for as much patient transport.
If you wish to refer a patient, simply record it clearly on the patient record card and the team leader will create a list which will be handed on to the local nurse and to Dr Kasso. They will then arrange the surgery, and transport to that venue. In some cases the need may be urgent and some funds are carried with the team to enable payment of fares to Luganville or Vila as appropriate. If the proper procedure is followed with the local nurse or appropriate health official the Vanuatu Health Department will pay the fares one way and we subsidise the return journey.

CLINIC EQUIPMENT

Many optometrists, doctors and nurses prefer to use their own equipment, and please feel free to do this if that is what you feel comfortable with. If you are intending to take your own diagnostic kit for instance, please send the full details of brand, model and purchase value to Don MacRaild, so that they can be itemised on the insurance policy. However the project does own sufficient trial lens sets and 2 Welch Allen ophthalmoscope and retinoscope sets. Obviously where there will be more than 2 doing the testing these diagnostic kits would have to be shared and so it is very useful if some optometrists do take their own as the locals will work in all the clinics with the fully trained people .
For the medical staff the project owns a number of sphygmomanometers and stethoscopes. We also have ear thermometers but otoscopes are in short supply and if you have one it is worth taking.

Monitoring and Data Gathering

The success of the work undertaken, is largely measured using the data gathered from analysis of the information collected on the Patient Record Cards. At the end of the outreach work the patient records are transposed onto a computer data base from which many very interesting and often far reaching conclusions can be drawn. This information is shared with the Health Department of Vanuatu and the PCV Health committee and is used in the planning process and for working out appropriate strategies for dealing with the health and eye care problems of the country. Often the data our teams have gathered has been the only comprehensive source of accurate information about needs in specific areas and on specific topics. Consequently this is seen as a very important function for our teams.

Money and Costs to Participants

Donations-

To cover some of the costs while you are away each participant is asked to contribute $500 as a fully tax deductible donation to Uniting World. All the rest of the costs are covered by the project.

However it is advisable to take some money in Ausie dollars for your own purposes. There are always those unexpected private expenses and the occasional restaurant meal that the project can't cover.

Do not try to change money before you leave as you will get a far better exchange rate in Vila at one of the many money changers. There are both West Pac and ANZ banks in Vila and Luganville that have automatic tellers. From these you can get cash advances on Maestro or Visa cards. However if you do this on credit you will be charged interest from the moment of the transaction, and that can be expensive. I usually put my visa card in credit to avoid this.

The $500 donation can be done in a number of ways.

- A cheque made out to Uniting World (Vanuatu Prevention of Blindness Project) and either sent to -

D. MacRaild. 94 Briagolong Rd., Valencia Creek. VIC 3860 or directly to **Uniting World. PO BOx A2266, Sydney South, NSW 1235**

OR

- By Phone by ringing 1800998 or 1800 000 331

OR

- Go on line at http://www.***unitingworld.org.au*** and follow the prompts to do it electronically or by fax

If you do it by phone, Fax or on line please email Don MacRaild notifying him that it has been done. In the past some donations have not been correctly identified and confusion has arisen so doing this is important. The web site contains some information that may cause confusion - the program is still registered as the Vanuatu Eye Care Project. This was changed to the current name nearly 2 years ago.

Professional Registration and police clearance

All participants are required to get a police clearance. A working with children one is satisfactory but if you do not already have one they can be obtained on line at *www.police.vic.gov.au/ for victorians or* *www.policeclearancecertificate.com.au* or by obtaining a form from your post office or police station. Any cost involved in this can be borne by the project and probably the easiest way to do this would be to deduct the cost from your $500 contribution.

Each year the Health Department of Vanuatu require us to officially register doctors and nurses in particular. For this they require evidence of your qualifications eg a photocopy of a current practicing certificate or a University degree, a letter of good standing, a photo ID (eg a photo copy or a scanned copy of a drivers licence or a passport). For the optometrists all that is required at this stage is evidence of current registration and qualification. These details need to be sent to me and I will forward them on in bulk. This avoids the registration fee that is charged by the Vanuatu Health Department.

Insurance

All volunteers are automatically covered by the Uniting Church's travel and public liability policy. However to qualify for full cover the insurance underwriter asks for a statement from your doctor stating that you are fit enough to undertake the trip. It is wise to clearly register valuable items with the insurer before you leave. Technically they only require items worth more than $5000 to have full documentation ie. item description, make and model plus replacement cost however expensive test equipment like diagnostic kits that are not quite in that price range are also worth registering. All claims can be made through the

Uniting Church's insurance office in Sydney and the email contact is Mr Dunstan Beringer dunstanb@nsw.uca.org.au

Bookings and travel

To enable a smooth booking and insurance registration process quite bit of information is needed and as airfares rise as you approach the date of your team's departure prompt provision of this information is requested.

1. **Your name exactly as written in your passport**
2. **Your passport number and country of issue.**
3. **your date of birth**
4. **Your postal address**
5. **Telephone numbers**
6. **Emergency contact person and their contact details**

Post trip Debriefing

Circumstances change from year to year as do the priorities, and all participants have insights and understandings that are valuable in assisting the continual refining process that enables the project to stay relevant to needs. As a result at the end of the year's outreach work a meeting is held in which ideas can be shared and the planning process for the next steps begun. As many as possible with a stake in the work are encouraged to attend. A mutually convenient venue is selected in Melbourne for this.

Code of Conduct

The code of conduct agreement issued by Uniting World – This is something all participants need to sign. So please print a copy out sign it and either mail it to D. MacRaild 94 Briagolong Rd Valencia Creek 3860 or scan and email it to dmacraild@hotmail.com .

Code of Conduct & Child Protection Statement
For Participants in Vanuatu Prevention of Blindness Program

A. Background

UnitingWorld works with diverse communities in different partner and project locations. UnitingWorld recognises that in order to protect the rights of all engaged with their projects or participating in partnership relationships, it is essential to first ensure that staff, and others representing UnitingWorld, are aware of the standards of conduct that are expected of them in order to maintain an environment that upholds safety, dignity and human rights.

UnitingWorld is committed to policies and practices which promote a child safe environment. Child abuse is contrary to the teaching of the Gospel. UnitingWorld is completely opposed to child abuse and supports child protection and abuse prevention.

UnitingWorld supports the AusAID Child Protection Policy goal
To protect children from abuse of all kinds in the delivery of Australia's overseas aid program

Those who volunteer as part of UnitingWorld programs will be recognized by our partner churches and communities as representatives of UnitingWorld and the Uniting Church in Australia. Thus it is a requirement that the following Code of Conduct is read and signed by all such volunteers.

B. Context

In the course of UnitingWorld activities, UnitingWorld Representatives may have contact with project staff and members of local communities, including children and young people. This may occur in Australia or overseas.

C. Confidentiality

Confidentiality is an important facet in enabling the reporting of abuse. This is not about secrecy. Written and spoken information will be protected from being shared with unauthorised persons, or used for a purpose other than that for which it was collected. UnitingWorld is guided in this by the UnitingWorld Privacy Policy.

D. Core Values

UnitingWorld has the following core values upon which this Code of Conduct is based.

Partnership: working through partnerships that embody mutual respect, responsiveness and interdependence between people overseas and in Australia;

Sustainability: seeking ongoing benefits for the communities partnered, promoting their ownership and building their capacity to manage their own development;

Justice, Peace and Care for Creation: upholding justice, peace and care of the environment;

Non-Discrimination: ensuring no discrimination due to age, culture, gender, race, religion, sexual orientation, or social or political affiliation;

Gender Equity: actively promoting gender equity in all programs;

Effectiveness: fostering ongoing evaluation and learning to ensure high standards of effectiveness;

Integrity: applying ethical, transparent and professional work practices which seek to ensure the safety, dignity and human rights of those with whom we work;

Respect: respecting spiritual and cultural values.

Code of conduct for UnitingWorld Staff and Representatives

UnitingWorld Representatives must:

1) Disclose and take reasonable steps to avoid, any conflict of interest (real or apparent) in representing UnitingWorld
2) Not make improper use of:
    a. UnitingWorld resources
    b. inside information or
    c. the participant's activities, status, power or authority in order to gain, or seek to gain, a benefit or advantage for the participant or for any other person.
3) At all times behave in a way that maintains the integrity and good reputation of UnitingWorld, including whilst overseas in a UnitingWorld project area or participating in an UnitingWorld partner visit.
4) Respect and promote fundamental human rights without discrimination of any kind and irrespective of social status, race, ethnicity, colour, religion, gender, sexual orientation, age, marital status, national origin, political affiliation or disability.
5) Create and maintain an environment that prevents sexual exploitation and abuse, abuse of power and corruption.
6) Uphold the highest standards of accountability, efficiency, competence, integrity and transparency during their visit to the partner community.
7) Never commit any act or form of harassment which results in physical, sexual or psychological harm or suffering to individuals. It is unlawful to discriminate

against or harass a person in most areas of public life. Participants in UnitingWorld partner visits must comply with all Commonwealth anti-discrimination laws.

8) Not use alcohol or other drugs which adversely affect the safety of fellow participants, members of the local communities or the reputation of UnitingWorld.
9) Never exploit the vulnerability of any target group, especially women and children, or allow any person/s to be put into compromising situations.
10) Never engage in any sexual activity with children (persons under the age of 18) regardless of the age of majority or age of consent locally. Mistaken belief in the age of a child is not a defense.
11) Never exchange money, employment, goods, or services for sex, including sexual favors. All forms of humiliating, degrading or exploitative behavior are prohibited.
12) Never abuse their positions to give preferential treatment in order to solicit sexual favors, gifts, payments of any kind, or advantage.
13) Be conscious of not taking advantage of their positions and may not accept gifts (except for small tokens of appreciation) or bribes.
14) Not engage in sexual relationships with members of local communities. Such relationships are not allowed since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of UnitingWorld work.
15) Ensure that all confidential information, including reports of breaches of these standards by participants, obtained from partners and local community members or colleagues is handled with utmost confidentiality.
16) Ensure that reports of breaches of these standards are immediately reported to UnitingWorld Staff or the human resources manager (or an established agency reporting mechanism) who is expected to take prompt investigative action.

UnitingWorld Representatives agree that while participating in a UnitingWorld program they will never:

- hit or otherwise physically assault or physically abuse children
- develop physical or sexual relationships with a child which are illegal under the laws of the country of either the child or the participant
- develop relationships with children which could in any way be deemed exploitative or abusive
- act in ways that may be abusive or place a child at risk of abuse
- use language, make suggestions or offer advice which is inappropriate, offensive or abusive
- behave physically in a manner which is inappropriate or sexually provocative
- sleep in the same room or bed as a child/young person with whom they are working
- do things for children of a personal nature that they can do for themselves
- condone, or participate in, behaviour of children which is illegal, unsafe or abusive
- act in ways that shame, humiliate, belittle or degrade children, or otherwise perpetrate any form of emotional abuse
- discriminate against, show differential treatment, or favour particular children to the exclusion of others
- spend excessive time alone with children away from others

UnitingWorld Representatives will:

- be aware of situations which may present risks and manage these
- as far as possible, ensure that another adult is present or visible when interacting with children
- ensure that a culture of openness exists to enable any issues or concerns to be raised and discussed
- ensure that a sense of accountability exists within the group so that poor practice or potentially abusive behaviour does not go unchallenged
- respect the confidentiality of information shared by children/young people so that their safety and well-being is not compromised. However, if maintaining confidentiality poses a threat to the child/young person appropriate action must be taken.

Use of images, especially children's images for work related purposes:

When photographing or filming children during a visit UnitingWorld Representatives must:

- before photographing or filming anyone, but especially a child, assess and endeavour to comply with local traditions or restrictions for reproducing personal images
- before photographing or filming anyone, but especially a child, obtain consent from the child or a parent or guardian of the child. As part of this UnitingWorld Representative must explain how the photograph or film will be used
- ensure photographs, films, videos and DVDs present people, especially children in a dignified and respectful manner and not in a vulnerable or submissive manner. Children should be adequately clothed and not in poses that could be seen as sexually suggestive
- ensure images are honest representations of the context and the facts
- ensure file labels do not reveal identifying information about a child when sending images electronically.

Any perceived breach of the Code of Conduct will be taken up by the UnitingWorld Team Leader or a UnitingWorld staff member who will investigate the matter, discuss the behaviour with the team member concerned and take appropriate action which may include limitation of the team member's role, a request to leave the team or reporting the matter to relevant local authorities.

I, the participant in the UnitingWorld program, have read, understood and agree to abide by the content of this document which shall be subject to periodic revision and review. I also accept the consequences of any violation of any of the above provisions under this Code of Conduct.

Participant Name: _____

Signature: _____

Date: _____