

## Guidelines for Host Country in Preparation for a mission

We have prepared this guideline to help answer some of the questions, which might arise as you plan the upcoming VOSH eye care mission. With proper preparation, the mission will run smoothly and patients will be served most efficiently.

The mission of VOSH/International is to provide vision care to individuals worldwide that can neither afford nor obtain such care. VOSH/International is a non-sectarian organization, having no political or religious agenda. Yet, we work with tolerant religious organizations, governmental agencies and service organizations within the host country.

### GUIDELINES FOR DETERMINING A MISSION SITE

#### For missions within and outside the USA boundaries:

*We need to have the following:*

1. Large population of people who cannot afford vision care.
2. Lack of accessible vision care
3. Safe environment for the team
4. A host organization willing to organize and support the mission by doing the following:
  - a. Arrangement for housing, transportation of the team, and meals (expenses are often paid by the VOSH team or shared with the host)
  - b. Provide for safety of the team
  - c. Provide space for the clinic (see “Clinic:” below)
  - d. Notify the population of the upcoming eye care mission
    - i. It is recommended that patients be limited to those that otherwise cannot afford vision care from other sources.
    - ii. Suggestion: General announcement can be made through radio, TV, newspapers, or during church services.

#### For missions outside the USA boundaries:

- a. Acquire a letter of invitation from:
  - i. Minister of Health of the host country
  - ii. local mayor or village leader
  - iii. from local health officials and vision care providers if possible.(This action will alleviate misunderstandings with local providers and allow them to volunteer their services during or after the mission.)
- b. Acquire agreement from the government to approve shipment of glasses, equipment and supplies duty free
  - i. If there is to be a charge to get through customs the host would be responsible for paying that fee or advising the VOSH trip coordinator, prior to the mission, the anticipated cost.
- c. Provide a representative with authority to coordinate passage through customs of the host country

- d. Provide an adequate number of interpreters as well as support staff for crowd control.
  - i. Suggested guidelines for a team of 20-25 (one interpreter per doctor, 2-3 in dispensary area, 1-2 in the screening area)

## CLINIC:

Each team will have their own procedures in handling the clinic but in general these are the 5 areas:

1. **PATIENT REGISTRATION:** Local individuals usually do this. The patient is asked a series of questions and the responses are recorded on a form that the patient carries with them through the clinic. A table and chairs will be needed for the volunteers working at the registration station.
2. **VISUAL ACUITY TESTING**
3. **REFRACTION SCREENING:** State of the art equipment provides an approximate measurement within seconds.
4. **EYE HEALTH, PRESCRIPTION, and REFERRAL DETERMINATION:** This station may be subdivided—depending on the design by the mission director.
  - a. Eye Health:
    - i. Eye health is evaluated.
  - b. Prescription Determination:
    - i. The doctor determines the final prescription. If acceptable with the local eye care providers and/or optometry rules and regulations of the area, medications may be dispensed to treat minor eye infections.
  - c. Referrals:
    - i. Cataracts, glaucoma and other eye problems may be referred from this station to local eye care providers or a mission team surgeon.
5. **DISPENSARY:** Individuals needing glasses are fitted with recycled (or new if available) eyeglasses that match their prescription as close as possible.

## OTHER SUGGESTED CLINIC GUIDELINES:

The management of the clinic routine varies tremendously from team to team. It is essential the host country communicates with the mission leader to establish the number of hours/day they will work, the number of clinic days, the number of patients anticipated to be served per day, which patients (age group) should have priority and the specific needs of the team.

General guidelines would be:

1. 3-5 days of work
2. Working hours vary from 7 AM to dark but often would be 8AM to 5PM or less per day
3. Most adults over age 30+ usually need glasses at least for close work. Patients of all ages will be seen but it is very helpful if children can be pre-

screened so only those having complaints or eye problems would be coming to the clinic.

4. The number of patients anticipated varies immensely due to team size, age of patients, clinic organization, etc.
  - a. An average team of 20-25 will see 1500 –3000 patients during a mission.

#### SEATING FOR PATIENTS AT THE CLINIC:

1. Registration—usually the patients stand in line waiting to register.
2. Chairs should be available for registered patients waiting for visual acuity, refraction, eye health evaluation, and examination by the eye doctor. At most stations 10-15 chairs might be required. At each doctor's station, chairs for the doctor and patient will be needed as well as a small table (often shared by two doctors working side by side) for the doctor's trial lenses and hand equipment.

NOTE: Clinic site layout:

1. The clinic needs to be secure so equipment, supplies, and glasses can be left overnight.
2. The examination and dispensary areas should each be in large enough rooms to accommodate a large number of individuals (anticipate 15-20+ seated patients plus staff and patient's families in each area). The two areas should be separate but nearby each other to better control patient flow. In the doctor's examination area where the prescription is being determined, the lighting needs to be dim.

#### TEAM ACCOMMODATIONS:

The team will need modest, but safe, accommodations. Breakfast must be available, usually between 6 AM and 7 AM. Lunch may be provided on site or at a nearby facility—to be determined by the host and the mission director. Time lost via travel during clinic hours is discouraged.

Bottled water or safe soft drinks would be appreciated during clinic hours.

Evening meals are often at the recommendation of the host group.

Some teams prefer staying together in one location; others like staying in homes of the host group if that is an option—this should be determined initially between the host group and the VOSH team coordinator.

#### TRANSPORTATION:

Transportation will be required for the team, their equipment, supplies and glasses. Be aware there are usually two pieces of luggage per team member (one of which is usually supplies or glasses).

## REST AND RELAXATION:

If outside the USA boundaries, at the completion of the clinic week, the team often takes several days to see sites or relax somewhere. This is usually set up prior to the mission by the mission leader/host country.

## OTHER COMMENTS:

VOSH teams do not charge for any of their services. VOSH encourages participation by the local eye care providers and do not want to undermine the practices of any eye care provider.

To control patient flow, it is recommended that tickets or numbers be distributed in advance of the mission. Often a different colored card or ticket is used for each day. This will help to control the number of patients per day, save many patients from needlessly standing in a long line, and reduce the risk of crowd uprising. If the numbering system is strictly adhered to, it will prevent individuals from crowding into the line ahead of others that have waited to be served.

Often the number of patients evaluated is less during the first day and more later in the work week as the patient flow becomes more efficient.

It cannot be stressed enough that good communication between the hosts and the mission leaders must be established prior to the mission and be on-going during the mission.

The VOSH team looks forward to providing eye care to the patients of your area. Thank you for being a part of the team!