



HARMONISING EDUCATION & HEALTH

The impact of good education on community development and poverty reduction, albeit indirect and long term, is unequivocal. With better education, understanding of disease prevention and access to health services is enhanced, and good health is a key contributor to increased productivity and economic progress. Health is also a factor affecting individuals' capacity to learn.

Since 2011, Butterfly Trust has gradually augmented the delivery of medical and dental clinical support to south Malekula communities in conjunction with health awareness. Featuring a more structured and permanent health education component within the overall programme is increasingly on the cards to enhance understanding of disease prevention amongst villages.

The Trust is in the early stages of putting together a community health education pilot

programme to improve local village knowledge of their own health and thereby reduce the demand on already over-stretched health services. This is being done in collaboration with the Ministry of Health (MOH) and with a couple of Rotary clubs in New Zealand. Initially communities on Ambae, Tongoa and Lamap will take part.

healthy students learn better

The programme is designed to fall within the arches of the MOH's model of primary health care awareness promoting healthy lifestyles within villages, schools, marketplaces and clinics. It will also intertwine with the Ministry of Education's (MOE) health curriculum in school. It is about upskilling and empowering local personnel within the established health framework so that individual village and school communities are motivated to drive ground-level health education semi-independently and on a continuous basis.

In line with the MOH and WHO's increasing focus on chronic, non-communicable diseases (NCDs) affecting the overall health of the nation, it is expected the range of subjects within the programme will elaborate on such topics as well as issues around water, sanitation, personal hygiene and related conditions, whatever is deemed to be a health priority.

The visiting medical and dental volunteer support programme that has been underway since 2011 will continue within the established areas in south Malekula, expanding to neighbouring parts and also to other islands in the next 2 years. Both medical and dental services are based at the main health facility within each zone with structured visits to schools and villages. Working within an under-resourced diagnostic and treatment environment means that

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Yaws treatment in south Malekula

In July last year, Butterfly Trust volunteer Dr Graham Loveridge, while carrying out health checks on school children in Lamap, south Malekula became concerned by what appeared to be a concentration of skin ulcers typical of yaws, a tropical skin infection. Following the initial diagnosis, a consecutive team of volunteer GPs and a laboratory technologist collaborated with the Neglected Tropical Diseases (NTD) Unit within the Ministry of Health (MOH), firstly to confirm the presence of yaws in southeast Malekula, and subsequently to define the spread of the infection by visiting a number of schools in the region and testing with rapid diagnostic test kits provided by the WHO.

Around the same time, a mass drug administration (MDA) exercise for the elimination of yaws was being carried out in TAFEA province in southern Vanuatu but until then, the extent of the infection in south Malekula, though suspected by local nurses for several years prior, were unconfirmed.

As a result of the focal surveillance, the MOH led another MDA in south Malekula in June 2014, targeting

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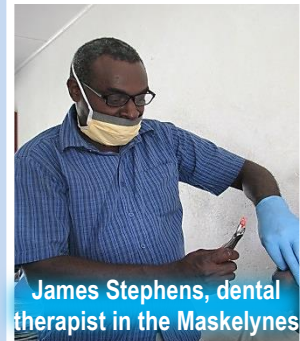
Yaws is a contagious, disfiguring bacterial infection transmitted by direct skin contact. Poor hygiene is a leading contributing factor to its spread amongst communities in Vanuatu. It is prevalent among children aged under 15 years. Humans are the only source of the infection. If left untreated, the disease can progress to the bone and cartilage, leading to further disability. Before the antibiotic era, yaws was common in all humid, tropical countries of the world, but mass treatment campaigns in the '50s, '60s, and '70s eliminated the disease in most countries. In 2006, India declared elimination of yaws. Only 13 countries in the world remain with yaws cases. The last endemic countries in the Western Pacific region are Vanuatu, Solomon Islands and Papua New Guinea. Recently, an oral antibiotic (azithromycin) was shown to be effective as a single dose, and a new rapid diagnostic test was developed.

In 2013, the Vanuatu Ministry of Health and WHO conducted a mass drug administration campaign in Tafea province, the region with the highest number of cases. 95% coverage was achieved with over 40,000 people treated.

Programmes for the remaining 5 provinces are not fully established due to funding shortage. Funding is required for diagnostic test kits, azithromycin tablets and personnel to ensure timely reporting of suspected cases and response.



Dental therapists Celeste Compton & Ann Bray-Taylor (left) and hygienist Maseng Dawen and therapist Vikky Jang (middle)



James Stephens, dental therapist in the Maskelynes

>>> From page 1

clinical work is still a major component of a volunteer's role, though knowledge and skills transfer to local health workers is paramount from the long term perspective. Treatment and follow-up care are accompanied by a variety of community awareness activities at villages, schools and kindergartens. Working closely within systems and structures already in place, and strengthening from the inside-out is important so as not to disempower local personnel.

Ultimately, the Trust would like to see more and more initiatives led by ni-Vans. It actively supports and sponsors the Vanuatu Oral Health Awareness promoters or VOHA. Originally fruit pickers under the New Zealand RSE (Recognised Seasonal Employer) scheme, VOHA members gained their knowledge and skills in preventing gum disease and tooth decay through an intensive training programme in New Zealand. Back in Vanuatu, the group transformed their knowledge into a series of presentations incorporating role plays, group discussions

and short talks pitched at both schools and community groups. In 2013 and 2014, working with the Trust, VOHA delivered oral health education at various settings in south and southeast Malekula. The group continues to grow its alliances with various other NGOs and now delivers its message to communities across several provinces in Vanuatu. The Trust is currently working on a schedule to involve VOHA in its southwest Malekula programme in 2015.

Working closely with local schools and health facilities to supplement health checks and awareness sessions for students is an important part of the Trust's combined focus in health and education. Local nurses already have a system in place to administer vaccines and disseminate health information at schools.

However, the shortage of skilled personnel especially at outer island health facilities together with budgetary constraints makes it difficult for nurses to travel for extended periods. Also the specific skills and

resources required to carry out effective health promotion can be variable.

Working with local health workers, visiting medical and dental volunteers can help strengthen community health services by combining basic screening, treatment as well as reinforcing and targeting specific health topics. In 2013, following routine checks at Lamap schools by a team of medical volunteers, the presence of yaws was confirmed and which subsequently led to a mass drug administration by the MOH earlier this year.

The Trust has also recently signed an agreement with the MOH to set up a trial permanent dental clinic at the Lamap Health Centre in south Malekula. The need for dental services has always been right up there. Over the next 3 years or so, the Trust will lead a support programme for the clinic while continually assessing the long term viability of a service that should ideally be staffed and managed locally with only moderate external input.

>>> 'Yaws' from page 1

approximately 6000 people with 5 teams presenting workshops to health workers as well as community groups. This was closely followed by door-to-door visits to homes and schools to administer the antibiotic, azithromycin. Localised treatment of every individual in affected communities is necessary to ensure that any asymptomatic carriers are also cleared of the infection.

Good hygiene is vital to the elimination of yaws. To prevent a recurrence and reduce the incidence of other poor hygiene related illnesses will require more than a course of treatment. The emphasis is on prevention,

and community education is the instrument – a longstanding objective.

Ensuring an adequate supply of clean water for personal hygiene purposes is therefore crucial. For years before the yaws MDA took place, chiefs and the Local Area Secretary for south Malekula had been advocating for the refurbishment of water facilities which have deteriorated since initial construction in the 1950s. Water supply in Lamap is sourced from a spring but is heavy with sediment and contaminated with livestock pollutants. It has been a slow process but patience and perseverance has paid off finally. The Lamap community looks set to be one of 4 recipients of a new water supply project according to a

report in the Vanuatu Daily Post of November 17 2014.

The Trust is currently putting together a community health education pilot programme in partnership with the MOH, initially targeting communities in 3 areas which will include Lamap. The programme will emphasise good sanitation, hygiene and yaws prevention.

Registered nurse Julie McRae scoped for possible yaws within a small area of Ambrym in April this year. Information has been provided to the MOH to be followed-up. This year, MOH has also run refresher training courses for local nurses in each province highlighting yaws recognition and accurate reporting.



Fruit
of the
Pacific



Oral health awareness at school. Thompson Job of VOHA (far left).



School children during the mass treatment of Yaws in south Malekula



Ministry of Health



Port Vila dentist Marcel Cruz and assistant, Posiano, at Lamap Health Centre (left) and screening at College de Lamap (right). New Zealand dentist Raymond Abel (middle) at St Pierre Chanel Primary, Lamap.



DENTAL RELIEF

A growing body of research continues to unveil the links between poor oral health and a host of other health problems which include heart disease and diabetes, both of which are of rising concern in Vanuatu. Maintaining sound oral health and hygiene should therefore be an integral part of the general healthcare plan.

However, providing adequate dental care is still an obstacle at all levels of health facilities around Vanuatu, and especially so in the outer islands. This is due to a combination of factors - shortage of skilled personnel, lack of sufficient finance and possible failure to prioritise the need rank quite high on the list. As a result, dental field visits to outer island communities are still infrequent. While some of the provincial hospitals may have functional dental equipment, regular maintenance and replacement of parts are also substantial hurdles to overcome due to a lack of local expertise and budget.

Consequently, most people living in the remote islands of Vanuatu either receive limited or no dental care, or have to travel to one of the main centres which can be prohibitively expensive and time consuming. People living close to the main centres in many cases can also not afford to have their teeth treated. Much of the population is therefore obliged to live with toothache and infection. All this makes prevention and oral health awareness an imperative.

According to a senior dental officer within the MOH, a draft oral healthcare policy is in the pipeline. To improve the oral health of ni-Vans in the long term, a number of core areas need strengthening – community outreach and school dental programmes, development of existing oral health centres and training of key personnel as well as prevention.

Clinical support at Lamap Health Centre and Maskelynes' Dispensary

Part of the Trust's health focus involves providing dental support to remote communities. Extractions and restorative procedures are performed by qualified visiting dental professionals.

In addition, there is scheduled and follow-up screening at schools integrated with community oral health awareness.

This year, a group of 5 volunteer dental practitioners from New Zealand, 1 private dentist from Port Vila, 2 ni-Van dental practitioners from Vila Central Hospital and Luganville Hospital and 2 members of the Vanuatu Oral Health Awareness (VOHA) group joined forces to deliver dental care to south Malekula communities. The visits were coordinated over 3 segments throughout the year.

"I have wanted to be involved in providing oral health care in the Pacific for some time in a volunteer capacity. I came across Butterfly Trust and so the journey began. I had a wonderful experience in Vanuatu.

Our dental teams followed up with treatment for children that had been examined by a dental team the previous year. One team

worked from Lamap and Ann Bray-Taylor and I worked out of the Sangalai Dispensary in the Maskelyne Islands. It was great having the use of two portable dental units which enabled the teams to do restorative work as well as extractions. We worked alongside New Zealand dentist Raymond Abel as well as ni-Van dental practitioners, Maseng Dawen and James Stephens, both of whom provided much needed dental care for the adults. The lovely ladies Nurse Bambi Stephens and Nurse aids Ebeline and Rolini helped us with translation and some chairside assisting. There was no running water or power and the heat was challenging at times but we soon adjusted."

Celeste Compton is a dental therapist from Christchurch, New Zealand.



Role playing at Pellongk Kindergarten. VOHA spreads the oral health message.

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Richard (left) and Posiano (right) focus on the job.

Permanent dental services at Lamap Health Centre



Butterfly Trust is partnering with the MOH to further strengthen access to dental care for the people in Malampa province, particularly in south Malekula and neighbouring islands such as Akhamb and Hokai. Currently the only dental facility in Malampa province is at Norsup Hospital, approximately 4-5 hours on a truck from the south, and even further away from the smaller outlying islands.

Road access to Norsup can be very challenging, particularly in the cyclone season when overflowing rivers and thick mud make the track virtually impassable.

Over the next 3 or more years, the Trust will help build the capacity of the trial clinic by facilitating personnel support, equipment maintenance and training as well as some help with sourcing consumables and other supplies. It is an extension of the service provided by Norsup which means the ongoing involvement of ni-Van dental practitioners will be vital to the long term viability of the service.

Dr Mackenzie at the Lamap dental clinic (left).

To ensure the set-up at Lamap becomes a sustainable service in the future, the Trust actively encourages and supports any local training initiatives to build up the skills base.

The Trust has had discussions around the setting up of a dental hygienist training course based at Luganville Hospital, driven by senior Santo dentist Dr Mark Kalpukai whose vision is to gradually increase numbers of skilled dental personnel at provincial health facilities. There will be funding, certification and other administrative matters that need to be resolved before a major training initiative can realistically bear fruit.

However, training opportunities for ni-Van dental personnel is vital for dental services in the outer islands to grow and flourish in the long term, and must be part of the overall strategy.

At present, Butterfly Trust looks forward to working with the health centre team, Norsup based dentist, Dr Mackenzie Sitobata on his scheduled trips to Lamap, as well as other interested volunteers from New Zealand and elsewhere.

Partnerships are fundamental, and gratifying

Volunteer Raymond Abel, a dentist with 38 years' in the field provides a personal account of his experience during an attempted extraction of a grossly decayed wisdom tooth. He had warned the patient that due to the condition of the tooth, it was very likely that only part of the crown could be removed, leaving residual roots that required surgery. Raymond was working closely with Maseng Dawen, a local dental worker from Luganville Hospital's dental clinic who asked if he could have a go at the procedure.

"With gentle manoeuvring, by placing gauze on the teeth in this area and keeping the saliva on the tongue side away from the wound, the gum on the cheek side was retracted and with an instrument that resembled a chisel, the roots were separated from the bone.

He could see the roots from this vantage point and with another elevator, asked me to use its handle to hammer the first instrument.

The 'chisel' instrument split the root connection in two, as easy as one would crack a coconut. He then very ably elevated the distal root closer to the throat, then with another 'golf-putter' shaped instrument, elevated the other root.

As he did not use heat from drilling (which was not possible) and as it was a relatively

conservative extraction, the wound was expected to heal uneventfully.

A clear case where the roles were reversed, and where old practical methods still came to the fore.

3 people left the clinic that Friday afternoon. One was a satisfied and very relieved patient who did not have to lay out more money to travel to Port Vila. Another was a proud local who was familiar with a basic technique used in 'primitive' conditions, and lastly a very humbled experienced dentist who had learned something of value."



Once again, this work has come about through the synergistic effort of many individuals and organisations. With MUCH gratitude to the following:

Liz Webb for facilitating the acquisition of key pieces of equipment, instruments and consumables, and for coordinating the NZ volunteer practitioners. Jenny Stephens and Mark Kalpukai for coordinating local personnel from Port Vila and Santo. Tony Batten for invaluable logistical and management support, and for providing transport on SY McDiver. Mary Maher for coordinating the 'ground crew' at Lamap. Novodental for personnel support and for the loan of vital instruments. Dr Mark Jones donated the dental cart, Waikato DHB donated the handpieces, Medical Aid Abroad helped with consumables and Ivoclar Vivadent donated expertise, advice, time, personnel and consumables.

VOHA oral health team makes its mark, again

Following a series of lively school workshops and informal marketplace talks given by 4 members of the Vanuatu Oral Health Awareness (VOHA) last year, several schools and villages in southeast Malekula requested a repeat of the oral health promotion message. So over 3 weeks in August this year, VOHA members Marcel Nalau and Thompson Job once again cemented the importance of healthy teeth and gums to schools, kindergartens and going from village to village in the Maskelynes, Lamap and Blacksands.

"VOHA started back in 2010, while working as RSE workers in New Zealand. When the people of Vanuatu go to work in New Zealand, the farmers and agents asked us a question. That question was, what will you be doing if you are no longer a RSE worker in New Zealand. That is when VOHA is started.

We were taught and trained to make awareness on how to look after our teeth, the parts of our teeth and their roles. When we came back to Vanuatu, we started to make dental awareness in schools and communities around Port Vila and other areas.

VOHA has a programme of dental education suitable to school students in every age group and also communities and village people.

We do role plays, songs and colouring for kids. Learning about teeth and how to take care of it, which is our main message. We also do our presentation in Bislama so people get information on tooth decay and gum disease very quickly.

We also have a DVD in Bislama starring RSE workers especially VOHA members. We also hand out toothbrushes and toothpaste at the end of our dental awareness and sometimes run short quizzes with small prizes which makes the programme more interesting and fun."

Marcel Nalau, Peter Yauko and Gibson Yauko

VOHA at the Maskelynes' Women's Centre (top right) and children from St Pierre Chanel Primary School, Lamap (bottom right).



In 2013 and 2014, Butterfly Trust sponsorship and ground support enabled VOHA to spread its oral health awareness throughout south Malekula. There are further plans to expand this work to other areas next year while maintaining school based oral health screenings and dental checks to ensure the messages are continually reinforced in areas already visited.

The Trust gratefully acknowledges Kylie DellaBarca Steel and Fruit of the Pacific, the New Zealand charitable organisation which continues to mentor VOHA as well as Dr Naina Kau and Colgate Fiji for providing the 'Bright Smiles Bright Futures' toothbrushing kits. Butterfly Trust looks forward to ongoing partnerships to enable this aspect of oral and dental care work to continue seamlessly into the future.



Dental support for Lolowai Hospital

Dental care outside the main centres of Port Vila and Santo are in high demand. There are currently 12 dental personnel in the country. Of the 4 provincial hospitals, only 1 (Norsup hospital) has a dentist who splits his time between the 3 main islands of Malekula, Ambrym and Paama.

Lolowai Hospital is one of 4 provincial hospitals in the country. It is situated on the island of Ambae and also provides for communities on Pentecost and Maewo. There has not been a hospital based dentist for many years. The dental room is currently disused and has a dental chair donated 20 years ago which no longer functions. Locals currently rely on outreach groups to provide dental care.

For over 10 years, the benevolence and

practical expertise of a number of Rotary clubs in New Zealand have benefitted the communities on Ambae, firstly through support rendered to Torgil Rural Training Centre and more recently, commitment towards the refurbishment of Lolowai Provincial Hospital. The hospital upgrade is currently underway and will take place in several stages.

In conjunction with the community health education pilot which will also be based at Lolowai, the Trust would like to provide support to the development of a future dental service for Penama province in partnership with Rotary and the MOH. Rotary's plans to renovate the dental room are already in place. Like the Lamap dental clinic, Butterfly Trust will need assistance with sourcing dental equipment and volunteer practitioners to further this particular cause.

A word from our medical volunteers

Michael Kahan, a physician from Hamilton, New Zealand first visited Lamap last year with his wife and 2 daughters. He volunteered at the Lamap Health Centre and was part of the team which tested the spread of yaws in the community.

Vanuatu was wonderful to return back to. This time around I arrived soon after the Mass Drug Administration exercise for Yaws in south Malekula had taken place. Yaws is a skin condition often presenting as sores or wart like lesions that can also affect the bone. This involved treating whole villages with azithromycin (a type of antibiotic). The question was to know how effective this had been.

We decided to target the school kids (as they had one of the highest rates of yaws) and were also most likely to spread it given the close contact via classrooms and school playgrounds. Liaising our coordination with the local schools we managed to organise a time to visit. This was a little trickier than we thought as the schools' preparation for National Children's Day was in full swing.

On the whole the majority of school kids were free from sores. For the few we did pick up as possible yaws we did a rapid diagnostic test. This was positive in a couple of cases – a cause of great concern given the potential risk of recurrence of the disease.

A few days later I visited Dr Jacob Kool (WHO country liaison officer) who clarified that the WHO guidelines were a little confusing and the test could

remain positive for up to 6 months following successful treatment.

We have since provided feedback to the main advisory panel on Yaws based in Geneva for the wording of the guidelines.

For prospective doctors and nurses wishing to work in Vanuatu there is plenty of scope to focus on an area which interests you. The clinic I was involved in Lamap involved seeing patients with malaria, TB as well a variety of skin infections. There is an option to get involved in deliveries if you wish, however the local nurses are very able to manage these themselves.

The work can also involve public education discussing for example hand hygiene. The weeks I was there were relatively quiet compared to when Vasanthi (another volunteer) went just a few days later.

I focused more on education for the nurses as well as reviewing some of the health management systems.

Over the weekend break there is the option to go snorkelling, see the dugong in Gaspard Bay or go for a walk in the forest.



Seeing patients at the clinic (above), performing school health checks with clinic staff and health awareness talks under the shade of coconut palms (bottom right)

Volunteering in Vanuatu by Vasanthi Bradley

In August 2014, I spent some time as a medical volunteer in the Maskelyne Islands and also at Lamap, a small town on the tail of Malekula.

It was with excitement and nervousness that I arrived at the grass airstrip of Lamap. I was not sure what to expect but had heard that living conditions and health facilities would be 'rustic'. I left 3 weeks later with much admiration for the health staff who do their best to provide health care to their population under difficult conditions.

The Maskelynes' dispensary had one nurse and one nurse aid who looked after about 1500 islanders. The nurse delivered babies, gave vaccinations, did health checks on the school children and attended to the acute and chronic health needs of the people.

It was certainly 'back to basics' for me as I only had a stethoscope, BP cuff and otoscope to use with whatever clinical acumen accumulated over 30

years of general practice. There were no blood tests, xrays, ECGs and other diagnostic tools considered basic and normal in NZ.

Also challenging was the lack of running water and power at the dispensary. There was one solar panel to power the vaccine fridge and the one overhead light in the birthing room.

Soon after I arrived, a 60 year old lady with hypertension suffered a stroke. She had not been taking her medications regularly. This turned out to be a common problem as the concept of chronic illnesses and taking long term medication was not understood clearly.

Sometimes medications were just not available due to supply issues.

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Photo credit: Vasanthi Bradley, Michael Kahan



>>> 'Vasanthi volunteering' from page 6

Everyone wanted a "hi blood presa" check and I screened 322 adult villagers in the 4 villages over a few days. 22 were found to have raised blood pressure (over 160/100) and 30 had borderline blood pressure (over 140/90). Nurse Bambie will monitor these people and treat as needed following local guidelines.

The family of the stroke victim chose to use traditional 'kastom' medicine instead of western medicine. I heard that she died the day I left the island.

I also had the opportunity to talk with the local women's group. We had some lively discussion of their particular issues and problems.

The Lamap health centre (8 inpatient beds) is staffed by 2 nurse practitioners, 2 nurse aids, a cleaner and a laboratory technician.

They attended to the health needs of over 2000 people, some of whom travelled many hours by truck or canoe or foot. At least there was running water and some power at the health centre, which was busy with 2 inpatients with TB and maternity patients resting after birth.

I did health checks at school, did some home visits and saw outpatients while the nurses did deliveries, immunised babies and saw routine antenatal patients.

I also conducted some community outreach clinics with the dental awareness team which I felt was a worthwhile exercise. It was a busy 2 weeks!

Tragically, a small baby died from a respiratory infection. I heard later that his parents chose 'kastom' medicine over the antibiotics I had given. It was a very upsetting time for me but the local health workers were

more philosophical and accepting of the situation.

Despite difficult living conditions for this softie used to modern plumbing and an aversion to rodents, the experience was on the whole very positive and humbling.

Thank you for the support and guidance from Lynn and David, who organised and coordinated my stay in Vanuatu.

I hope you will have me back!



Upcoming community health education initiative includes Tongoa

Tongoa is a small island in the Shepherds group of islands in Vanuatu.

Over the last decade, Rotary has been assisting the local secondary school – Napangasale – with infrastructure.

Recently, Rotary has asked the Trust to help with community development work on Tongoa.

This year the Trust scoped a possible community health education project to be run on this island.

Discussions were held with staff at Silimaui Health Centre, school teachers and chiefs on Tongoa.

The Ministry of Health has approved this pilot community health education project based on Tongoa, Ambae and Lamap in south Malekula.

The Trust is currently designing this programme and is looking for an experienced health trainer who can help educate local health workers to improve their community health education skills.

Villages, schools and health facilities on the island of Tongoa will be a part of the initiative. The health education programme will include awareness on water, sanitation and hygiene issues as well as nutrition and disease prevention. Napangasale Junior Secondary School has agreed for its dining hall and technical equipment to be shared with the community during health promotion events.



SUPPORT FOR HEALTH SERVICES IN VANUATU

Butterfly Trust thanks all medical and dental volunteers who have dedicated their personal resources, energy and enthusiasm, skills and talents and a keen sense of adventure to help enhance health services to rural communities in Vanuatu.

Volunteers 2011-Graham Evans, Anne Evans; 2012-Fiona Bolden, Sarah Clarke, Claire Thurlow, Shaun Counsell; 2013-Luke Larkin, Graham Loveridge, Ruth Easter, Michael Kahan, Michael Brewer, Sarah Brewer, Elizabeth Webb, Ann Bray-Taylor, Kevin Scally, Faye Paul; 2014-Michael Kahan, Vasanthi Bradley, Julie McRae, Raymond Abel, Marcel Cruz, Richard Lawrence, Vikky Jang, Celeste Compton, Ann Bray-Taylor and Elizabeth Webb-coordinator. Peter Woolford - Medical programme advisor

Medical and dental skills are much needed in an under-resourced treatment environment, especially in rural and remote communities*

Help is also needed to provide specialist training, upskill nurses and strengthen community health education

We need volunteer doctors, nurses, dentists, dental therapists, physios & trainers in your area of expertise.**

We also need assistance with sourcing dental equipment, dental instruments and equipment maintenance skills

**If you can help, please contact Dave and Lynn
Email Dave and Lynn: david.lynn@butterflytrust.org**

***Due to the challenges of working in a remote island, developing-country environment with basic facilities, practitioners with minimum 10 years experience (or close to) are preferable.**

****GPs and specialists with training experience, or who have a keen interest in training, please contact us.**

REQUESTING VOLUNTEER SKILLS & DENTAL GEAR www.butterflytrust.org

HELP NEEDED FOR MASKELYNES' CLINIC REFURBISHMENT PROJECT



Established in 1970s in the Maskelynes, a remote group of Islands lying just off the southeast corner of Malekula.

**The clinic serves a rural population of around 1500.
It has a small birthing room.**

Inadequate power, no clean water supply, no working toilets, uninhabitable nurses' house.

Building maintenance and repair is necessary for structural integrity, patient privacy and to keep pests out.

Funding and practical skills are needed. Any group(s), such as Rotarians interested in supporting an infrastructure project to improve the delivery of healthcare to remote villages, please contact Dave and Lynn to discuss.

Email Dave and Lynn: david.lynn@butterflytrust.org

Help us to empower local communities.

Butterfly Trust will facilitate the process and provide ongoing community development support.

HELP THE MASKELYNES' CLINIC UPGRADE www.butterflytrust.org



SPECIAL REQUEST: DENTAL VOLUNTEERS & DENTAL INSTRUMENTS NEEDED

VOLUNTEER DENTISTS needed for rural communities in Vanuatu

There is a need for experienced dentists throughout Vanuatu. The Butterfly Trust, a New Zealand and Vanuatu registered charity, is seeking experienced dental practitioners interested in volunteering time and expertise to support a rural dental clinic on the outer island of Malekula. Assistance with extractions, restorative dentistry and general clinic management is needed over the next 3 years, from 2015 onwards. Volunteers will work alongside ni-Van health workers, schools and village communities.

Butterfly Trust is interested in both short and longer term volunteers, and will facilitate the process of obtaining local practising certificates, visas and other official documents and provide ground support

The Trust has a joint Memorandum of Understanding with the Vanuatu Ministries of Health and Education. The dental clinic on Malekula is a partnership between the Trust and the Vanuatu Ministry of Health.

The Lamap Dental Clinic has a portable dental cart powered by a small generator and compressor unit. The clinic needs instruments for carrying out extractions and restorative dentistry.

If you can help, please contact the Butterfly Trust

Email Dave and Lynn: david.lynn@butterflytrust.org

DENTAL VOLUNTEERS & INSTRUMENTS NEEDED www.butterflytrust.org

DONATIONS

The Butterfly Trust is a New Zealand and Vanuatu registered charity.

It operates in Vanuatu under a joint Memorandum of Understanding with the Ministries of Health and Education.

100% of your donations go directly to projects. The Butterfly Trust does not deduct administration or other costs from donations.

New Zealand bank account: ASB 12-3233-0464934-50

Swift Code: ASBBNZ2A

Vanuatu bank account: National Bank of Vanuatu 0097433001

Swift Code: NBOVVUVU

THANK YOU

Financial donations Oct 13-14

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