



Overseas Medical Volunteers Manual



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OVERVIEW OF AUSTRALIAN DOCTORS FOR AFRICA

Welcome to Australian Doctors for Africa (ADFA). Our volunteers are important to us and we value your contribution. Volunteers have been pivotal in the success of ADFA and remain the cornerstone of our overseas programs.

This manual serves as a guide to volunteering with ADFA. It contains useful information that will assist you in understanding better the experience ADFA offers. Should you require further information not contained in this manual, please discuss with the staff at ADFA.

We aim to make your experience rewarding as well as enjoyable. We look forward to welcoming you as an ADFA volunteer.

Introduction

Established in 2005, Australian Doctors for Africa is a not-for-profit organisation headquartered in Perth, Western Australia, with no political or religious affiliations. ADFA plays a critical role in providing medical assistance and training in East Africa through volunteer medical assignments.

Vision

Improving the health and lives of people in Africa.

Mission

To develop healthier environments and to build capacity through the provision of voluntary medical assistance; training and teaching doctors, nurses and allied health workers; and improving infrastructure and providing medical equipment.

Our Approach

The organisation is guided by 5-year Strategic Plans adopted by the Board, and accessible on our website.

The cornerstone of ADFA's commitment is volunteer medical specialists providing medical assistance, training and support to communities in East Africa.

In our target regions we have established strong collaborations and stakeholder networks with Ministers, Government Departments, medical facilities, surgeons, doctors, nurses, and allied health practitioners, other humanitarian aid organisations and the larger community.

What We Do

Medical Service Provision: Our teams of volunteer medical specialists and nurses provide treatment and surgery to those most in need in the areas of orthopaedics, clubfoot, gastroenterology, urology, gynaecology/obstetrics, ENT and paediatric surgery. Other speciality needs are continually being assessed.

Skills Transfer and Training: Each overseas medical assignment incorporates training components where volunteer specialists provide teaching and mentoring to local medical personnel. This may be through observation of a procedure, formal training sessions or structured teaching programs such as the Nurses Training Program or Basic Orthopaedic Management Course in Trauma. ADFA also provides a scholarship program, in addition to fellowships, to assist doctors and medical students from the region to access specialist training in Ethiopia and worldwide.

Hospital Infrastructure Development & Equipment: The infrastructure projects identify public hospitals which ADFA can support in terms of building renovations and / or the provision of donated and purchased medical equipment, implants and supplies.

Advanced Development: Well-established Clubfoot Programs in Madagascar and Somaliland have significantly progressed the early screening and treatment of clubfoot. With the training of in-country technicians and establishment of clubfoot clinics, the debilitating condition can now be detected at a very early age and successfully treated with minimal impact to the family or patient. ADFA has participated in strategic planning in various countries, and collaborates to progress the provision of orthopaedics, gastroenterology and clubfoot. Our work in the sector has also enabled strong relationships with government agencies and in-country partners, such as hospitals and NGOs.

Where We Work

Since its inception, ADFA has supported communities with improved health care in in Ethiopia, Somaliland, Madagascar and Comoros (program suspended), with recent expansion to Zimbabwe.

In **Ethiopia**, ADFA has supported hospitals in Addis Ababa, Bahir Dar, Hawassa, Hossana, Gondar, Harar, and Wolaita Sodo.

In **Madagascar**, ADFA supports programs in Antananarivo, Fianarantsoa, Toliara and Ampanihy.

In **Somaliland**, our work is predominantly in Hargeisa.

In **Zimbabwe**, we work in Bulawayo, the second largest city in Zimbabwe.



Role & Contribution of Volunteers

ADFA volunteers in general include specialist medical professionals and nurses. ADFA volunteers are engaged to provide training, mentoring and surgical support services in country with staff of hospital and university partners, in line with their professional qualifications. ADFA volunteers make a valuable contribution to the delivery of ADFA's programs. We meet in-country requests by engaging volunteers with relevant professional qualifications, who provide support through:

- Surgical services
- Clinical support and mentoring
- Education and training
- Clubfoot programs

Medical Specialisations

Our volunteers have skills across a range of **specialist medical areas**, including:

- Anaesthesia
- Ear, Nose and Throat Surgery
- Gastroenterology
- Nursing (OR and Wards)
- Ophthalmology
- Orthopaedics
- Paediatric Orthopaedics
- Obstetrics & Gynaecology
- Urology
- Physiotherapy



Overseas Volunteer Medical Assignments

In general, ADFA's overseas medical assignments involving medical volunteers are characterised by the following:

- **Duration:** ADFA assignments are generally 14 days.
- **Team Members:** Teams are generally comprised of 3 – 8 members.
- **Team Leader:** Each team has a designated experienced team leader, who's responsibilities are to provide leadership and direction.
- **Roles:** Medical and non-medical volunteers are invited to fulfil specific tasks for each visit in accordance with the operational plan and budget.
- **Cooperation:** It is expected that team members will support each other professionally. Frequently this requires multi-skilling and a cooperative attitude to ensure that the overall goals are met.



Meet one of our Volunteers – Dr Kadhim

In October 2018, ENT surgeon, Dr Latif Kadhim, from Bunbury, WA completed a scoping study to assess the viability of establishing ENT services in Madagascar, particularly in Toliara. Dr Kadhim met local Otolaryngologists and hospital management, conducted 131 clinical consultations and performed 7 major surgical operations. Following the successful scoping study, Dr Kadhim led a very busy mission to three hospitals in Toliara in June 2019, where the team performed 179 clinical consultations (66 children) and 18 major surgical operations (13 children), with follow up twice daily ward rounds. An audiologist fitted nine people with donated hearing aids, including the very first hearing aid fitted in the region. The team also provided mentoring and training for surgeons, audiology students and anaesthetic technicians, including a half day seminar in Antananarivo, which was well received by the attendees and appreciated by the Ministry of Health.



VOLUNTEER POSITIONS

RECRUITMENT

ADFA believes that volunteers should be appointed on suitability, taking into account factors such as their qualifications and experience appropriate to the volunteer position; their skills, knowledge and abilities; their potential; and their overall suitability for the role and the organisation. In country needs and medical priorities are the main drivers of volunteer appointments.

ADFA will not permit discrimination against applicants on the basis of race, religion, age, gender, sexual orientation, disability, socio-economic background or ethnicity. This applies to all areas of volunteer engagement including recruiting, hiring, promotion, assigning of work, provided the individual is qualified and meets the requirements established for the position.

Volunteers may approach ADFA or ADFA may approach potential volunteers with a designated volunteer position in mind. Volunteers may work in medical or non-medical teams, however all volunteers involved in overseas assignments will be subject to screening, will need to undertake mandatory training, and will be required to abide by ADFA's codes of conduct.

Selection & Screening

- Police Checks:* a criminal record check must be obtained by any individual engaging in ADFA's initiatives.
- Reference Checks:* professional as well as character reference checks, that include safeguarding questions related to child protection, sexual misconduct, and bullying, are mandatory for all personnel engaging in ADFA's activities.
- Interviews:* will be conducted with all potential volunteers, and child safe behaviour-based questions, and other safeguarding focused questions, will be asked.
- Disclosure:* all potential volunteers will be requested to disclose whether they have been charged with child exploitation offences or bullying, and or if they have had any criminal convictions, charges, complaints or allegations of sexual misconduct made against them. Such disclosure may disqualify a volunteer from selection.

Training in Safeguarding

All volunteers will be required to undertake prescribed on-line Safeguarding Training specific to the international development context, to ensure that they are fully aware of their responsibilities to safeguard vulnerable children and adults, and how to report concerns or allegations about child exploitation and abuse, sexual misconduct, or policy noncompliance. Details of required training will be made available to all volunteers selected for assignments. A certificate of completion will be required to be sent to ADFA by participants.

Code of Conduct

Prior to engagement, all volunteers must read and commit to the ADFA codes of conduct. The codes provide clear guidance about the standards of behaviour and practice required of volunteers at all times, and especially when they are in contact with children. This also relates to the taking of visual images and stories. Individuals must commit to ADFA's *Code of Conduct – Medical Volunteers*, and *Code of Conduct – Safeguarding*.

TEAMS - CREDENTIALLING

Medical Volunteers

All medical volunteers are required to be **accredited** by ADFA before they can embark on an assignment. To achieve this ADFA requires copies of the following documentation from all medical volunteers as demonstration of their interest, commitment, and suitability for overseas medical assignments:

- 1 Full contact details – by completing a Volunteer Form
- 2 Membership of Australian Doctors for Africa
- 3 University / Medical Qualifications
- 4 Curriculum Vitae (2 pages)
- 5 Australian Health Practitioner Regulation Agency registration or applicable overseas equivalent
- 6 Medical Indemnity Insurance (*valid abroad*)

- 7 Coloured copy of passport and an electronic passport photo
- 8 Working with Children Check (where applicable)
- 9 National Police Certificate
- 10 In country registration documentation
- 11 Written leave approval from employer (if not self employed)
- 12 Signed Volunteer Agreement (medical)

No flight bookings can be made until all of the documents above are provided, and full accreditation is achieved.

Scoping Teams

Some volunteers may work on non-surgical projects such as infrastructure, logistics or planning. ADFA requires appropriate documentation from potential scoping team members, such as:

- 1 Full contact details – by completing a Volunteer Form
- 2 Membership of ADFA
- 3 Curriculum Vitae showing a high level of competence and, if appropriate, qualifications for the task to which they will be deployed
- 4 National Police Clearance
- 5 Coloured copy of passport and 2 passport photos
- 6 Signed Volunteer Agreement (non-medical)

Observers

A volunteer who may not be required for a specific role on a team, may be invited to join the team under “observer” status as an opportunity for training for future trips.

- Observer team members are required to meet appropriate credential requirements.
- Observer team members are required to pay their own airfare and costs for the trip.
- Observer volunteers are covered under ADFA’s travel insurance for the trip.
- A medical Observer may perform medical treatment under the guidance of the team leader or work alongside one of the local doctors or nurses and has equal rights as other ADFA team members.
- Team members who have been on a trip as an “observer” are given preference for future trips whenever possible.

INDUCTION

Volunteers will be inducted by ADFA staff and their Team Leader, and be provided with training as required.

Pre-departure Briefings

Mandatory pre-departure briefing sessions will be undertaken with all participating team members. This is an important opportunity for volunteers to resolve unanswered questions they may have, ensure they are fully aware of their obligations under various ADFA policies, such as Child Safeguarding, Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH), Complaints Handling, and Fraud and Corruption. It is also an opportunity for security and emergency procedures to be discussed and understood by all, given the uncertain security situation in some of ADFA's destinations.



Pre-departure briefings will cover the following topics:

- **Authority and direction** during the assignment – roles of Team Leader & members.
- **Respect** for all in country colleagues, beneficiaries, community members, other volunteers, power imbalances, and personal relationships.
- **Locally Led Development** ensuring that ownership of activities is with local actors. They are best placed to understand and make decisions about the needs of their communities.
- **Safety and Security**– country context, risk assessment, crime, personal movement, transport/vehicle travel, security of valuables, carrying of ID, incident reporting.
- **Emergency contacts**–medical/security/natural disaster evacuation procedures. A copy of this information will be provided to all volunteers prior to departure.
- **Assignment Plan** – outlining the objectives and planned activities.
- **Financial Management** – processes for managing team resources and acquittals.
- **Relevant ADFA Policies** – such as Fraud & Corruption, Counter Terrorism & Anti-money laundering.
- **Complaints Handling Procedures** – for volunteers and general public.
- **Codes of Conduct** – for medical volunteers, and Safeguarding.
- **Child Safeguarding & PSEAH commitments** and reporting processes - all volunteers should have completed prescribed on-line training.
- **Guidelines for Ethical photography** / images and requirement for written informed consent.
- **Sickness** – what to do if you fall ill, infectious diseases, vaccinations, your own medical kit.
- **Do's and Don'ts** in various country contexts – including tips on clothing, social expectations, and other culturally sensitive issues such as consumption of alcohol.
- **Day 4 Stress** – this generally manifests in jet lag, dehydration, tiredness, culture shock, minor infections. What to do.

Leadership and Professional Behaviour

Overseas medical volunteers have a special status when on assignment. They must be aware of the power imbalance that exists between themselves and local people when interacting on a daily basis, and be sure to evaluate interactions with others through this lens.

ADFA Volunteers should strive to display leadership, and to role model positive professional behaviours. As a large focus of any overseas medical assignment relates to capacity building of local colleagues, it is very important to lead by example.

In a medical setting of hospitals and clinics, simple things such as punctuality, dress standards, courtesy to patients and support staff, patience and a friendly sympathetic attitude are very important.

Outside the work environment, ADFA visitors enjoy a special status and are always being observed. On a volunteer mission you are really on duty around the clock in terms of projecting humanitarian and inclusive values.

Clinical Risk Management

The same standards of surgical, medical and nursing decision making apply overseas as they do in Australia. Thorough assessment of the clinical risks and benefits, back up plans and contingency management plans, and the welfare of the patient, remain key principles.

Careful and thorough assessment of the available resources in the local environment is critical. It starts pre-operatively and needs to include post-op, follow-up and rehabilitation. All details need to be considered about the patient, their family and their community.

Hospital-wide capacity (including supply of power and water, bed availability, pharmacy, pathology and imaging services) needs to be assessed and factored into the clinical decision making. The Operating Room resources need careful appraisal (including anaesthetic staff, nursing staff, cleaning / orderlies, sterilization services, implant availability, equipment and tools serviceability, your surgical skills, diathermy and suction machines).

ADFA is highly risk averse. All possible risks should be reduced, and benefits assessed, and do not proceed with surgery if unsure. Discuss with other team members – a careful anaesthetist, an experienced nurse, or a Team Leader can often help an enthusiastic surgeon reach a good decision. ADFA has an active Clinical Governance Committee responsible for investigating near misses and sentinel events.

Local Medical and Nursing Experience

The greatest benefit from an ADFA visit comes from engaging and interacting with local staff. We can learn much from them. When the team leaves, we rely upon local doctors to take over or continue patient care. It is better for local doctors to have responsibility for all patients throughout the visit but if this is not possible, a comprehensive handover with back-up management plans is essential.

Volunteers should plan not to operate on the day before leaving a location, or schedule only small cases and tidy-up work. We have to anticipate that we can deal with our own complications or have left sufficient resources for local doctors to continue care. An exchange of email addresses or WhatsApp connection can often help.

Personal Relationships – Gifts

ADFA Volunteers connect with many people while on an overseas medical assignment. It is not uncommon for translators, doctors, nurses in hospitals, and hotel staff, drivers and others to request gifts or other assistance. Medical textbooks, laptops, mobile phones and financial support are common requests that ADFA Volunteers receive and may wish to respond to favourably.

Volunteers should be careful not to raise false expectations or promise that which cannot be fulfilled. Give a gift on or before departure but avoid undertaking to return home, obtain the requested item, and then arrange for its future delivery. Many times, the enthusiasm evaporates, the hope is not fulfilled, and the next team faces a very disappointed local person. Neither the ADFA office, nor the next team can be responsible for delivery of such gifts, so it is best to avoid that scenario.

Watch out also for unfair treatment of particular individuals in a close community. The Team Leader will usually arrange a collection from team members and give an equal gratuity to those deserving.

Pre-departure Information Pack

Prior to departure, all volunteers will be provided with an Information Pack which will contain the following:

- Travel Itinerary – containing flight details, accommodation details, and any in-country travel.
- Emergency Protocols – names and phone numbers for ADFA support in country, the nearest Australian Embassy/High Commission, Police.
- Medical / Evacuation Insurance Provider – name of provider, policy number, emergency contact number.
- Relevant Safety & Security information.

Expenses Covered by ADFA

ADFA pays for the following expenses for working team members with a specific role on the team (ie. medical, teaching and scoping personnel).

- Return economy airfares
- In-country travel (eg. taxis, transfers, domestic flights)
- Travel insurance (including emergency evacuation)
- Accommodation (including breakfast)
- Interpreters
- Visas
- Team farewell dinner.

Expenses Not Covered by ADFA

- Meals
- Alcohol and incidentals
- Optional contribution to team gratuities for drivers, translators, hospital staff.

Cost Reimbursements

Volunteers may be required to obtain their visa directly and can request reimbursement.

Volunteers may request a daily per diem of \$20 to contribute to the costs of meals and incidentals. To claim these costs please email finance@ausdocafrica.org.

Personal Mobile Phone Use

When using personal mobile phones for work purposes, volunteers are requested to cover any reasonable costs themselves. However, if under extraordinary circumstances costs are incurred which directly relate to work, these may be considered for reimbursement by ADFA. All receipts are to be provided to the office along with an acquittal form.

Insurance

ADFA will provide travel / medical evacuation insurance for all volunteers on overseas assignment. Each volunteer will receive a pre-departure pack which includes details of the insurance provider, policy number, and how to contact them in an emergency.

Volunteers may take out their own additional insurance cover at their own expense, should they feel the need.

Incident reporting - Volunteers involved in an accident or injury while carrying out their activity, or in the case of a safety or security incident, must complete an Incident/Accident Report form. These must be submitted to the ADFA office as soon as possible.

Medical Records Management

ADFA is responsible for the secure and effective keeping of records for patients receiving treatment by ADFA volunteer doctors. Team Leaders will be responsible for ensuring the secure management of such records, in line with ADFA's Records Management, and Privacy Policies.

TRAVEL

Travel Arrangements

- ADFA staff will make all travel arrangements for all participants, through ADFA's travel agent. ADFA staff will organise flights, visas, accommodation, translators, transfers, and purchase of international currency for in-country expenditure, and in-country Medical Registration where necessary. ADFA staff will liaise regularly with volunteers during the planning and booking phases.



- To facilitate the smooth and coordinated organisation of travel bookings ADFA staff will also manage travel arrangements of observers. However, remuneration for flights will be required.
- Apart from in exceptional circumstances, all team members are required to depart and return together to maintain the integrity of the group and facilitate safe transport for all members.
- In general, teams depart from and return to Perth Airport, although overseas-based team members may meet the group en-route to or at the destination country.
- ADFA carries comprehensive travel insurance to cover all team members. It is recommended that items of special value not be taken or are insured separately by the team member.
- The facilities ADFA uses in Africa do not always have reliable services (eg, running water, electricity), as such flexibility and adaptability are required of all team members.

Medical Equipment

- Medical and surgical equipment may require transportation by the team members.
- An excess baggage allowance to cover the extra weight due to medical supplies may be donated by the airline.
- Team members are requested to travel light where possible, donating some of their allocated personal weight to carrying medical aid.
- Normal customs procedures, either payment of duty or exemption from duty, are followed upon arrival in country.

Travel Documents and Visas

There are several essential hard copy travel documents that are required to be carried when travelling from Australia to the deployment destination overseas. These include:

- A valid passport with six months validity from your return date
- A copy of your visa approval letter (if required)
- A copy of the Customs Declaration Export/Import License (if required)
- A copy of your overseas medical registration, approved by the visiting country (if required)

For some destinations it is a requirement that all Australian passport holders have a valid visa. If you are travelling to a country that requires you to apply for a visa prior to arrival, this must be done within a reasonable time.

Customs Declaration

A customs declaration is required where the team will be carrying a consumables case on the flight with them. A Customs Export Declaration (CED) is an official document issued by the Australian Border Force declaring that the list of consumables carried by the nominated person can be exported from Australia. The ADFA team will apply for the CED on behalf of the nominated volunteer. Once approved the nominated volunteer must carry a hard copy of the CED to present at customs as requested. In most instances consumables are left in-country with hospital staff.

Excess Baggage

ADFA attempts to arrange excess baggage waivers (where possible) for volunteers required to export / import medical equipment, consumables, and drugs. If this is possible, the ADFA team will organise this for you. In most cases there is a limit to the amount of excess luggage that can be pre-purchased.

Where we are unable to obtain an excess baggage waiver, ADFA may request the volunteer to make an out of pocket payment at the airport which will be reimbursed once they return from their deployment. Please be sure to retain a receipt for the reimbursement claim.

Personal Travel

The core business of medical assignments is to provide medical, surgical or scoping services to the host country. Holiday extensions and accompanying persons are **not** encouraged.

SECURITY & SAFETY

Travel Security

ADFA's programs are based in countries where the socio-political environment may change unexpectedly or there are risks of natural disasters. By virtue of working in international environments, volunteers are exposed to varying degrees of risk to personal safety and security. It is important that you are aware of the safety and security situation in the country you are to be deployed.

Current security advice and travel alerts can be obtained via the Department of Foreign Affairs and Trade's *Smartraveller* website: <https://www.smartraveller.gov.au/>. Volunteers can subscribe to Smartraveller for updates by email at <https://subscription.smartraveller.gov.au/subscribe/> and also are advised to see the Smartraveller website for further advice on what to do in a crisis and how the government will help. ADFA additionally has its own insurance policy and protocols for assisting volunteers in the event of an emergency, in addition to a strong local network of partners that are able and willing to support at all times.

At times of heightened security, you may be asked to restrict your movements, avoid travel to 'Do not travel' zones, check-in your location or abide by a curfew. In a case of an emergency, you may need to be relocated or evacuated; you must follow all security directives provided by ADFA or your Team Leader.

Pre-departure Risk Assessments: At least 1 month prior to any planned medical trip, a country risk assessment will be undertaken, to determine if any risks have arisen which would prevent a trip from proceeding, and / or to identify potential risks and mitigating strategies required. This risk assessment is updated continuously before departure, to ensure that the most recent information has been considered and factored into planning. Risks that cannot be mitigated and are unacceptable to volunteers or ADFA may lead to alteration, postponement or cancellation of plans. Open communication and continuous dialogue between volunteers and ADFA will allow for this decision-making process to be transparent and well-informed.

Safety and Security Focal Points: During an overseas medical assignment, a Team Leader will be designated, who will be the safety and security focal point. They will provide direction and support to the team whilst in country on security issues. The Pre-trip Risk Assessment will be discussed prior to departure and mitigation strategies identified if necessary.

Emergency Situations: Medical volunteers will receive a copy of the emergency protocols, including emergency contact numbers in-country and in Perth, and details of the insurance provider. In situations of severe illness or accident, medical evacuations will be organised in cooperation with the travel insurance evacuation provider. Management of other crises, including natural disasters, civil unrest, conflict or kidnap, will require a coordinated approach by ADFA, government partners, and other agencies.

Incident Reporting

Should an accident/injury or safety/security incident occur it must be immediately reported to the Team Leader who will assist in determining the appropriate course of action. ADFA's *Incident Accident Report Form* is to be completed and submitted to ADFA Administration along with any accompanying documentation.

Responsibility for Personal Safety

ADFA addresses the risks associated with travel to overseas destinations but there are risks intrinsic to travel which cannot be eliminated. Volunteers are encouraged to be an active participant in the trip, be aware of and identify risks to their own and the team's safety, and use their initiative to take appropriate personal and collective action as required. Individual volunteers are encouraged to assume responsibility for their own personal safety while travelling to / from and within Africa, and should:

- Be cautious, do not engage in conduct that puts yourself or others at risk. If you are in doubt, speak to your Team Leader for advice.
- Keep your personal belongings close to you and do not leave them unattended.
- Be aware of culturally appropriate behaviour. Research the local laws, customs, religious beliefs and cultural.
- Avoid sensitive political or religious discussions.
- Do not travel alone. If you must travel to an unfamiliar location after dark, ensure you are accompanied by others.
- Avoid protests and political demonstrations.
- Be cautious of displays of wealth, do not carry large sums of money with you.
- Apply situational awareness techniques, eg. if you need to withdraw money from an ATM, ensure you do so in daylight, avoid dimly lit locations.
- Do not engage in excessive alcohol consumption, as this will affect your ability to notice warning signs of impending trouble and can increase the likelihood of being targeted for robbery or assault.
- Always carry some form of identification with you and have a copy of your passport, visa and other important documentation with you in case they are misplaced or stolen. Email a copy to yourself.

- Always keep your team informed of your movements and your expected time of return.
- Report all incidents or events (and near misses) that may affect security and safety of the team.
- Be aware that apparent accidents or events may mask opportunities to exploit visiting health professionals.
- If at any stage you have any concerns about your own personal safety and security, please discuss them with your Team Leader. If you have concerns prior to departure, please also discuss with the ADFA team.

Volunteers must also take personal responsibility for their own health:

- arrange necessary vaccinations prior to travel
- take anti-malarial medications as required and use repellent if necessary
- travel with supplies of usual medications
- advise the team leader or other trusted team member of any significant medical condition
- only drink clean potable water
- wash hands regularly.

Medical Treatment on Assignment

For any medical condition, injury, accident, or mental health incident whilst on assignment, volunteers will find support from their team, many of whom have undertaken a number of assignments in country and will have sufficient experience to assist in response. Where necessary, any decision to contact the Emergency Assistance provider will be authorized by the Team Leader, who will also instigate contact with ADFA in Australia immediately.

EXPECTED BEHAVIOURS

In striving to role model good professional and personal behaviours, ADFA Volunteers will be expected to act with integrity and treat all people with respect, honesty and dignity, including patients and their families, community members, colleagues, in-country hospital staff, partners, and other staff and volunteers. ADFA is committed to equality of opportunity and ensuring that the working and training environment is free from discrimination, bullying, harassment and sexual exploitation.

The nature of ADFA's work can place its personnel in positions of authority and trust, in relation to the communities with which we work, especially with vulnerable adults and children. ADFA Volunteers should understand the inherent imbalance of power which exists, and not abuse this position in order to exploit or abuse another person. ADFA volunteers are expected to uphold high standards of personal and professional conduct at all times. ADFA is committed to safeguarding the people who it works for and alongside, and has a zero tolerance of child exploitation or abuse, or sexual exploitation, abuse, bullying and harassment of anyone.

ADFA is committed to a smoke, drug and alcohol free workplace during designated work hours, and similar commitment and cooperation is required from volunteers on assignment.

ADFA's Policies on Safeguarding and its Codes of Conduct outline expectations and obligations for protecting children and vulnerable people. ADFA's Human Resource Management Policy outlines the circumstances in which disciplinary action would be required for breaches of these policies and codes, and the process.

Complaints Policy

A grievance is a real or perceived cause for complaint. You may have a grievance about how you have been treated by another volunteer or staff member.

Every effort will be made to solve problems cooperatively and informally before presenting them in writing as a formal complaint. Volunteers are assured they will not be disadvantaged by the use of formal complaint procedures whether decisions are found for or against their complaint.

A copy of ADFA's Complaints Handling Policy and Whistle Blower Policy is available on request and on our website at: <https://ausdocafrica.org/who-we-are/publications-policies/>

In general, complaints can be made in writing via email to the ADFA CEO ceo@ausdocafrica.org or Chair of the Board via chair@ausdocafrica.org

Visiting medical teams will also be provided with information flyers to display during pre-screening clinics so patients have the contacts details of the ADFA's Feedback and Complaints process.

Voluntary Termination of Assignment

Should a volunteer wish to resign from their role prior to or during any medical assignment overseas, they are requested to contact the Team Leader or ADFA CEO immediately.

IN COUNTRY ASSIGNMENT

Arrival In-country

It is the intention of ADFA that the visiting medical team arrive together in country. Where possible, teams will be met at the airport and transfers to your accommodation will be arranged. However, in some instances you will be asked to organise a taxi upon arrival.

Accommodation

Participants should report any concerns regarding the security of accommodation to the Team Leader immediately, and if necessary, appropriate alternative accommodation will be found.

For security reasons all volunteers will stay together at accommodation approved and arranged by ADFA.



Getting Around

For security reasons, travel to and from accommodation and the workplace should be undertaken using vehicles and drivers previously arranged by ADFA associates, or else by using registered taxis. Volunteers should avoid travelling alone and should travel with at least one other team member.

ADFA does not recommend that volunteers drive whilst on assignment, as road conditions are often very different from home, and insurance does not cover motor vehicle accidents.

If walking, all volunteers should travel with at least one other team member. Volunteers should avoid walking in cities at night, and never alone. Be particularly careful of vehicles on the other side of the road, or indeed the wrong side of the road. Be aware of uneven surfaces, gutters, ditches, or unexpected obstacles.

Communication and Emergency Contact Details

All volunteers are to carry a fully charged personal mobile, and a phone charger and local adapter. Please activate global roaming before departure or obtain a local SIM (and update your Team Leader with your new number). Wifi will be available in hotels (although the speed may be slower than desired) and local sim cards will have the option to purchase data. If you will be out of range and uncontactable for a period of time, please advise the team.

Returning Home

Upon returning to Australia, you will be required to provide the following:

- reimbursement claims to be returned with any receipts;
- a feedback survey;
- photos and consent forms for images and stories obtained during the trip; and
- contribute to an end of trip report and any relevant reporting documentation.

The team must complete the team end of trip report and return this report together with any other documentation to ADFA within two weeks of return.

Debrief and Feedback

Upon returning home, teams will be encouraged to debrief regarding their experience, visit outcomes, lessons learned, recommendations regarding staffing, training, equipment and hospital operations. This is especially useful for future planning of return visits, and this information should be documented by the team and forwarded to ADFA.

Volunteers are also encouraged to share with ADFA any recommendations or feedback they have regarding their experience, what worked well or what could be improved. This information is especially helpful for future trip planning.



COMMUNICATIONS AND MEDIA

Media Comment and Promotional Materials

The CEO has sole responsibility for determining what media interviews and other promotional opportunities are undertaken on behalf of ADFA. All promotional material is to be approved by the CEO to ensure that the design and content are consistent with ADFA's values and messages.

Social Media

The use of personal social media by volunteers regarding their experiences on assignment should avoid commenting in any way on behalf of ADFA, as only the CEO can do that. Volunteers should be culturally sensitive regarding any material they post, and avoid raising any expectations. Volunteers who post images or stories on social media should follow the guidelines for Ethical Images & Stories in Annex 1.

Ethical Images/Stories & Informed Consent

Photos and stories collected whilst on assignment are highly valued by ADFA and help us promote our work. However, ADFA has strict guidelines for the collection of images and stories whilst on assignment. Annex 1 *Guidance Notes for Ethical Images & Stories* outlines the guidelines by which all volunteers must abide. ADFA can only use images or stories for promotion of its activities where written informed consent has been obtained. Copies of the informed consent form for children and for adults will be available whilst in country.

GENERAL INFORMATION

Privacy

ADFA strives to act with the highest integrity and offer the best possible service to volunteers, organisations and other people who access our services. To provide the highest standard of service to all its stakeholders, from time to time ADFA needs to collect personal information, which is treated in accordance with strict privacy legislation. Personal information is any info that an individual's identity can be reasonably determined.

ADFA's Privacy Policy is available on its website, and is reviewed in accordance with changes in the law.

Confidentiality

Except when expressly authorised by ADFA, a volunteer will not directly or indirectly reveal or cause to be revealed to any third party any confidential information, dealings, finances, transactions or affairs of ADFA or any of its clients which may come to their knowledge during their period of volunteering.

Volunteers will not disclose confidential information to any other person not authorised to receive such information. Furthermore, volunteers will not, unless expressly authorised by ADFA, use for their own or another's benefit or gain, any confidential information belonging to ADFA.

All records, documents and other papers or electronic images made or acquired by volunteers in the course of their role with ADFA must be returned to ADFA upon the termination of their assignment. Any changes, innovations and ideas initiated by volunteers in the course of volunteering with ADFA will belong to ADFA and volunteers are requested to cooperate with ADFA on this issue.

A volunteer's obligation in these matters continues to apply after the termination of their role without limits in time.

Thank you

ADFA would like to thank you for your willingness to participate in our Volunteer Program. It is through the contribution of people such as yourself that ADFA is able to bring improved health outcomes to communities in East Africa.



ACCOUNTABILITY

Australian Doctors for Africa is a proud member of the Australian Council for International Development (ACFID) and is a signatory to their Code of Conduct, which is a voluntary, self-regulatory sector code of good practice. ADFA is fully committed to the Code which requires members to meet high standards of corporate governance, public accountability and financial management. More information on the Code, including how to make a complaint, can be obtained from ACFID by visiting www.acfid.asn.au or emailing code@acfid.asn.au.



ACFID
MEMBER

ADFA also has a process for handling complaints, outlined on our website. Complaints may be lodged via email to the CEO ceo@ausdocafrica.org or to the Chair of the Board chair@ausdocafrica.org.

Australian Doctors for Africa is a registered charity with the Australian Charities and Not-for-profits Commission (ACNC) and complies with the regulations of the ACNC through governance self assessments, Annual Information Statements and financial reports. ADFA is also endorsed as an income tax exempt charitable entity and endorsed as a Deductible Gift Recipient under the *Income Tax Assessment Act 1997*.



Australian Doctors for Africa

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ANNEX 1: GUIDANCE NOTES ON ETHICAL IMAGES AND STORIES

In our use of images, both photographic stills and video, and stories from the field, our overriding principle is to maintain respect and dignity in our portrayal of children, families and communities. Whilst images and stories are an essential means of documenting our work, we strive to maintain the dignity of everyone with whom we work and will not use images or stories that are disrespectful or demeaning.

The following **principles** serve as guidelines for personnel taking visual images and documenting stories on ADFA's international medical operations:

- Respect the dignity of the subject.
- Always obtain informed consent when writing stories and or taking photographs or video footage of individuals. Informed consent for taking and using photographs of children will be sought from parents / caregivers or from children directly when they are of sufficient age and understanding.
- Informed consent forms signed by the subjects are required for all images used in ADFA media or communications.
- Wherever appropriate, explain to the subject the likely use of the story or images (ie Annual Report publication or ADFA Newsletter).
- Never take pictures of people who say they don't want to be photographed.
- When photographing Persons with Disabilities, ensure you have their informed consent, and ensure they are portrayed with dignity and respect.
- Do not publish stories or images in scientific journals, the internet, newspapers or other sources that identify an individual or place them in a potentially compromising situation without the permission of that individual. Requirements for verification of permission granted varies from country to country but for images or stories likely to be published we suggest that individuals are either not identified (if the face is included place a bar across the eyes and mid-face) or for images that include surgical pathology of the genitals that permission is confirmed and that the risk of misinterpretation of intent is considered.
- Use images and stories truthfully and do not exploit the subject.
- Do not manipulate the subject in a way which distorts the reality of the situation.
- Be confident that, to the best of your knowledge, the subject would regard the image or story and its use as truthful if s/he saw it.
- Maintain standards of taste and decency.
- Do not use images which are erotic, pornographic or obscene.
- Images depicting naked bodies may sometimes present in a surgical context, however, avoid portraying children in this manner unless it is necessary for reporting or documentation purposes. Board approval required for use of such images.
- When publishing images of a surgical nature, avoid nudity wherever possible.
- Maintain high technical standards – do not crop or digitally enhance an image in a way which misleadingly distorts the reality of the situation and, in video editing, do not misleadingly distort the reality of the situation.
- Be mindful of storing and sharing visual images, particularly when children are depicted in a surgical context.
- File labels must not reveal identifying information about a child when sending images or videos electronically.
- Store your images and stories in a secure file with restricted access.
- Where possible, avoid distributing (ie via email) visual images of children that might identify them or expose them.
- The whole world is on the web including ADFA; all data is kept on the web and is in fact accessible. Ensure the security of all images or stories and avoid public access to compromising or identifying images.
- Be wary when viewing images on your laptop or digital camera in public that images cannot be misinterpreted.

ANNEX 2: PRE-DEPARTURE CHECKLIST

Travel Safety

- ☐ I have subscribed to travel alerts with Department of Foreign Affairs *Smartertraveller* website.
- ☐ I have read the pre-departure information regarding important security and medical updates relevant to my travel location.
- ☐ I have easy access to the emergency protocols and key contact details.
- ☐ I have updated ADFA team with my contact details and emergency contact details and will notify ADFA if there are any changes.
- ☐ I have read the ADFA Travel Insurance Policy to ensure it meets my needs.

Flights, Accommodation and Travel Documents

- ☐ I have all necessary travel documents, including a valid passport with 6 months validity from project end date and correct visa (if required).
- ☐ I have received my travel itinerary, e-ticket, and excess baggage documents (if required).
- ☐ I have received my accommodation details.
- ☐ I have hard copies of the Australian customs documents and overseas country customs documents (if required).
- ☐ I have received details for my airport transfers to/from the airport to my hotel (if required).

Medical/Health

- ☐ I have consulted with a travel doctor to obtain advice on vaccinations required and my vaccinations and immunisations are up to date.
- ☐ If applicable, I have informed ADFA of any personal or pre-existing medical conditions that may impact my ability to work on ADFA activities.
- ☐ If I have pre-existing medical conditions, I have obtained a 'fit to travel' certificate from my GP before travelling.

Overseas Medical Registration

- ☐ I have received my overseas medical registration (if required).
- ☐ Medical Indemnity - I have provided ADFA with a letter from my Professional Indemnity Insurer as evidence that I have coverage to work overseas.

Reporting Requirements

- ☐ I have received the following reporting templates:
 - End of Assignment Report
 - Operational and Consulting Record templates (if applicable)
 - Adverse Event Report
 - Incident Report template

Visual Images / Stories and Personal Information

- ☐ I have read the ADFA Guidance Notes on Ethical Images & Stories
- ☐ I have a copy of the ADFA Consent Form to be used for any images or stories collected during my visit.

ANNEX 3: ADFA KEY POLICIES SUMMARY

Child Safeguarding

ADFA is committed to the safety, protection and wellbeing of all children, and has a zero tolerance approach to child exploitation and abuse. ADFA trains its personnel on their child safeguarding obligations and will undertake appropriate screening of individuals to prevent a person from working with children if they pose a risk. ADFA will immediately report any breaches to DFAT in the cases where DFAT funding is involved. ADFA takes a risk-based approach to child safety and through careful management will identify, mitigate, manage and reduce the risks to children.

To effectively manage risks to children, ADFA requires the commitment, support and cooperation of all personnel, associates, and partners who help to deliver programs funded by ADFA. They must comply with the policy in addition to all applicable laws of the jurisdiction in which the activities are taking place, and will be held accountable through contracts, audits and spot checks.

Prevention of Sexual Exploitation, Abuse and Harassment

Ensuring zero tolerance of sexual exploitation, abuse, bullying and harassment through robust prevention and response is a priority for ADFA. This policy outlines the risk management and mitigation processes, training, and appropriate screening of all staff, volunteers and associates that is required by all volunteers, staff, board members, and associates, as well as expected behaviours of all individuals, to prevent sexual exploitation, abuse and harassment in our programs. All individuals must commit to immediately reporting breaches of these policies to relevant authorities, including DFAT if required.

Welfare, Evangelism and Political Activities (Non-development)

ADFA is an independent organisation that:

- does not undertake welfare activities or programs;
- does not undertake evangelistic or political activities;
- is not religion-based or associated with any organised religion; and
- does not align itself with any political party in Australia or other countries.

No ADFA funds will be used for activities that involve or support welfare, evangelistic or political activities.

Gender Equality

ADFA recognises that gender inequality is driven by power imbalances and is a major driver of poverty and marginalisation around the world. ADFA is committed to addressing the impacts of gender inequality in our development activities. ADFA commits to ensuring that gender is taken into consideration through appropriate gender analysis, consultation, and response to the differing needs and priorities of women, men, boys and girls, in its development activities. ADFA also strives to be inclusive in its staff, board, and volunteers.

Disability Inclusion

ADFA recognises that disability is a development issue, and can be considered both a cause and a consequence of poverty. ADFA adheres to international principles relating to the rights and treatment of people with disabilities, particularly those of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). ADFA commits to bringing a disability inclusion lens to its organisation and programs, ensuring disability assessments form part of consultation, planning, design, implementation, review and monitoring of programs.

Fraud & Corruption

ADFA has a zero tolerance to fraud and corruption (that is, dishonestly obtaining a benefit, or causing a loss, by deception or other means). ADFA is committed to preventing, detecting and correcting fraud, and will focus on organisational, country and project level controls. ADFA will ensure that its financial systems are robust, to impede attempts at internal corruption or fraud, including screening of staff and volunteers, separation of duties, board oversight etc. Training for key staff will be provided where necessary and expectations around fraud risk management will be communicated to all ADFA associates including volunteers.

If anyone associated with ADFA discovers or comes to suspect any actual or attempted fraudulent activity or corruption or fraudulent activity, they must report immediately to the ADFA board, to the local law enforcement agency where appropriate, and to DFAT within 5 business days, if the fraud is related to the delivery of DFAT business.

Counter Terrorism & Anti-money Laundering

ADFA seeks to ensure that all expenditure of funds and resources are not being used, directly or indirectly, to support terrorist activities and that ADFA operates within the law in Australia as well as in the countries in which it undertakes its activities.

To achieve this, ADFA will undertake risk management processes, including reasonable due diligence and precautions, such as screening of all ADFA associates, partner organisations, consultants and suppliers against proscribed terrorist lists. Training in anti-money laundering and counter terrorism will be available, including the obligation to report any suspicions to DFAT immediately.

Complaints Handling

A complaint is any grievance or expression of dissatisfaction or discontent about the standards of service, actions or lack of action of ADFA, and or any misconduct of a representative of ADFA. ADFA will receive complaints relating to all ADFA staff, board members, volunteers, in-country partners or consultants.

The Procedure will be accessible to our program recipients through our visiting medical volunteers during our regular medical visits, who will display / make available information in local language regarding our complaints handling process to patients and their families. Additionally, information will be displayed in ADFA operated Clubfoot clinics in local language. Where literacy is a constraint ADFA representatives invite oral expressions of concern and complaint.

Complaints can be made by ADFA beneficiaries and their family members, partner organisations, stakeholders, program participants including hospitals, international colleagues, or members of the community. Complaints can also be made by representatives of ADFA (whistleblowers) who wish to make a complaint about other ADFA staff, volunteers or board members as it relates to the delivery of their responsibilities as ADFA representatives.

Complaints should be directed to ADFA in the following ways:

- Via discussion with staff (especially in country) or by providing a written complaint to staff.
- By email to the CEO (ceo@ausdocafrica.org) or Chair of the Board (chair@ausdocafrica.org).
- In writing to:
 - Chief Executive Officer or Chair of the Board
 - Australian Doctors for Africa
 - Suite 1, 219 Onslow Road
 - SHENTON PARK WA 6008
- By telephone: +61 8 6478 8951

For more information on ADFA policies, please go to the ADFA website <https://ausdocafrica.org/who-we-are/publications-policies/>.