

Your 'Journey'

COCO'S
Foundation

Working with



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The CoCo's Foundation

In May 2010, Debs and I sat in the Ubombo Child Care Centre after spending two amazing weeks building a Trauma centre with a young team of professional hairdressers: Jake, Jodie, Pete and Ed, with two young boys sitting on my lap sobbing their hearts out because they believed they would never see us again!

So what do you do? Sit there and become another adult in their world that lets them down or do you whisper in their ear "I'll see you in August" and make the thirty hour journey?

That day my journey had just begun!

The CoCo's company is committed to the continuous support of the Ubombo Children's Care Centre and the care of Twenty-one beautiful children through The CoCo's Foundation.

Sometimes in life when you start something you don't know where it will take you but you have great fun times following the path.

This is your 'journey'

In October 2012 you have the opportunity to make a true difference in the Mseleni children's home lulisandla kumntwana.

We would like to invite you to come on holiday with us and experience something truly different. This is not designed to be a big business adventure but a friend asking a friend to come on holiday and I will organise your trip for you. You do come at your own risk and I or The CoCo's Foundation and its trustees or team will not be held responsible for any accidents or injuries that may occur to you or your belongings, therefore you must sort out your own holiday insurance that takes in light manual work.

We will be departing from London Heathrow to Johannesburg, then catching a connecting flight to Durban, from there we will have a 5 hour journey to the Children's home stopping on the way for supplies.

You will stay by night in the beautiful home of Rachel and Victor who own the Mseleni-children's Home. Here you have the opportunity to relax and enjoy the stunning views. Your days will start at the orphanage 5mins walk away at 7:30am where we will transfer to the rural community of our out reach project. Our project will be to complete the building of a traditional home for a much need orphan family.

Cost: £2,300.00

This includes: International flight, Internal flight, Food, Transfer, B&B, Project donation, Safari day trip.



Does not Include: Insurance, Vaccinations.

Deposit: £900 – to be paid 6 months before your departure date. The balance to be paid 3 months before your departure date.

Please make cheques payable to: The CoCo's Foundation and send to CoCo's Foundation, 2 Maidenbower Square, Midenbower, Crawley, West Sussex RH10 7QH.

Thanks - *Chris, Debs, Ed*

South Africa Weather

Climate

Summers in South Africa are hot with the northern regions being summer rainfall area's and have cold, dry winters. The southern areas have a winter rainfall season and the summers are hot and dry. Hills and mountains are often covered in snow during the winter season.

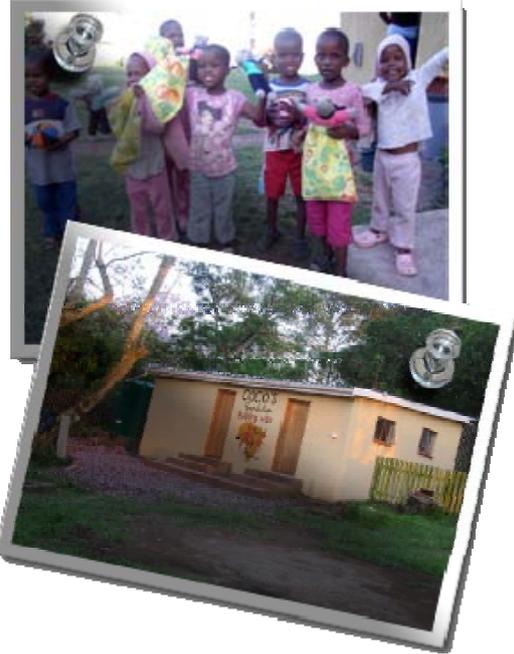
SEASONS IN SOUTH AFRICA

Spring: September - October

Summer: November - March

Autumn: April - May

Winter: June – August



Containers

When deciding on a container for your luggage, remember that you will have to carry it, so don't overload yourself and choose something that is easily carried. A backpack or a holdall with a shoulder strap are best. Suitcases with wheels might be great in the airport, but will be less useful elsewhere.

Bring a day pack for carrying stuff, including your water bottle and first aid kit, when we are out and about.

Bin liners come in very useful to keep clothes dry.

Bedding

Please bring a sleeping bag.

Clothing

In general, light, loose, hardwearing clothes are recommended. Cotton is the best choice. Man-made fibres are harder wearing, but breathe less easily so are less good in the heat. A good compromise is a polyester/cotton mix.

Remember you will often be getting sweaty and dirty, so bringing a reasonable number of t-shirts, etc., will help avoid daily laundry. Shirts and t-shirts should cover the shoulders - tank tops are not a good idea for sun-exposure reasons. *Please remember that we are a guest in a religious country and modesty is important.* A set of not too formal but generally "better" clothes for the evenings at the B&B.

Men: medium length shorts are acceptable at the project base. However, these may cause offence elsewhere, so long loose trousers are generally preferred. African men usually wear long trousers and medium to long sleeved shirts or polo shirts.

Women: the general rule is not to wear anything revealing, suggestive, or tight. Thighs and the upper arm are considered sensual so shorts, if worn, should be knee length and baggy. Keeping a wrap around skirt to hand is a good idea. Long baggy pants are OK. The bra-less look is definitely out. The vast majority of African women wear long (ankle length) dresses or long skirts and a blouse. To cope with the unpredictability of the climate, think layers. i.e. don't bring a heavy winter sweater, but instead bring items you can wear on top of each other, e.g. t-shirts, shirts (light and heavy), and light sweaters that you can wear together in various combinations.

A good sun hat is a must and sunglasses are a good idea too. A neck scarf offers useful protection and, if big enough, can double as a headscarf for women entering sacred areas.

You may have the opportunity to go swimming so bring a swimming costume.

Although this is one of the dryer months, rain, sometimes heavy, can occur at any time of year, especially near the coast where we shall be spending the first and last couple of days, so a light weight coat to protection yourself from the rain is a good idea.

Footwear



A good pair of sandals is all you'll need most of the time. Footwear that offers some protection but breathes well, e.g. a pair of running shoes, is a good idea for when working or walking boots, it is also *very* important when going for walks through the bush. You might want a pair of reasonable shoes for nights out, although we won't be going anywhere at all posh.

Work gear

You should consider bringing protective gear for working.

Personal items

Toiletries

Most things such as soap, shampoo, toothpaste, etc, are available locally, although there will be a lack of choice and probably no brands you recognise. It is recommended that you take everything you will need for the duration of the project with you. (Especially true for women's sanitary items). Bring a roll of toilet paper for emergencies and some travel wash for your clothes.

Protection from things natural

Don't forget adequate supplies of high factor sun block and mosquito repellent. The most effective insect repellents contain at least 35% "DEET" (n-diethyl-m-toluamide). However, be warned that DEET dissolves plastics (such as watch straps), leather, rayon, and rubber, and long-term use is suspected to cause skin cancer.

A reasonable alternative is repellents containing citronella or lemon eucalyptus oil, or their synthesised derivatives. We use one of the latter, *MosiGuard™*, as a matter of course and

carry a tube of DEET based repellent in case the mosquitoes get really bad. Although they never have on a trip so far.

Diet

While we will try and feed you properly, your body will undoubtedly not get everything it is used to, so you might consider taking along a bottle of multi-vitamins, and calcium for women.

Health

Vaccinations

You should see your doctor, a local travel health clinic, or call NHS Direct (0845 4647) or the Hospital for Tropical Diseases health line (0839 337722) for information on the latest recommended vaccinations for Ubombo Pongola and how they apply to you.

In the UK how much your GP (family doctor) will charge you for travel vaccinations and prophylaxes depends a small part on the policy of your local health authority and a large part on your relationship with your doctor. Some doctors see travel vaccinations and prophylaxes as a way of gaining additional income and will charge you full private patient rates, while others see them as a cost saving measure (prevention being cheaper than cure) and will give them for free or for just the NHS prescription charge. The same is probably true in other countries too.

Don't leave getting your vaccinations to the last minute, especially if you aren't up to date on quite a few already, as doctors usually prefer to spread out multiple jabs over a period of time (so your arms don't become pincushions!). You can go to the Gatwick medical centre. But check out what you can get done for free by you GP first.

Please note that I cannot give absolute advice on vaccinations or other health matters as individual medical circumstances may preclude you from having some or make having others advisable. The final call has to be between you and your doctor. The following reflects the general advice for travelers to Africa in a "normal" state of health,

Recommended

- Diphtheria
- Hepatitis A
- Meningitis ACWY
- Polio
- Tetanus
- Typhoid

Optional

- Hepatitis B



Generally unnecessary – very low risk area, no recent outbreaks

- Cholera
- Rabies
- Yellow Fever

Totally unnecessary – not present

- Japanese B Encephalitis

Those tropical diseases

- **Diphtheria** is a potentially fatal highly infectious disease that attacks the membranes of the throat and releases a toxin that damages the heart and the nervous system. It is present worldwide. The vaccination lasts for 10 years.
- **Hepatitis** is an inflammation of the liver, usually due to acute viral infection, and comes in several strains.
- **Hepatitis A** is caused mainly by poor sanitation and lack of hygiene and is most often transmitted by food or water contaminated by excreta. It is present worldwide, but is very common in third world countries. A single vaccination will confer protection for 1 year. A booster 6-12 months later will extend protection to 10 years.
- **Hepatitis B** is only transmitted by intimate sexual contact and by exchange of bodily fluids, e.g. contaminated needles, acupuncture, tattooing, blood transfusions, etc. As such it is quite difficult to catch, but you might want to consider the vaccination in case you have a serious accident and need a blood transfusion where screening may not be up to western standards. Two vaccinations a month apart will confer protection for 1 year. A further vaccination 6-12 months later will extend that to 5 years.
- **Meningitis ACWY.** Meningococcal meningitis is a highly contagious potentially fatal disease that attacks the membranes that surround and protect the brain and the spinal cord. Cameroon is in what is known as the “meningitis belt” of Africa, where the A & C groups are endemic and groups W135 and Y have recently appeared. Good for 3-5 years.

Note that the ACWY vaccine is not the same as the childhood meningitis vaccine given against western serogroups of the disease. You should get the ACWY vaccine even if you’ve already been immunized against “western” meningitis.

- **Polio** is a severe infectious viral disease that inflames the brainstem and spinal cord, sometimes leading to paralysis and muscular wasting. The vaccination lasts for 10 years.
- **Tetanus** is an acute disease, usually contracted through a wound, which causes severe muscular spasms and contractions, especially around the neck and jaw. The

bacillus that causes tetanus is found everywhere but is especially likely to be present in dirt. You should keep your tetanus vaccinations up to date even if you only do gardening at home. Good for 10 years.

- **Typhoid** is a serious and sometimes fatal bacterial infection of the digestive system, caused by ingesting food or water contaminated by faeces. The vaccination lasts for 3 years.

UK residents should note that this vaccination is not available on the National Health Service, although some NHS clinics administer it for a fee. It's worth shopping around as some commercial travel clinics charge a small fortune for it. NHS clinics are usually the cheapest and you can find out the location of the nearest one that administers it by calling NHS Direct on 0845 4647.

Sun



Sunburn

The direct effects of the sun are well known and obvious. Sunburn is no fun and is easily avoided by use of a high factor sunscreen, wearing a hat, avoiding having "high" areas of skin exposed (especially the shoulders and the back of the neck), and by generally staying out of the sun when you can.

Don't sunbathe to get a tan, you'll get one without trying anyway, and the tropical sun is deceptively fierce as the shorter distance of atmosphere that the sun's rays travel through in the tropics results in a considerable amount of ultraviolet (UV) radiation reaching the earth, causing sunburn, skin cancer, and skin ageing.

If you are prescribed *doxycycline* (Vibramycin) as a malaria prophylaxis, be additionally careful as it increases sensitivity of the skin to the sun, as do some non-steroidal anti-inflammatories such as *ibuprofen*.

Dehydration, Heat Exhaustion, Heat Stroke.

While the direct effects of the sun may be obvious, the effects of the heat in general are more insidious; it takes the body from one to three weeks to adjust to the change in climate.

Loss of water and electrolytes (sugars and salts) by sweating weakens the body and affects its ability to dissipate heat effectively.

Simple dehydration can quickly lead to heat exhaustion and then onto heat stroke, which is a very serious and dangerous condition that can result in permanent disability or death.

This is all *easily* avoided by:

- Drinking lots of water – enough so that you are passing a good amount of clear or light coloured urine at least three times a day. For most people this means several litres a day. Don't wait until you feel parched; drink water all through the day.
- Putting *just a little* more salt on your food and sugar in your tea than normal.
- Staying cool by wearing a hat, covering up, and staying out of the sun.
- Not overdoing it.

You will also find that taking a daily dose of oral rehydration solution will help if you start feeling a little run down. Note that the ORS doesn't rehydrate you in itself, rather it replaces electrolytes which help your body absorb and retain water, so should be taken as well as, not instead of, good quantities of water.

The following are the most common symptoms of dehydration leading to heat exhaustion:

- Straw, tea, or otherwise dark coloured urine
- Passing small, infrequent, amounts of urine
- Headaches
- Weakness, tiredness, or feeling run down
- Feeling dizzy or faint when standing up
- Being flushed
- Sweating profusely
- Muscle cramps
- Vomiting

If you get any of these symptoms, get out of the sun, take an ORS, rest, cool yourself with a wet cloth, and keep drinking water until your bladder is bursting. Review if you are doing enough to avoid dehydration again.

The symptoms of heat stroke are:

- Confusion or irrational behaviour
- Lack of coordination or delirium
- Convulsions
- Unconsciousness
- Treatment is as above immediately followed by extended hospitalisation. Don't let it get that far!

Skin

The skin is very prone to infection in hot and humid climates with even the tiniest scratch letting in bacteria causing infection. Rashes, caused by allergic reactions, fungal infections, and dampness are also common. Keeping yourself clean and dry and paying careful attention to any and all breaks in the skin, no matter how small, will help in preventing and controlling any problems.

Insect bites

These are one of the most common routes to infection, especially if you scratch them and break the surface, so don't! If your bites itch, put some *antihistamine* cream on them. If

you know from experience that you react badly to insect bites, bring along some antihistamine tablets, e.g. *Piriton*, *Benadryl*, *cetirizine*, *desloratadine*, etc. If a bite has a visible break or hole, put a drop of tincture of iodine on it a couple of times a day.

Cuts and Scratches

Clean any wound and treat with tincture of iodine at least twice a day. Keep them covered or you'll find flies crawling all over them, possibly bringing infection.

Tropical ulcers

This is the common term for a wound or bite that has acquired a bacterial, typically staphylococcal, infection. These can turn out very ugly, erupting into a raised pus-oozing "volcano" with a crater up to 2cms across and can leave a permanent scar.

These occur most frequently on the legs, and especially the feet, and can develop within hours, so it's a good idea to check yourself over before going to bed every night.

The initial treatment is as for other wounds, taking extra care to clean out any visible infection. However, do report these to the Coordinator immediately, as if they are anything other than tiny we'll probably want to treat them with a topical antibiotic powder or cream. Once you've got a tropical ulcer, check your entire body out carefully and frequently, as the infection can spread through the lymphatic system, causing other ulcers or boils to appear elsewhere, or causing one of your limbs (typically a foot) to swell up. In this case you will be put on a course of antibiotics to eradicate the infection.

Allergic rashes

These can be caused by insect bites, contact with plants, unusual foods, and some medicines, and typically come up as a set of raised red itchy weals. Treatment is with antihistamine cream for minor localised cases and antihistamine tablets for larger areas. If you have a history of allergic reactions (e.g. hay fever) you should bring along some antihistamine tablets.

Fungal infections

These are usually found in sweaty corners (armpits, groin, between the toes, etc) and are more common in the tropics due to the raised humidity and the fact that you sweat more. You can prevent these by washing and drying sweaty areas well and by wearing loose clothes and sandals so that those areas can "breathe". Treatment is with an anti-fungal cream.



Stomach

Diarrhoea

Probably the biggest health risk you will encounter will be an upset stomach. Remember that the reason you have diarrhoea is because your body wants to get rid of whatever is upsetting you. Help it, don't hinder it. Drugs like Loperamide (*Lomotil*, *Imodium*) are effective "stoppers" and are useful if you really must travel, but they only stop the symptoms and don't cure the problem – in fact, they lock the problem in. Help your body by going onto a diet of oral rehydration solution and lots and lots of water and avoiding the stopper drugs.

Eat if you feel like eating, don't if you don't. If you do eat, keep it light and simple and avoid greasy or spicy food, fruit (except bananas), uncooked vegetables, milk, and alcohol. Bananas help stop diarrhoea and are high in sugars and potassium, which will need replacing, so if you can't face eating anything else, try to eat some bananas. Toast and dry biscuits also tend to settle the stomach.

Normal, uncomplicated, travellers' diarrhoea is usually caused by a change in diet and unfamiliar foods and typically goes away after 48 hours. However, there is a plethora of parasites and bacteria in the third world that can also cause diarrhoea and are much more serious. Most of these are acquired as a result of poor hygiene, either personal or in food. You should report all cases so that we can keep track of your progress. Let the Coordinator know *immediately* if you have any other symptoms, and in particular:

- Diarrhoea lasting for more than two days
- Explosive diarrhoea
- Going to the toilet more than three or four times a day
- Sulphurous (bad egg) smelling belches and/or farts.
- Blood and/or mucus in your faeces
- Black specks in your faeces
- Tarry or other "unusual" faeces
- Vomiting
- Persistent abdominal pain
- Fever

Constipation

While diarrhoea is the most worried about stomach problem when travelling, constipation is not at all unusual either. It too is usually caused by a change in diet and unfamiliar foods and most often occurs in the first few days of the trip. Dehydration makes constipation worse, as do bananas and eggs, but other fruits help relieve it, so drink lots of water, eat fruit, and see the Coordinator if it lasts more than a few days or becomes uncomfortable.

Food, Drink, and Hygiene

You can reduce your risk of getting sick by being careful about what you consume and your personal hygiene.

- The basic rule for food is: **peel it, boil it, cook it, shell it, or forget it.**
- Avoid salads, especially lettuce.

- Vegetables (cooked) are usually safer than meat.
- Meat and seafood should be thoroughly cooked and served hot.
- Street food, where you can see it being cooked, is safer than things like buffets.
- Avoid ice cream.
- Avoid any fruit you can't peel.
- Only drink milk that has been boiled.
- Only drink safe water.
- Don't have ice in your drinks.

In regards to hygiene:

- Wash your hands after going to the toilet and before eating or preparing food.
- Cut your fingernails short.
- Brush your teeth only with safe water.
- Don't share water bottles, cups, or cutlery.
- If you have diarrhoea and are on cooking duty, swap with someone else

You will be having your Breakfast and evening meals with Dawn and David's at your B&B
Lunch will be in the Orphanage.

The last point is particularly important to avoid others also getting ill; the most sure fire way to spread your stomach problems to the rest of the group is handling their food, plates, cutlery, etc, no matter how careful you are about washing your hands, and we guarantee that your fellow volunteers will not be happy with you!

Treatment of Stomach Problems

The single most important thing you can do to help your body defeat and recover from stomach problems is to drink lots and lots of clear liquids. Staying well hydrated is rehabilitating and necessary to prevent further deterioration. Don't underestimate the therapeutic effect of water! If you have diarrhoea you should take an oral rehydration solution and drink at least a litre of water *in addition* to your regular intake (see section above on Dehydration, Heat Exhaustion, Heat Stroke) after every visit to the toilet.

This doesn't mean that you should just drink water and keep quiet about your condition. Please report all cases to your coordinator, no matter how minor they seem. We'll probably just tell you to drink lots, but we may decide it's something more serious and put you on appropriate medication.



Malaria

Malaria is very common in this part of Africa so a malaria prophylaxis is **very strongly recommended** for this project.

Malaria prophylaxes are always taken for a period before entering and after leaving a malarious region. There are two prophylaxes that are equally effective for sub-Saharan Africa. These are:

Prophylaxis	Taken	Starting	Finishing	Typical Cost
<i>Mefloquine</i> (Larium)	Weekly	1 week before	4 weeks after	£3-4 per week
<i>Proguanil with atovaquone</i> (Malarone)	Daily	2 days before	7 days after	£3-4 per day

(The cost shown assumes that you couldn't convince your doctor to give them to you cheaply).

Mefloquine is, as you can see, significantly cheaper at a total cost of £24-32 for the 8 week course needed to cover the period of the our trip, as opposed to Malarone at £93-£124 for the necessary 31 day period.

However, mefloquine does have a relatively high rate of side effects, the most common being vivid nightmares and the most severe (albeit rare) being anxiety attacks and other psychotic reactions. Having said that, many people take it without any side effects whatsoever.

If you haven't taken mefloquine before you should discuss the balance of cost versus potential side effect risk with your doctor. One approach would be to start on mefloquine three weeks before the project and change to Malarone if you find the mefloquine doesn't agree with you.

If you do take Malarone consider bringing along a topical treatment for mouth ulcers (e.g. Bonjela, Medijel, Rinstead), as this is a common side effect of the prophylaxis. Note that Malarone is only licensed for short visits of up to 28 days in a malarious country (i.e. taking it for 37 days in total).

Be aware that none of the malaria prophylaxes are 100% effective and that bite avoidance by the use of insect repellent and wearing long sleeves and trousers after dusk is very important.

Malaria has symptoms like any other fever – hot and cold flushes, aches and pains, stomach upsets, disorientation, etc – and is impossible to reliably differentiate without a blood test. As the side effects of the cures are almost as bad as the disease, it is well worth getting a blood test to be sure before taking any treatment.

It is also important to note that the malaria plasmodium can lie dormant (in your liver) for a considerable length of time, so if you have any fever or flu-like symptoms in the year following your return, go and see a doctor immediately and mention that you have been in a malarious country.

When getting a blood test insist on being told the strain of malaria that you've caught – there are four different kinds – and make sure you are treated appropriately.

Time Zone

The whole of Africa is in a single time zone, 1 hour ahead of GMT.

My Guidelines

I'm not big on rules. In general I just expect you to behave sensibly and maturely, be culturally sensitive, and respect the laws and customs of the country and our hosts. The following guidelines will help you understand what I mean by this.

Violence and Abuse

I have a zero tolerance approach to anybody using violence or being abusive and will kick offenders off the Trip immediately.

Illegal drugs

I also have a zero tolerance approach to anybody using or possessing illegal drugs. Not only will this give the CoCo's a bad name in the community, but might well also result in the local police getting involved on "if one does others might" suspicions, and nobody will be happy to spend any time in a third world jail.

Alcohol

I don't have any rules on alcohol other than respecting local sensibilities. By all means have a drink when appropriate, but note that I will take a very dim view of raucous behaviour, public vomiting, or any other conduct that embarrasses the group, you, or us – and I have no sympathy for hangovers either. Please don't make me introduce rules about alcohol.

Welfare and Safety

I expect you to take the welfare and safety of yourself and everyone around you seriously and not put yourself or anyone else at risk of injury, illness, or distress. When at work remember that tools can be dangerous, and watch out, in particular, for people's heads, hands, and feet. If something is heavy, get help rather than risk a strained back. While climbing a tree might look like fun, remember that a broken leg will be orders of magnitude more serious than at home. In short, be sensible and remember where you are.

Buddying up

The days are very long and you will get very tired. Please remember that you may not all get along with everyone in the group all of the time. If, at anytime you are struggling with another volunteer please talk to one of the Trustees or your Buddy. You will be paired up with a Buddy prior to the trip.

It is very important to us that your trip is a successful one. We are here to support you as sometimes it can become emotional.

Wandering off

Please don't wander off by yourself. If you want to go somewhere, go in a small group so that you have some help if anything happens, and *let the Coordinator know* where you're going and what time you expect to be back, so I not wondering what's happened to you.

Interacting with local children

It's a sad world where we feel it necessary to say this, but we must insist that you only interact with local children whilst in sight of other adults. I hope you understand. (This also protects you in cases of false accusations due to misunderstandings).

Relationships with the locals

I strongly discourage romantic or intimate relations with the local people, as they inevitably only lead to problems. Men having a relationship with a local woman might well find themselves being invited to explain their actions to a public meeting of the whole community, and/or the entire family turning up, with bags packed, talking about marriage and emigration and how the man is going to support them all. The news of any woman having a relationship with a local man will spread fast and result in her getting a "bad name", and cause hassle for the other women in the group when every single man in the community turns up at our door, hoping for "a bit of the same".

Begging

All development agencies discourage giving to beggars, and I do too. If anybody in the local community tries begging from you, please tell the International or local staff member immediately. This includes "indirect" begging such as asking for your home address (tell them they can contact you through the Africa4food instead). Don't give anything to beggars otherwise the whole group will become a "target".

Participation

Everyone will be expected to perform tasks and duties for the implementation of the project and to facilitate the day to day running of the Group on an equal basis to help each other with in the Group. We are all good people trying to do a good thing.

Suggested Kit List

This list is intended as a guide only. If there's anything you are unsure of, call me.

Containers

- Backpack or holdall. Expect this to get scruffy.
- Day pack
- Lots of plastic bags for keeping things clean and organised

Clothing -- All clothing should be light and loose

- A set of not too formal but generally "better" clothes for night times
- Long sleeved shirts
- T-shirts / polo shirts (several)
- Long trousers / skirts
- Shorts, a couple, and not too short
- Underwear and socks
- Handkerchiefs
- Sweater / sweatshirt / fleece
- Nightwear
- Sun hat
- Sunglasses
- Neck scarf / bandanna
- Work gloves

Footwear

- Sandals / flip flops
- Trainers / sports shoes
- Shoes for going out

Wash kit and personal items

- Towels
- Supply of toiletries for the duration (soap, shampoo, razors, tampons, toothpaste, etc)
- 1 roll of toilet paper for emergencies
- Travel wash (for clothes)
- High factor sunscreen
- Insect repellent
- Malaria prophylaxis
- Multi-vitamins
- Herbal sleeping pills / Camomile tea bags

First aid kit

This will be carried by your coordinator

- Antiseptic wipes, 6
- Cotton buds, 12, or a dropper for the iodine
- Melolin sterile dressings, 5cm x 5cm, 4
- Oral rehydration solution preparation (e.g. Dioralyte), at least 12
- Paracetamol or Acetaminophen (e.g. Tylenol), 12
- Plasters, a good assortment
- Tincture of Iodine, 25ml

First aid kit – Suggested

- Antihistamine cream, 20g (for insect bites).
- Antihistamine tablets if you have any allergies. Enough for the full duration.
- Indigestion tablets
- Topical treatment for mouth ulcers (e.g. Bonjela, Medijel, Rinstead), if taking *proguanil* or Malarone as malaria prophylaxis
- Tropical travel health guidebook (if travelling on after the AidCamp)

Miscellaneous items 'You must bring'

- Water bottle
- Small torch (Head torch is best) and batteries
- Wristwatch. Alarm clock
- Swiss army knife or Leatherman
- Needle & thread, spare buttons
- Notebook, pen, pencil
- Camera, film, spare batteries
- Binoculars
- Photos of your home and family

Documentation & Money

- Passport (valid for at least 6 months after your return)
- Tickets
- Travel insurance documents
- Immunisation certificates
- Photocopies of all of the above
- Spending money £100

Luxury items

- Food you'll really miss. Marmite, chocolate, Earl Grey bags, etc!
- Personal CD/MP3 player and batteries
- Novels to read and swap
- Pack of cards, travel Scrabble set, etc
- Small gifts. E.g. Pens, pencils, rubbers

YOUR NOTES:-