

MCAI
1995-2015:

Twenty Years of Improving
International Maternal
& Child Health Care



MCAI | Maternal & Childhealth
Advocacy International

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We hope that you find this summary report of **MCAI's** work over the past twenty years interesting and enlightening.

If you are interested in getting involved in supporting our work by fundraising, donating, volunteering, or helping us in any other way, please get in touch through the contact information below.

Many thanks and we look forward to hearing from you!



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Cover photo: A young mother and her baby in Basse, The Gambia

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Introduction



Introduction to MCAI

Founded in 1995 in response to the war in Bosnia and Herzegovina, Maternal & Childhealth Advocacy International (MCAI) is a UK-based medical charity with a 20-year track record of saving and improving the lives of babies, children, and pregnant women and adolescent girls in some of the world's poorest and most troubled countries. MCAI has no political or religious affiliation and humanitarianism is at the heart of all that we do.

Initially called Child Advocacy International (CAI), we changed our name to MCAI in 2009 to better reflect our work. In 2012, we moved the charity from Nottingham, England, to the Highlands of Scotland and since then, MCAI has been registered

with the Office of the Scottish Charity Regulator (OSCR) rather than the Charity Commission of England and Wales (where MCAI was registered from 1995-2012).

Over the past twenty years, we have worked in 11 countries: Afghanistan, Albania, Bosnia and Herzegovina, Cameroon, The Gambia, Kosovo, Liberia, Pakistan, Sri Lanka, Uganda and Zambia. Our work has been driven by the needs of babies, children, and pregnant women living in these countries and strengthened by our experience in scaling up and rolling out innovative programmes to improve maternal and child health. We currently have active programmes in Afghanistan, Cameroon, Liberia, and The Gambia.

As we celebrate our twenty-year anniversary and look forward to many more years of helping pregnant women and adolescent girls, babies, and children around the world, we want to share the highlights and achievements of our journey so far and set out what makes MCAI's work important and unique.

Top Left: Mothers and babies at the clinic at Bamenda Hospital, Cameroon.

Top Right: Pakistan children in Baluchistan



Introduction to MCAI's approach

MCAI takes a unique approach to maternal and child health by combining our medical expertise of emergency hospital care with a health systems strengthening – approach, while advocating for effective change at a local, national, and international level.

While appreciating that primary health care has an important role, our rationale to focus on medical emergencies and hospital care is based on the largely unmet need of dealing with life-threatening emergencies and their complications in maternal, neonatal, and child health in resource-limited settings: for example, 80% of maternal deaths are caused by emergency conditions that could potentially be treated with appropriate and high quality emergency health care.

Central to our work is our belief that every human life has equal value and all of our activities are underpinned by a rights-based approach. We believe in supporting public health systems and advocate for effective treatment to be free at the point of delivery and accessible to all pregnant women, babies, and children, whatever their situation. We work in partnership with the Ministries of Health and the UN agencies in the countries in which we work, to ensure that our work best serves the health needs of the population and crucially, so that our projects are sustainable and acceptable to communities.

Whilst our work has been, and continues to be, varied, common to all our projects is our reliance on international expert volunteer

doctors, nurses, and midwives: employing local experienced staff in the countries in which we work: and working in partnership with international and national organisations.

We are also committed to monitoring and evaluating our work so that we can be sure that all of our projects are effective, and ensuring that where possible, robust systems and plans are in place before we hand a project over to national partners.

Top Left: Ugandan nurse trained by MCAI working in the special care baby unit in Mulago Hospital, Kampala, Uganda.

Top Right: Ugandan midwives training in neonatal resuscitation



Introduction to MCAI's work

We have much experience at working in countries affected by armed conflict, HIV, and malnutrition, and our expertise in these areas has helped to guide our work.

MCAI's work has often involved training health workers in emergency management of obstetric, paediatric, and neonatal care, renovating and refurbishing health facilities, and supplying medical equipment and medicines. From our experience in providing these components in different countries, we recognise that whilst providing some benefit, these individual elements would have most impact in improving the health of babies, children, and pregnant women if delivered together through a whole systems approach. So in 2003, our Strengthening Emergency Health Care Programme, which we run with our partner the Advanced Life Support Group (ALSG), became a key focus of our work.

Our Strengthening Emergency Health Care Programme aims to overcome the many barriers faced by women, children, babies, and infants when seeking appropriate and timely care and takes a practical rights-based approach to health care.

The programme involves training different types of health workers in the emergency management of babies, children, and pregnant women, renovating and refurbishing health facilities, providing medical equipment, supplies, and emergency medicines, and organising transport systems to take seriously ill patients to health facilities.

A recent addition to our Strengthening Emergency Health Care Programme is apprenticeship based training, in which international expert volunteers and national trainers do "on the job" training of local doctors and midwives in advanced obstetrics. This work is mainly, although not

exclusively, focussed on remote and rural areas, where access to quality health care is limited.

We have pioneered several life-saving innovations, such as our current programme in Liberia that trains local experienced midwives in advanced obstetrics, including performing Caesarean Sections. And our practical educational resources, such as our textbook, **International Maternal & Child Health Care: a practical manual for hospitals worldwide**, has educated and empowered health workers worldwide.

Top Left: An ill child in the ward at Phebe Hospital, Liberia

Top Right: Training doctors, midwives, and nurses on our Emergency Maternal & Neonatal Health Care at Phebe Hospital, Liberia

MCAI's country A to Z



AFGHANISTAN 1997-1998. Resumed 2013-present

With support of the Ministry of Public Health of the Taliban Administration, MCAI started to work in **AFGHANISTAN** in 1997. We worked in the Indira Ghandi Children's Hospital in Kabul to improve conditions in the ward for critically ill children and the neonatal unit and provided life-saving equipment and 6 months of life-saving supplies to both the Children's Hospital and the Malalie Maternity Hospitals.

In April 1998, an MCAI paediatrician began work in the children's wards but had to leave when the security situation deteriorated. Because of the security situation, MCAI's work in Afghanistan was suspended in 1998 but in 2013, our work resumed through conducting a needs assessment for our Strengthening Emergency Health Care Programme in Kabul and Ghor province, supported by the Ministry of

Health, WHO and UNFPA in Afghanistan. We are currently seeking funds to train female doctors and midwives in advanced obstetrics so that pregnant women and adolescent girls can have improved access to the health care they need.

Top: Afghan children in the streets of Kabul
Bottom Left: An ill child and his mother at the Indira Ghandi Children's Hospital In Kabul.

Bottom Right: The neonatal unit at the Indira Ghandi Children's Hospital before renovation





ALBANIA 1997-2009

As the conflict in former Yugoslavia spread to affect several countries in the region, MCAI began working in **ALBANIA** in 1997 through a link between the Children's Hospital in Tirana and the Children's Service in Barnsley Hospital in the UK.

This arrangement led to several key initiatives over the years including providing medical aid and supplies for several children's hospitals in Albania; establishing a

neonatal resuscitation programme in Tirana and three other cities; establishing fellowships for Albanian children's doctors to visit Barnsley and Sheffield hospitals to receive further specialist training; and establishing a medical education centre in a children's hospital in Tirana.

Our work in Albania also involved long-term work with orphaned and street children and MCAI volunteer experts also helped to establish a

system to support children with speech and language problems.

Our presence in Albania meant that in 1998, we could respond to the massive influx of Kosovan Albanians who were fleeing the armed conflict in Kosovo.

Top: Street children in Tirana

Bottom Left: Orphaned child in Tirana

Bottom Right: MCAI's project with orphaned children in Tirana



MCAI was founded in 1995 in response to the war in **BOSNIA AND HERZEGOVINA**. One of our founder members, paediatrician Professor David Southall (then working for UNICEF and funded by the Overseas Development Association of the British Government) attended to ill and injured children and witnessed first-hand the horrors of war.

As health services in Bosnia and Herzegovina had either been destroyed or greatly disrupted, our very first project involved the emergency evacuation of 42 ill and injured children to the UK for urgent medical and surgical treatment, without which, many of them would have died.

Once the situation in Bosnia and Herzegovina became more stable, with the help of MCAI's long-term



BOSNIA & HERZEGOVINA 1995-2014

Bosnian logistician, Armin Alagic, we embarked on long-term development work to strengthen the health service. We established paediatric and neonatal intensive care units in hospitals in Sarajevo and other cities (Mostar, Gorazde, and Bihac), renovated and equipped children's wards, and provided health care to children in a school for the blind.

A key component of our work with our partner ALSG was training doctors, nurses, and midwives in the emergency management of obstetric, neonatal, and paediatric care through both short (three day) courses and through longer-term apprenticeship based training provided by international volunteers.

In the 19 years that we worked in Bosnia and Herzegovina, over 100 international doctors, nurses, and midwives volunteered their time and expertise to teach their Bosnian colleagues. When MCAI left Bosnia and Herzegovina in 2014, the country had lower levels of maternal deaths than the UK.



Top: MCAI volunteers Dr Mary and Dr Umri at the neonatal unit in Sarajevo
Middle: (M)CAI vehicle next to a landmine
Bottom: MCAI volunteer and Trustee Dr Brigid Hayden training health workers on the Pre-Hospital Obstetric Emergency Training course





CAMEROON 1999-present

MCAI first started working in the North West region of CAMEROON in 1999 when an MCAI volunteer doctor worked in the neonatal unit and children's ward of Bamenda Hospital teaching staff and students, and establishing treatment guidelines.

The prevention of mother to child transmission of HIV (PMTCT) became a large focus of MCAI's work in Cameroon in 2004. Since then, MCAI has been working through local staff to provide a PMTCT programme for HIV positive mothers and to improve care for HIV positive babies and children. The successful programme based at Bamenda Hospital was extended to Nkwen, a very poor region, in 2011.

Community mobilisers are instrumental to MCAI's work in Bamenda. They visit individuals and groups to talk about PMTCT and to encourage pregnant women to attend antenatal clinics with their partners for testing. A parent's support group provides the opportunity for parents to share

their experiences and concerns and benefit from peer support.

Other work in Bamenda includes a breast milk bank, where mothers donate breast milk to help feed sick and premature babies and a play room and play therapy for HIV positive children that encourages children with HIV to attend for treatment and follow up.

MCAI has run other successful programmes for children in the Bamenda region of Cameroon, such as a treatment programme for children with the deadly cancer Burkitt's Lymphoma, which is 100%

fatal if left untreated. From 2003-2013, MCAI local staff treated 200 children with this condition, with a survival rate of 50 -60%.

We have also run neonatal care courses, extended the neonatal ward, which provides a room for mothers to stay with their newborn babies, and built a toilet block for mothers.

Top: A child being treated for Burkitt's lymphoma and his mother at Bamenda Hospital

Bottom: Midwives and nurses who successfully completed the Neonatal Care course at Bamenda Hospital with their course certificates



2005-present THE GAMBIA

MCAI and our partner ALSG have been working in THE GAMBIA for the past ten years implementing our Strengthening Emergency Health Care Programme in partnership with the Ministry of Health and WHO.

This work has been implemented in Basse, Brikama, and Essau regions, covering a population of 500,000. Our work has involved training almost 1000 (974) health workers in the emergency management of obstetric, paediatric, and neonatal care through short courses, and supporting the training of village health workers and traditional birth attendants.

We have renovated and refurbished maternity units, operating theatres, and children's wards, and organized emergency transport systems. We also regularly provide medical equipment, supplies, and emergency drugs.

A recent addition to the Strengthening Emergency Health Care Programme in The Gambia is

the apprenticeship-based training in advanced obstetrics for doctors and midwives, undertaken by international specialist volunteers. One doctor and one midwife are currently being trained at Brikama Hospital by these international volunteers, and we plan to train more junior doctors and midwives this year.

Top Left: The Ante and Post Natal ward at Brikama Major Health Centre

Top Right: The renovated operating theatre at Brikama Major Health Centre

Bottom: MCAI volunteer Dr Tanya on her ward round at Bansang Hospital





KOSOVO 1998-2002

MCAI began working in **KOSOVO** in 1998, mainly helping to provide healthcare in remote and rural communities. This work was temporarily halted for a few months because of the NATO bombings. When we resumed our work, our focus was primarily in providing health care for children in the refugee camps based inside the Albanian border through local and international MCAI doctors and logisticians.

After the war in Kosovo ended, a main focus of our work was providing health care for children and babies in the hospitals of Pristina, the capital city, including mother and baby units for premature babies. We also had a programme for abandoned and orphaned children, and international experts set up the first ever child and adolescent mental health service in Kosovo, including training two national psychiatrists to make the programme sustainable.



Top: Camp for Kosovan refugees inside the Albanian border

Middle: Injured Kosovan child and his mother following an attack on their village

Bottom: MCAI volunteer, Dr Mark, examining a child at a village clinic.



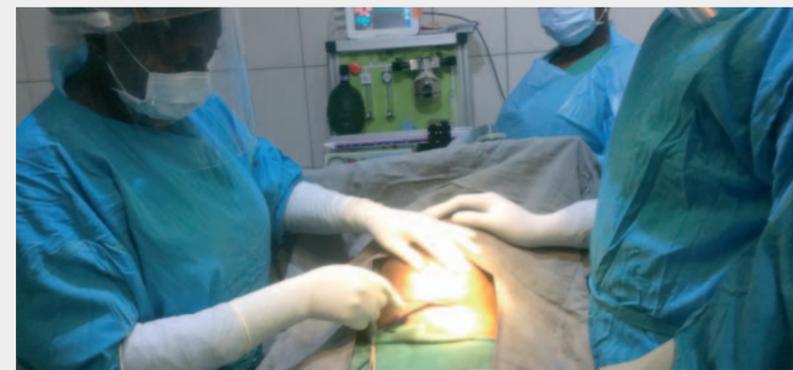
2012-present LIBERIA

MCAI and our partner ALSG initiated the Strengthening Emergency Health Care Programme in Bong County, **LIBERIA** in 2012, in partnership with the Liberian MOH and WHO. Since then, we have trained almost 200 (191) health workers (doctors, nurses and midwives) through our courses, renovated the emergency room at Phebe Hospital, and have supplied an oxygen generator plant, protective equipment during the Ebola outbreak, and a container full of medical equipment to supply both Phebe Hospital and CB Dunbar Hospital.

In an innovative development that takes a task-shifting approach, MCAI has delivered apprenticeship-based training in advanced obstetrics, including surgery such as Caesarian Section, to carefully selected experienced midwives as there are very few doctors based in Liberia, especially in rural areas.

The trainee midwife surgeons (obstetric clinicians) worked throughout the Ebola outbreak and in the past 18 months have performed 386 major obstetric procedures, including 236 Caesarean sections. Importantly,

there were no deaths in the patients that they were involved in treating, which is significant given that many of these high-risk patients were seriously ill. The trainee midwife surgeons were also involved in successfully resuscitating 72 babies who did not breathe at birth. We now plan to train 8 more selected midwives so the programme can be scaled up and rolled out throughout Liberia.



Top Left: MCAI trained Liberian instructor and trainee midwife surgeon, Hannah Gibson, training a colleague in neonatal resuscitation

Top Right: The oxygen generator plant MCAI donated to Phebe Hospital with (from left to right) Dr Jefferson Sibley (the medical director of Phebe Hospital), Mr Seycor (hospital administrator) and Jeremiah Akoi (MCAI logistician).

Bottom: Naomi Lewis, trainee midwife surgeon, performing a Caesarian Section



PAKISTAN 2001-2011

MCAI's work in **PAKISTAN** began in 2001 by treating Afghan refugees who had settled in camps over the Pakistani border. MCAI obstetricians and paediatricians worked in the New Shamshatu and Shalman and New Jalozaï Refugee camps in northern Pakistan providing emergency maternal and child healthcare.

In 2001, MCAI doctors treated 4,500 patients in the refugee camps in northern Pakistan. And in 2003, MCAI doctors treated over 2,000 patients a month through mobile clinics in the refugee camps.

Because of MCAI's presence in Pakistan, we were able to quickly respond to two disasters—the 2005 earthquake in Jalalabad and the 2010 floods in SWAT—with the help of our sister organisation CAI Pakistan by training health workers, providing health care through national and international volunteers in medical camps, and distributing much needed medical equipment, supplies, and medicines to affected health facilities.

Following the success of MCAI and ALSG's training courses, in 2005, WHO in Pakistan and the Pakistani Government agreed to take on responsibility for spreading the courses across the entire country and put together a funding consortium, which led to the intervention becoming sustainable.

By 2006, 8 different MCAI & ALSG training courses were running in Pakistan and there was also a fully trained national and international training faculty able to organize courses throughout Pakistan. By 2011, 3900 health workers throughout Pakistan had been trained on one of these courses.

One of MCAI's main achievements in Pakistan was establishing the Strengthening Emergency Health Care Programme, ensuring the availability of essential drugs, medical equipment and supplies, the renovation of hospital wards, and communication and transportation for critically ill patients between home and hospital.

MCAI and ALSG handed over the work of the Strengthening Emergency Health Care Programme to partner organization CAI Pakistan in 2011.



Top: MCAI's mobile obstetric clinic for Afghan refugees in the North West Frontier Province of Pakistan
Bottom: Pakistani MCAI staff outside the children's clinic in the new Shamshatu refugee camp in northern Pakistan

2002-2006 SRI LANKA

Our work in the Tamil areas of **SRI LANKA** began in 2002 with a visit supported by The Medical Institute of Tamil Doctors in the UK to conduct a needs assessment at Kilinochchi, Mullaitivu and Puthukkudiyiruppu district hospitals in the North and East of Sri Lanka to produce a long-term plan for paediatric services in the area. These hospitals provided specialist maternal and child healthcare but had been almost completely destroyed by recent armed conflict.

When the tsunami hit in 2004, MCAI sent emergency drugs, supplies and vital medical equipment to the North and East of Sri Lanka. We also sent international volunteer doctors to allocate supplies and work in the local hospitals, train local staff in emergency care, and to teach final year medical students.

In the aftermath of the tsunami, in collaboration with the Sri Lankan College of Paediatricians, led by MCAI's former Programme Director, Meggie Szczesny, we also



set up a project to help orphaned children, placing them with foster carers and families in their own community. MCAI collected sponsors and forwarded funds to the College for them to establish foster homes.

Unfortunately, the level of violence steadily increased over 2006 and MCAI had to cancel a planned visit because of increasingly unsafe

conditions. We were also unable to obtain financial support for our work with the Tamil population and so sadly, had to withdraw from Sri Lanka in 2006.

Top: A newborn baby at Vaddakachchi maternity unit in Kilinochchi
Bottom: MCAI volunteer, Nurse Paula, at Batticaloa Hospital



UGANDA 1998-2009

MCAI started working in **UGANDA** in 1998, initially through MCAI volunteer doctors providing care to up to 200 critically ill children a day in the emergency ward and baby unit of Mulago Hospital in Kampala, the capital city. The hospital was later linked to James Cook University Hospital in Middlesborough, England, and MCAI supported regular training courses in neonatal resuscitation, paediatric life support, and pain control. Training midwives in neonatal resuscitation was subsequently incorporated into the local health service strategy and implemented in maternity units outside Kampala.

At that time, because anti-HIV drugs (antiretrovirals - ARVs) were not available, families often did not attend clinics for follow up. So MCAI established a home-based programme for children with HIV in Kampala, the capital city, to provide palliative care involving medical and emotional support, and later (2005), specific anti- HIV drug treatment. Field teams would

regularly visit the family and also provide support if the child was admitted to hospital. Families could also attend the MCAI programme office, open six days a week, for both physical and psychological support.

MCAI transferred this programme to Kayunga district, 70 km from Kampala, where there was no other programme for children with HIV. The MCAI team spent much time in the villages dispelling the myths and beliefs about HIV and encouraging families to come for counseling and testing.

The programme in Kayunga district included treatment with antiretroviral drugs in addition to support services and became the basis of a comprehensive HIV programme in the district that incorporated community sensitization, voluntary testing, prevention of mother to child transmission (PMTCT), and care of infected and affected children.

Back in Kampala, babies and young children were often abandoned and

brought to Mulago Hospital. Some of these babies had disabilities or were born HIV positive. Through the "mother care" project, MCAI employed three 'mothers' who provided the support and care that a mother would provide, for the time that the child was living in the hospital. Sometimes it was possible for the child to be returned to the extended family for foster care.

By 2009, the local charity of MCAI, CAI-Uganda, branched off as an independent organisation with its own Board of Trustees, financial arrangements and management plans. It continues to develop its own programmes, partnerships, and funding arrangements within Uganda.

Top Left: Children's critical care ward in Mulago Hospital, Kampala

Top Right: Two children, whose parents have died of HIV, with their grandmother.

Bottom Right: A child in the malnutrition ward at Mulago Hospital, Kampala



2001-2008 ZAMBIA

Our work with malnourished children in **ZAMBIA** began in 2001, driven by the fact that over half of the deaths in children aged under 5 years were caused by malnutrition.

An MCAI volunteer doctor set up a joint initiative with the University Teaching Hospital in Lusaka, the capital city, to prevent severe child malnutrition by earlier intervention in the community. This programme identified malnourished children, treated associated infections, such as malaria, pneumonia, and diarrheal illnesses, and tested for HIV. MCAI local staff involved the local community by giving nutritional advice to carers, including cooking demonstrations.

By 2003, similar malnutrition clinics had been set up in the two poorest districts of Lusaka, Chipata and Panyana and by 2006, weekly clinics were run in four other deprived districts, with between 20-50 children seen in each clinic. Most children attained their safe weight and could be discharged from clinics after 6-weeks.

During 2006-7, our main emphasis was on the training of local healthcare workers, employed by the Lusaka District Health Management Board, in order for the department to be in a position to take over a similar service to cover the whole of Lusaka.

MCAI's outreach nurses continued to visit all 24 clinics and by 2008, the programme had successfully reduced the need for hospital admission, 80% of children on the programme attained their target weight within 6 weeks, and there was earlier identification of children who were HIV positive.

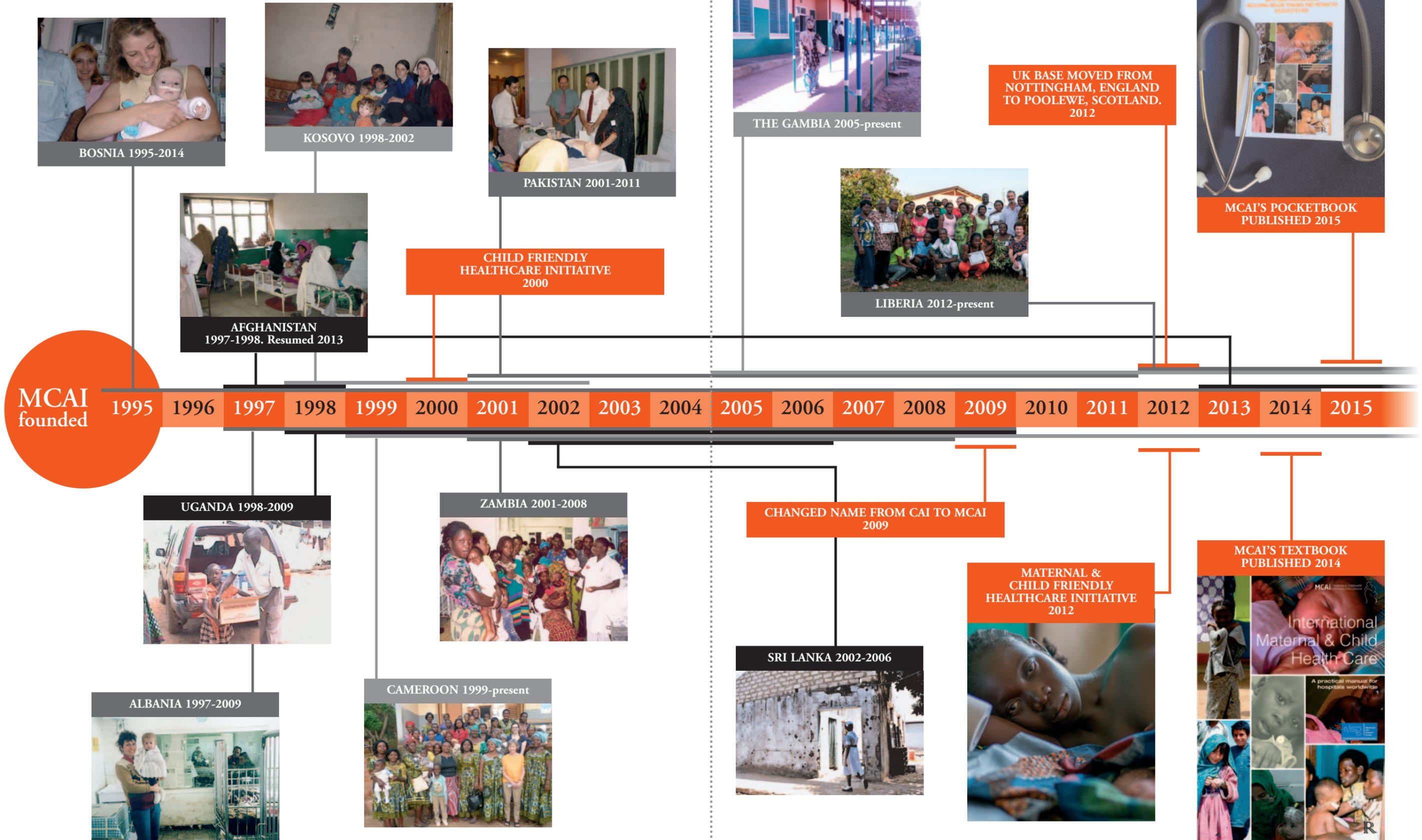
When taken over by the Lusaka District Health Management Team in 2008, more than 37,000 children were attending the community clinics each year.



Top and Middle: Mothers and children at malnutrition clinics in Lusaka

Bottom: A recovering malnourished child

MCAI Timeline



Snapshots of MCAI's Work

OUR MEDICAL EVACUATION PROJECT

MCAI's very first project involved the emergency evacuation of 42 ill and injured children from Bosnia and Herzegovina to the UK for urgent medical and surgical treatment, without which, many of them would have died. This photo shows one of these children, Jasmin, who was evacuated with his mother, for chemotherapy treatment for a form of blood cancer. Jasmin made a full recovery and MCAI repatriated Jasmin and his mother to Bosnia and Herzegovina after the successful treatment.



TRAINING OF TRADITIONAL BIRTH ATTENDANTS

The first point of contact for most Gambian pregnant women and adolescent girls is with Traditional Birth Attendants (TBAs), local women, who are not trained health professionals. MCAI supports the training of TBAs by our Gambian colleagues in basic emergency care in a format that they can understand. As many TBAs are unable to read, we use photo books to guide TBAs in what to do in an emergency and give each one some basic equipment (a mobile phone, a thermometer, and a bag valve mask) on successful completion of the course. Here, a TBA is shown the basics of emergency resuscitation by our Gambian staff.



SKIN-TO-SKIN CARE

One important way to help improve the health of newborn babies is through the simple process of skin-to-skin care, where the baby has skin contact with his/her mother to help keep him/her warm and to enhance breastfeeding. Teaching mothers in skin-to-skin care is a key component of MCAI's work, but fathers can also be taught to keep their babies warm, as shown here in Cameroon.



TRAINING IN ADVANCED OBSTETRICS: PART 1

Training doctors and midwives in advanced obstetrics through an apprenticeship-based approach is an effective way to improve maternal and neonatal health but needs long-term international expert volunteers to undertake the training. Dr Alice Clack is MCAI's lead expert volunteer for our project at Brikama Major Health Centre in The Gambia and here she is training Gambian health workers on the wards.



TRAINING IN ADVANCED OBSTETRICS: PART 2

Because of the improved systems Dr Alice Clack has implemented at Brikama Major Health Centre, she and the Brikama team were able to successfully resuscitate Fatou, the patient shown here, who almost died following very heavy bleeding during pregnancy. Dr Alice and the Brikama team were able to operate and give Fatou lifesaving treatment, including a blood transfusion.



THE EBOLA OUTBREAK: PART 1

The recent Ebola outbreak in Liberia (2014-15) was very distressing for our Liberian staff, especially as several of their colleagues died, but all bravely worked throughout the outbreak. Screening for the Ebola virus infection was implemented on maternity patients and here you can see patients waiting to be screened at CB Dunbar Hospital in September 2014. MCAI delivered a ship container full of essential equipment and supplies, including protective clothing, to Phebe and CB Dunbar Hospitals as the outbreak took hold.



THE EBOLA OUTBREAK: PART 2

This photo shows our Liberian colleagues during the height of the Ebola outbreak. From left to right, our logistician, Jeremiah Akoi, trainee midwife surgeons (obstetric clinicians), Naomi Lewis and Hannah Gibson, and their trainer, Consultant Obstetrician, Dr Obed Dolo, worked tirelessly throughout the outbreak to continue to provide emergency care to pregnant women and their babies.



Crucial Components of MCAI's Work



Liberian "mothers-to-be" at the waiting home near Phebe Hospital

Rights based standards of health care

The rights of the babies, children, and pregnant women and adolescent girls that we have cared for over the past 20 years have always been central to MCAI's work. It is important to us to ensure that we apply a rights-based approach to all of our work and that we don't just talk about human rights but are heavily involved in their practical implementation. Here are some examples of how seriously we take human rights.

CHILD FRIENDLY HEALTHCARE INITIATIVE

In 2000, with support from the Royal College of Paediatrics & Child Health, the Royal College of Nursing and UNICEF UK, MCAI developed the ground-breaking

Child Friendly Healthcare Initiative, which focuses on improving the experience of children and their families undergoing health care by reducing fear, anxiety and suffering.

Based on the UN Convention on the Rights of the Child, the Child Friendly Healthcare Initiative uses 12 'Standards' of care, each with several supporting components (criteria), which encompass all aspects of health care provision for children. These 'Standards' are globally applicable and apply to all types of health care contact.

Countries around the world have taken up the Child Friendly Healthcare Initiative, especially those in South America, such as Chile, where the initiative is now

embedded into country programmes. MCAI has championed several key components of the initiative, such as providing pain relief for painful procedures and promoting play therapy in HIV positive children, and has embedded the 12 standards into our programmes.

PROPOSED CONVENTION ON THE RIGHTS OF PREGNANT WOMEN AND GIRLS

As our work developed to include maternal health, so our focus enlarged to include the rights of pregnant women and adolescent girls. In 2012, in collaboration with colleagues from the Gambia and Pakistan, MCAI published a



proposed Convention Of The Rights Of Pregnant Women And Girls, as this group has fallen through UN human rights conventions.

MATERNAL & CHILD FRIENDLY HEALTHCARE INITIATIVE

Based on this proposed convention and the convention on the rights of the child, we developed the 'Maternal & Child Friendly Healthcare Initiative' and accompanying manual written for health workers who are involved in any way in the care of pregnant women, babies, children, and their families.

The manual translates these conventions into daily clinical

practice and includes sharing information, ensuring a clean and safe environment, and protection from any form of abuse. The manual provides a method for assessing these standards and also a structure for making any improvements so women, babies, children and their families everywhere can receive the 'best possible' healthcare, regardless of circumstances.

As examples of practical implementation of these rights-based standards of health care, MCAI has developed courses for safely giving the painkiller morphine, ensuring that women receive a hygiene pack after birth to help prevent "childbirth sepsis"; and advocating for the safety of health facilities and health care workers in conflict-affected countries.

Top Left: Gambian Mother and her baby
Top Right: A Bosnian child in hospital
Bottom Right: A Gambian girl carrying her younger sister





Advocacy

Advocacy is in our name and advocating for effective change at a local, national, and international level is a key component of our work. Our advocacy work is based on our experiences on the ground in the countries in which we work, which gives credibility and authenticity to any requests for change.

Not only do we speak up about the problems that we identify, but we aim to find practical solutions that can be implemented locally and in other similar settings by widely disseminating the details of any successes. We are very aware that we are often in a position to have a voice when the women, children, and babies, that we represent are not so fortunate and so we are committed to responsible advocacy, to best represent the people we serve, no matter how difficult it may sometimes be to speak up and lobby for change.

We are particularly committed to speaking up against armed conflict and its effect on health. Two MCAI Trustees formed a subsidiary

advocacy arm, the International Health Protection Initiative, which is a founding member of the Safeguarding Health in Conflict Coalition to further campaign on this crucial issue.

We are always advocating for improving the health care of women, babies, and children especially to our partners, the Ministries of Health in the countries in which we work, but also to UN agencies such as WHO. Here are some examples of our advocacy work.

ADVOCACY IN ACTION

Albania – A survey by MCAI in 2003 found more than 90% of 8-12 year old children in the southern hills of Albania had severe iodine deficiency. The results were published and presented to the Albanian Government. A further study showed that supplementation of iodine to 10-12 year old children with deficiency improved their cognitive performance. The Deputy Minister for Health agreed

to act on MCAI's findings to provide iodination of salt throughout Albania.

However, in 2006, in an analysis of different brands of "iodised salt" sold by Albanian shops, MCAI found that none of these brands contained iodine and reported this finding to the Ministry of Health and to the press. In 2007, in a second analysis of samples collected from shops labelled as iodized salt, MCAI found that most of them contained iodine. In 2008, a new national law was enacted making universal salt iodization in Albania mandatory.

Pakistan – In 2001, MCAI's advocacy work resulted in 70,000 Afghan refugees who had been living in appalling conditions in the New Jalozai camp being re-housed in much better accommodation in other camps and for the New Jalozai camp to be closed. UNHCR recognised our central role in this and wrote a formal letter of thanks.

Liberia – in 2012, MCAI observed that many people, especially children, were bitten by snakes in



Bong county Liberia. We researched the most effective anti-venom, purchased a few samples, and advocated that WHO in Liberia ensure a constant and reliable supply of anti-venom throughout Liberia.

We also purchased wellington boots for the pregnant women and adolescent girls in the nearby Waiting Home (a safe place for pregnant women with complications to stay close to the hospital) to protect them from snake bites during their walk from the waiting home to the labour ward. We are advocating the wide implementation of this cheap and practical solution to other similar settings.

On another matter, we were concerned at the high number of women and adolescent girls experiencing "child birth fever" (puerperal sepsis) in Liberia after giving birth. We supplied maternity pads and hygiene packs to Bong county and have advocated for our Liberian partners to continue the supply and find other culturally

acceptable ways to help prevent this deadly infection.

The Gambia – Many pregnant women and adolescent girls in The Gambia do not get the emergency obstetric drugs and analgesia they need because of a limited supplies. MCAI has helped plug the gap by sourcing and supplying these drugs but also working with the Ministry of Health to ensure an improved supply. We also advocated for the use of a specific drug (Misoprostol) that helps to prevent bleeding that had not been previously available. This drug is now widely available and used throughout The Gambia and other resource-limited countries.

Cameroon – We noticed that the oxygen concentrators in Bamenda Hospital were in poor condition so the families of children needing oxygen had to pay for oxygen from other sources. MCAI paid for two technicians to keep the oxygen concentrators in good condition to keep a constant supply of oxygen and advocated that the hospital director encourage the supply of free oxygen.

International academic input – Our experience, expertise, and academic credentials have meant that we are often in a position to input into WHO clinical guidelines and advocate for improvements. For example, our evidence has influenced the recommended fluid management of shocked children, the recommended management of convulsions in children (and the importance of checking for low blood sugar in sick children), and the recommended level of blood oxygen saturation levels for all patients.

P22 Left: Albanian children

P22 Right: The New Jalozai camp in northern Pakistan

P23 Left: Liberian midwife, Viola, modeling the wellington boots

P23 Right: Emergency medical supplies being delivered to Basse Hospital, The Gambia



MCAI Afghan logistician Dr Muhammad Amin distributing MCAI's textbook to health workers at Rabia Balkhi Maternity Hospital, Kabul

Educational Resources

MCAI and our partner ALSG have provided several educational resources in different formats over the years. Feedback that MCAI received from running our short training courses showed that health workers want a comprehensive resource to help guide them with their work once they return to their health facilities and wards. Furthermore, many health workers in low-income countries who have not had the opportunity to participate in further training, have asked us for an in-depth textbook to help guide them through everything they need to know, from differential diagnoses and complex algorithms of treatment pathways to drug doses and practical procedures, as

they take care of their ill patients in often difficult situations.

In such settings, access to the internet is often limited, or if there is access, download times are prohibitively slow, paper and printers are expensive, and electricity unreliable.

In response to the demands from health workers, MCAI produced and financed two books, a textbook and a pocketbook, with the aim of providing and distributing these books free of charge to health workers based in public hospitals in low-resource settings, financed by the sale of the books to health workers in wealthier countries.

MCAI'S TEXTBOOK

For five years, MCAI'S Honorary Medical Director, worked with 11 associate editors (from the UK, Pakistan, South Africa, and Chad) and over 100 experts from around the world to produce a comprehensive textbook that covered all aspects of the hospital care of babies, children, and pregnant women and adolescent girls. These experts wrote and reviewed chapters in their areas of expertise and freely gave their time for this laborious work.

The result of all of these efforts culminated in the 918 page textbook: **International Maternal & Child Health Care: a practical manual for hospitals world-wide.** published in October 2014.



The textbook is written specifically for health workers treating pregnant women and adolescents, their newborn infants, and children admitted to hospitals in countries around the world. It addresses a full range of possible illnesses, conditions, and injuries and includes all complications of pregnancy and delivery. It is meant to be used as a reference with the aim of having copies available on hospital wards in low-resource settings, in addition to individual use.

Based on the latest evidence, including Cochrane Reviews and WHO Guidelines, the textbook identifies an internationally applicable, minimum standard of care in poorly-resourced hospitals and reflects the management of

problems often inherent in resource-limited countries.

As of May 2015, MCAI had distributed 2500 copies of the textbook free of charge to health workers in 33 resource-limited countries around the world.

MCAI'S POCKETBOOK

The Pocketbook (**Pocket Book of Hospital Care for Maternal Emergencies including Major Trauma and Neonatal Resuscitation**) is a summarised version of the maternal and neonatal resuscitation sections of the textbook. It compliments the reference textbook but is also a stand-alone product. Its compact

size means that it can literally fit into a health worker's pocket and can be quickly accessed and referred to in an urgent emergency situation.

The pocketbook was ready in April 2015 and as of June 2015, MCAI had sent 300 copies to health workers worldwide.

Top Left: Handing out MCAI's textbook at Mbara Hospital, Uganda

Top Right: Officer in Charge at Essau Hospital, The Gambia, with MCAI's textbook

Bottom Left: Midwife Yameh Miller at Phebe Hospital Liberia, receiving MCAI's textbook

Bottom Right: Nurse, Wandifer, with MCAI's textbook at Bansang Hospital, The Gambia

Future Plans

MCAI has innovative and exciting plans for the next year, which will help to save and improve the lives of babies, children, and pregnant women and adolescent girls in the countries in which we currently have active programmes, and around the world, through our practical educational resources.



AFGHANISTAN

With the help of our local senior doctor and logistician and support from the Afghan Ministry of Health, MCAI plans to train 8 female junior doctors and midwives in advanced obstetrics through the apprenticeship-based approach that has been so successful in Liberia.

There is poor access to appropriate quality health care in many rural regions of Afghanistan because of a lack of adequately trained health professionals. In Afghanistan, the added challenge is that the majority of doctors are male and families often do not want their pregnant women and adolescent girls to receive care from male doctors.

The female junior doctors and midwives will be trained (according to MCAI's tried and tested curriculum) in Kabul by experienced local trainers with input from MCAI international experts. The doctors and midwives will then be posted to Ghor Province, a very poor region of

Afghanistan that has a very high maternal and neonatal mortality rate partly because of poor access to appropriate quality health care.

MCAI has a full grant proposal for this work supported by the Ministry of Health, WHO and UNFPA and we are actively seeking funding for this innovative project.

CAMEROON

We will continue our Prevention of Mother To Child Transmission (of HIV) programmes in Bamenda and Nkwen and continue to support the community mobilisers, carers support group, and breast milk bank.

As the pilot project of the play room and play therapy for children with HIV in Bamenda has been so successful in improving adherence to treatment, attending follow up appointments, and improving the clinic experience, over the next year, we plan to introduce the play therapy project to eight other HIV

clinics in the region. This work will involve training health workers in play therapy and organising play rooms with an abundant supply of toys.

THE GAMBIA

MCAI will continue the training programme in advanced obstetrics at Brikama Major Health Centre delivered by experienced international volunteers through our apprenticeship-based approach. We plan to train at least 3 more junior doctors in the next year, while ensuring that the facilities at Brikama Major Health Centre are fit for purpose and continuing to provide much needed medical supplies.

We also plan to provide expert volunteer neonatal, paediatric, and anaesthetic input into Brikama through a similar apprenticeship-based approach.

In an exciting development, the renowned London-based maternity



hospital, Queen Charlotte's and Chelsea Hospital, has agreed to partner with MCAI for our work at Brikama Major Health Centre. This partnership will provide additional experts to help deliver the programme.

MCAI will also continue to support the maternity units and operating theatres at Basse and Essau.

LIBERIA

The success of our project to train experienced midwives in advanced obstetrics in Bong County, Liberia, has been welcomed by our local partners, including the Liberian Ministry of Health. The plan is to train 8 more carefully selected experienced midwives throughout Liberia, overseen by our local senior obstetrician and training co-ordinator and 4 local trainers. MCAI expert volunteers will continue to provide support. MCAI has recently received a grant from WHO for this work.

We also plan to renovate the neonatal unit at Phebe Hospital and provide international volunteer paediatricians to help local staff best care for seriously ill children and babies.

MCAI will also continue to support the critical care unit and nurse anaesthetists at Phebe Hospital, including providing supplies and equipment and international volunteer anaesthetists to help local staff best care for seriously ill patients.

OUR EDUCATIONAL RESOURCES

Our textbook and pocketbook have been greatly welcomed by health workers in low-resource settings and we have received encouraging feedback. We plan to continue to widely distribute the books free of charge to health workers in such settings funded by sales of both books to wealthier countries.

We have recently made the PDFs and HTML versions of both books available on our website in downloadable sections, suitable for settings with limited internet, to improve access to this life-saving educational resource. Both books can now be purchased from our website and sales proceeds will continue to fund this not-for-profit venture.

We also plan to have a comprehensive e-library, packed with videos, manuals, and papers on the emergency care of babies, children, and pregnant women, available on a USB stick, and distributed free of charge to health workers in resource limited settings.

P26 Top Left: Evodia, MCAI Play Specialist Nurse, at Bamenda Hospital, Cameroon

P26 Top Right: Dr Kanti and Midwife Arfan currently being trained in advanced obstetrics at Brikama Hospital, The Gambia

27 Top Left: Trainee Midwife Surgeon, Naomi Lewis, performing a Caesarian Section at CB Dunbar Hospital, Liberia

P27 Top Right: Delivery of MCAI's textbooks.

Heartfelt Thanks!



MCAI is greatly indebted to all those who have helped us with our work over the past 20 years in whatever way. They are too numerous to mention individually but they know who they are and can be assured of our deep gratitude and heartfelt thanks. MCAI's work has flourished because of YOU. We are particularly grateful to:

- Our founder, without whom there would be no MCAI.
- The Ministries of Health and UN agencies with which we work. We are grateful that you consider MCAI a partner.
- Our partner, The Advanced Life Support Group. You have greatly enhanced our work through your expertise and generosity.
- Our international expert volunteers. Words fail to convey how much we value your selfless time and commitment to work in our projects and provide expert input, often at great personal cost. MCAI would not have been able to do its work over the past 20 years without you.
- All past and present Trustees. You have selflessly given your time and expertise to help govern MCAI.
- All past and present Patrons. Thank you for promoting our work.
- All past and present UK and in-country staff members. We know you have gone over and above your duties to enable MCAI to do all that we do.
- All past and present UK volunteers. Your time in the MCAI office has been much appreciated.
- The volunteer authors and reviewers of our textbook. Your expertise has been put to great use.
- Our regular supporters, the unsung heroes of MCAI, whose generosity keeps us going.
- Our donors. Where do we start? Your belief in us and our work, combined with your generosity and commitment, has helped us to fulfil our mission to save and improve the lives of babies, children, and pregnant women around the world. A special mention must go to: ALSG, the BBC, the British Medical Association, the Elton John Foundation, The Lions Gift for Living Foundation, the Mercury Phoenix Trust, The Soroptimists of Great Britain and Ireland, THET, Viiv Healthcare, UKAID, UNICEF, UNFPA, and WHO.
- To any individual who has ever run a mile, baked a cake, recycled a phone, given a one off donation, put money in an MCAI tin, given a minute of time, or done anything else to help further MCAI's work.



Top: Some of MCAI Trustees, staff, and volunteers and our dog!

THANK YOU!

MCAI in numbers

- 1** Mission (see back cover)
- 3** UK office staff currently (1 full time and 2 part-time)
- 4** MCAI in-country logisticians currently
- 8** different types of internationally-accredited training courses with our partner ALSG
- 10** Trustees currently
- 11** countries worked in over the past 20 years
- 12** standards of care in our Child Friendly Healthcare Initiative and in our Maternal & Child Friendly Healthcare Initiative
- 20** years since MCAI was founded
- 42** critically ill Bosnian children evacuated to the UK for emergency medical treatment during the Bosnian war
- 100** international doctors, nurses, and midwives volunteered their time and expertise to teach their Bosnian colleagues
- 191** Liberian health workers trained through short courses in the emergency management of obstetric and neonatal care.
- 200** children with Burkitt's Lymphoma treated in Bamenda, Cameroon
- 236** Caesarian sections performed by our 2 current Liberian trainee midwife surgeons with NO maternal deaths
- 300** copies of MCAI's pocketbook distributed to health workers in low-income settings
- 918** pages in MCAI's comprehensive textbook
- 974** health workers in The Gambia trained through short courses in the emergency management of obstetric, paediatric, and neonatal care
- 2500** copies of MCAI's textbook distributed to health workers in 33 resource-limited countries
- 3900** health workers throughout Pakistan trained through short courses in the emergency management of obstetric, paediatric, and neonatal care
- 28,500** Afghan refugees treated through our mobile and field clinics in refugee camps in northern Pakistan
- 37,000** children attending community malnutrition clinics each year in Zambia following establishing MCAI's community clinics
- 70,000** Afghan refugees in the New Jalozi camp in Northern Pakistan re-housed to better accommodation because of MCAI's advocacy
- Unquantifiable** The size of our gratitude to all who have helped MCAI over the past 20 years!

MCAI's mission:

“To save and improve the lives of babies, children, and pregnant women in areas of extreme poverty, by empowering and enabling our in-country partners to strengthen emergency healthcare.”

www.mcai.org.uk

<http://books.mcai.org.uk>

