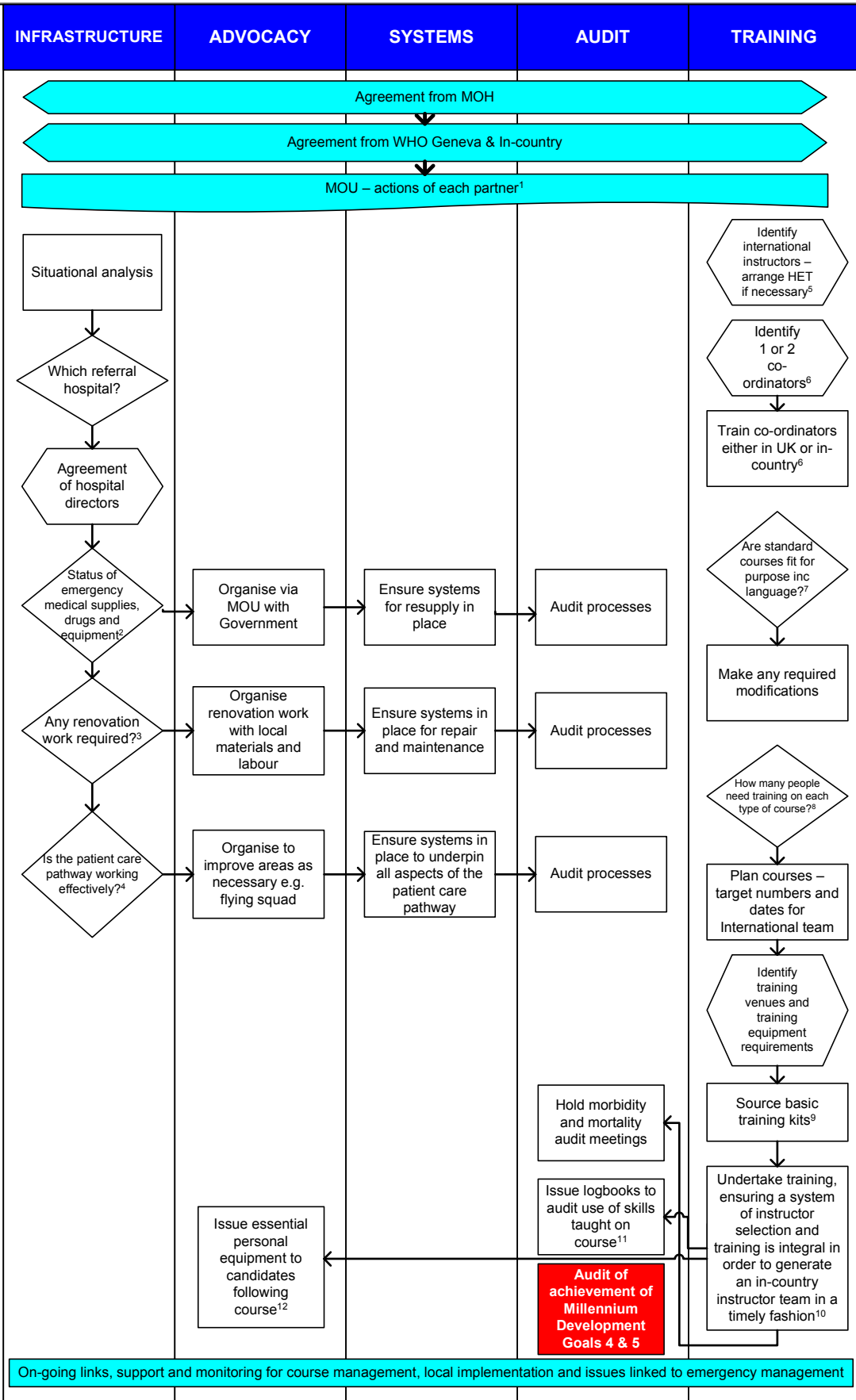


OUTLINE FOR INTRODUCING STRENGTHENING EMERGENCY CARE INTO A NEW COUNTRY



Notes

1: Memorandum of Understanding

- Prepare a Memorandum of Understanding outlining the actions required of each partner.
- Agree with the local or regional or national government that they will provide any missing essential drugs and medical supplies. The programme may be required to fund or otherwise provide missing low cost but essential emergency equipment.

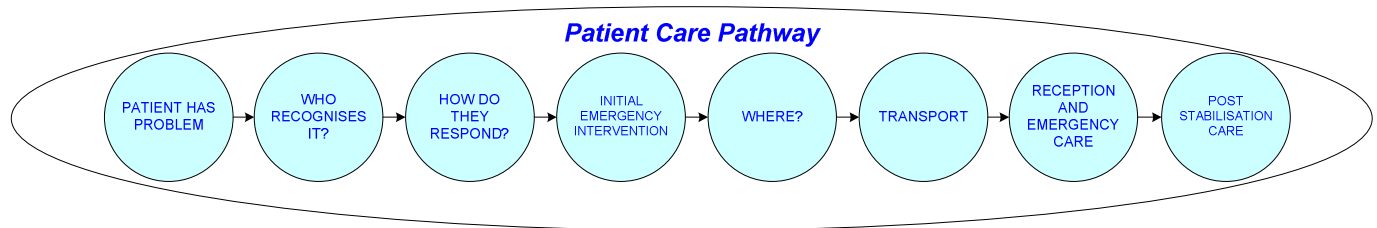
2: Supplies

- Undertake an assessment of the status of emergency medical supplies, emergency drugs and emergency equipment in each of the target hospitals. This will form part of an evaluation of maternal and child health indicators to be undertaken in each centre before the *Strengthening Emergency Care* programme begins and at regular, probably annual, intervals thereafter.

3: Renovation

- Identify the need for any basic renovation work that is needed in the maternity and paediatric units of each target hospital and seek to provide an outline plan of how with local materials, local labour and inexpensive materials this renovation can be undertaken. It may be that an outside grant rather than local funds would be used for this purpose.

4: Effectiveness of patient care pathway



e.g. Implementation of a Flying Squad service

In order to create a continuity of care within and between the community and the hospitals and major health centres in a country, the programme includes the setting up of a Flying Squad system as recommended by MCAI in the British Medical Journal (Hafeez A, et al BMJ 2004:328 834-836). The "Flying Squad" system is run by skilled birth attendants (midwives who have been through the 5 day EMNCH course, or the 3 day EMNH course, and also ideally the 3 day ECTH course) providing 24 hours a day 7 days a week cover. They each have a mobile emergency kit and are supported at all times by a dedicated ambulance with driver. The midwives on call, the driver, and the maternity wards in the local hospital or major health centre have free-phone telephone numbers which can be contacted by the TBAs using their mobile phones (provided by the project) if there is an emergency in any patient who is pregnant, a baby or young child (<5 years).

Key:

EMNCH- Emergency Maternal, Neonatal & Child Healthcare

EMNH- Emergency Maternal & Neonatal & Child Healthcare

ECTH- Emergency Child Trauma & Health

5: International Instructors

- The ALSG instructors/educators who lead the development and supervision of the training component of the *Strengthening Emergency Care* programme in the target country will be experts in the EMNCH training in the UK. They will also have received training on a hazardous environment course if the target country has security problems.

6: Co-ordinators

- Identify 1 or ideally 2 local in country course co-ordinators who will be responsible for providing the logistic support for the initiation and development and sustainability of the *Strengthening Emergency Care* programme in the target country.
- Arrange for these 2 local course coordinators to be trained either in the UK or in-country.

7: Course selection and design

- The EMNCH manuals are currently in English and available on the MCAI website (www.mcai.org.uk/resources)
- If the local main language in the target country is other than English, then all of the teaching materials will need to be translated before the courses begin.
- The standard course packages will also be assessed to ensure that the skills taught and the equipment used are suitable to the local environment. Adjustments will be made as necessary.

8: Course types

- Usually the first course will be a 5 day EMNCH course at which potential leading obstetricians, paediatricians, nurses and midwives will be present. Careful selection of these individuals is extremely important, as it is hoped that they will become the lead instructors who will be responsible for cascading the training throughout the country following the initial training performed by a UK team of volunteer ALSG instructors. It is essential that these potential instructors are of a high standard and that they fulfil the internationally recognised criteria for instructor selection. An in-country group of good quality instructors is one of the methods of ensuring quality control and will determine the success or otherwise of the sustainable development of *Strengthening Emergency Care* in the target country.
- Subsequent courses would be 3 days long and consist of an EMNH (Emergency Maternal and Neonatal Healthcare) followed by an ECTH (Emergency Child health and Trauma care) course. These first courses in the target country will be undertaken by ALSG international instructors. These latter instructors will come from the UK and from other countries where *Strengthening Emergency Care* has become established. This global pool of ALSG instructors will hopefully cut costs.
- Those of the local candidates who pass these courses and show sufficient skills to be recommended as potential EMNCH instructors will then undergo a *Generic Instructor Course (GIC)* and if successful thereby become Instructor Candidates and hopefully in the future fully internationally accredited ALSG Instructors. This 2 day GIC course will be run by the visiting ALSG instructors (at least one of which should be an Educator)
- *EMNCH short courses* for paramedics, ambulance personnel, traditional birth attendants, village health workers and ward orderlies (cleaners); these courses are usually taught by locally trained instructors in the local language.

9: Course Equipment

- For each country there will be a need for basic training kits. These include such items as manikins, power point projector and laptop computer, overhead projector, teaching materials, videos, CD ROMs etc.

10: Courses

- The first set of EMNCH courses will be undertaken in the target country.
- Each candidate will receive approximately 6 weeks in advance of each course a provider manual orientated to the resources available and diseases present in the target country.
- For the 5 day EMNCH course this manual covers all basic emergency aspects of maternal and child health. For the shorter courses the manuals are much shorter and confined to those areas which are going to be taught and achieved in the environment involved. Mostly these manuals will be pictorial as

many of the TBAs, ward orderlies and village health workers are likely to be illiterate

- At the end of each EMNH and ECTH course each successful provider will also be given an interactive CD Rom, one containing the essentials of emergency obstetrics and emergency neonatal medicine and the other the essentials of emergency paediatrics and trauma care. These CDs are designed to run on the lowest level of windows 98 compatible computers.
- The initial Instructor Candidates (ICs) will form the nucleus of future training in the target country. The lead ICs together with the new 2 course co-ordinators will then identify, with the assistance of and selection by local government, suitable doctors, midwives and nurses from the tertiary and district general hospitals in that country who would become the participants in subsequent EMNCH courses.
- The local instructors will need to be funded for the time they spend undertaking EMNCH training.

11: Logbooks

- Each EMNCH, EMNH and ECTH successful trainee receives an internationally accredited certificate and a Logbook in which they will be expected to detail each emergency they manage after the training. These Logbooks are used by the programme team to monitor and support the trainees and to evaluate the training. Flying Squad midwives report on the cases referred by TBAs. All of the logbook data is collated via a web-based analysis programme submitted locally, but held centrally in the UK for all countries.

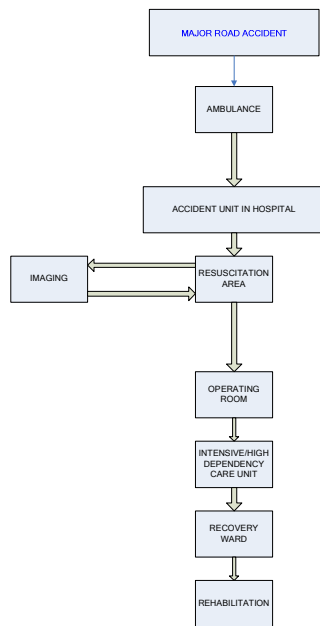
12: Essential personal equipment

- Each successful provider completing the EMNCH 5 day course or EMNH 3 day course will be issued with a bag valve mask system suitable for neonatal resuscitation. Each successful provider of the ECTH course will receive a pocket mask.
- As part of the training courses for TBAs, each successful provider will receive the following kit: bag valve mask for the neonate, digital thermometer, mobile telephone to link to the establishment of a Flying Squad system¹ for maternal, neonatal and under 5 year emergencies.

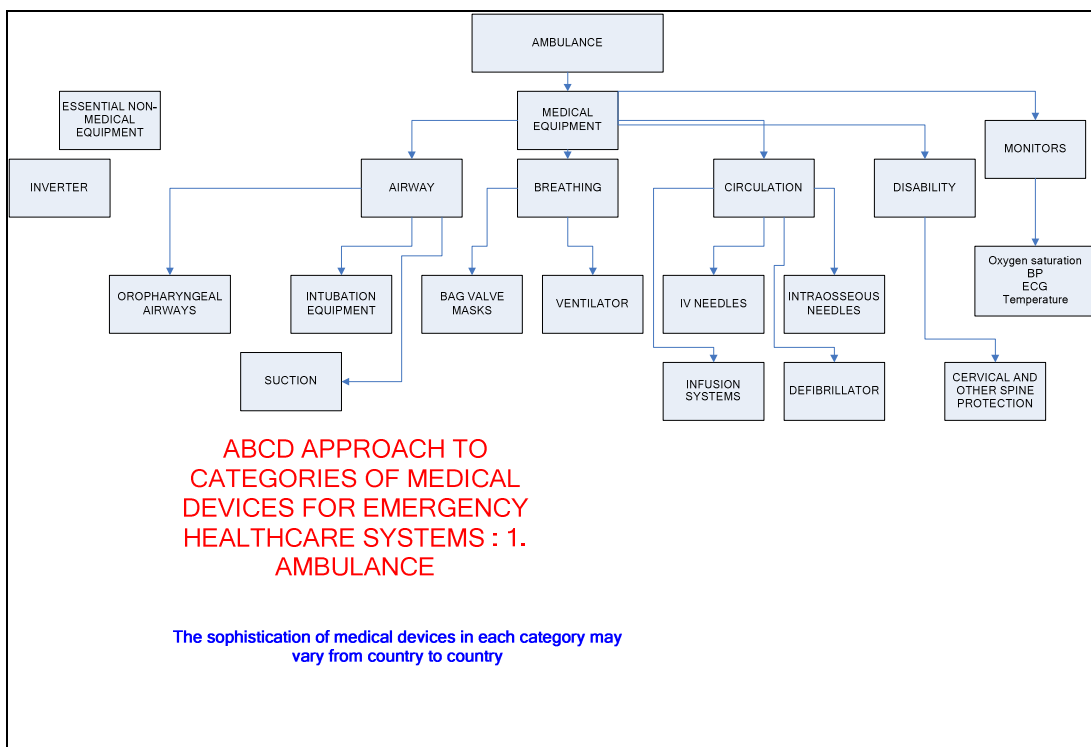
13: On-going links

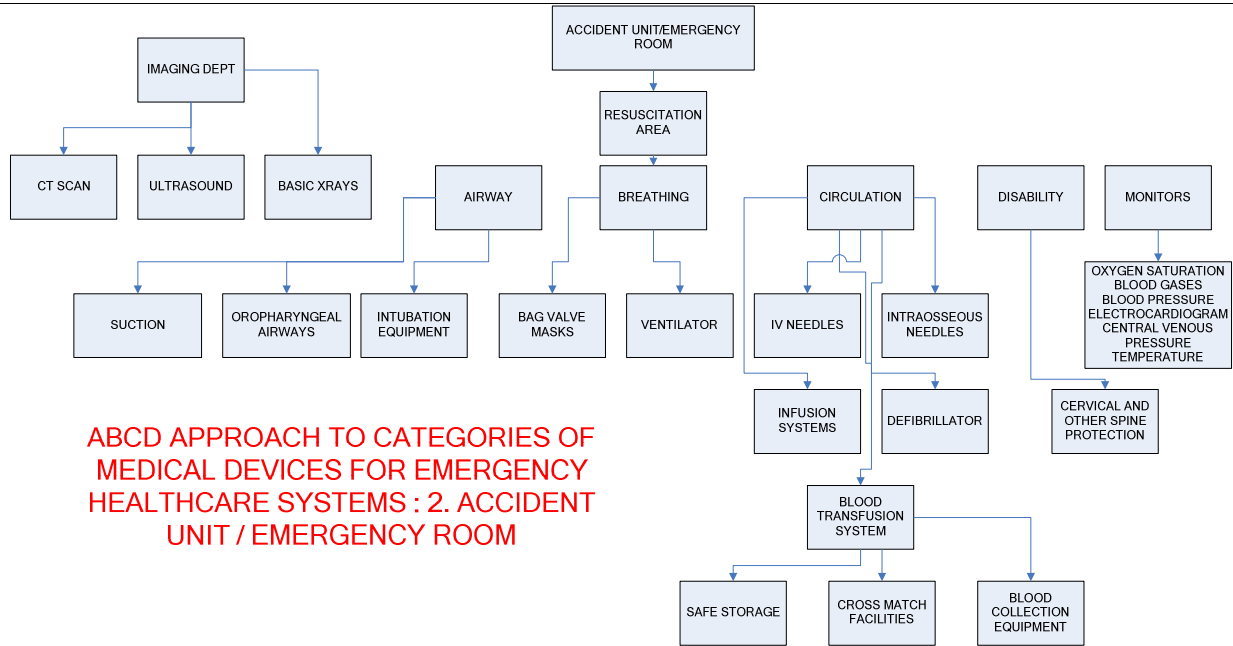
- The links, support and monitoring of the programme will be continuous. After the country achieves self-sufficiency (i.e. they have the instructors to sustain the courses locally), support will continue to be provided by ALSG, MCAI and the International instructor team. This support will be in areas related to course management, local implementation and any issues linked to the emergency management of mothers and children.
 - The quality of the courses will also be monitored using the quality control mechanisms in place for all ALSG courses internationally. This will include an annual/bi-annual in-country visit by a suitably qualified International ALSG instructor.
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14: How can Strengthening Emergency Care be used to help manage a major emergency?
 As an example below is a series of diagrams which show how a serious global health problem, a major road traffic accident, can be managed within this system.

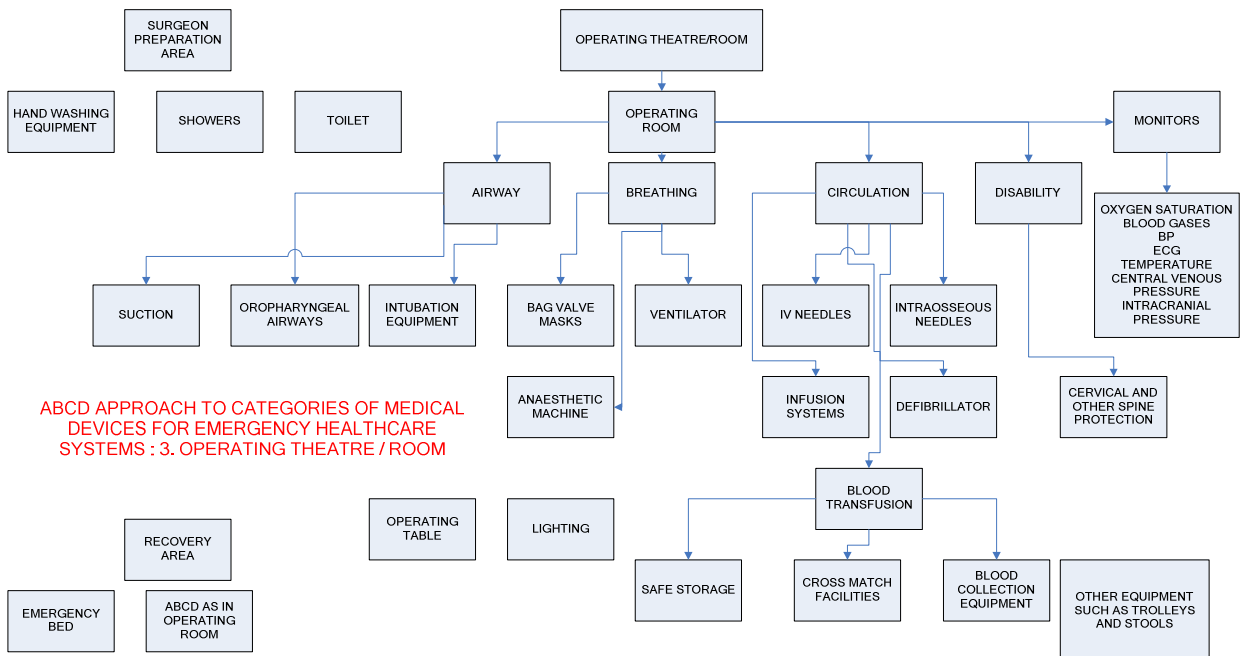


Settings for emergency healthcare involved in a major road traffic accident





The sophistication of medical devices in each category may vary from country to country



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