

December 18, 2015



PARTNERSHIP WITH THE INTERNATIONAL MEDICAL CORPS UK

EQUIPAFRICA CHARITABLE TRUST
CHARITY NUMBER: 1157689

INTRODUCTION

In 2015 EquipAfrica Charitable Trust (EACT) completed phase one of its first project, and will now commence new projects in Chad and Somalia. This decision was made based on data released by the World Health Organization of countries with the lowest life expectancy, and highest infant mortality rates. Chad is amongst the 5 countries with the lowest life expectancy from birth in the world with a life expectancy of just 51 years. Besides having the lowest life expectancy, Chad also has only one physician per 25,000 of the population. This is a country in crisis! EquipAfrica will commence its second project and will support International Medical Corps UK (IMC UK).

PROJECT AIMS AND OBJECTIVES

EquipAfrica aims to improve healthcare in sub-Saharan Africa through the provision of equipment and training for local staff. With Chad, the Trust aims to see quality of healthcare and life expectancy improve in the areas where the equipment will be used. IMC will help EACT-complete the second phase of the project by providing training for local staff. With fully trained professionals working in the Motor Units, as well as in local hospitals, the partnership is able to ensure that equipment sent will be put to good use, and can be used by local hospital staff in the long term.

INTERNATIONAL MEDICAL CORPS (IMC) UK

IMC is an international NGO working in Salamat, Ouaddai, Wadi Fira and Lake regions of Chad. IMC provides care for over 300,000 people, but as the statistics clearly demonstrate, they need and aim to reach many more.

With this project, the IMC hopes to provide through EquipAfrica, basic, handheld equipment for their Mobile Medical Units (MMUs). These MMUs provide medical care for people in rural areas: places often too far from the government hospital and health facilities.

PROJECT DOCUMENTS

Document	Responsibility
Partnership Agreement	EACT and IMC
Pre-project audit	EACT
MMUs Needs Assessment	IMC (to return to EACT)
Project schedule	IMC and EACT
Letter of Equipment Receipt	EACT
Post- project audit	EACT

Table 1: Project documents

PROJECT COSTS

During our pilot project at General Hospital Lagos (GHL), Lagos, Nigeria a total of £775.98 was spent on equipment and £120 was spent on shipping the equipment to Lagos. In the Appendix there is a comprehensive list of all equipment prices, those that were bought and in what number. In total approximately £1000 was spent on the GHL project. With this in mind, EACT will raise

approximately £2,500 for the first batch of equipment to be sent to Chad through IMC. This is due to there being 2 Mobile Medical Units in the Lac Region that would need to be equipped. In addition, Chad being more deprived, we assume that more equipment would be required as a result.

Shipping costs are dependent on the market price at the time as well as the number of equipment being sent.

In case of any funds being left over from the £2500, these will be used for any future requirements needed by the MMUs.

TEAM STRUCTURE

Currently, there are four team members working on the Chad project for 2016:

Kanoyin Falayi	Project Director, EquipAfrica Charitable Trust
Tolu Ojo-Williams	Project Director, EquipAfrica Charitable Trust
Alice Aiello	Programme officer, International Medical Corps UK
Mabel McKeown	High Value Relationship Manager, International Medical Corps UK

RISKS AND ISSUES MANAGEMENT

POTENTIAL EXCEPTIONS AND PROBLEMS

1. Project leads:

- a. Keeping up contact with IMC
- b. Giving needs assessment to IMC
- c. Creating a risk assessment
- d. Creating a project plan as well as agreement contract
- e. Compiling the set of equipment that will be needed by the mobile clinics

2. Organization:

- a. They may not follow through with the needs assessment
- b. May falsify the needs assessment
- c. May not use the equipment
- d. Equipment may not reach the mobile clinics
- e. Equipment might be sold on or removed from the mobile clinics

3. Funding:

- a. Not having enough funding to buy the equipment
- b. Not having enough funding to ship the equipment

4. Health and safety:

- a. Equipment may not up to the adequate standard for safe use
- b. Someone may be hurt as a result of the equipment

5. Client service levels:

- a. Patients may not be treated with the equipment

6. IT:

- a. Emails may not be sent by *Go Daddy* (email server used by EquipAfrica)

7. Technological:

- a. Health professional may not know how to use the equipment
- b. Equipment may stop working
- c. Equipment may be broken in transit to the mobile clinics

8. Economical:

- a. Equipment may be stolen

ASSESSING THE RISKS

To assess each of these risks in turn, we will be using 2 dimensional risk assessment:

- 1st rating the probability of the risk occurring
- 2nd rating the impact of the risk occurring on the project

In both cases we will use a scale of 1-5 with 1 being the lowest risk and 5 being the highest and impact 1 being the lowest and 5 being the highest. To bring the 2 dimensions together to create an overall risk, the 2 values for impact and probability of the risk will be multiplied together to give an overall value.

		Impact				
		1	2	3	4	5
Probability	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

Low overall risk 1-5

Moderate overall risk 6-10

High overall risk 11-25

Project Leads

What is the risk?	Probability	Impact	Overall Risk Value
Not keeping up contact with IMC	1	5	5
Not giving the needs Assessment to IMC	1	5	5
Not creating a risk assessment	1	3	3
Not creating the project plan as well as the agreement contract	1	4	4
Not compiling the set of equipment that will be needed for the mobile clinics	1	5	5

Organisation we are partnering with

What is the risk?	Probability	Impact	Overall Risk Value
Not filling out the needs assessment	1	4	4
Falsifying the needs assessment	1	4	4
Not using the equipment	2	4	8
Equipment not being given to the mobile clinics	1	5	5

Funding

What is the risk?	Probability	Impact	Overall Risk Value
Insufficient funds to buy the equipment	1	5	5

Not having enough funds to ship the equipment	1	5	5
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Health and Safety

What is the risk?	Probability	Impact	Overall Risk Value
Equipment is not up to adequate standard for safe use	1	4	4
Someone may be hurt as a result of inappropriate use of equipment	1	5	5

Client Service Levels

What is the risk	Probability	Impact	Overall Risk Value
Patients are not treated with the equipment: i.e. equipment not used	2	4	8

IT services

What is the risk	Probability	Impact	Overall Risk Value
Emails are not sent by Go Daddy Email Service	1	3	3

Technological

What is the risk	Probability	Impact	Overall Risk Value
May not know how to use the equipment	1	5	5
Equipment may stop working	2	5	10
Equipment may be broken in transit to the mobile clinics	2	5	10

Economical

What is the risk?	Probability	Impact	Overall Risk Value
Equipment may get stolen	1	5	5

APPROPRIATE CORRECTIVE MEASURES - MITIGATING THE RISKS

Project leads

- The probability of any of the risks that could occur with the projects is significantly low. This is due to meetings that occur twice a month with the trustee members, and periodical

meetings with the project leads to ensure that the projects continues smoothly and as planned.

- Though the impact of these risk are moderately high, this would be mitigated by trustee members who are able to step in and takeover to get the project back on track.

Organization we're partnering with

- IMC is a registered UK charity (charity number **1093861**) which means they are under similar guidelines to us which would ensure that they carry out their part of the project appropriately.
- In addition, the partnership agreement further ensures that the duties needed to be carried out on both sides are done.

Funding

- The source of funding for this project are numerous, which makes it unlikely for there to be no funding. In addition different outlets also mean that if one funding source fails there are other backups in place including support from student groups such as Rag, Grants and fundraising events done by the charity.
- Where we suffer from less funding generated than expected, the Trust can organise fundraising events in a relatively short period due to our presence on university campuses.

Health and Safety

- The equipment is unlikely be hazardous, as we are buying it brand new from authorised medical equipment distributors which includes: St John's ambulance, Pharma Medical, and Ds Medical.
- The health professionals that the IMC have volunteering in the mobile clinics are appropriately trained. In addition with a Usage assessment form sent prior to the sending of equipment, we would know the capability of the staff in using the equipment, and so there is a lesser risk posed to the patients.

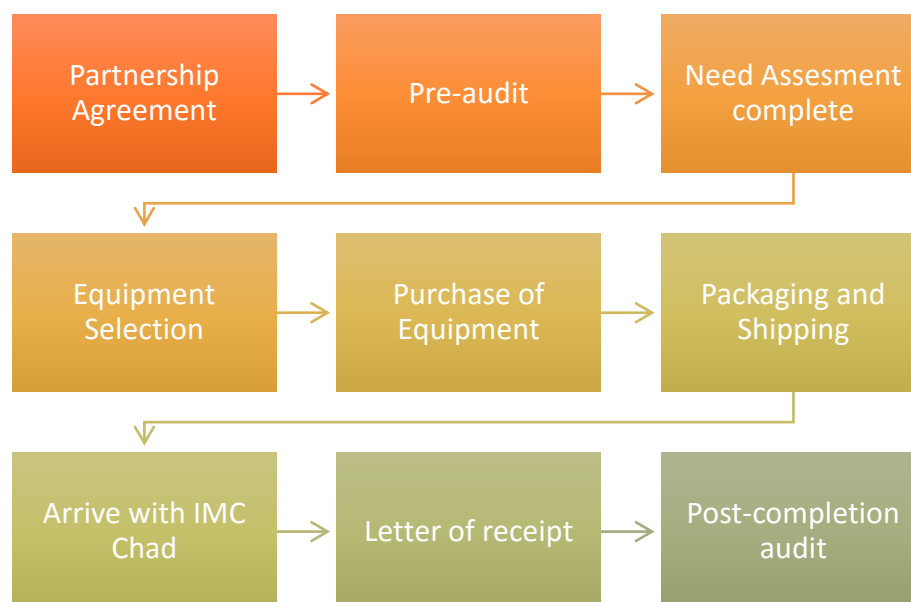
Technological

- EACT can be assured staff will know how to use the equipment as our Usage assessment serves to ensure the Trust only sends equipment they can use.
- The Trust will also be sending a pre-audit beforehand which will see if there are people who are able to fix the equipment sent.
- The equipment sent are manually run and do not require batteries so they can be used for longer periods of time.
- An audit done after the equipment is sent will provide feedback on whether the equipment is being used and if there are any problems with it.

PROJECT MONITORING AND EVALUATION

The EquipAfrica team will have meeting twice a month discussing the progress of the project and will continue to inform the IMC accordingly. Meetings with the IMC will happen on an ad hoc basis, depending on the demand for it and the time tables of the two organizations.

PROJECT PROCESS



Partnership agreement

The aim of the partnership agreement is to ensure that both members of the partnership are fully aware of their rights within the partnership. It also sets the parameters of what is expected of them.

The partnership agreement will be sent to IMC to read over after the project plan has been sent and should be signed by representatives of both parties by the end of the year.

Pre-audit

A pre-audit form will be sent to the mobile clinics in Chad for them to complete. It will allow us get an impression of what equipment they are already using, as well as the level of service they are able to give prior to the arrival of the new equipment. This will be both an objective and subjective assessment. The subjective assessment will assess how they **feel** the current equipment affects their practice. The **objective** measurement will be an assessment of the current impact of the equipment on patient satisfaction as well as quality of care. This in turn provides us with something to compare with the post-completion audit.

The pre-audit form has already been completed and will be sent, along with the needs assessment form, to IMC to pass on to the Mobile clinics as soon as the Partnership Agreement has been signed.

The pre-audit should be completed within a month of IMC receiving it and returned to EquipAfrica.

Needs assessment sent

The Needs assessment ([See Here](#)) is a World Health Organization (WHO) checklist of the essential emergency equipment for resuscitation, and describes the minimum requirements for emergency and essential surgical care at the first referral health facility. This when filled out highlights what equipment the mobile units currently have and what they will require.

In addition to the needs assessment, a Usage assessment form will be sent which will let us know what equipment the healthcare staff in the mobile units can use. This means that only equipment that can be used by the staff is sent, thereby mitigating the risk of the equipment not being used.

Needs assessment will be emailed to IMC, UK along with the pre-audit. As with the pre-audit this should be completed within a month of IMC receiving it and returned to EquipAfrica.

Equipment Selection

This is done based on the information from the Needs and Usage assessment. This will be compiled as soon as we have received these back from the mobile units.

We aim to complete this by the end of February 2016.

Purchase of equipment

This is will be accomplished as soon as the equipment has been selected. We will be purchasing them from independent and certified medical equipment vendors whom we used in the previous project e.g. St John's ambulance, Pharma Medical, and Ds Medical.

We aim to have purchased all the equipment by the mid-March 2016.

Packaging and shipping

Packaging and shipping will depend on the amount of equipment being sent and how long it takes for the purchased equipment to arrive with EquipAfrica.

We aim to have shipped the equipment to IMC Chad by the start of April 2016.

Arrive with IMC Chad

The time it takes to arrive with IMC, Chad is dependent on the shipping company used and the amount of equipment being shipped.

In our last project it took 3 months for the equipment to arrive at the hospital due to strikes at the shipping office in Lagos as well as the hospital. We hope this project does not take as long but we cannot predict with certainty how long it would take at this point in time.

Nonetheless, we aim to complete this by end of May 2016.

Letter of receipt

A signed letter of receipt and photographic evidence from the mobile units will be sent to EquipAfrica to ensure that we have proof that equipment has arrived. This can be sent by email or post, whichever is more convenient. This must be sent to us within a week of receiving the equipment.

If postage is used, we understand it would take longer to arrive with EquipAfrica. However, the evidence must have been sent within a week of equipment arrival.

Post completion audit

We aim to re-audit to allow us to see if the equipment has made some impact and this will be done 6 months after the equipment has been sent.

PROJECT OUTCOMES

After completion of the project, EquipAfrica will continue to be in touch with the health care staff in Chad and IMC, Chad project directors.

In the year following the completion of the project, our expected outcomes will be:

- To have enabled the Mobile Medical Units to provide better care to the citizens in rural areas
- To have completed an audit of the MMUs showing how they have increase in efficiency and quality of care
- To facilitate through our partnership the educating and enlightening of local doctors and healthcare staff in use of basic equipment

In the long term, depending on how long the IMC will find need to stay within those areas in Chad, we hope to see:

1. Improved patient satisfaction.
2. Improved mortality rates in the local areas and with the mobile units.

LONG TERM PARTNERSHIP WITH IMC

We aim to continue our partnership with IMC's mobile units for as long as they remain in the Chad. Should the mobile units leave Chad or stop running, all equipment donated by EquipAfrica must be donated to a local non-private hospital close to the Lac Region. In the event of this happening the contact details of the local hospital chosen and a representative from the hospital must be given to EquipAfrica.

APPENDIX

Equipment List with prices and total cost for General Hospital Lagos (GHL) project

Equipment	Original Prices (£)	GHL Number of Items	Prices of items sent (£)	Totals (£)	
Capital Outlays					
<i>Resuscitator bag valve and mask (adult)</i>	10.20	3	6.84	20.52	
<i>Resuscitator bag valve and mask (paediatric)</i>	10.20	4	9.31	37.24	
<i>Oxygen source (cylinder) containing mask and tubing</i>	425.00	0	425.00	0.00	
<i>Stethoscope</i>	48.99	10	48.99	489.9	Donated
<i>Suction pump (manual or electric) with catheter</i>	81.60	4	32.00	128.00	
<i>Blood pressure measuring equipment</i>	27.60	6	25.02	150.12	
<i>Thermometer</i>	4.68	6	3.38	20.28	
<i>Scalpel with blades</i>	19.16	8	19.29	154.32	
<i>Retractors</i>	25.00	0	25.00	0.00	
<i>Scissors and forceps: Tuff-Kut scissors, lister bandage scissors, blunt dressing forceps, Spencer Wells artery forceps, blunt/sharp scissors, penlight torch</i>	25.20	4	18.36	73.44	
<i>Oropharyngeal airway (adult and paediatric size)</i>	3.00	8	3.00	24.00	
<i>Needle holder</i>	5.00	0	5.00	0.00	
<i>Sterilizer (5l)</i>	12.00	0	12.00	0.00	
<i>Vaginal speculum</i>	6.50	4	7.80	31.20	
Renewable Items					
<i>Nasogastric tubes</i>	3.24	8	3.89	31.12	
<i>Light source (lamp and flashlight)</i>	38.39	0	38.39	0.00	
<i>Intravenous fluid infusion set</i>	2.34	0	2.34	0.00	
<i>Intravenous cannulas</i>	70.20	0	70.20	0.00	
<i>Syringes with needles (box of 100)</i>	10.00	0	10.00	0.00	
<i>Sharps disposal container</i>	3.20	4	3.72	14.88	
<i>Tourniquet</i>	3.00	4	2.28	9.12	
<i>Needles and sutures (scalpels and blades 8 pack)</i>	20.00	0	20.00	0.00	

<i>Leg splint</i>	36.00	0	36.00	0.00	
<i>Arm splint</i>		0		0.00	
<i>Leg splint, arm splint and foot splint package (can double up as splints for children)</i>	282.00	0	282.00	0.00	
<i>Waste disposal container</i>	0.07	0	0.07	0.00	
<i>Face mask (adult)</i>	2.40	0	2.40	0.00	
<i>Face mask (paediatric)</i>	2.40	0	2.40	0.00	
<i>Eye protection</i>	3.54	4	3.54	14.16	
<i>Protective gowns/ aprons (pack of 100)</i>	4.01	2	4.81	9.62	
<i>Soap/ alcohol gels</i>	3.00	10	2.58	25.80	
Supplementary Equipment for Use by Skilled Health Professionals					
<i>Magill forceps (adult)</i>	9.00	2	7.08	14.16	
<i>Forceps splinter</i>	9.00	2	9.00	18	
<i>Endotracheal tube (adult)</i>	5.00	0	5.00	0.00	
<i>Endotracheal tube (paediatric)</i>	5.00	0	5.00	0.00	
<i>Laryngoscope handle</i>	22.80	0	22.8	0.00	
<i>Laryngoscope Macintosh blades (adult) with bulbs and batteries</i>	20.40	0	20.4	0.00	
<i>Laryngoscope Macintosh blades (paediatric) with bulbs and batteries</i>	20.40	0	20.4	0.00	Total without stethoscopes (£)
				811.88	775.98