

SAFE



Filling the Gap in Tanzania. Read more inside on page 2

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Welcome to a special bumper issue of our newsletter

One of the highlights of 2018 for SAWW was the invitation from the Pacific Society of Anaesthetists for us to be represented at their annual conference, held in September in Nadi in Fiji. The meeting was attended by nearly 80 anaesthetists from 14 countries in the region, with Geoff Burr and myself representing the charity.

Thanks to help from EBOS International and Diamedica UK Ltd we were able to demonstrate appropriate draw-over anaesthesia equipment, such as the Glostavent. Many of the delegates work in remote hospitals or on distant islands where supplies of both oxygen cylinders and mains electricity are erratic. The ability of draw-over anaesthesia machines to function, if necessary, without either was the source of much interest among the delegates and a portable Glostavent was donated to the Society for teaching purposes.

We were invited to describe the principle behind the proposed Solox project. As Fiji is blessed with plenty of sunshine throughout the year it had previously been chosen by local paediatricians, in co-operation with the Azimut engineering company, as the ideal site to provide long term oxygen therapy for babies in incubators. This proved so successful that there are now several paediatric units throughout Fiji using solar energy to drive the oxygen concentrators and thus deliver unlimited supplies of locally produced oxygen.

As the oxygen requirements for an operating room are considerably less than for an incubator it is proposed that this system can now be extended for use in anaesthesia. The conference provided an opportunity to discuss this with the anaesthetists present, and with administrators and also with representatives of the Fijian Ministry of Health all of whom greeted this proposal with enthusiasm.

Although there are still many hurdles to overcome our presence at the conference enabled us to have detailed talks with members of the Pacific Society of Anaesthetists as we continue to plan this important advance in our specialty.



SAWW Trustees, Roger Eltringham and Geoff Burr, were guests of honour at the Pacific Society of Anaesthetist meeting in Fiji.

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Dr Roger Eltringham, Medical Director

Filling the Gap in Tanzania— Obstetric Anaesthesia Refresher Course



The course included lectures and case study discussions to improve participants' theoretical knowledge.

SAWW is proud to have supported the first ever obstetric anaesthesia refresher course in the Kagera region, one of the poorest regions in Tanzania. Instigated by local anaesthesia nurse, Philibert-John Tegambirwa, and jointly funded by SAWW and Diamedica (UK) Ltd, the course was a hugely valuable experience for everyone involved.

an experienced nurse anaesthetist at Bukoba Hospital. He had assessed anaesthesia provision at a number of local hospitals and appealed to SAWW to help him improve nurses' skills in dealing with common obstetric emergencies. Impressed by Philibert-John's dedication, we agreed to help him organise a refresher course in obstetric anaesthesia.



Simulated scenarios and skill stations allowed students to practice and learn in a supportive atmosphere.

Tanzania has one of the highest rates of maternal mortality in the world. There are few health centres, even for emergency care, and patients in remote areas must travel long distances to reach them. As a result, women with complications in childbirth often arrive in urgent need of medical care. The Tanzanian Ministry of Health is taking steps to tackle this problem and is increasing the number of health centres that provide emergency Caesarean sections. However, there is an outstanding need to improve training for nurses who administer anaesthesia.

The 3 day course was attended by 16 participants, who each received a text book donated by the AAGBI and a donated Lifebox pulse oximeter. The course included theoretical training and two practical days in the operating theatres at Bukoba and Kagera hospitals. The trainers were mainly Tanzanian anaesthetists and Dr Henriette Willigers from Maastricht University Hospital.

All of the participants were overwhelmingly enthusiastic about the course. For most of them it was the first refresher training they had received and it gave a huge boost to their morale. Knowledge and skills were improved, participants grew in confidence and formed supportive networks between themselves and their teachers.

In many low-income countries there are few doctors, so that nurses usually administer anaesthesia. These nurse anaesthetists receive as little as one year's specialist training and often work in isolation, with limited drugs and equipment, on very low wages.

SAWW is planning to support a further course next year to refresh paediatric anaesthesia skills. If you would like to help, please consider sending a donation. Thank you.



During on-site visits to two local hospitals, participants practiced hands-on skills under supervision and learnt about set up of theatre equipment.

SAWW was alerted to the need for training in the Kagera region by local anaesthesia champion, Philibert-John,

*Participants and trainers
on the January 2018
Obstetric Anaesthesia
Refresher Course,
Kagera Region,
Tanzania*



Progress through Partnerships

With many requests for help, but only limited funds available, SAWW makes every effort to use your donations wisely. To this end, we often partner with other like-minded charities to share costs, reduce overheads and make our money go further.

Haydom Friends

One such partnership is with Haydom Friends, a charity run by paediatrician Dr Theresa Harbeur to support Haydom Hospital in the Manyara region of Tanzania. Haydom is a 400 bed referral hospital that serves 7 districts in 4 regions and patients often travel many miles to receive treatment. Theresa pays regular visits to provide training and support, in particular on the paediatric Lena Ward.

SAWW and Haydom Friends have jointly funded three patient monitors, a ventilator and two CPAP machines (a device to help sick babies breathe) for Lena Ward. The hospital has a growing neonatal department and paediatric intensive care unit, with two trained paediatricians. The specialised equipment we supplied helps these professionals to do their job effectively and save babies' lives. Both paediatricians are enthusiastic about the donated CPAP equipment and would like more.

Birthlink

One of our newest collaborations is with Birthlink UK, a charity dedicated to improving neonatal care in disadvantaged countries by providing support and education to doctors, nurses and midwives.

Birthlink's founder, Kathy Mellor, is a neonatal nurse practitioner who visits hospitals in eastern Democratic Republic of Congo (DRC) to train nurses in the management of the smallest and sickest babies. She has successfully introduced life-saving respiratory treatments such as CPAP and high-flow oxygen.

Recently, Kathy took a CPAP device donated by SAWW to DOCS-La Grace hospital in Goma, DRC with training materials, to teach the staff how to use this special equipment. The donated CPAP works without needing expensive cylinders of compressed gases and generates its own oxygen/air mix, which makes it suitable for use in poor hospitals.

Bansang Hospital Appeal

Another fruitful partnership has been with the Bansang Hospital Appeal, an award-winning charity founded by Anita Smith to improve healthcare in a remote region of The Gambia.

SAWW has donated various items of equipment for the neonatal unit at Bansang, including an oxygen reservoir system and a CPAP device. As a result of these donations, combined with training and the dedication of the hospital staff, the unit has achieved a dramatic improvement in the care of new born babies and survival rates.

Staff at the hospital report that the CPAP device is in constant use and many babies are healthy today who would not previously have survived.



Theresa Harbeur demonstrates to staff at Haydom Hospital how to use the donated paediatric ventilator



Kathy Mellor training staff on donated CPAP equipment at DOCS-La Grace hospital in Goma, DRC



A tiny low-weight baby on CPAP at Bansang Hospital, The Gambia

“There is nothing greater than seeing a baby that would not have survived the trauma of their birth if it wasn't for CPAP. I witnessed what I thought was a young boy taking his last breaths, gasping for air. As soon as he was linked up to the CPAP his poor body relaxed as his breathing became less laboured. As a mother with no medical experience to witness the effectiveness of the CPAP is one of life's miracles.”

Anita Smith, founder of the Bansang Hospital Appeal



The donated equipment arrived safely thanks to assistance from the South Omo Development Association



Anaesthesia staff at Jinka received training on using the new anaesthesia equipment and maintaining it in good working order

Staff at Jinka General Hospital were delighted at the donated equipment and the visit from Diamedica engineers who provided installation and training.

Left to right: Tamrat Kelelegn Bekele (Head of Anaesthesia), Sr Hana Gashabezahu, Sr Yetimuork Syyum, Rob McConnell and Sr Mibret Abera



Lasting Legacy in Ethiopia

Last year, SAWW was honoured to receive a very generous donation in memory of the late Dr David Gilchrist, senior anaesthetist at St Mary's Hospital, Roehampton. His family expressed a wish that this gift be used to supply a suitable anaesthesia machine to a hospital in need in Ethiopia.

Ethiopia is one of the poorest countries in the world. Its rapidly growing population of over 100 million people live mainly in underdeveloped, rural areas. SAWW selected Jinka General Hospital in southern Ethiopia to receive this substantial donation of an anaesthesia machine and associated equipment.

Jinka is a main town in the South Omo Valley, an area inhabited by poor, farming communities, located some 600 kilometres south west of the county's capital Addis Ababa. Jinka General Hospital serves a staggering one million people and is the only hospital for the region. With limited resources it struggles to meet the healthcare needs of all its patients. SAWW deemed it truly worthy of receiving support.

An initial assessment of the anaesthesia facilities at the hospital revealed that there were three operating theatres, but only one functional anaesthesia machine. Oxygen supplies were unreliable and despite a back-up generator, there were still occasional power cuts.

The hospital CEO and the senior anaesthetist identified the major

obstacles to safe anaesthesia at the hospital as the lack of reliable oxygen, lack of functioning anaesthesia machines and effective patient monitors. SAWW therefore agreed to donate a new anaesthesia machine, a patient monitor and a video laryngoscope. All the equipment SAWW supplies is selected for its suitability for use in poorly resourced hospitals.

Medical oxygen at the hospital is supplied in cylinders that can only be obtained from one supplier in Addis Ababa and must be transported to the hospital by road. This makes the oxygen expensive and the supply can be unreliable. The donated Glostavent Helix anaesthesia machine generates its own oxygen supply from an integral oxygen concentrator, thus ensuring a reliable and inexpensive means of improving anaesthesia provision at Jinka General Hospital.

SAWW was very grateful to receive considerable assistance from the South Omo Development Association, who were invaluable in getting the equipment cleared at Addis Ababa airport and then transported to the hospital in Jinka.

The senior anaesthetist, Tamrat Kelelegn, was already familiar with the Glostavent anaesthesia machine and keenly anticipated its arrival. The manufacturer, Diamedica (UK) Ltd, helpfully sent two engineers to Ethiopia in June 2018 who installed the new machine and trained the staff in how to use and maintain it properly. This will help to ensure it remains useful for many years to come.

The staff enthusiastically welcomed the new equipment, which is a valuable addition to the hospital's anaesthesia facilities. It is a real credit to the skill and dedication of all the hospital staff that they manage to treat so many patients under such difficult conditions.

Our sincerest thanks to the family of Dr Gilchrist whose generous donation has left a lasting legacy to their father in Ethiopia.

Pacific Society of Anaesthetists in Fiji

When I volunteered to accompany Dr Roger Eltringham on the trip to Fiji I had only a hazy idea as to what it would entail, the only certainty was that we would face long flights. I thought perhaps I would be a fish out of water, not being an anaesthetist. Any doubts I had were quickly dispelled by the warmth of our welcome.

We arrived on Sunday 9 September and that evening Roger was asked by Sereima, an anaesthetist practising in Fiji and who started the annual anaesthesia refresher courses 29 years ago, to give the opening address the next day in place of the Prime Minister who had cried off!

On the Monday, at the start of the course, Roger and I were asked to occupy the two seats on the stage and during the introduction we had garlands placed around our necks, emphasising that we were honoured guests.

Roger then proceeded to give his address which in part recounted incidents from his training and practice as an anaesthetist and was met by gales of laughter. During the day Roger gave two further talks about the Glostavents and the Solox project. One of the speakers, Alan Goodey from Hamilton New Zealand, introduced us all to the fruit salad dance with references to the mango, coconut and banana, the intention being to give everybody some exercise.

On the Tuesday we spent the morning in the company of Sim Arthur (from Christchurch New Zealand) the EBOS rep, setting up the portable Glostavent and the Glostavent Helix, two anaesthesia machines that are specially designed to work in low-resource

settings. Sim wanted to be sure that he understood the assembly of the portable version and the operation of both machines.

In the afternoon, along with Sim, we presented the Glostavents to four separate workshop groups in rotation. There were representatives from Fiji, Samoa, Tonga, the Cook Islands, the Solomon Islands, Papua New Guinea, East Timor and Kiribati (I may have missed some others). Roger set up a competition as to who could assemble the portable version the fastest, the prize being a Lifebox pulse oximeter donated by SAWW. The winner was Maurice from East Timor in 1 minute 21 seconds, which I believe is an all-time record. The machines generated a lot of interest and many said they would like the portable version.

On the Wednesday morning we attended a session on leadership presented by Australian anaesthetists. Roger then spoke on the telephone to a doctor who is using solar power to power incubators. We were informed that there are six hospitals in Fiji powering incubators that way.

We enjoyed some down time on Wednesday afternoon with a tour of the Nadi area and on Thursday we sailed on a 100 foot schooner to a remote island. On our return we attended a cocktail party accompanied by loud music. Dancing was mandatory and while dancing I was told that it was a great privilege to have Roger and me in attendance; I felt somewhat humble.

On Friday we attended some of the presentations and both expressed our thanks and disseminated literature relating to SAWW; many requested the newsletter.



Discussing the set up and operation of the portable Glostavent anaesthesia machine with Sim Arthur (left) from EBOS



Discussing the Solox project with anaesthetist Dr Luke Nasedra from the Ministry of Health Fiji

Roger met with Luke Nasedra, the Chief Anaesthetist in Suva, to go over the Solox project. Luke was interested and asked Roger to submit a formal proposal for a trial in Fiji.

Saturday saw us saying goodbye to the anaesthetists that remained and to the staff to whom we were known as Mr Roger and Geoff. To sum up, I think the trip was very worthwhile in raising the awareness of draw-over anaesthesia machines and the work of SAWW and also in promoting the Solox project. Ready smiles and laughter will stay in my memory.

Geoff Burr, SAWW Trustee.

Respecting your Privacy and Data Protection

We hope you enjoy receiving this newsletter which is normally distributed twice a year to SAWW supporters and those who have expressed interest in our work. If you no longer wish to receive newsletters please let us know by contacting us writing to us at the address on the front page, or by Email: info@safe4all.org.uk or Tel: (+44) 07527506969.

SAWW is committed to protecting your personal information and respecting your privacy. SAWW will not share your personal information with any third parties for marketing purposes. In line with the EU General Data Protection Regulation (GDPR) 25 May 2018, SAWW has updated its Privacy Policy which can be viewed on our website at www.safe4all.org.uk/privacy



Anaesthesiologist, Dr Richard Mwase, using a portable anaesthetic machine donated by SAWW on a 6 month old baby with cleft palate in Somalia.

Leave a Lasting Legacy to SAWW in your Will

Leaving a legacy gift to Safe Anaesthesia Worldwide will make a lasting difference to the lives of people in poor countries. Your gift will be used to purchase an anaesthesia machine that will enable surgery, to prevent disability and save lives. A single machine will save tens of thousands of lives over its lifetime.

£3100 will supply a portable anaesthesia machine for use in remote locations, on outreach missions, or disaster response.

£14,500 will supply a full hospital anaesthesia machine that will work in a poorly resourced hospital.

Please contact us if you require more details. Thank you.



SAWW can supply a simple, portable anaesthesia machine (Diamedica DP.A02) with a pulse oximeter (Lifebox) that are suitable for use in remote locations.

Outreach Anaesthesia

In poor areas of the world there are few hospitals and so many people have to travel long distances to reach one. Transport options are limited, roads are poor and many patients do not receive the urgent medical care they need.

To help isolated communities, some hospitals run outreach operations to provide medical care to poor communities living in remote areas. These include specialist surgical missions, that bring life transforming surgeries to patients who would not otherwise receive treatment. SAWW has been able to provide suitable anaesthesia equipment for such outreach missions in numerous countries. The simple, portable anaesthesia machines that we donate require no electricity or compressed gases and can be hand carried out to remote areas and will work in very basic conditions.

A portable anaesthesia machine that was donated by SAWW in 2015 following the devastating earthquake in Nepal, is now in use by doctors from Kirtipur Hospital who carry the machine to remote hospitals to run free cleft lip and plate surgical camps. A second portable machine donated to Kathmandu Model Hospital is also used in free surgical programs for women with uterine prolapse and obstetric fistula, a condition that results from prolonged obstructed labour without medical attention and which ruins women's lives. These surgical treatments enable women to lead completely normal lives once again.

In Somalia, Dr Richard Mwase uses portable anaesthesia machines donated by SAWW to run surgical camps out of the capital Mogadishu. His patients are mainly children with cleft lip and palate, living in poor communities far from the capital. Continuing outbreaks of violence and poor transport networks mean that children often cannot reach a hospital for treatment. To treat these patients, Dr Mwase runs surgical camps to various outlying areas. The donated equipment has

been used to treat patients as young as 3-6 months old. He has also trained other anaesthesia providers to use this equipment, so it can be constantly put to good use.

Peace House Medical Missions is an organisation that provides free medical care to people living in rural and marginalised areas of Nigeria, where no specialized medical facilities are available. SAWW recently donated a portable anaesthesia machine for their surgical outreach missions that are carried out up to 4 times each year. Hundreds, or even thousands, of patients, both young and old, attend each mission, to obtain treatments that include cleft lip and palate, thyroidectomies, hernia repair, hysterectomies, Caesarean sections, removal of fibroids and cataract. Medical staff are all volunteers and services are provided free of charge and the missions rely on donations.

Another location benefiting from a portable anaesthesia machine is Manali Hospital, located in Kulu Valley, high in the Himalayas. Dr Varghese uses the donated machine both at the hospital and on surgical missions that he runs in very remote regions where there are no medical facilities. On these outreach missions Dr Varghese and two nurses have to pack and take all surgical instruments, drugs, equipment and consumables with them, so the portable machine is ideal for this. Sometimes they perform as many as 30 major operations in two days.

These are a few examples of where appropriate anaesthesia machines, donated by SAWW, have helped to bring vital surgical treatments to people in need. If you would like to help supply a portable anaesthesia machine to help remote communities and enable life changing anaesthesia and surgery, please make a donation by using the form on back of this newsletter, or via our website at www.safe4all.org.uk

Thank you.

Conquering Mount Kilimanjaro

SAWW Trustee Simon Brooks, with colleagues from Benenden Hospital in Kent, travelled to Tanzania to carry out training at Kilimanjaro Christian Medical Centre (KCMC) and donate equipment. Whilst there, they also took on the challenge of climbing Mount Kilimanjaro (5,895 metres above sea level) to raise funds for SAWW.

KCMC lies at the foothills of the snow-capped Mount Kilimanjaro and is a referral hospital for over 15 million people in Northern Tanzania. The team from Benenden, in consultation with Dr Kaino Mwemezi, Head of the KCMC Anaesthesia Department, arranged three full days of teaching for the 31 anaesthetic staff. Training aimed to improve anaesthesia skills and included difficult airway procedures and front of neck access.

The Benenden team had raised nearly £5,000 in sponsorship that was used to supply KCMC with teaching manikins and video laryngoscopes.

The following is Simon's account of the climb.

"We took the Lemosho Route to the top of the highest mountain in Africa. We got to Londorossi Gate (2,100 meters) by truck. Here the porters have their backpacks weighed so they do not carry too much equipment and we registered with the Kilimanjaro National Park authorities.

"*Pole, Pole*" is a phrase we heard more than any other on our trek. It is Swahili for "*slowly, slowly*" and is uttered by the guides to dissuade us from ascending too fast. Acute mountain sickness occurs when the body fails to adapt in time to the lack of oxygen at high altitude. Sickness can be avoided, but the only sure way is to take your time.

It is surprising how many porters there are for our group of six— 26 porters, a head guide, and a tour leader. It seems indulgent at first, until we get a feel for the logistics of the trip. Everything has to go with us. Not just the usual tents, sleeping bags and climbing gear, but all our food for the entire 8 days.

We start the walk in rainforest and the first night's camp is only two hours

away but there are enough steep gradients in this time to check that our equipment and limbs are in full working order. We are eager for dinner at Big Tree Camp (2,820m) as the altitude makes us starving.

The weather changes drastically over the course of the climb, so we need clothes suitable for both the equator and for the arctic-like conditions at the summit. On day 2 we leave the rainforest for moorland and we get our first view of Kibo, the main summit of Kilimanjaro. This reward is not without effort, as we climb over 700 meters and into the realm of the dastardly altitude sickness.

Day 3: We are on a steep path through thick lush forest. We're definitely climbing, but because we can't see beyond the trees it's hard to get a sense of progress. Apparently, groups used to be accompanied through this section by armed rangers in case an elephant or buffalo caused problems. We see only colobus monkeys and blue monkeys. At last we reach the rim of the Shira Plateau.

Day 4: We cross Shira Ridge with its rocky ground, low grasses and shrubs. The terrain is much flatter and we enjoy fantastic views of the Great Rift Valley and Mount Meru. We walk on ground where lava once flowed to reach Shira Camp 2 (3,900m).

Day 5: We ascend to Lava Tower through a boulder-strewn terrain of alpine desert. In the distance we can see Kibo encouraging us uphill. We are surrounded by giant Senecio trees and small Lobelias. We reach Barranco Camp (3,960m) with great views of the surrounding snow-capped mountains.

Day 6: The famous Barranco Wall, the steepest part of the route, awaits after breakfast. Although no technical climbing is necessary, in some places we must use our hands to pull ourselves up. Around Kissing Rock and we make our way along the mountain ridge to reach Karanga Camp (4,035m).

Day 7: We head to Barafu Camp (4,640m). The landscape is very dry and the ground cracks like glass under your boots. As we make our way through the afro-alpine desert,



The Benenden team ascending through lush green forests

excitement sweeps over us as the final stretch is but a few hours away.

So to the final ascent. The final stage began at midnight. This allows us to see sunrise from the summit but also leaves enough daylight for the long descent back. We head for Uhuru peak, the true summit of the mountain and the highest point in the whole of Africa. Uhuru means Freedom in Swahili and was christened this after Tanzania achieved independence in 1961. And that is what you feel at the top - FREEDOM!

We take great care on the descent as more people are injured going down. We are all relieved to get down and have a beer and respite in our hotel back in Moshi. On the last day our team sang us a song that brought a tear to our eyes. We would never have been able to do it without the professionalism and hospitality of our African hosts. Or for that matter each other of our excellent Benenden team."



At the summit—we made it!


Fundraising—how you can help

Are you stuck for an original gift for that special friend or relative? We have the answer to your problem. Simply make a gift donation to Safe Anaesthesia Worldwide and we will send you a Gift Donation Card to give to your chosen recipient showing that a donation has been made in their name. Every penny will be used to improve life-saving anaesthesia services for people in need.


The gift donation cards are printed in full colour and are available in the choice of designs below. Please note that we will try to supply the card design requested, but this cannot be guaranteed as stocks may vary. Size 15 cm x 21 cm. Each card comes with an envelope. Delivery in the UK is free of charge. For overseas delivery, please contact us for prices.

TO ORDER: Make your donation (minimum £10 please) by cheque payable to Safe Anaesthesia Worldwide and send it together with your name, address and preferred choice of design to **Gift Card Donation, SAWW, White Lyon House, Marden, Kent TN12 9DR, UK.** Or Make your donation online at **TheBigGive.org.uk** and let us know your name, address and preferred choice of design by sending an email to info@safe4all.org.uk


A




B




C



D



E




Inside

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Thank you



Making a donation couldn't be easier, here's how...

Your gift, no matter how big or small, will help to provide safe anaesthesia to people in need. Thank you.

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- Making a regular donation will help us to secure our support to those in need. To set up a regular payment by standing order, please contact us for a form.
- If you are a UK tax payer your gift will be worth more to us if you sign the Gift Aid Declaration below and return it to us with your donation.
- We will never share your details with any third parties. We undertake to protect your data and to keep it safe.

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I am a UK tax payer and I would like Safe Anaesthesia Worldwide to reclaim tax on all donations that I make today and in the future as Gift Aid donations.

Date _____ Signature _____

Please ensure you provide your full name and home address above. In order to claim Gift Aid you must pay Income Tax and/or Capital Gains at least equal to the amount of tax that we will reclaim on your donations. Please notify us if circumstances change.

Return to: Safe Anaesthesia Worldwide, White Lyon House, Marden, Kent, TN12 9DR, UK.

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