

Every day. **In times of crisis.** For our future.



**EMERGENCY HEALTH UNIT**

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**SPEED. EXPERTISE. REACH.**

# FOREWORD

## A STEP CHANGE

Save the Children is about to transform the way we deliver frontline emergency healthcare.

With the creation of our new Emergency Health Unit we can put world class teams of doctors and nurses – equipped from a global network of supply hubs – at an injured child’s side, giving them the treatment they need within 72 hours of a typhoon hitting or conflict erupting.

This will mean we have the right people, in the right place, ready to act. It marks a major step change in our work: in speed, in expertise, in reach. And it’s a fantastic opportunity for you to come on board and be part of saving 1.5 million lives.

We’re already starting from an extremely strong base. We’ve got almost 100 years’ experience in responding to humanitarian disasters. We played a lead role in the fight against Ebola in West Africa and in providing vital relief to refugees fleeing the war in Syria. We put UK National Health Services surgeons on the ground within hours to manage severe trauma cases. And we’ve joined forces with international health charity Merlin, doubling our health capacity in the past two years.

We’re already highly innovative, too. Our Children’s Emergency Fund gives us the agility to respond within hours to disaster. The Humanitarian Leadership Academy, a pioneering initiative set up by Save the Children in partnership with UK’s Department of International

Development (DFID), and working alongside the private sector and universities – empowers people around the world to prepare for and respond to crises in their own countries.

But at the same time, the challenge we face is growing at an alarming rate. Violence and persecution, most notably in Syria and Iraq, has forced almost 60 million people from their homes – a global refugee crisis on a scale not seen since World War II. The number of people caught up in humanitarian disasters – fuelled by population growth and climate change – has doubled in just the past decade. While deadly epidemics such as Ebola can still strike without warning and leave the poorest communities struggling to cope.

We need to find a way to react faster, to reach children more quickly, so they are not left to endure agonising injuries or debilitating diseases. As you’ll read in the pages that follow, our pioneering Emergency Health Unit will soon mean we can do just that. It will fundamentally change the way we save lives and be the final piece in a comprehensive humanitarian-response package.

Imagine the difference it will make in countless future emergencies to have exactly the right mix of expertise and equipment on the ground, saving lives, weeks ahead of a standard response. This is what our Emergency Health Unit will make possible. This is what your support could help us achieve.

**Carolyn Miles**  
President & CEO

Photo: Hedinn Halldorsson / Save the Children





Photo: Lynsey Adriano/Save the Children

## INTRODUCTION

# EMERGENCY HEALTH UNIT: RIGHT PEOPLE, RIGHT PLACE, READY TO ACT

When disaster strikes, it's the first minutes, hours and days that matter most. That's when most lives are lost, when children's suffering is most intense.

It's when health systems have been wiped out; when aid agencies are still making their assessments, preparing their response. And for every hour that passes, children suffer and die.

When disaster strikes we do whatever it takes to save children's lives. That's why we're adopting a radical new approach to reach children much faster in an emergency.

Our Emergency Health Unit is a network of health teams across the world: the right people, in the right place, ready to act.

### **SPEED** 🕒

We can deploy our teams within 24 hours. Inside 72 hours, they can be right there, on the ground, saving lives. See the how this works in practice on p6–8.

### **EXPERTISE** 👩👨👧👦

Our teams contain the ideal combination of health and operational specialists: surgeons, doctors, nurses; team leaders, engineers and logistics experts. Meet the team on p12–13.

### **REACH** 🌍

They're strategically positioned in emergency hotspots around the world and are fully equipped with the best tools for the job: field hospitals, mobile clinics, life-saving drugs and nutrition supplements. See what our primary health module looks like in action on p14–15.

## **THE FULL PACKAGE**

We already know what kills children in the first stages of an emergency: traumatic injuries from collapsing buildings or shelling; or easily treatable diseases like diarrhea, pneumonia and measles.

Our medics know what to expect, they have direct experience of dealing with these threats in some of the toughest places on the planet. Our logistics experts will get them where they need to be: right at the heart of an emergency, or to remote areas cut off from the wider relief effort. As soon as they hit the ground they can start treating children.

Save the Children will put surgeons on the front lines, to repair broken limbs, operate on serious internal injuries and provide emergency caesarean deliveries. Our doctors can treat children for killer diseases such as cholera and malaria. Our nurses can give them emergency rehydration fluids, treat severe malnutrition and provide them with vital vaccinations. Our engineers can make sure they have clean water and toilet facilities.

## **HOW YOU CAN HELP**

We aim to reach at least 1.5 million people through our Emergency Health Unit over the next three years, but we need your help to do it.

Find out how you can make a major contribution to this ground-breaking new frontline emergency healthcare service at the back of this booklet.

## ZERO HOUR

A massive typhoon slams into one of the poorest countries in south-east Asia...



|  |                          |   |  |                                      |                                 |  |                                       |  |                            |   |   |                                   |   |
|--|--------------------------|---|--|--------------------------------------|---------------------------------|--|---------------------------------------|--|----------------------------|---|---|-----------------------------------|---|
| <b>00:00</b>   | <b>01:00</b>             | <b>01:30</b>  | <b>03:00</b>   | <b>05:00</b>                         | <b>06:00</b>                    |  | <b>12:00</b>                          | <b>13:00</b>   | <b>14:00</b>               | <b>18:00</b>  | <b>24:00</b>  | <b>27:00</b>                      | <b>28:00</b>  |
| Team gets call to deploy. Flights booked. Visa requirements checked. Drug supplier, air charter, internal transport, supplies warehouse all alerted. | Team leader briefs team. | Packing lists sent to charter companies to prepare aircrafts. | Flights confirmed. Itinerary proposed for staff. Loading crews on standby. | Pre-packed staff kit bags collected. | Supply aircraft loading begins. |  | Kit bags issued. Cash float provided. | In-country team arranges onward transport and accommodation. | Team checks in at airport. | Trucks depart for airport with our pre-positioned emergency supplies. | Supplies transferred from trucks to waiting aircraft. Team touches down in country. | Team briefed by in-country staff. | Onward transport and accommodation provided. Supply aircraft awaits landing permit. |

Please note, this is a representation of our target timeline.

Photo: Lynsey Addario/Save the Children

**34:00**

Landing permit received; departure scheduled.

**44:00**

Supply aircraft lands in country.

**46:00**

Team arrives in disaster area.  
Unloading of supplies begins.

**56:00**

Unloading complete.  
Transit of supplies to emergency warehouse in disaster zone, with security support.

**66:00**

Supplies transit complete.

**72:00**

Fully equipped team begin direct response reaching affected communities.



# EVERY MINUTE MATTERS

As soon as disaster strikes our Emergency Health Unit moves into action.

**24 hours** to deploy.

**72 hours** to be on the ground, saving children's lives.

EXPERTISE 

## OUR GLOBAL HEALTH TEAM

*“To relieve people’s suffering you need your people to be there right away. This is the best thing about our teams. It is something which is totally new to the world of medicine: coming in within two to three days, then within 90 days you have achieved your goals. When you have pre-positioned supplies you don’t have to mess with initiating the supply chain process, raising a procurement form, starting to look for funds, searching for different suppliers who can take months... All that time people are waiting. That is why these kits are so important.”*

– Emergency Health Unit Team Member

### Each team consists of the following:



#### CLINICAL LEAD

Oversees the overall operations and quality of the EHU clinic and its staff in every emergency. Ensures that quality and effective emergency care is delivered, with special attention to children, maternal and newborn health needs.



#### NURSE

Manages emergency primary care, mass vaccination campaigns, and/or specific disease outbreaks. Also provides support to midwifery, nutrition and community outreach staff, and works closely with the medical logistician to dispense supplies. Tends to the daily needs of patients in the EHU’s care.



#### TEAM LEADER

Manages the daily operations of the team, taking responsibility for its management, preparation and deployment. Integrates emergency activities into country programming, and supports early recovery and long term plans.



#### LOGISTICIAN

Is responsible for getting the right equipment to the right place at the right time, including staff recruitment, orientation and supervision, warehouse management, procurement, transport, storage, and distribution of supplies and material goods necessary to run the EHU.



#### WASH MANAGER

Is responsible for providing clean water, sanitation, and hygiene support for treatment facilities and mobile clinics. Ensures the team is prepared for the WASH needs for outbreaks, such as Acute Watery Diarrhea or Cholera. Trains WASH officers, Health promoters, and hygienists on operation and maintenance of WASH facilities, outreach, and disinfection.



#### MEDICAL LOGISTICIAN

Ensures teams have on hand the medical supplies and pharmaceuticals they need for any emergency context. Ensures that quality standards are met for all drugs and medical equipment.

EXPERTISE   
**WHAT WE DO**

The Emergency Health Unit includes two types of team. Each has distinct expertise and capabilities to deal with a whole range of emergencies.

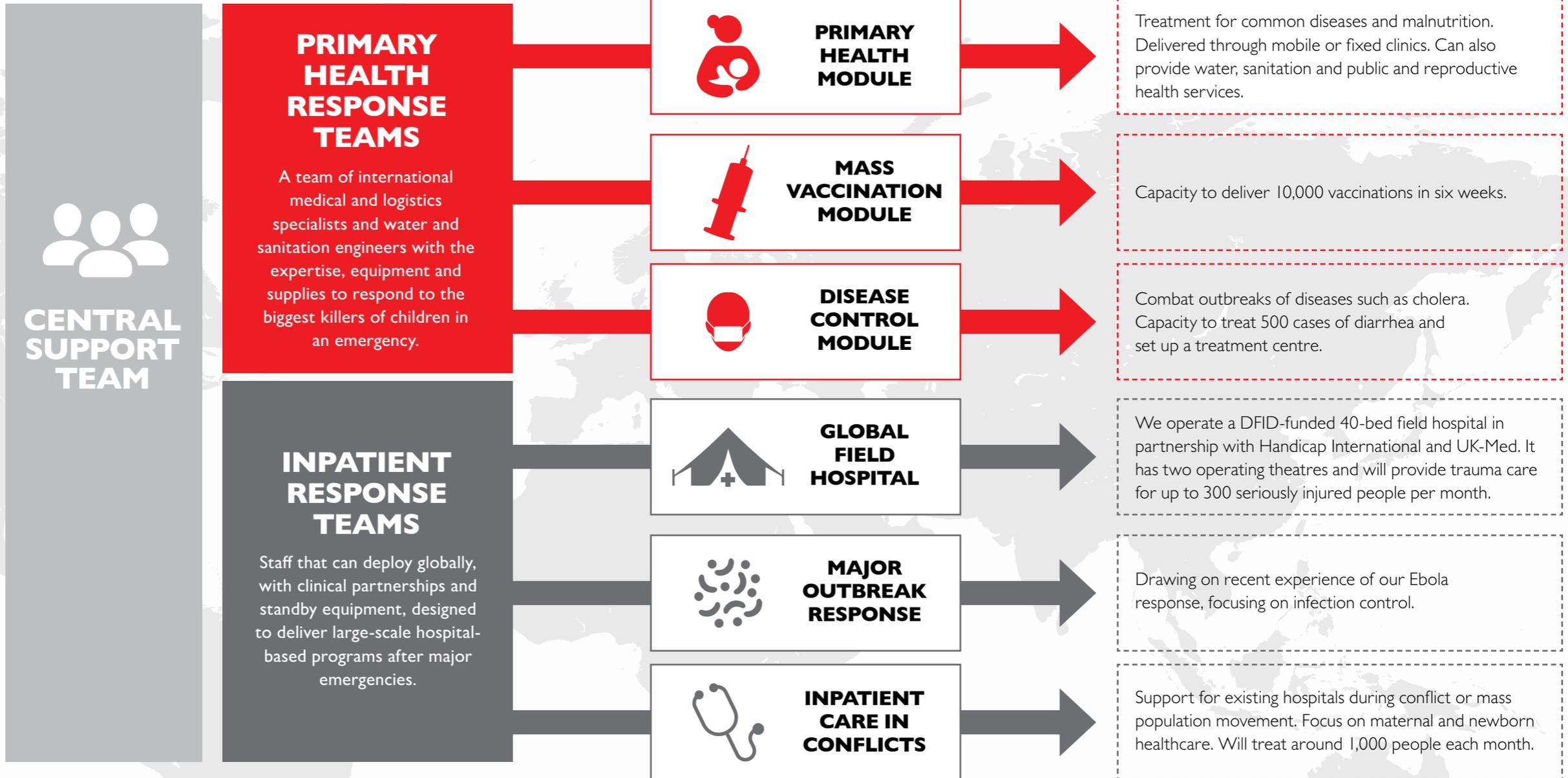
These two teams are backed by:

**A CENTRAL TEAM:**

12 people, based in London at Save the Children's global head office, responsible for global direction and coordination of the health teams.

**SUPPLY HUBS:**

Strategically based warehouses with equipment and medical supplies arranged and grouped ready for each particular type of response.



## OUR PRIMARY HEALTH MODULE

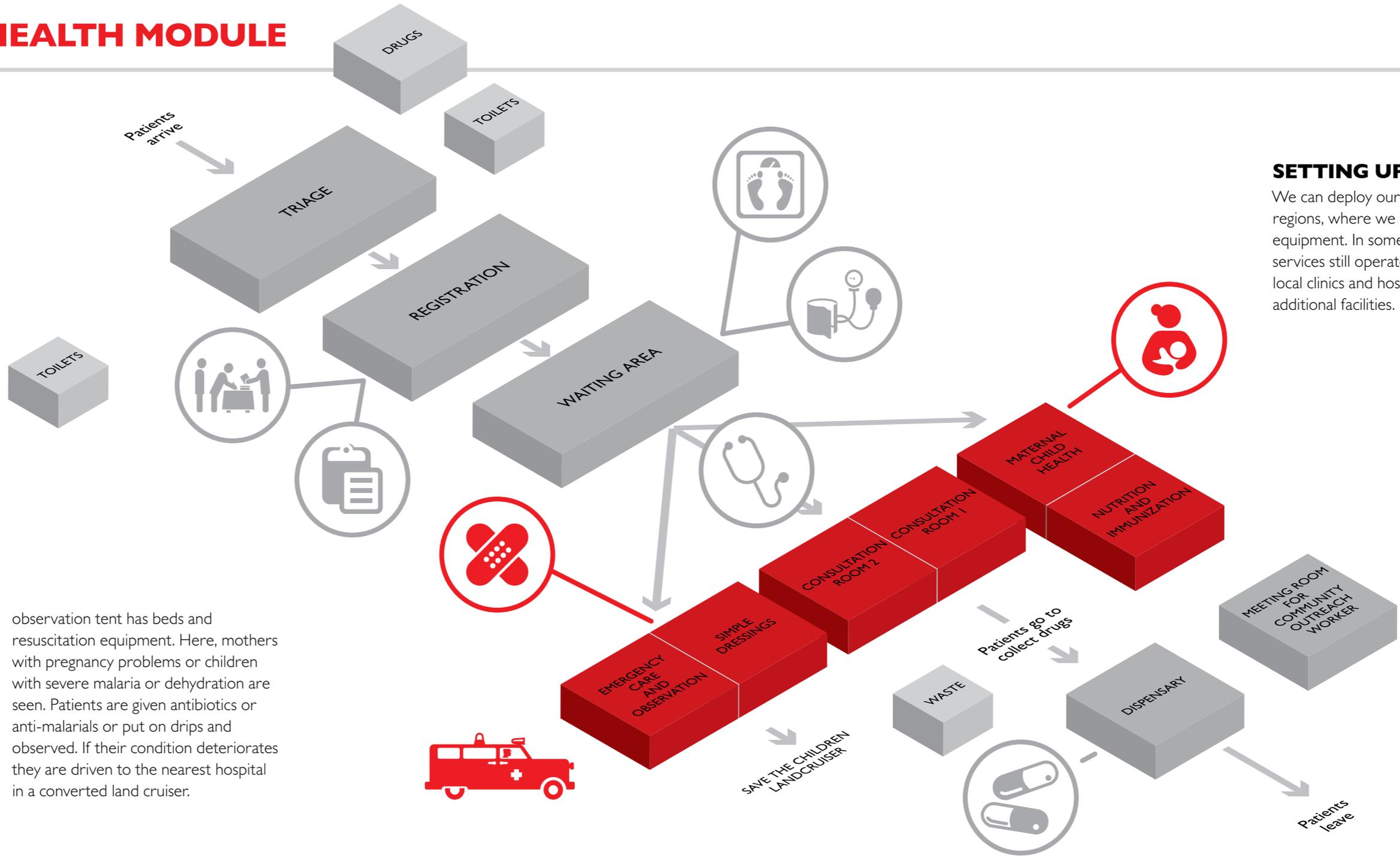
### THE PATIENT JOURNEY

Patients arrive and enter triage where they are assessed. Children, the elderly and those with severe medical needs are prioritized. Patients then move through into registration where their details are taken and an interpreter explains the process.

In the waiting area patients have their blood pressure taken. A nurse explains who Save the Children is, what people's rights are and talks through safe hygiene practices.

The patient's next step depends on the outcome of the triage assessment. Women can see a midwife and discuss ante- and post-natal care in the maternal and child health tent. Children who have severe malnutrition are seen in the nutrition tent. This is also a tent where children can be immunized against diseases such as measles.

In the consultation room, patients are assessed and given a prescription they collect in the dispensary before they leave. Simple dressings for dealing with basic injuries are also provided. For serious cases, the emergency care and



observation tent has beds and resuscitation equipment. Here, mothers with pregnancy problems or children with severe malaria or dehydration are seen. Patients are given antibiotics or anti-malarials or put on drips and observed. If their condition deteriorates they are driven to the nearest hospital in a converted land cruiser.

### SETTING UP

We can deploy our modules in remote regions, where we bring in supplies and equipment. In some areas, where health services still operate, we work with local clinics and hospitals to provide additional facilities.

Photo: Caitlin Cockroft/Save the Children

## AFISHA'S STORY

### **“I KNEW THERE WAS A PLACE WHERE THEY SAVED LIVES”**

When William, aged five, and Sarah, three, fell ill in the middle of the night, their mother Afisha (pictured right, with Sarah) was afraid she was reliving a nightmare. She had already watched two of her children die from cholera.

She set off immediately on the hour-long walk to a new Save the Children-supported health centre.

“When we arrived the medical staff immediately started to treat my children. They were both put on drips and given oral rehydration salts.”

William and Sarah quickly recovered – two of almost 50,000 children we reached during this cholera epidemic in South Sudan.

But with none of the right equipment in the country when the cholera outbreak hit, it took a month for us to get the treatment centre up and running. The teams in our Emergency Health Unit will aim to be on the ground within 72 hours, getting children the care they need far faster.

*“When we arrived the medical staff immediately started to treat my children. They were both put on drips and given oral rehydration salts.”*



## IMMEDIATE LIFE-SAVING RELIEF

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A child receives treatment in the aftermath of the Nepal earthquake in April 2015. We aim to reach 1.5 million children with professional life-saving care over the next three years with our Emergency Health Unit.



Photo: Tom Van Cakenbergh/Save the Children

## HOW YOU CAN HELP **THE DIFFERENCE YOU CAN MAKE**

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Our Emergency Health Unit doesn't replace the broader healthcare we bring to every emergency. It focuses on children's immediate life-threatening illnesses and injuries, freeing up the rest of our health staff to focus on wider health work.

After three months, the teams step back and prepare for the next emergency. They hand over to Save the Children health professionals, ensuring children continue to receive the quality care they need and locking in the progress they've made. Our experts in child protection, counselling and education will step in, too, when children need them.

It's this comprehensive long-term package of support in an emergency – meeting children's immediate needs, helping them recover, investing in their future – that will set us apart.

### **YOUR SUPPORT IS CRUCIAL**

We believe the Emergency Health Unit will be the final stage in creating a truly world-class frontline emergency health service. It will mean we can reach at least 1.5 million more people with life-saving care over the next three years, but we need your support to make it happen.

### **YOU CAN MAKE A MAJOR CONTRIBUTION IN SEVERAL CRITICAL WAYS:**

**\$128,500** could pay for all the medical supplies and equipment needed for one of our health teams.

**\$219,500** will fund one of our teams to deliver a mass vaccination campaign.

**\$2m** could pay for one primary healthcare team, based and managed in the US, and who can start responding to critical health needs within 72 hours anywhere in the world.





Photo: Caroline Turman/Karcon



Save the Children®

Parent's Choice

Diaper

12 MONTHS

Front Cover Photo: Jonathan Hyams/Save the Children

Save the Children invests in childhood – every day,  
in times of crisis and for our future.

In the United States and around the world, we are dedicated to ensuring every child has the best chance for success. Our pioneering programs give children a healthy start, the opportunity to learn and protection from harm. Our advocacy efforts provide a voice for children who cannot speak for themselves. As the leading expert on children, we inspire and achieve lasting impact for millions of the world's most vulnerable girls and boys.

By transforming children's lives now,  
we change the course of their future and ours.

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