Annex K

**Emergency Health Unit**

**Introduction**

The Emergency Health Unit (EHU) aims to increase the predictability and impact of our frontline emergency response immediately after disasters strike.

It is an ever growing challenge to ensure access to healthcare in emergencies for the most marginalized children, requiring strong medical operations and clinical health capacity. Save the Children’s merger with Merlin in 2014 brought crucial experience in these areas and generated a strategic commitment across the movement to meet this challenge, in part through an Emergency Health Unit.

The EHU consists of teams with capacity for frontline health, with supportive nutrition and WASH programming. Staff in these teams are trained together and deployed together, with prepositioned essential medical supplies and clear operating procedures.

Across all kinds of emergencies, these teams will aim to be a resource for Save the Children to initiate direct health response within the first three days of an emergency, whilst creating the space for the wider multi-sector response to become quickly established, scale up or conduct longer term planning. The EHU teams will respond for around three months, or a little longer if required to enable a smooth transition.

Responses are based on Save the Children’s core public health approach, covering the biggest childhood killers, including prevention, with direct clinical care, across primary and secondary services, with surgical capacity through a partnership.

There are two pillars of the Emergency Health Unit:

***Primary Health programmes*** will respond to 3 pre-defined modules called Disease Control, Mass Vaccination and Primary health care. They are delivered directly through Save the Children’s EHU roster in country together with the standing teams.

***Inpatient programmes*** will respond to natural and manmade disasters with a growing independent capability and through partnerships. This module is under development.

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EHU supplies will be centrally procured and kept at a UN warehouse in Kuala Lumpur and will be deployed to support when it is needed.

**Emergency Health Unit in Nepal**

Health System in Nepal is well established and are able to provide quality services to its population. Health sector was one of the sector who are able to restore its functionality shortly after the Earthquake in 2015.

Save the Children has been working in Nepal over 30 years, working with government partners to support communities in different thematic areas including health. As a child focused full spectrum organization Save the Children have mandate to work with government to ensure most marginalized children have access to quality health services during regular times as well as immediately after emergencies.

Emergency Health Unit primary health care program is designed to initiate direct health response within first three days of an emergency, covering the biggest childhood killers to ensure access to essential primary health services and reduce excess mortality caused by the emergency.

Save the Children have communicated the idea of EHU with both the World Health Organization (WHO) in Nepal and the Ministry of Health. WHO representatives stated the necessity of an immediate primary health services with primary trauma management capacity during the initial response period of a humanitarian situations in Nepal and agreed that EHU concept is suitable for Nepal context. MOH representative Dr. Guna Raj Lohani, (Director, Curative and Emergency Response Division) mentioned that EHU Primary Health module can match well with the National Rapid Response Teams MOH is developing.

Emergency Health Unit is a part of Save the Children Nepal surge capacity in Emergency response, will be deployed to support Category 1 (Significant population size affected and/or >1 million children affected) and Category 2 (Significant population size affected and/or >100,000 children affected) emergencies in Nepal.

In Nepal country context, if there is either Cat1 or Cat 2 emergency, Save the Children will start direct health service delivery with Primary health module if it is requested by the MOH.

**Primary health care module:** outpatient treatment for common diseases, Infant and Young Child Feeding, screening and early treatment of Severe Acute Malnutrition, basic reproductive Health consultation to **27,000 people** for **3 months**.

Breakdown of services:

* Management of common infectious diseases: acute respiratory infections, acute diarrhea, measles, pertussis, malaria if transmitted locally (including laboratory confirmation by rapid diagnostic test), common sexually transmitted diseases (chlamydia, gonorrhea, syphilis), common skin infections, suspected infection with soil-transmitted helminths
* Management of common neonatal complications – sepsis, prematurity supporting KMC and resuscitation in the event of an emergency delivery in the clinic.
* Provision of maternal services including ANC, PNC, FP, PAC and emergency delivery.
* Management of common non-communicable diseases: hypertension, heart disease, epilepsy, diabetes, asthma and allergy, arthritis
* Management of minor injuries.
* Pre-referral stabilization and referral of urgent and life-threatening medical, surgical and psychiatric cases
* Clinical management and referral of Sexual and Gender Based Violence (SGBV) survivors support for forensic investigation if appropriate.
* Detection, treatment and referral of patients with mental health problems, anxiety, depression and psychosis.
* Identification and registration of patients requiring continuity of TB, HIV management with referral to specialized services where available.
* Nutrition services including IYCF, CMAM
* Health promotion

Supplies:

When EHU deploys to provide Primary Health services, Save the Children will bring:

* the interagency emergency health kits (IEHK),
* Reproductive Health kit (RH),
* Medication to treat non –communicable diseases,
* First Aid kit including PEP (post exposure prophylaxis) kits,
* Cold chain equipment,
* Shelter/tents,
* Communication equipment
* WASH equipment to support PHC service delivery.

Ways of working:

* The PHC services can be delivered via mobile clinics, or support to existing static clinics (primary health centers or health posts) or the combination of both, the method can be arranged according to the context.
* In order to start up immediately and scale up quickly, the EHU needs more clinical human resources. Save the Children is planning to set up a roster of clinicians who are register with Nepal medical council, and are able to deploy quickly to provide services via EHU.
* Once the EHU is deployed, the team will work closely with DHO at the local level, actively participate in cluster meetings and will feed into local reporting mechanism.
* An Exit strategy will be developed together with DHO, the main focus will be restore existing health services through providing medical supplies and nonmedical supplies to health posts and primary health centers.
* The Exit strategy will also ascertain how the supplies will be handed over to the government for further use

**The following modules will be deployed only when it is required by MOH**

**Disease control module:** During a diarrhoeal disease outbreak, prevention services and a treatment centre for up to 500 cholera patients (sufficient to deliver treatment for 100 severe cases & 400 moderate/ mild cases).

This module can be delivered through either setting up a 40 bed Cholera Treatment Centre (CTC) or supporting existing health facility (District hospital) to set up an isolation unit to treat cholera cases.

* Set up in-patient and outpatient treatment facilities for diarrheal disease outbreak
* 40-bed cholera treatment center (CTC)
* Up to 10 oral rehydration points (ORPs) for early identification and treatment of mild and moderate cases and referral of severe cases.
* Transportation services from ORPs to CTC for cases requiring additional treatment.

Supplies:

When the EHU deploys to set up to provide diarrheal disease outbreak response services, Save the Children will bring:

* One Interagency Diarrheal Disease Kit (IDDK),
* First Aid kits including PEP (post exposure prophylaxis) kits,
* Shelter/tents,
* Communication equipment,
* WASH equipment to support CTC service delivery.

Ways of working:

* The services can be delivered via setting up a 40 bed CTC or supporting an existing health facility to set up an isolation unit.
* In order to run a CTC, the EHU needs more clinical human resources, and might need MOH, DHO to provide human resources. Save the Children is also planning to set up a roster of clinicians who are registered with the Nepal medical council, and are able to deploy quickly to provide services via EHU.
* Once the EHU is deployed, will work closely with DHO at the local level, actively participate in cluster meetings and will feed into local reporting mechanism.
* An Exit strategy will be developed together with DHO.
* An Exit strategy will also ascertain how the EHU supplies will be handed over to the government for further use.

**Mass Vaccination module:** Equipped to vaccinate 10,000 children against diseases like measles.

This module is designed to deliver mass vaccination campaign for Measles and distribution of Vitamin A. Because of the complexity in EPI and vaccines used in EPI in different countries, Save the Children does not procure or keep vaccines with itself. The vaccines will need to be provided by MOH or its national supply partner in country.

Supplies:

When EHU deploys to set up to provide mass vaccination campaign, Save the Children will bring:

* Cold chain equipment,
* Medical consumables (syringes, needles, sharp boxes, etc)
* First Aid kit including PEP (post exposure prophylaxis) kits,
* Shelter/tent,
* Communication equipment, and
* WASH equipment to support vaccination campaign
* Does not include vaccines or diluents – these will be requested from MoH/ WHO

Ways of working:

* The services can be delivered according to agreed micro planning with DHO.
* In order to carry out a mass vaccination campaign, the EHU needs more clinical human resources and will need supervisors, cold chain maintenance, social mobilisers and vaccinators from DHO.
* Once the EHU is deployed, the team will work closely with DHO at the local level, actively participate in cluster meetings and will feed into local reporting mechanism.
* An Exit strategy developed in coordination with DHO will ascertain how the EHU supplies will be handed over to the government for further use