Co-ordinated Collaborative Safety Training Program between a University and NGO to Minimize Road Traffic Accidents and Associated High Mortality/Morbidity in Nigeria

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Introduction: The unprecedented rise in road traffic accidents with attendant mortality in a University environment led to an interventionist, collaborative training program on safety and first-aid. Drivers of all commercial vehicles, with special emphasis on auto-bike riders (alias Okada) were the main target. As a measure of efficacy of the training program, pre-training and post-training data on the incidence of victims of road traffic accidents (RTA) who reported to the hospital in the University were analyzed.
Methods: To enhance participation, the registration, medical screening, and tuition were free to the participants, but with a clause that all participants interested in their receiving medical reports and certificates of attendance pay a paltry amount. This decision was based on consultative meetings between the participants' Union leaders, the staff of the University of Benin Teaching Hospital, and members, of the non-governmental organizations (NGO), Save Accident Victims Association of Nigeria (SAVAN) during the month before implementation. A television jingle was played for two weeks to sensitize transport operators and create public awareness. To minimize operational costs, corporate bodies and the University agreed to fund the training, while the SAVAN provided technical expertise.
The focus was to:
1. Establish a proper bio-database for all commercial transporters within the campus environment by using color-coded identification cards for ease of identification;
2. Conduct medical screening of transpoters including: (a) Blood pressure; (b) Visual acuity; (c) Psychiatric test; and (d) Blood grouping; and
3. Provide a training program on safety and first-aid including basic theory and practical skills. Awards of safety crash helmets and first-aid boxes were given to the outstanding participants.
Results: The medical screening revealed that 12.5% of the participants had poor vision, 4% had high blood pressure, and 1.5% had signs of psychiatric problems. Any participants with medical problems were told to report for further evaluations and treatment. Six months after the training program, the incidence of RTA victims presentation to the accident and emergency unit of the teaching hospital had declined by 78%, thus, confirming the efficacy of the safety and first-aid training program.
Conclusions: The role of public health education is an effective tool to enhance safety on the highway.

Keywords: database; first-aid; funding; medical screening; road traffic accidents; participants; training
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Training Disaster Health Teams–Individual Versus Collective Training

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Training health teams for disaster response involves a combination of both individual and collective training. Traditionally, training for health professionals has focused on individual training, and has been organized by educational bodies such as medical specialist colleges, universities, and professional associations. However, training teams for disasters, be they medical teams, military teams, public health teams, or mental health teams, involves a focus on team performance rather than individual performance.

This paper seeks to identify the optimal balance between individual and collective training for the preparation of disaster teams. The literature (both disaster-related and in non-disaster settings) is reviewed, as well as the experiences of the authors, which have included responding to disasters both in Australia and overseas, being part of military medical teams, preparing disaster medical teams for the Sydney Olympics, and training health professional teams at an undergraduate level.

Keywords: collective; disaster teams; health teams; individual; training
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Case Study of Conflict and Public Health: Afghanistan

Coordinating the Delivery of Health Care in Post-Conflict Afghanistan

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After more than 20 years of civil war, the infant and under 5 year mortality rates in Afghanistan, at an estimated 165 and 257 deaths/1,000 live births respectively, are the third highest globally. The maternal mortality rate of 1,600/100,000 live births is the second highest. In 2001, after the American-led military intervention, an interim administration replaced the Taliban regime, and international donors have re-engaged with the country.

Healthcare in Afghanistan currently is delivered through the public sector and by non-government organizations (NGOs). However, the distribution of services is inequitable, and technical policies and standards vary greatly. Alongside the political changes, has been an associated proliferation of NGOs and civil-military actors. The Ministry of Health has led the process of defining a new national health policy and the basic package of health services (BPHS). In 2002, joint donor assessments have recommended that the role of the public sector should be reduced, that the role of NGOs in the provision of the BPHS be increased, and that the capacity of the Ministry

of Health to coordinate and monitor these activities be increased.

Capacity building of government personnel is urgently needed. Few organizations specialized in delivery of health services in emergencies are familiar with this role. If the international community continues to support political-military interventions that result in changes in government, international personnel able to assist new administrations to manage the healthcare system during critical periods of transition should be deployed, and agencies that work in close coordination with government should be preferentially supported.

Keywords: Afghanistan; basic public health services; capacity building; coordination; healthcare system; infant mortality rate; less than 5 year mortality rate; non-governmental agencies; policies; public sector; standards
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Health Indicators for Conflict Prevention

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Violence, particularly armed violence, is a major international public health problem. The results of war and conflict are what have been termed "complex human emergencies" (CHE). A new focus recently has emerged that combines the fields of politics, economics, diplomacy, environmental science, and public health for the purpose of forecasting potential conflicts, and designing early warning systems for conflict prevention. Several models have been developed looking at many indicators, which could predict situations in which complex human emergencies may arise. Most of these indicators fall within the political, military, and economic realms. Health indicators have not been studied as thoroughly. Specific health indicators may help in forecasting and thus, provide early warning of CHE. Through retrospective investigation of past complex emergencies, including case studies, and prospective examination of future "hot spots", this paper intends to determine if certain early health indicators exist. As health is adversely affected in complex human emergencies, the discovery of possible early health indicators of conflict will not only help with interventions to improve public health, but also will assist in the development of methods of conflict prevention and/or conflict resolution.

Keywords: complex human emergencies; conflict; economics; health; indicators; interventions; military; political; prevention; resolution
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The Afghanistan Humanitarian Relief Mission

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A humanitarian crisis involves the extreme suffering of people driven from their homes, with a lack of shelter, security, food, clean water, and health care. Afghanistan has been in such a state of emergency for the past 20 years, due to repeated wars and strife. Since 11 September 2001, the migration of greater numbers of Afghan refugees has intensified the problems, especially at the Pakistan border, and in Balochistan and Kandahar provinces. There are more than one million internally displaced persons. Healthcare, hygiene, and nutritional status remain dismal despite relief aid from multiple international and regional sources. The predominant problems include acute respiratory and gastrointestinal diseases, infant malnutrition, anemia, lack of treatment for chronic illnesses, and lack of obstetric care. Due to the state of war, acute injuries and trauma also are common.

Singapore, under the umbrella of the Singapore International Foundation, mounted one assessment trip and five missions to render aid in the following areas: child and infant nutrition and hygiene; acute care and surgical management; obstetric care; and food and supplies distribution. This paper will highlight some of the efforts and challenges faced by the teams working in Spin Boldak, a town some 5 kms from the border of Pakistan and Afghanistan.

Keywords: Afghanistan; displaced persons; humanitarian aid; humanitarian crisis; refugees; Singapore International Foundation; war
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Results of Emergency Health and Nutrition Assessment in Badghis Province, Afghanistan

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Introduction: Health problems and food insecurity in Afghanistan, exacerbated by three years of severe drought, have deteriorated further following the recent increase of military conflict. The interim Afghan government, in collaboration with United Nations agencies and non-governmental organizations, outlined consensus recommendations for gathering essential nutrition and health data.

Methods: As a part of the first province-level nutrition and health assessment based on these recommendations, households in Badghis Province were selected using two-stage, 30-cluster sampling. The sample included 507 households containing 545 children <5 years of age and 555 women aged 15–49 years.

Results: The prevalence of acute malnutrition (weight-for-height z-score <-2.0) in children <5 years of age was 6.5% (95% CI = 3.9–9.1%). In contrast, the prevalence of chronic malnutrition (height-for-age z-score < -2.0) was 57.5% (95% CI = 52.5–62.5%). Clinical signs of deficiencies of vitamins A, C, and D were present in 2.6%, 3.1%, and 3.9% of children, respectively, while the prevalence of palmar pallor indicating anemia was 8.5%. The prevalence of malnutrition, defined as body mass index [BMI] <17.0, among women 15–49 years of age was 5.5%; however, 13.1% were at risk (BMI = 0.0–18.4%), 11% had visible goiter, and 5% reported night blindness.

Conclusions: Targeted, supplementary feeding programs for malnourished children and their mothers may be warranted at this time, but there is little justification for either blanket supplementary feeding or implementing specialized therapeutic feeding centers in Badghis. Micronutrient deficiencies may be a larger problem than overall food insufficiency, especially in adult women.

Keywords: Afghanistan; blindness; body mass index (BMI); children; feeding; food insecurity; goiter; malnutrition; micronutrients; nutrition; palmar pallor; supplements; vitamins; women
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