Modern healthcare is heavily dependent on technologies. This includes Medical Equipment



National Hospital, Abuja, Location Nigeria, supplied by KidsOR

- Donations of equipment are made with good intentions. Without planning, coordination and collaboration, outcome are **not** always positive.

 This is due to:
 - Lack of awareness of local realities of the intended recipient
 - Lack of communication between donors and recipients. (there is a need for equal partnership in the pursuit of common goal. 'Patient care'
 - Recipient difficulty in articulating to the donor how best they can be helped
 - Recipient circumstances may lead them to believe that anything is better than nothing.

NHS Scotland Global Citizenship Program Surplus Kit Donation.

MAKING IT HAPPEN.









- We were asked buy local champions for support in the donation of medical equipment for the operating theatres in Mulago Hospital in Kampala, Uganda.
- We conducted a need assessment
- ❖ We agreed with the recipient on the list of equipment to be supplied
- We made a request of surplus kit through the Medical Physics Network in Scotland (MPNet.)
- ❖ We supplied, commissioned, deployed the equipment
- ❖ We supplied test equipment and training to local technicians and established Biomedical Engineering departments in Mulago and Mbarara Hospitals.
- Created a network for support through MPNet. (thanks to Whatsapp)
- Conducted annual follow ups and provided support when needed
- We connected these hospital with their affiliated local university for students hands on training
- We are in the phase of bringing one of the technicians to NHS Tayside, Clinical Engineering Department for further training on Health Technology Management

Common Problems associated with equipment donation



Equipment requiring a steady electrical supply is donated to a hospital where the supply is erratic, or is of a different voltage, or does not exist. Equipment such as anaesthesia machines or ventilators donated require a supply of compressed gases which are not always available or are very expensive. The donated equipment is not suited to the heat, humidity or dust of the local environment. ☐ The equipment is not supplied with spare parts – these may be out of production or prohibitively expensive to acquire. ☐ There may be no local expertise to install, commission, service or repair the equipment. ☐ The equipment may not be supplied with a manual, or the manual may not be in the local language. ☐ The users may not be trained in the use of the equipment. The equipment may be defective on arrival or have parts missing, or have parts that are incompatible, the costs of replacement being prohibitively expensive. There may not be any facilities to clean or sterilise the equipment. Equipment may be accepted by someone without appropriate

knowledge.



Conclusion.

- Equipment donation is the easiest part of the journey
- ☐ The journey requires assessment, planning, collaboration, communication and support for both donors champions and recipients of Surplus Kit
- Ethical donation requires recognition of the recipient as an equal partner
- NHS Global Citizenship unique and approach to sustainable surplus kit donation is a true model of partnership through donation, education and participation.



Thank you.

- Ethical donation build under NHS Scotland established principles and governance
- Our assignments are providing us with a unique experience beyond our job descriptions
- We are learning different ways and sometimes better ways from those developing countries
- Happiness is when you see the impact of your own participation in capacity building, seeing a positive change every time you turn up.
- It is worth doing.