



CHILDREN'S SURGICAL HOSPITAL



OUR PATIENTS COMING FROM

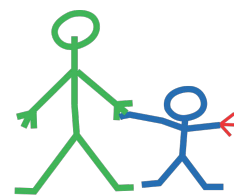


WORK WITH US

AN INNOVATIVE, INTEGRATED MODEL
FOR FULFILLING THE UNIVERSAL RIGHT
TO HEALTHCARE



EMERGENCY
MEDICINE, HUMAN RIGHTS AND EQUALITY



S.A.R.N.e P.I.

Società di Anestesia e Rianimazione
Neonatale e Pediatrica Italiana

EMERGENCY NGO

ABOUT US

EMERGENCY is an independent, neutral international organisation, founded in 1994 to offer **free, high-quality medical and surgical treatment to victims of war, landmines, and poverty.**

EMERGENCY promotes a **culture of peace, solidarity, and respect for human rights.**

Since 1994, EMERGENCY has worked in 19 countries, building hospitals, surgical centres, rehabilitation centres, paediatric centres, First Aid Posts, healthcare centres, fixed and mobile clinics, outpatient clinics, a maternity centre, a centre for cardiac surgery and a centre for paediatric surgery.

Over the past 29 years, more than 12 million people around the world have received free, high-quality medical treatment and assistance thanks to EMERGENCY's work.

EMERGENCY is currently working in Afghanistan, Eritrea, Iraq, Italy, Sierra Leone, Sudan and Uganda.

We Provide Free, High-Quality Medical and Surgical Care

We provide healthcare to those who would have little or no access to it otherwise; those most in need. We believe that everyone should have access to life-saving treatment: this is why the medical care that we provide is always free-of-charge and of the highest standard. We don't discriminate: we guarantee treatment to anyone that needs it regardless of their religion, ethnicity, gender, background or political opinion.



We Build Healthcare Facilities

We build and renovate healthcare facilities in countries affected by conflict, whose health systems have often been weakened by war and lack of investment. We want to sustainably contribute to the livelihoods of local communities by helping to rebuild local healthcare infrastructure. That's why we transfer complete control of our facilities to local health authorities once they achieve operational independence.

We Train Medical Staff and Support Local Communities

EMERGENCY works in countries where the numbers of specialist staff are well below the minimum required, and where training programmes are either wholly lacking or limited to only a few specialities. EMERGENCY works with healthcare and education systems that struggle to train medical personnel in order to create new generations of doctors and medical staff, and improve standards nationwide.

EMERGENCY's training exists on many levels. To begin with, EMERGENCY invests in specialist training for doctors and nurses, through agreements with educational institutions and health ministries.

EMERGENCY helps set up and improve specialisation courses, and hosts students training to be doctors and other medical workers at its healthcare facilities.

Alongside its specialist training, EMERGENCY also offers an on-the-job programme for medical and non-medical staff, with theoretical and practical lessons taught by highly qualified international workers.

Training improves local staff's professional skills and gives them the expertise to manage healthcare facilities to international standards. Our training programmes are also open to auxiliary workers, from blood banks, diagnostics laboratories, and radiology, physiotherapy, and biomedical departments, with a view to quick diagnoses for patients and prompt medical responses to emergencies. Thanks to our training programmes, on-site and permanent, local staff can provide a continuity of care to the patients both at our hospitals and other healthcare facilities in their own countries or abroad, ensuring our work is sustainable and can be replicated elsewhere. Healthy people are a prerequisite for growth and development of a community.

Strengthening health professionals' skills in that community means it can meet its people's needs self-sufficiently.

This helps the entire national healthcare system strengthen.



THE AFRICAN NETWORK OF MEDICAL EXCELLENCE (ANME)

The African Network of Medical Excellence (ANME) was established in 2009 to build medical Centres of Excellence in Africa and strengthen the continent's healthcare systems.

This network consists of EMERGENCY and representatives from Chad, Egypt, Eritrea, Ethiopia, Djibouti, the Central African Republic, the Democratic Republic of the Congo, Somalia, Sudan, and Uganda. [CDG1]

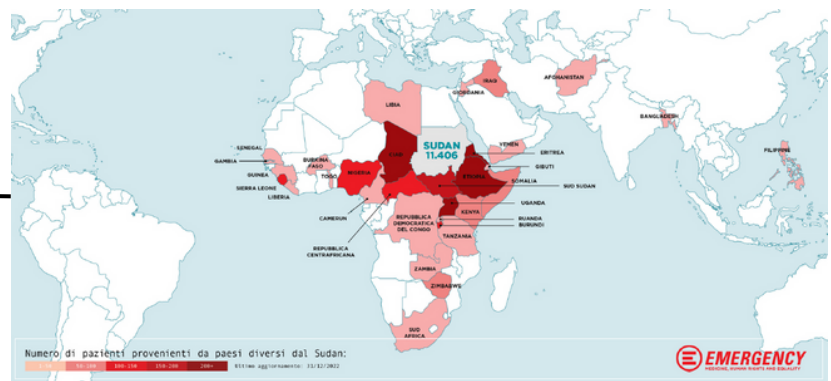
The Centres of Excellence that are built as part of the ANME programme are not only designed to provide treatment to people in those countries, but to anyone in need, including regional referrals from neighbouring countries.

The ANME's main principles are outlined in the '**Manifesto for a Human Rights-Based Medicine**', written and signed by representatives of eight African countries who later became members of the network,¹ at EMERGENCY's suggestion. The ANME also abides by the principle that the 'right to be treated' is an inalienable and fundamental right of every member of the human family, as stated in the Universal Declaration of Human Rights (1948), together with the principles of equality, quality, and social responsibility (EQS), as set out in the above manifesto, so that medical assistance can be of high quality and completely free for all.

EMERGENCY practices medicine based on the following **principles of EQS** every day:

- **Equality (E):** Every human being has the right to be treated, without discrimination, using the best possible treatments.
- **Quality (Q):** Healthcare systems must be of high quality and respond to the needs of all, not the economic advantages of a select few.
- **Social responsibility (S):** Governments should consider their citizens' health and well-being priorities, and treatment should be free and available for anyone who needs it. Providing healthcare assistance free of charge and to high-quality standards is the foundation of the model that the ANME's members want to introduce to their own countries, to benefit themselves as well as those neighbouring them.

African Network of Medical Excellence. Patients are screened and referred to our centres from all over Africa and even outside.





CHILDREN'S SURGICAL HOSPITAL IN ENTEBBE

After the Salam Centre in Khartoum, the **Children's Surgical Hospital** is the second facility in the African Network of Medical Excellence (ANME), which was set up by EMERGENCY with the health ministries of 11 African countries, to meet the need for high-quality specialist treatment on the continent.

Along with Niger, Uganda has the youngest population of any country; children account for 55% of its citizens. Annual population growth is 3%, with 1.2 million Ugandans born every year. The death rate for children under five years old is 43 per 1,000 live births (in Italy, by contrast, it is 3 per 1,000). A quarter of adolescent girls are pregnant or already have a child. There are 20 million children living in Uganda. Moreover, Uganda hosts more refugees than almost any other African country. According to the UNHCR, these people, who come from South Sudan and the Democratic Republic of the Congo, currently number more than 1.5 million and 80% of them are women or children.

In 2021, EMERGENCY opened the Children's Surgical Hospital in Entebbe to provide free paediatric surgical care in a country where more than half of the population is under 15 and the mortality rate for children under five is 43 for every 1,000 live births.

The hospital is a point of reference in Uganda for **elective paediatric surgery**, with operations planned in advance and organised through waiting lists in order to systematically tackle deep-set problems in Uganda and nearby countries. The hospital's three operating theatres are used for surgery every day and improving the life chances of hundreds of patients every year. The opening of the Children's Surgical Centre led to a tripling of the number of paediatric surgery beds in the country.

Elective surgery mainly deals with birth defects, urological and gynaecological problems, abnormalities in the gastrointestinal tract, illnesses of the bile duct and cheiloschisis (or cleft lip, which affects one child in 800) and other pathologies of more general surgical relevance.

The facility boasts 100,000 square feet (9,700 m²) of floor space, 72 beds – six for intensive care and 16 for sub-intensive care – 50 beds in the ward, one observation and stabilisation ward, six outpatient clinics, a diagnostic centre, a laboratory for analysis, a blood bank, a pharmacy, as well auxiliary services such as a canteen and a laundry. It also has a guest house: free-of-charge accommodation for patients and families coming from afar



WORK WITH US - PAEDIATRIC ANAESTHETIST

TYPE OF CONTRACT: Paid – 6 months stay including a period of leave to be taken at the end of the mission in agreement with the Medical Coordinator.

EMERGENCY contracts include:

- monthly salary based on a standardised salary scale for the role;
- incentives for successive or long duration missions;
- travel expenses, board and lodgings;
- insurance cover (liability, health and accident insurance);
- a period of paid leave to be taken at the end of the mission.

It will usually be necessary to ask your employer for a period of unpaid leave in order to work for EMERGENCY.

SPECIFIC REQUIREMENTS

- 6 months availability
- Medical degree, and current professional registration on the medical register of your Country of residence
- Specialisation in Anaesthesia or Anaesthesia and Intensive Care
- At least 2 years' relevant professional experience in Paediatric Anaesthesia, proved by a list of anaesthesia procedures performed
- English level – at least B2

HOW TO APPLY

For any further information or to apply please contact:

HR RECRUITING OFFICE: fo.recruiting@emergency.it

or [fill in the on-line application form](#) linked to our website: www.emergency.it

This role requires capable and autonomous management of elective paediatric surgical patients in perioperative anaesthesiologist assistance.

BACKGROUND AND ORGANISATION OF WORK

The Paediatric Anaesthetist will work as part of a team of health professionals – experts or in training – organising and directing the training of the local medical and health care staff in his/her area of responsibility, in collaboration with Paediatric Surgeons and the Medical Coordinator, who is in charge of the management and organisation of the project. Paediatric surgical activity requires the direct involvement of other professional figures – from the medical (Paediatricians, Physiotherapists, Psychologists, Medical Social Workers), clinical services (Laboratory, Radiology, Pharmacy) and nursing areas – in the process of diagnosing and treating patients.

The Paediatric Anaesthetist will work in:

- **OPERATING THEATRES** supervising Anaesthesia Residents and Junior Anaesthetists: the distribution of the various tasks will be decided on the basis of individual skills and expertise.

The Children's Surgical Hospital has the capacity to carry out up to 6-10 operations per day, including major and minor surgeries, as well as managing NORA (dressing or CT-scan in sedation) and possible Out Patients Department (OPD) and hospital emergencies. The equipment includes CVC/arterial positioning, epidural analgesia intra and post-operative, loco-regional anesthesia, US-guided, according to the needs and the shared plan with senior and surgeons.

- **PEDIATRIC INTENSIVE CARE UNIT (PICU):** 6 beds (1 isolation) full equipped with ventilators for invasive and non-invasive ventilation, NIV and HFNC. Patients in PICU are usually postoperative, monitored after major surgeries and/or children in critical conditions or with severe organ failure. The workload is organised in shifts in order to guarantee patient care 24/7. The rotation may vary according to the clinical needs and organisational set-up of the centre. On-call will include nights and holidays.

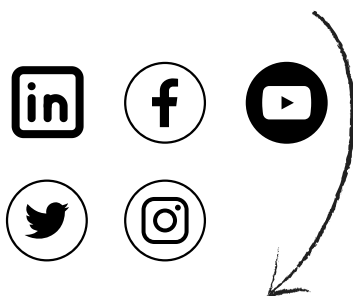
Specific Protocols and Guidelines for Anaesthesia, PICU and Surgery will be shared with the staff prior to the mission.



ADMISSION CRITERIA ENTEBCCHILDREN'S SURGICAL HOSPITAL

ABDOMINAL SURGERY		UROLOGY	GYNAECOLOGY	ANDROLOGY
ANORECTAL MALFORMATION	CHOLELYTIASIS (GALLSTONES)	CYSTIC RENAL DISEASE	ABSENT VAGINA	ACUTE SCROTUM
APPENDICITIS	DISORDERS OF SPLEEN	CONGENITAL URETEROPELVIC JUNCTION STENOSIS	COMPLICATION OF FGM	HYDROCELE
DUPLICATIONS	SURGICAL OMPHALOCELE	EXTROPHY EPISPADIAS COMPLEX	HYDROMETROCOLPOS & HYDROCOLPOS	PARAPHIMOSIS
HIRSCHPRUNG'S DISEASE	GASTROSCHISIS	HYPOSPADIAS	LABIAL ADHESIONS	PHIMOSIS
INFANTILE HYPERTROPHIC PYLORIC STENOSIS	UMBELICAL ANOMALIES	BLADDER URINARY OSTRUCTION	OVARIAN CYST	UNDESCENDED TESTIS
INFLAMMATORY BOWEL DISEASE	HERNIAS	ACQUIRED URETHRAL STENOSIS	OVARIAN TORSION	URETHRAL MEATAL STENOSIS
INTUSSUSCEPTION	PARASITIC INFESTATION OF SURGICAL IMPORTANCE IN CHILDREN	ACQUIRED URETHRAL FISTULA	OVARIAN TUMORS	VARICOCELE
MECKEL DIVERTICULUM	ECHINOCOCCOSIS	POSTERIOR URETHRAL VALVES	VAGINAL AND UTERINE DUPLICATIONS	OTHERS
SURGICAL COMPLICATIONS OF TYPHOID FEVER		URETERIC DUPLICATIONS		POSTBURN CONTRACTURES
ACUTE AND CRONIC PANCREATITIS		URETEROCELES		CLEFT PALATE
ANNULAR PANCREAS		VESCICOURETERIC REFLUX		CLEFT LIP
BILIARY ATRESIA		DISORDERS OF SEX DEVELOPMENT		NECK/FACE CYST, SINUSES AND FISTULAS
CHOLEDOCAL CYST				HAEMANGIOMA & VASCULAR MALFORMATIONS

FIND US ON



'RECOGNITION OF THE INHERENT DIGNITY AND OF THE EQUAL AND INALIENABLE RIGHTS OF ALL MEMBERS OF THE HUMAN FAMILY IS THE FOUNDATION OF FREEDOM, JUSTICE AND PEACE IN THE WORLD.'

*Universal Declaration of Human Rights
Paris, 10 December 1948, Article 1
and Preamble*

