The man behind

My name is Andreas Iskam from Cologne, Germany.
I studied geography from 2007 to 2012 at the Department of Geography at the University of Cologne.
By now I am in the field phase of my PhD on emergency medical services and first aid services in Namibia.

The project will be undertaken in a cooperation with ATA-International Training Namibia.

If you have job related experiences with emergency medical services or from your private life and as I attracted your interest I would highly appreciate if you could support me in my work and provide information concerning my topic.
Please contact me via e-mail or phone even though you are only interested in my work and what I am doing.

Notes

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Emergency Medical Services in Namibia

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6° 56' 10" E
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by
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in Cooperation with
ATA-International

ATA INTERNATIONAL TRAINING NAMIBIA

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The Idea

Only 2,1 Million people life on 824.269 km² in Namibia. This means there are about 2,5 citizens per km². In addition to this number the distribution of the citezens is very diverse. There exist huge socio-economical and ethnical disparities within the population and raise different requirements regarding emergency medical services. But not only the population is interesting regarding the emergency medical response. The climate causes different important aspects on how fast a patient can be reached and transported to the hospital, especially under the aspect of road conditions.

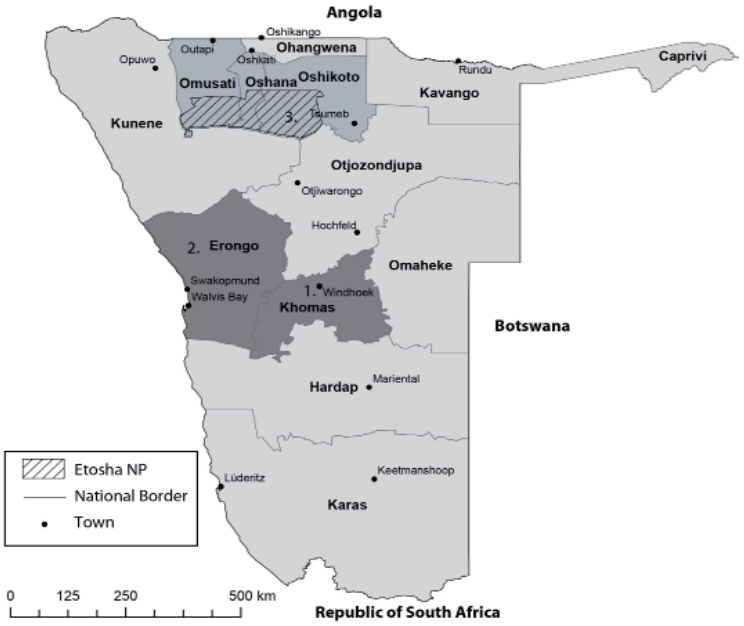
There is a huge number of scenarios emergency medical service has to coop with. Among the traumatically injuries caused by car accidents, different other scenarios do exist, such as insect bites or accidents with animals furthermore hunting accidents, working and sport accidents, heart attacks and climatic caused circumstances like heatstroke and injuries caused by criminal acts.

From different points of view various questions rise regarding an efficient health care service in the sector of the emergency medical response services and their structures.

The Project

The project is based on a two to three year long schedule. This schedule contains two at least six month long fieldwork phases in which different regions in Namibia should be investigated.

These regions are Windhoek (1), as the urban centre and as this the example in the project for emergency medical response services in urban areas, the Erongo region (2), as an example for the rural areas and the Etosha National Park (3) with Oshana, Oshikoto und Omusati in its north, as an example for a touristic and combined point of view.



The questions

For this project and the reviewed systems and structure a location and allocation model will form be the theoretical background. This models describe how emergency medical services operate and how they are structured.

Also the part of location planning and how many forces should be hold available can be described by these models.

The research includes an analysis of the current state of the emergency medical response services in the different regions.

This contains different questions regarding emergency care like: **what** happened, **when**, **where**, **why** and **who** was responsible for first aid.

With those questions the next step of the analysis is to figure out the strengths and weeknesses of the current system.

Additionally the following central points of the project are expresses by two questions:

1. Which causes and outcomes do long transport times have and how does this affect the location and allocation of emergency medical services regarding different times of the year.
2. How do different governmental and private actors interact with each other in context of different mission scenarios and distances, also in the case of cooperation?

The purpose

This research on the emergency medical services in Namibia should be able to explain and develop models and concepts. The goal is to explain the structures of first aid services und conditions like in Namibia.

For Namibia itself the purpose is to figure out potentials of development and measures to improve and strengthen the current systems.