Report Facilitators Meeting

Joint WHO and Department of State for Health (DoSH) Meetings on WHO Integrated Management for Emergency and Essential Surgical Care

26-28 April 2006

Banjul, The Gambia
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1. Executive summary

A Joint WHO and Department of State for Health (DoSH) meeting of facilitators on WHO Integrated Management for Emergency and Essential Surgical Care was held from 26-28 April 2006 in Banjul, The Gambia. The overall objective of this meeting was to strengthen capacities of health personnel at district hospitals and health centres in The Gambia.

Reduction of high maternal and neonatal mortality is a priority for the government of The Gambia which is a resources constrained country. Lack of trained health personnel and equipment to perform basic emergency and essential surgical (including anaesthesia) interventions at both major and minor health centres are contributing to the high morbidity and mortality in women and children.

The Gambia is divided into 6 Health Divisions and 2 Municipalities. There are 4 Public Hospitals (2 in the Western Health Division, 1 in North Bank East and 1 in the Central River Division), 6 Major Health Centres (district hospitals) and a number of Minor health centres. Some of these Major health centres are an island with very little access to referral to the secondary or tertiary level hospital except by ferry. Much of the specialized care such as obstetrics, surgery and anaesthesia is delivered by expatriate doctors with a rapid turnover and lack of agreement on any standard training curriculum or protocol for treatment. English being the official language for communication in The Gambia often poses a problem for the expatriate doctors to assist in building local capacities through the continuing education and training of health personnel.

It was envisaged that the visit of the WHO/headquarters and country office with the focal person for the Ministry of Health to the health facilities and meetings with key health providers and policy makers will serve as sensitization for the DoSH. This meeting would also result in organizing a training workshop later and for the development of the proposal for the rolling out of the whole programme in The Gambia.

The meeting led to a consensus by DoSH and WHO Country Office for planning a needs assessment of the six major health centres in the six health divisions of The Gambia and training of health personnel in emergency and essential surgical procedures linked to supplies/equipment, towards a reduction in death and disability, particularly in women and children.
2. Background

The Gambia is located in West Africa with a surface area of 10,690 sq km and a population of 1.44 million (1993 Population Census). The country is divided into five administrative divisions (Western, Lower River, Central River, Upper River and North Bank) and two municipalities (Banjul and Kanifing). It is one of the most densely populated countries in Africa with 135 persons per sq km, 26% of whom live in urban areas. The census data indicated a total fertility rate of 6.1. These high rates have serious resource implications for health and other social services.

Serious public health problems include infectious and parasitic diseases which result from persistent weaknesses in the public health services, especially environmental hygiene, nutrition and health education. Malaria, acute respiratory infections, diarrhoeal diseases, helminth infections and skin disorders are the leading causes of morbidity that drive the demand for public health and medical care services for both children and adults. Together, these health conditions are responsible for over 50% of the outpatient and inpatient care delivered through the government’s health care system.

The leading causes of inpatient deaths in children are: malaria, pneumonia, malnutrition, anaemia, neonatal sepsis, premature births, gastroenteritis, septicaemia and meningitis. In adults, the leading causes of inpatient deaths are maternal deaths, pneumonia, cerebrovascular accidents, trauma, malaria, hypertension, anaemia, diabetes, heart failure and cancer. Some natural disasters do occur in The Gambia; for example, floods and droughts. In addition, there are epidemics such as yellow fever and meningitis. Cancer, especially liver cancer, secondary to hepatitis B infection is prevalent in the country.1

The public health sector management is organized into three tiers, with a central level of three directorates. At the secondary level, there are six health divisions. The third tier consists of community, private and traditional medicine systems. However, the management of resources for health care, both human and material, still remains centralized.

The government is the major provider of health services in The Gambia. The public health care system has three tiers, based on the primary health care strategy. Presently, services are provided by four hospitals at the tertiary level, 36 health centres at the secondary level and 492 health posts at the primary level. The system is complemented by 34 private and NGO clinics. For most communities, the first point of contact with health care services is the informal sector through traditional healers such as herbalists, birth attendants, spiritualists, diviners and bonesetters. Therefore, the government is putting in place the necessary policies to integrate traditional medical practices into the formal health care system. The public sector health service has over 1,500 beds, 211 doctors and dentists, 8 pharmacists and 655 nurses. There are 261 are state registered nurses, 250 enrolled nurses and 144 community health

nurses. Out of the total number of nurses, 243 have also been trained in midwifery. There are 112 public health officials and 47 laboratory and X-ray technicians. About 150 nurses are working in the private and NGO sectors. In The Gambia, the majority of health facilities and personnel are located in urban areas, resulting in inequitable access to care. There are also disparities among divisions, with the Western Division having most of the resources. The health status and health services indicators for Banjul, Kanifing Municipality and Western Division are better than the national averages, while Upper River and Lower River Divisions are substantially worse. Central River Division has indicators whose levels are in between the above two extremes.

In 2001, an updated health policy called “Changing for Good” was produced to incorporate new socioeconomic and health development challenges. The vision of the policy is the attainment of accessible quality health care for The Gambian population that would be a model in the African Region by the year 2020. It has as its mission provision of quality health care services within an enabling environment, delivered by appropriately and adequately trained, skilled and motivated personnel at all levels of care. This mission will be accomplished with the involvement of all stakeholders to ensure a healthy population. The key guiding principles of the policy are: equity, health systems reform, and partnerships.

Despite some progress in improving the people’s health status and development of the health infrastructure, which allows 90% of the population access to health services, the health status of The Gambia’s population is still among the lowest in the African Region. In the face of the identified health problems and challenges such as weak institutional capacity, especially relating to human resource availability, retention and development, the government needs to continue its efforts to address these issues. These limiting factors have adversely affected both the provision and quality of services. In addition, the health system is now faced with other emerging issues, for instance, HIV/AIDS and noncommunicable diseases, especially mental health and some others, which present additional challenges to the already overburdened health services.

In 1990, The Gambia experienced one of the highest maternal mortality ratios (MMR) in the world, estimated to be 1,050 deaths per 100,000 live births. According to the findings of an MMR survey DoSH, 2001), the MMR had fallen to 730 per 100,000 live births. Despite several years of implementing the MCH programme, the MMR is still unacceptably high. The main causes of maternal mortality are antenatal and postnatal haemorrhage, pre-eclampsia and eclampsia, anaemia in pregnancy and postpartum sepsis. Lack of trained midwives further exacerbates the problem. The infant mortality rate (IMR) has decreased from 167 in 1983 to 84 in 1993 per 1,000 live births, while the under-five mortality rate declined from 260 to 135 per 1,000 live births during the same period. In 1998, the IMR was 64 per 1,000 live births and the under-five mortality rate was 76/1,000. The major underlying causes of mortality in infants and children are Malaria, Acute Respiratory Diseases and Diarrhoea.

One of the major obstacles facing the health sector is the shortage of health personnel at the primary and divisional levels. These shortages are increasingly having an impact on the health care delivery,
which is compounded by the rapid expansion of health services through the construction of hospitals and upgrading of more health facilities with little possibility of staffing. Overall, only 18 doctors or less than 10% of the total number of doctors in the public sector are of Gambian nationality. The attrition rate is high among nursing cadres, which is of great concern for the public health system. A significant amount of brain drain is taking place, both internally to NGOs and the private sector and externally to other countries. This is as a result of relatively better wages, working conditions and incentives being offered outside the public sector. In addition, poor working environment such as lack of basic medicines and equipment contributes to the high attrition of medical and nursing staff.

The referral systems are not fully functional due to inadequate staffing and lack of appropriate equipment. Only 20% of doctors work in secondary health facilities. As a result, many patients are referred to hospitals to receive appropriate care that should be delivered at the primary and secondary levels. The Royal Victoria Hospital, the major tertiary referral institution in the country, is already overstretched and is unable to cope with increased demands. Inappropriate referrals, inadequate staffing and lack of equipment greatly hamper existing plans to transform the hospital into a teaching institution with the establishment of the medical school.

3. Objectives

Meetings with policy makers, key health providers and stakeholders to support training of doctors
- Sensitization for the EESC as a public health issue
- Visits to health facilities for a situation analysis for the proposed surgical training program
- Introduce and facilitate the use of WHO Integrated Management on Emergency and Essential Surgical Care (IMEESC) tool to add value to the existing training courses in surgery, trauma and anaesthesia towards strengthening capacities at first referral health facilities.

4. Program Agenda

1. Meeting and discussions with WHO Country Office
2. Visits to 3 major health centres for a Situation analysis.
3. WHO Meetings with directors of teaching and district hospitals, Department of State for Health, Permanent Secretary & Director of Health Services, Divisional Health Team - Western, Reproductive and Child Health (RCH) Unit
4. Introduce and facilitate the use of WHO IMEESC tool kit
5. Discussions
6. Recommendations and follow up action plan
7. Conclusions of meetings and visits

5. Field Visits to the health facilities

Visits were made by ferry and road to distant 3 major health centres (Brikama Major Health Centre, Faji Kunda Major Health Centre and Essau Major Health
Centre) for a situation analysis by a team comprising of CPR/WHO/HQ, focal persons from the MoH and the WHO country office.

The Gambia is divided by The River Gambia, into the North and South banks with access by ferry providing communication between the two banks. One of the Major health centres accessible only by ferry, for residents of one bank, is unable to carry out basic emergency surgical interventions due to lack of continuous water, electricity and oxygen supplies. The waiting period between trips of the ferry is 1 to 2 hours and travel time 45 minutes one way, which clearly indicates the difficulty of patient referral in urgent situations.

6. Joint WHO and DoSH Facilitators Meeting

- A Joint WHO and DoSH facilitators meeting was held on WHO Emergency and Essential Surgical (including anaesthesia) Care towards strengthening capacities of health personnel at district hospitals and health centres in The Gambia. The meeting participants represented key policy makers and health providers, directors of surgical, obstetrics, anaesthesia and nursing departments.
- The WHO IMEESC toolkit was introduced, its applicability demonstrated with regards to the day to day practice, training, and guidance on policy decisions at all levels of the healthcare system aiming to reduce death and disability in trauma, pregnancy related complications and infection (including HIV).

7. Discussions

The discussions were on the following issues:

- The training of nurse anaesthetists and scrub nurses as well, to be equipped to assist in essential surgical operations at the district level. Some nurses and the Cuban medical colleagues, who are here for two years of duty, could also be trained to do surgical operations. Therefore, books in Spanish will be very useful.
- Intention is to train some nurses in anaesthetic skills in 2006 as well as in general midwifery skills and this IMEESC project seems to fit in well with this training plan
- Many major health centres lacked trained staff and basic infrastructure, functioning resuscitation equipment (such as oxygen, suction apparatus, ambu bag, operating table etc) and continuous supply of water and electricity
- An urgent need for a comprehensive training of health personnel in emergency surgical interventions at the 6 major health facilities for the 6 health divisions of The Gambia, to reduce the maternal mortality and trauma care
- A need for a situation analysis of the major health centres in each of the 6 health division to identify the gaps in training skills, equipment and infrastructure, to enable health personnel to perform emergency and essential surgical interventions for pregnancy related complications and trauma.
- Collaborations with international and local partners to support training and upgrade identified health facilities by the DoSH and WHO country office
- WHO manual on Surgical Care at the District Hospital and the WHO IMEESC training toolkit towards a standard training should be made available at all major and minor health centres
- A Spanish edition of the WHO IMEESC training toolkit would assist the Cuban doctors serving in these remote major health facilities not only to train and teach health personnel but also to follow the WHO standard best practice protocols and guidelines themselves
• Consider possibility for collaboration with an international partner Child Advocacy International and Advanced Life Support Group (CAI-ALSG) U.K interested to support training. This partner has incorporated the WHO IMEESC, child and maternal health training materials in the Essential Surgical Skills with emphasis to Emergency Maternal and Child Health (ESSEMCH) training program of WHO and MoH Pakistan.

8. Recommendations and Action Plan

This meeting led to a consensus by DoSH and WHO country office to plan:

• a needs assessment (using the WHO IMEESC toolkit) of the 6 major health facilities in The Gambia
• training of health personnel in emergency and essential surgical procedures with linked equipment towards a reduction in maternal and child mortality and disability
• identification of trainers at the major and minor health facilities for upgrading
• meetings with the international partner Child Advocacy International and Advanced Life Support Group (CAI; ALSG), U.K to support training and upgrade one identified health facility for availability to emergency and essential surgical care
• a joint activity between WHO and DoSH in collaboration with UNFPA; UNICEF and CAI/ALSG for a training of trainers workshop in 2006
• a project proposal to be prepared by the DoSH to be forwarded by WHO country office to all partners for resources mobilization for the project

9. Conclusions

The meeting resulted in a consensus towards a standardize training for the frontline health personnel required to provide basic emergency and surgical interventions at district hospitals and health centres through adaptation of the WHO IMEESC training tools to the local clinical setting.

10. Acknowledgements

- Directors and staff of health facilities visited (Brikama Major Health Centre, Faji Kunda Major Health Centre, Essau Major Health Centre)
- Department of State for Health (DoSH), The Gambia
- WHO country office The Gambia and WHO/AFRO
- Departments of Essential Health Technologies, Evidence and Information for Policy (Patient Safety), Making Pregnancy Safer, Violence and Injury Prevention, Child and Adolescent Health, WHO
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cherianm@who.int
www.who.int/surgery
Annexe 3: WHO training tools for improving skills of health personnel

Needs Assessment and Evaluation Form for Resource Limited Health Care Facility

Essential Emergency Equipment in Emergency Room*

*At an entry point in any health facility such as:
- Emergency room/ Admission room / Treatment room / Casualty room

1. Name/Address of Health Care Facility
   Country

2. Type of Health Care Facility (please check one)
   - Primary or First referral level facility/ District Hospital/Rural Hospital □
   - Health Centre □

3. Human Resources in emergency room (please indicate number of health staff)
   - Doctors □
   - Nurses □
   - Clinical or Health officers □
   - Technicians □
   - Paramedical staff □

4. Physical Resource
   (a) Infrastructure
   - Is there an area or room designated for emergency care? Yes □ No □
   - Is there running water? Yes □ No □
     - If yes: Interrupted / Uninterrupted (please circle one)
   - Is there an electricity source? Yes □ No □
     - If yes: Interrupted / Uninterrupted (please circle one)
   (b) Equipment
   - Is a list of essential emergency care equipment available? Yes □ No □
   - Is following available
     - Oxygen Cylinder: Interrupted / Uninterrupted (please circle one)
     - Equipment for oxygen administration available (tubes, masks)

Essential Emergency (EE) Equipment

<table>
<thead>
<tr>
<th>Yes, in some equipment</th>
<th>Yes, in all equipment</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the EE equipment in working order? □ □ □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there access to repair if equipment fails? □ □ □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there access to repair within the health care facility? □ □ □</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Is there access to repair outside the health care facility? □ □ □
  - If yes, how far (in km): 1-25 / 26-50 / 51-200 / >200 (please circle one)
| Is there an agreement for the maintenance of the equipment with the supplier? □ □ □ |
| Do the health care staff in the emergency room get training in the use of the equipment? □ □ □ |
| Is information available on supply, repair, and spare parts for the equipment? □ □ □ |

5. Quality, safety, access and use

<table>
<thead>
<tr>
<th>Yes, in some procedures</th>
<th>Yes, in all procedures</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the best practice protocols for management of essential emergency procedures available? □ □ □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the protocols for safe appropriate use of equipment in essential emergency procedures available? □ □ □</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| How often is ‘room to room inspection’ performed to ensure that EE equipment and supplies required for the essential emergency procedures are available and functioning? (please circle one)
  - Daily / weekly / monthly / 6-monthly / yearly / once in years / never □ □ □ |
| Are the information, education and training materials on emergency procedures and equipment available in the emergency room for health care staff use? □ □ □ |
| Are there introductions of any new procedures/interventions? □ □ □ |
| If yes, which procedure/intervention: (please specify) □ □ □ |
| Has referral to other health facility decreased because of skills and knowledge of procedures and intervention? □ □ □ |
| Are records maintained? □ □ □ |

6. Policy

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Is there a policy to promote training for health care staff in the essential emergency management of trauma, obstetric care and anaesthesia? □ □ □</td>
<td></td>
</tr>
<tr>
<td>Is there a policy to update the protocols for the emergency management of trauma and obstetric care adapted to local needs? □ □ □</td>
<td></td>
</tr>
<tr>
<td>Are there any guidelines on donation, procurement, and maintenance of all EE equipment? □ □ □</td>
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</tr>
<tr>
<td>Is there a list of extra health personnel to be contacted in disaster situations? □ □ □</td>
<td></td>
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</tbody>
</table>

For guidance use WHO generic list of Essential Emergency Equipment

Department of Essential Health Technologies
World Health Organization, 20 Avenue Appia, 1211, Geneva 27, Switzerland
Fax: 41 22 791 4836  Internet: www.who.int/surgery
WHO Generic Essential Emergency Equipment List

This checklist of essential emergency equipment for resuscitation describes minimum requirements for essential emergency surgical care at the first referral health facility (small or rural hospital/health centre).

<table>
<thead>
<tr>
<th>Capital Outlays</th>
<th>Quantity</th>
<th>Date checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resuscitator bag valve and mask (adult)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resuscitator bag valve and mask (paediatric)</td>
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<td></td>
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<tr>
<td>Oxygen source (cylinder or concentrator)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mask and Tubings to connect to oxygen supply</td>
<td></td>
<td></td>
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<tr>
<td>Light source to ensure visibility (lamp and flash light)</td>
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<td></td>
</tr>
<tr>
<td>Stethoscope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction pump (manual or electric)</td>
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<td></td>
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<tr>
<td>Blood pressure measuring equipment</td>
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<td></td>
</tr>
<tr>
<td>Thermometer</td>
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<td></td>
</tr>
<tr>
<td>Scalpel # 3 handle with #10,11,15 blade</td>
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<td></td>
</tr>
<tr>
<td>Scalpel # 4 handle with #22 blade</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scissors straight 12 cm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scissors blunt 14 cm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oropharyngeal airway (adult size)</td>
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<td></td>
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<tr>
<td>Oropharyngeal airway (paediatric size)</td>
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<td></td>
</tr>
<tr>
<td>Forcep Kocher no teeth 12-14 cm</td>
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<td></td>
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<tr>
<td>Forcep, artery</td>
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</tr>
<tr>
<td>Kidney dish stainless steel appx. 26x14 cm</td>
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<tr>
<td>Tourniquet</td>
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<td></td>
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<tr>
<td>Needle holder</td>
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<td></td>
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<tr>
<td>Towel cloth</td>
<td></td>
<td></td>
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<tr>
<td>Waste disposal container with plastic bag</td>
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<td></td>
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<tr>
<td>Sterilizer</td>
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<td></td>
</tr>
<tr>
<td>Nail brush, scrubbing surgeon’s</td>
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<tr>
<td>Vaginal speculum</td>
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<td></td>
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<tr>
<td>Bucket, plastic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drum for compresses with lateral clips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination table</td>
<td></td>
<td></td>
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<tr>
<td>Wash basin</td>
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</tbody>
</table>

**Renewable Items**

<p>| Suction catheter sizes 16 FG                              |          |              |
| Tongue depressor wooden disposable                        |          |              |
| Nasogastric tubes 10 to 16 FG                             |          |              |
| Batteries for flash light (size C)                        |          |              |
| Intravenous fluid infusion set                            |          |              |
| Intravenous cannula # 18, 22, 24                         |          |              |
| Scalp vein infusion set # 21, 25                         |          |              |
| Syringes 2ml                                               |          |              |
| Syringes 10 ml                                             |          |              |
| Disposable needles # 25, 21, 19                           |          |              |
| Sharps disposal container                                  |          |              |
| Capped bottle, alcohol based solutions                    |          |              |
| Sterile gauze dressing                                    |          |              |
| Bandages sterile                                          |          |              |
| Adhesive Tape                                             |          |              |
| Needles, cutting and round bodied                         |          |              |
| Suture synthetic absorbable                               |          |              |
| Splints for arm, leg                                      |          |              |
| Urinary catheter Foley’s disposable #12, 14, 18 with bag  |          |              |
| Absorbent cotton wool                                     |          |              |
| Sheeting, plastic PVC clear 90 x 180 cm                  |          |              |
| Gloves (sterile) sizes 6 to 8                             |          |              |</p>
<table>
<thead>
<tr>
<th>Capital Outlays</th>
<th>Quantity</th>
<th>Date checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloves (examination) sizes small, medium, large</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face masks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apron, utility plastic reusable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory list of equipment and supplies</td>
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<tr>
<td>Best practice guidelines for emergency care</td>
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**Supplementary equipment for use by skilled health professionals**

- Laryngoscope handle
- Laryngoscope Macintosh blades (adult)
- Laryngoscope Macintosh blades (paediatric)
- IV infusion bag
- Magills Forceps (adult)
- Magills Forceps (paediatric)
- Stylet for Intubation
- Spare bulbs and batteries for laryngoscope
- Endotrachael tubes cuffed (# 5.5 to 9)
- Endotrachael tubes uncuffed (# 3.0 to 5.0)
- Chest tubes insertion equipment
- Cricothyroidectomy

This list was compiled from the following WHO resources:

- WHO training manual: Surgical Care at the District Hospital
- WHO Emergency Relief Items, Compendium of Basic Specifications
- WHO/UNFPA Essential drugs and other commodities for reproductive health services.
- WHO Essential Trauma Care Guidelines

* For specifications refer to this book

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