Training of trainers workshop report
Achieving MDGs through capacity building of health workers

WHO Workshop on Essential Surgical Skills with emphasis on Emergency Maternal & Child Health (ESSEMCH)
in collaboration with Ministry of Health, Pakistan
for Training of Trainers
in Charsadda (North West Frontier Province), Federally Administered Tribal Areas, 12-16 April, 2005
Swat (North West Frontier Province), 26-29 April 2005
Bahawalpur (Punjab Province), 3-7 May 2005
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1. Executive Summary

Three WHO 'training of master trainers' workshops on Essential Surgical Skills, with emphasis on Emergency Maternal and Child Health (ESSEMCH), towards achieving the Millennium Development Goals (MDGs), were held in collaboration with Ministry of Health (MoH), Pakistan. Participants included doctors, nurses, and community health workers representing 3 districts - Charsadda and Swat in North West Frontier Province, Bahawalpur in Punjab Province, Federally Administered Tribal Areas (FATA) in Pakistan and some from Afghanistan. These three workshops were held after an earlier WHO workshop (April 2005, in Islamabad) for facilitators, policy makers and stakeholders for 2 provinces (Punjab and North West Frontier) and FATA.

The surgical and anaesthesia component of the WHO training project on Emergency and Essential Surgical Care (EESC), added value to the Emergency Maternal and Child Health (EMCH) training course materials developed by Child Advocacy International and Advanced Life Support Group, U.K (CAI & ALSG), for strengthening capacities at primary healthcare facilities, towards achieving the MDGs. These workshops included lectures, discussions, role playing and hands-on basic skills training. The WHO Integrated Management on Emergency and Essential Surgical Care (IMEESC) tools based on the WHO manual *Surgical Care at the District Hospital* were incorporated into the EMCH training course materials developed by CAI. The language for the training materials was English. The language for the lectures, discussions and 'hands on training', was adapted to local needs Urdu, Pashto and English.

The workshops aimed at strengthening the trainers in capacity-building of health personnel to improve the emergency surgical interventions in maternal and child health in their primary healthcare facilities and the basic emergency surgical skills training of health personnel in the best practice interventions in injuries as a result of falls, burns, domestic violence, road traffic accidents, pregnancy-related complications, infections, anaesthesia and safe use of emergency equipment.

The lectures and discussions covered the topics on team responsibility, disaster planning, patient safety, appropriate use of oxygen, management of bleeding, burns and trauma, basic anaesthetic and resuscitation techniques, prevention of nosocomial HIV transmission, sterilization of equipment, waste disposal, hygiene, record keeping, monitoring and evaluation on quality of care, and checklists prior to surgery to ensure that the Right Patient gets the Right Surgery on the Right Site at the Right Time by the Rightly-Trained Health Personnel.

The emergency surgical skills training sessions requiring 'hands-on training' were conducted at the District Head Quarters Hospital by facilitators of the EMCH course. These sessions covered Essential Emergency Procedures and Equipment in the management of trauma, prevention of HIV transmission, and disaster planning, hand-washing, basic life support, safety of anaesthetic techniques, transportation and management of trauma patient, stabilization of fractures using locally-made splints and application of plaster, care of the unconscious, and universal precautions. In addition, training included anaesthetic and surgical techniques to minimize blood loss, blood conservation, assessment and treatment of anaemia prior to surgical procedures and thus reducing unnecessary blood transfusions, in particular at district hospitals, which lack access to safe blood.

Practical skills teaching on patient safety best practices, basic life support, intravenous access and maintenance, airway management for resuscitation and safe use of equipment (oxygen, airways), management of postpartum bleeding, discussions on interesting case studies, access to guidelines, journals and useful links for training, were done through video conference. The WHO Integrated Management Package of Essential Emergency Surgical Care (an e-Learning pilot version, based on the WHO manual *Surgical Care at District Hospital*) was demonstrated. The participants were trained in the use of these tools for implementation of good practices. There was
agreement on the relevance of its contents on guiding day-to-day practice and it was felt that these 
would be useful for re-enforcement and further enhancement of the training of health care providers.

The workshop methodology used local adaptation for hands-on training skills using locally-
prepared animal (goat, chicken) and human umbilical cords mounted on bottles. These models were 
used to demonstrate chest tube insertion, cricothyroidotomy, venous cut-down, interosseous needle 
insertion and umbilical vein transfusion. 'Role-play' by participants was organized to demonstrate 
transportation of the critically ill, and locally made splints were used for stabilizing fractures.

The workshops concluded with recommendations on the next steps of training by the master 
trainers in their healthcare facilities and further training in linked tehsil, rural and basic health units 
including the communities (ambulance drivers, trained birth assistants etc.), to reduce death and 
disability from injuries. Evaluation of the knowledge and skills prior to and following the training 
was done. At the end of the workshop, the participants evaluated the usefulness of the workshop and 
the training tools, including e-learning, and provided scoring on a range of 1 (strongly disagree) to 5 
(strongly agree).

Through these training workshops, 66 health providers were trained in Punjab and North West 
Frontier province, FATA, including 4 from Afghanistan and 1 from Médicins Sans Frontières. This 
represents the health personnel trained from 3 District Health Quarters Hospitals, 8 Rural Health 
Centres, 16 Tehsil Health Centres, 12 Basic Health Units, and 4 private hospitals.
2. Background

Three WHO ‘training of trainers’ workshops on Essential Surgical Skills with emphasis on Emergency maternal and Child Health (ESSEMCH), were held in collaboration with Ministry of Health (MoH), Pakistan for 3 districts in the Punjab and North West Frontier Provinces (NWFP), and Federally Administered Tribal Areas (FATA), including a few participants from Afghanistan. The surgical and anaesthesia component of the WHO training project on EESC, added value to the EMCH training course materials developed by Child Advocacy International and Advanced Life Support Group, U.K (CAI/ALSG), for strengthening capacities at primary healthcare facilities, towards achieving the MDGs. The WHO IMEESC tools were integrated into the EMCH training course materials of the CAI & ALSG adapted for Pakistan. These three workshops for training of trainers followed the earlier WHO workshop for facilitators (key health providers, policy makers and stakeholders) for 2 provinces (Punjab and NWFP) and FATA.

2.1 Planning meeting

A year prior to this training workshop, visits and discussions were held between WHO, Geneva and the office of WHO representative of Pakistan, with focal points in the MoH for the organisation of an integrated training for health personnel in emergency and essential surgical interventions to manage trauma and pregnancy-related complications at the primary healthcare facilities. The deliberations resulted in:

- multidisciplinary approach for training at district, rural and tehsil hospitals
- a project proposal to improve emergency surgical care with emphasis on emergency maternal and child health
- development of a Multidisciplinary Working Group (MWG) including experts from various disciplines (paediatrics, obstetrics, paediatric surgery, anaesthesia, trauma, emergencies and disasters), and policy makers
- organization of a facilitators training workshop to introduce the WHO IMEESC tool to policy makers, key health providers and stakeholders
- incorporation of WHO training tools (IMEESC) into the EMCH training course materials of CAI & ALSG
- identification of 3 districts (Charsadda, Swat, Bahawalpur) in 2 provinces (Punjab, NWF) and FATA for training of trainers workshops
- plans to organize three workshops in 3 districts back to back, within a one-month period
- identification of facilitators, participants and venue for the training of trainers workshops
- program agenda for the training workshop
- dissemination of training materials to participants prior to the workshop
- selection of relevant key topics for teaching emergency surgical procedures and linked equipment to reduce maternal and child mortality at district, tehsil and basic health units.
2.2 Situation analysis

The provinces of NWFP and Balochistan and adjoining belt of FATA have frequently suffered natural disasters like earthquakes, floods, droughts and frequent disease outbreaks in the rough hilly terrain. Many public hospitals are not prepared to deal adequately with daily emergencies and disasters. A partial lack of basic equipment, drugs and skilled staff are the main obstacles. The situation is further aggravated in FATA, where the patients are referred sometimes to the tertiary care hospitals of Peshawar, a ten-hour journey by road. The recent rain, snowfall and floods have caused widespread damage to the infra-structure in Balochistan, NWFP (Charsadda, Swat), and northern areas. Approximately 7 million people were affected in the NWP, including close to 400 dead and 450 injured, while 300, 000 were left completely isolated.

The management of road traffic accidents, falls, burns, pregnancy-related complications and domestic violence, particularly in women and children make it difficult to refer from first level healthcare facility to a better facility with health personnel trained in basic emergency surgical procedures and equipment. Using the WHO needs assessment tools for monitoring and evaluation of emergency care of some health care facilities, the following needs were identified in the 3 identified districts representing the Punjab and North west frontier Provinces, and FATA, for physical resources, quality, safety and policy:

- Lack of basic emergency equipment for emergency surgical interventions in the admission or emergency room
- Lack of appropriate training to perform emergency surgical interventions in trauma and obstetrics
- Specialist services are most often not available round the clock at the district, tehsil, rural hospitals, which necessitates either a referral to a better healthcare facility or the emergency surgical procedures being performed by non-specialists health personnel
- Lack of a special room or space for emergency surgical interventions for children in health care facilities at district and tehsil level,
- Emergency care providers are not involved in a continuous training program

2.3 Multidisciplinary Working Group (MWG) meeting

A week prior to the master trainers workshop the MWG met to plan a standardised procedure for the training workshops:
- program of work
- presentations
• materials for hands-on skills training
• designation of participants to the working groups for skills station
• identification of local support staff responsible for assistance during workshop for timing of sessions (lectures, hands-on skill), availability of materials (translations, copying, dissemination, stationery
• flip charts, LCD, video, overhead projector), preparation of skills stations (animal models and human umbilical cords mounted on bottles), local transportation, food, accommodation etc.

3. Introduction to the workshop and the need for training

WHO training project on EESC, incorporated in the ESSEMCH training course, was introduced in the opening session of the all three workshops in Charsadda, Swat and Bahawalpur by the Director, Provincial Department of Health, Charsadda NFWP and directors of District Head Quarter Hospital and Medical Colleges, of Swat and Bahawalpur, respectively.

3. Objectives

Overall objective was capacity building at primary healthcare facilities through strengthening of existing training programs towards achieving the Millennium Development Goals (MDGs). Specific objectives were.
• Training of master trainers in essential surgical skills with emphasis on management of life-threatening pregnancy-related complications and trauma
• Training of master trainers in the use of WHO Integrated Management of Emergency and essential surgical care (IMEESC) e-learning tools for teaching health personnel at primary health care facilities.

4. Target Audience

The participants (22 from Charsadda, 20 from Swat, 24 from Bahawalpur) representing the 3 districts included policy makers and health care providers (directors, doctors, nursing in-charge, community service workers). They were involved in teaching and training of health personnel (doctors, nurses, technicians, paramedical staff) in their health care facilities. Facilitators training the participant, were specialists in surgery, obstetrics, anaesthesia, paediatrics, trauma and paediatric surgery, from teaching hospitals in Punjab and NFW provinces and 1 anaesthesiologist and 1 paediatrician from U.K.

5. Training workshop methodology:

Basic reference material was disseminated a month prior to the training workshops and knowledge was evaluated prior to and after the training workshop. All training workshops were organized at district headquarters hospitals of 3 districts with the training materials adapted to local needs.

The workshops had several components with lectures, E-learning, working group discussions, role-play, hands-on basic skills training. The interactive learning method with hands-on skills training and role play scenarios were used to train participants, enabling them to adapt, simulate and apply a standardised format to their future training programmes. The teaching focussed on improving the quality of management at resource-limited clinical settings of life-threatening conditions in children and women e.g. injuries as a result of road accidents, burns and pregnancy-related complications.
The trainers were trained to teach ESSEMCH including WHO integrated management in surgery, obstetrics, trauma and anaesthesia in their training and education programmes, particularly to non-specialist doctors, nurses, technicians and paramedical staff. The working language of the workshop was English and Urdu, for all the sessions (lectures, discussions, hands on skills, e-learning), with some Pashto, whenever required by some participants.

5.1. Culture friendly environment

Respecting the cultural adaptation, time was allocated during the workshop for prayers and the women participants continued to cover their heads and faces (unless required to demonstrate effective breathing during the hands-on skills session for basic life support). Some female participants came for the 5-day workshop with their extended families (mothers, mothers-in law and children). The interest and commitment of women participants was demonstrated by not missing a single session (choosing to breast feed their small babies during the refreshment breaks).

6. Discussions and training activities

6.1 Lectures

The lectures and discussions focussed on patient safety at the primary health care facilities and included the following topics:
- Basic monitoring and patient safety
- Infection control (hygiene), prevention of nosocomial HIV transmission
- Sterilization of equipment, waste disposal
- Resuscitation, Basic Life Support, venous access, intravenous fluid therapy
- Blood conservation techniques, early diagnoses of anemia, blood type and cross match
- Pain management
Sedation, anaesthetic issues, prevention of complications during anaesthesia
Care of an unconscious patient
Preoperative and postoperative checklist for prevention and treatment of complications
Early diagnosis of complications in pregnancy
Disaster planning, team management in trauma and disasters
Appropriate use of oxygen
Management of bleeding; burns and trauma
Record keeping and patient consent
Burns, child abuse, domestic violence
Monitoring and evaluation on quality of care
Checklists prior to surgery to ensure that the Right Patient gets the Right Surgery on the Right Site at the Right Time, by Rightly-Trained Health Personnel.

Participants discussed the applicability and incorporation of the WHO Integrated Management on Emergency and Essential Surgical Care (IMEESC) in the teaching materials for training of doctors, nurses, technicians and paramedic staff.

6.2 E-learning

The WHO Integrated Management of Essential Emergency Surgical Care e-learning tools, based on the WHO manual Surgical Care at District Hospital, were introduced for use by decision makers (directors) and health providers at district, tehsil and basic health units. Participants discussed the relevance of its contents on guiding day-to-day clinical practice and assistance in further training of health personnel at all levels of care.

6.3 Working group discussions and hands-on skills station
The trainers were divided into 4 working groups, with one facilitator in each group to discuss the gaps in their health facilities and an action plan for capacity building of the health personnel in their health facilities and to reach out to the community level through dissemination of relevant best practice guidelines. Each group presented its action plan based on the tools developed by the Multidisciplinary Working Group (MWG) for improving skills of health workers.

6.4 'Hands-On' training in District Hospital

This included skills development of health personnel from District head quarter, Tehsil and basic health units, in emergency surgical interventions for road traffic accidents, falls, violence, burns, and infections as well as skills for resource mobilization to fill in the identified gaps.

Part of the training sessions were conducted at the hospital, for hands-on training on essential emergency procedures and equipment. The trainers were trained in the standard WHO best practice protocols for clinical procedures with hands-on basic skills training in hand washing, basic life support, safety of anaesthesia techniques, trauma care, hand hygiene, universal precautions, disaster planning, basic life support, anaesthetic equipment, transportation of the critically ill, splint and plaster application, first aid, wearing of gloves, disinfection and cleaning of the surgical site.

At district and tehsil head quarter hospitals, where access to safe blood is difficult, prevention of HIV transmission was emphasized using blood conservation, safe anaesthetic and surgical techniques and treatment of anaemia.

7. Action plan:

The following action plan was developed by the working groups to improve the existing emergency surgical skills with emphasis on maternal and child health care in the two identified provinces and FATA, to:
• Train health personnel (doctors, nurses, midwives, technicians, paramedical staff) in each of the identified districts using the WHO training tools (IMEESC).
• Provide access to information on use and maintenance of emergency essential equipment for resuscitation
• Prevent HIV transmission during performance of emergency procedures
• Implement WHO best practice intervention protocols and standards on emergency and essential surgical care towards patient safety
• Translate into Urdu and print the WHO best practice intervention protocols for dissemination

7.1 Evaluation and Follow Up

The evaluation was undertaken to learn from the participants if such a model of integrated basic skills in cross-cutting themes is applicable in all the priority areas of emergency care to reduce child and maternal mortality at resource-limited health care facilities.

The participants were evaluated by facilitators on their learning skills (pre-training test and post-training test) and for their teaching potential to become future facilitators in training workshops for other districts and provinces. The pre-training score ranged from 28.34% (Swat) to 32.4% (Bahawalpur) and post-training score ranged from 68.6% (Bahawalpur) to 80.9% (Swat).

At the end of the 2 training workshops an evaluation was undertaken, using the WHO training workshop evaluation tool. Each participant scored on a range of 1 (strongly disagree) to 5 (strongly agree), their opinion on the usefulness of the workshop and gave comments on the training contents, presentations, training tools, including e-learning, best practice protocols, duration and their confidence to teach basic emergency surgical skills following this training workshop. 82% participants at Bahawalpur and 70% at Swat scored 5; 22% at Bahawalpur and 16% at Swat scored 4; and 3.6% at Bahawalpur and 1.8% at Swat scored 3. The comments from participants included: more emphasis should be given to alternatives to blood transfusion, methods of HIV prevention in resource-limited clinical settings, dissemination of printed posters on best practice protocols, inclusion of primary health care topics and emergency laboratory tests and duration of the training should be extended to more than 5 days.

A decision was made that monitoring and evaluation to assess the impact of the master trainers workshop in each of the districts will be organized by the WHO officer responsible for the ESSEMCH training course after 6 months and 1 year following this training workshop, using the WHO needs assessment tools.
8. Conclusions

The training workshop provided participants with the experience and tools for the implementation of effective education and training activities in their own clinical settings and communities. In the closing session, the directors of the training appreciated the interest shown by the participants and thanked the support of the faculty, and WHO officers from Peshawar and Islamabad. Following the training workshop, the trainers were given certificates of attendance, with some achieving certificates of excellence awarded by the Child Advocacy International (CAI) and Acute Life Support Group (ALSG) of U.K. These participants were trained in the management of ESSEMCH to strengthen capacity in their own healthcare facilities and to give further comprehensive training to health personnel at district, tehsil, basic health units and community level using the WHO training tools provided to them.

The role of WHO was acknowledged for working in partnership with Ministry of Health, local and international organizations (CAI /ALSG), professional societies and institutions in addressing the need to strengthen collaboration for training in emergency and essential surgical care with particular emphasis in women and children at resource-limited healthcare facilities.

9. Acknowledgements to collaborations and support

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Child Advocacy International and Advanced Life Support Group (CAI and ALSG)
Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ)
Medicine Sans Frontier (MSF)
United Nations Children's Fund (UNICEF)

10. Annexes

Annexe 1: Participants list .............................................................................................
Annexe 2: Programme agenda
Annexe 3: WHO training tools for improving skills of health personnel
Annex 1

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Dr Ahmed Farah Shadoul
WHO Child Health Promotion Officer
World Health Organization,
NIH,
## Day-1

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Faculty Allocation</th>
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<tbody>
<tr>
<td>0800 – 0830</td>
<td>Arrival/Registration/Briefing on Integration with WHO EESS teaching materials</td>
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<tr>
<td>0830 – 0900</td>
<td>MCQ</td>
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<tr>
<td>0900 – 0910</td>
<td>Welcome and Introduction</td>
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<tr>
<td>0910 – 0925</td>
<td>Putting Emergency Care of Mothers and Children into Context</td>
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<tr>
<td>0925 – 1000</td>
<td>Recognition of serious illness in mother /child</td>
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<tr>
<td><strong>1000 – 1100</strong></td>
<td><strong>INAUGURATION CEREMONY &amp; TEA BREAK</strong></td>
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<tr>
<td>1100 – 1240</td>
<td><strong>BASELINE SKILLS/WORKSHOPS</strong> including the use of directed cases: (4 x 25 minutes):</td>
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<tr>
<td></td>
<td>• Triage/ETAT</td>
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<td></td>
<td>• Basic Monitoring for patient safety</td>
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<td></td>
<td>• Pain Control</td>
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<tr>
<td></td>
<td>• Minimizing &amp; making Blood transfusion safer</td>
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<tr>
<td>Time</td>
<td>1100 – 1125</td>
<td>1125 – 1150</td>
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<tr>
<td>Triage/ETAT</td>
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<td>B</td>
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<tr>
<td>Basic Monitoring</td>
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<td>A</td>
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<td>Pain control</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>Blood transfusion</td>
<td>B</td>
<td>C</td>
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<tr>
<td><strong>1240 – 1330</strong></td>
<td><strong>LUNCH AND PRAYERS</strong></td>
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<tr>
<td>1330 – 1400</td>
<td>Structured approach to emergencies in mother, child and newborn</td>
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<tr>
<td>1400 – 1630</td>
<td><strong>BASELINE SKILLS/WORKSHOPS</strong> including the use of directed cases: (4 x 35 minutes)</td>
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<tr>
<td></td>
<td>➢ Child Abuse/Domestic Violence</td>
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<tr>
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<td>➢ Prescribing practice</td>
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<tr>
<td></td>
<td>➢ Infection control (hygiene)</td>
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<td></td>
<td>➢ Drug Fluids</td>
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<td>Time</td>
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<td>1435 – 1510</td>
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<tr>
<td>Child Abuse/Domestic Violence</td>
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<td>B</td>
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<tr>
<td>Prescribing practice</td>
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<td>A</td>
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<tr>
<td>Infection Control / Hygiene</td>
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<td>D</td>
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<tr>
<td>Drug Fluids</td>
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<td>C</td>
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<tr>
<td><strong>1630 – 1700</strong></td>
<td><strong>Faculty Meeting</strong></td>
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Annex 2. Program Agenda for WHO Workshop on ESSEMCH
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<tr>
<th>Time</th>
<th>Session Title:</th>
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<tbody>
<tr>
<td>08.00 – 9.00</td>
<td><strong>BLS for all ages</strong> (talk &amp; demo) Choking. Demo BLS infant Demo Child Demo Mother</td>
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<tr>
<td>9.00-1100</td>
<td><strong>SKILLS:</strong> include 15 minute break Airway and Breathing, BLS for all ages</td>
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<tr>
<td>Time</td>
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<td>0930 – 1000</td>
</tr>
<tr>
<td>BLS infant</td>
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<tr>
<td>BLS Child</td>
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<td>C</td>
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<tr>
<td>BLS Mother</td>
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<td>D</td>
</tr>
<tr>
<td>Choking (for all ages)</td>
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<td>A</td>
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<tr>
<td>1100 – 1115</td>
<td><strong>TEA BREAK</strong></td>
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<tr>
<td>1115 – 1315</td>
<td><strong>Testing: Basic Life Support</strong></td>
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<tr>
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<td>Station 1</td>
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<td>Station 3</td>
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<td>Station 4</td>
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<td></td>
<td>Each Candidates 10 min</td>
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<tr>
<td>1315 – 1340</td>
<td><strong>LUNCH AND PRAYERS</strong></td>
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<tr>
<td>1340 – 1405</td>
<td>Recognizing &amp; managing neonatal emergencies</td>
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<tr>
<td>1405 – 1415</td>
<td>Neonatal resuscitation demo</td>
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<tr>
<td>1415 – 1425</td>
<td>Demonstration airway &amp; breathing</td>
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<tr>
<td>1425 – 1450</td>
<td>Mother &amp; Newborn child with breathing difficulty</td>
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<tr>
<td>1450 – 1700</td>
<td>**Skills/**work (30 min each)</td>
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<tr>
<td></td>
<td>Airway breathing</td>
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<td>Child</td>
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<td></td>
<td>Infant</td>
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<td>Mother</td>
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<td>Resuscitation of New born</td>
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<tr>
<td>Time</td>
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<tr>
<td>Airway Breathing Child/Mother/Adult</td>
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<tr>
<td>Resuscitation of Newborn</td>
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<td>Airway Breathing Child/Mother/Adult</td>
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<tr>
<td>Resuscitation of Newborn</td>
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<td>1700 – 1730</td>
<td><strong>Faculty Meeting.</strong></td>
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## DAY-3

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<th>Time</th>
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<tbody>
<tr>
<td>0800 – 0830</td>
<td>The mother/adult, newborn, child in shock</td>
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<td>0830 – 0840</td>
<td>Demo scenario</td>
<td>Faculty, Demo SH, Candidate Critique:</td>
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<td>0840 – 1040</td>
<td><strong>Common Treatment Pathways &amp; Scenarios</strong></td>
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<td>• Common Pathways &amp; Scenarios Stn 1</td>
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<td>• Common Pathways &amp; Scenarios Stn 2</td>
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<td>• Common Pathways &amp; Scenarios Stn 3</td>
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<td>• Common Pathways &amp; Scenarios Stn 4</td>
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<tr>
<td>840 – 1040</td>
<td><strong>Common Treatment Pathways &amp; Scenarios</strong></td>
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<tr>
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<td>• Common Pathways &amp; Scenarios Stn 1</td>
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<td>• Common Pathways &amp; Scenarios Stn 2</td>
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<td>• Common Pathways &amp; Scenarios Stn 3</td>
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<td><strong>Common Pathways &amp; Scenarios Stn 2</strong></td>
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<td>1040 – 1105</td>
<td><strong>The mother, newborn, child with altered conscious or convulsions</strong></td>
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<tr>
<td>1105 – 1135</td>
<td><strong>SKILLS: Circulation</strong></td>
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<tr>
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<td>• Cut-down and Intra-osseous</td>
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<td>• Chest drain</td>
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<td></td>
<td>• Surgical airway</td>
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<td>• Umbilical vein &amp; exchange transfusion</td>
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<td>Time</td>
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<td><strong>Cut-down and Intra-osseous</strong></td>
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<td><strong>Chest drain</strong></td>
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<td><strong>Surgical airway</strong></td>
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<td><strong>Umbilical vein &amp; exchange transfusion</strong></td>
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<td><strong>LUNCH AND PRAYERS</strong></td>
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<td><strong>Neonatal &amp; Paediatric Stn 5</strong></td>
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<td>1630 – 1700</td>
<td><strong>Faculty Meeting</strong></td>
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## DAY-4

<table>
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<tr>
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<tr>
<td>0800 – 0835</td>
<td><strong>Serious Illness in the Pregnant Patient:</strong> Exacerbated by pregnancy</td>
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<tr>
<td>0835 – 0915</td>
<td><strong>Pregnancy related conditions</strong></td>
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<td><strong>0915 – 0930</strong></td>
<td><strong>TEA</strong></td>
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<td>0930 – 1130</td>
<td><strong>Pregnancy related skills/scenarios</strong></td>
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<td>➢ Obstetric Scenarios 1</td>
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<table>
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<tr>
<th>Time</th>
<th>Obs Scenarios 1: Haemorrhage in early pregnancy</th>
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<th>B</th>
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<tr>
<td>Obs Scenarios 2: Dehydration Shock</td>
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<td>B</td>
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<tr>
<td>Obs Scenarios 3: Prolapsed cord, Uterine inversion</td>
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<td>Obs Scenarios 4: Eclampsia</td>
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<td>D</td>
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<td>1130 – 1155</td>
<td><strong>Severe Malnutrition</strong></td>
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<td>1155 – 1215</td>
<td><strong>Burns management</strong></td>
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<td><strong>1215 – 1245</strong></td>
<td><strong>LUNCH AND PRAYERS</strong></td>
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<th>Obs Scenarios 5: Obstructed Labour Breech Delivery</th>
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<td>Obs Scenarios 6: Symphysiotomy</td>
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<td>Obs Scenarios 7: Shoulder Dystocia</td>
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<td>Obs Scenarios 8: Haemorrhage (Anti partum, Postpartum)</td>
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<td>D</td>
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<td>1500 – 1545</td>
<td><strong>Trauma in the mother and child</strong></td>
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<td><strong>1615 – 1645</strong></td>
<td><strong>Faculty Meeting</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### DAY-5

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Faculty Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800 – 0900</td>
<td>Emergency X-rays (including trauma)</td>
<td></td>
</tr>
<tr>
<td>0800 – 0900</td>
<td>Trauma related skills</td>
<td></td>
</tr>
<tr>
<td>0900 – 0950</td>
<td>Trauma related skills and workshops</td>
<td>C spine (2 stations)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NG tube (2 stations)</td>
</tr>
<tr>
<td>0900 – 0950</td>
<td>C spine</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>immobilization &amp; safe transport</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>NG tube insertion</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>Scalp Vein catheterization</td>
<td>C</td>
</tr>
<tr>
<td></td>
<td>C spine</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>immobilization &amp; safe transportation</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>NG tube insertion</td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>Scalp Vein catheterization</td>
<td>A</td>
</tr>
<tr>
<td>0950 – 1000</td>
<td>TEA BREAK</td>
<td></td>
</tr>
</tbody>
</table>

**Trauma (T) scenarios**

<table>
<thead>
<tr>
<th>Time</th>
<th>1000 – 1030</th>
<th>1030 – 1100</th>
<th>1100 – 1130</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scenarios T1</td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>Scenarios T2</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>Scenarios T3</td>
<td>C</td>
<td>D</td>
<td>A</td>
</tr>
<tr>
<td>Scenarios T4</td>
<td>D</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>1130 – 1200</td>
<td>MCQ testing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1200 – 1230  LUNCH AND PRAYERS

1230 – 1330  TESTING
Scenario 1
Scenario 2
(15 min for each candidate)

1330 – 1415  Faculty Meeting / Reflection Exercise for candidates

1415 – 1600  Closing session:
- Faculty and participants meeting
- Follow up and Action Plan
- Awarding certificates of attendance and excellence
- Acknowledgements
Annex 3: 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**

   (i) **Infrastructure**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there an area or room designated for emergency care?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is there running water?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- If yes: Interrupted / Uninterrupted (please circle one)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is there an electricity source?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- If yes: Interrupted / Uninterrupted (please circle one)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

   (i) **Equipment**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is a list of essential emergency care equipment available?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is following available</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
   - Oxygen Cylinder: Interrupted / Uninterrupted (please circle one)        | ☐   | ☐  |
   - Oxygen Concentrator: Interrupted / Uninterrupted (please circle one)   | ☐   | ☐  |
   - Equipment for oxygen administration available (tubes, masks)           | ☐   | ☐  |

   **Essential Emergency (EE) Equipment**

<table>
<thead>
<tr>
<th>Question</th>
<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>
<td>☐</td>
</tr>
<tr>
<td>Is there access to repair if equipment fails?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is there access to repair within the health care facility?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is there access to repair outside the health care facility?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- If yes, how far (in km): 1-25 / 26-50 / 51-200 / &gt;200 (please circle one)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is there an agreement for the maintenance of the equipment with the supplier?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do the health care staff in the emergency room get training in the use of the equipment?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is information available on supply, repair, and spare parts for the equipment?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
5. **Quality, safety, access and use**

<table>
<thead>
<tr>
<th>Question</th>
<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>
<td></td>
</tr>
<tr>
<td>Are the protocols for safe appropriate use of equipment in essential emergency procedures available?</td>
<td></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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the information, education and training materials on emergency procedures and equipment available in the emergency room for health care staff use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there introductions of any new procedures/interventions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If yes, which procedure/intervention: (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has referral to other health facility decreased because of skills and knowledge of procedures and intervention?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are records maintained?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. **Policy**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<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>
<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>
<td></td>
</tr>
<tr>
<td>Are there any guidelines on donation, procurement, and maintenance of all EE equipment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a list of extra health personnel to be contacted in disaster situations?</td>
<td></td>
<td></td>
</tr>
</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](http://www.who.int/surgery)
Annex 4: **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</th>
<th>Checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resuscitator bag valve and mask (adult)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resuscitator bag valve and mask (paediatric)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxygen source (cylinder or concentrator)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mask and Tubings to connect to oxygen supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light source to ensure visibility (lamp and flash light)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stethoscope</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction pump (manual or electric)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood pressure measuring equipment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermometer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scalpel # 3 handle with #10,11,15 blade;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scalpel # 4 handle with #22 blade</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scissors straight 12 cm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scissors blunt 14 cm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oropharyngeal airway (adult size)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oropharyngeal airway (paediatric size)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forceps Kocher no teeth 12-14 cm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forceps, artery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney dish stainless steel appx. 26x14 cm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tourniquet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needle holder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Towel cloth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waste disposal container with plastic bag</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterilizer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nail brush, scrubbing surgeon's</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal speculum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bucket, plastic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drum for compresses with lateral clips</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examination table</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wash basin</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Renewable Items**

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 Foleys disposable #12, 14, 18 with bag
Absorbent cotton wool
Sheeting, plastic PVC clear 90 x 180 cm
Gloves (sterile) sizes 6 to 8
Gloves (examination) sizes small, medium, large
Face masks
Eye protection
Apron, utility plastic reusable
Soap
Inventory list of equipment and supplies
Best practice guidelines for emergency care

**Supplementary equipment for use by skilled health professionals**
Laryngoscope handle
Laryngoscope Macintosh blades (adult)
Laryngoscope Macintosh blades (paediatric)
IV infusor bag
Magills Forceps (adult)
Magills Forceps (paediatric)
Stylet for Intubation
Spare bulbs and batteries for laryngoscope
Endotracheal tubesuffed (# 5.5 to 9)
Endotracheal 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