Training of Facilitators Workshop Report

Achieving MDGs through strengthening capacities at primary health care facilities

WHO Meetings and workshop on
Integrated Management on Emergency and Essential Surgical Care (IMEESC)
in collaboration with Ministry of Health Vietnam

24-26 August 2005

Hanoi, Vietnam
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1. Executive summary

According to the National Traffic Safety Committee (NTSC), during the last ten years, the number of road accidents has increased four fold. In 1990, 2,268 people died of traffic accidents, while in 2002, this figure was 13,186 (a 5.8 fold increase). According to a study conducted by the Hanoi Medical University in 2001, the mortality rate resulting from traffic injury is 26.7/100,000 persons or roughly 21,000 people die on roads each year or 58 people each day. The number of people permanently disabled by road traffic injury is twice the mortality rate.

Injury is also the leading cause of death in children in Vietnam, with 30,000 children dying each year (about 80 children every day). A Vietnam Multi-centre Injury Survey in 2001, showed there were 14,300 deaths from drowning (nearly 40 per day), 4750 children died (13 every day) and 275,000 injured (750 every day) from road traffic accidents; and 30,000 children suffered debilitating burns (80 per day). Road accidents are the leading cause of death of children 15 years and older. There are not only the high number of deaths and injuries which often result in severe disabilities but also the thousands of children indirectly affected by their mother or father dying or being injured in traffic accidents. It’s estimated in 2003 that the cost of damages from road traffic injuries was US$200 million (or 0.53% of GDP). Road traffic accidents account for 62.71% of total injuries. This problem causes heavy overload to hospitals, especially those at tertiary level of care.

Access to lifesaving emergency and essential surgical skills to treat accident cases and to provide trauma care services are grossly inadequate in the primary health care facilities. The need to provide equipment and develop technical skills for health clinics and staff is extremely important.

A WHO Meeting and workshop was held in collaboration with Ministry of Health (MoH) with an overall aim of strengthening capacities of health personnel particularly at primary healthcare facilities through the integration of the WHO project on Emergency and Essential Surgical Care (EESC) with links to MoH programs. The participants represented key health providers (teaching and district hospitals), directors of relevant departments (Therapy, Preventive Medicine, Reproductive Health) in the MoH Vietnam, and stakeholders (UNICEF, Atlantic Philanthropies, Counterpart International).

Visits were made to health care facilities representing tertiary, secondary and primary health care facilities. A WHO workshop was held for policy makers, key health providers and stakeholders to introduce the WHO training materials and support for collaborations on strengthening capacities at primary health care facilities. The government of Vietnam and UNICEF are undertaking the first childhood injury prevention programme in the world.

It was agreed by the participants that Integrated Management on Emergency and Essential Surgical Care (IMEESC) tool kit would be useful in improving basic skills of health personnel (non-specialist doctors, nurses, technicians and paramedics). There was an urgent need to translate and field test in identified pilot provinces, the WHO best practice protocols through MoH, WHO and other donors’ support.

The impact of the workshop will be evaluated for training activities, using WHO IMEESC tools, aimed at equipping healthcare providers with appropriate knowledge and skills to enable them to better manage basic emergency services at primary health care facilities, towards achieving the Millennium Development Goals (MDGs). Through this WHO Meeting and facilitators training workshops, the policy makers and health providers have become interested to integrate WHO standard best practice guidelines for improving the quality of emergency surgical interventions at tertiary, secondary and primary levels of care and to link with the projects of MoH, Vietnam, Childhood Injury Prevention project of UNICEF.
2. Background:

WHO Meeting and a facilitators training workshop on "Integrated Management on Emergency and Essential Surgical Care (IMEESC)" in collaboration with the MoH Vietnam was held to bring stakeholders, policy makers and health providers together, with an overall aim to improve emergency and essential surgical skills in life-threatening injuries as a result of trauma, pregnancy-related complications and infections at primary health care facilities.

The project aims to strengthen training of health personnel at primary health care facilities in emergency skills and linked equipment. This will enable health care personnel, to manage life threatening injuries from road traffic accidents, burns, falls, drowning, domestic violence, disasters, pregnancy related complications and techniques for prevention of HIV transmission in all clinical surgical procedures.

2.1 Planning meeting

Meetings and discussions have been held between WHO offices in Vietnam, Geneva, and focal points in MoH, partners and stakeholders to address emergency and essential surgical care at primary healthcare facilities.

The meeting deliberations resulted in:

- Plans of a workshop to introduce the horizontal approach for training of health personnel at primary healthcare facilities to improve emergency and basic surgical care
- Program agenda and venue for the WHO workshop at St. Paul Hospital, Hanoi
- Identification of participants (health providers, partners and stakeholders) for the WHO workshop to facilitate emergency and essential surgical care
- Visits to the Central level teaching hospital (Viet Duc) and District Hospitals and Commune Health post in Hanoi.
- Technical input of WHO in the preparation of the draft project proposal on emergency and essential surgical care at primary health facilities, in partnership with UNICEF to address injuries in children.

3. Introduction

Opening remarks were made by Mr Nam, WHO country office Vietnam, introducing WHO's role in assisting Vietnam Ministry of Health Vietnam and partners by providing expertise to face its current health challenges. Being the focal person for injury prevention he informed that in the last 6 months 2005 approximately 6557 people were injured and 5913 died as a result of 7654 road traffic accidents. Road traffic accident and drowning is a major problem in Vietnam and worldwide. WHO has developed in 2005 relevant documents on prevention, treatment and care in this field.

Dr Luong Mai Anh, deputy director, Division of Occupational Health and Injury Prevention, Preventive medicine department, MoH, regarded the WHO IMEESC tool a very important document and emphasized that there was an urgent need to strengthen this area to improve the child and women's health to meet the MDGs.
Dr Son, deputy director and organiser of the workshop, introduced the role of St Paul Hospital and the department of Health, Hanoi, in trauma care training and provision of surgical care for patients. He informed that the WHO tools on Pre-hospital Care systems and IMEESC were being incorporated in their trauma care training. As a result of a shortage of health care specialists (surgeons, obstetricians, paediatrician, and anaesthesiologists) in rural areas, inadequate facilities and inadequately trained staff at basic healthcare facilities, the access to emergency surgical interventions is a major concern and the need for an integrated training is essential to meet the MDGs.

Dr Meena Cherian, WHO/Essential Health Technologies, Switzerland, introduced the Clinical Procedures unit, responsible for provision of guidance and support to implementation of safe, efficient and appropriate essential surgical care at first-referral level health facilities and for assuring the ethics, safety and quality of cell, tissue and organ transplantation.

The participants introduced themselves and indicated their interest in strengthening training in their areas of discipline.

4. Objectives:

The overall objective was capacity building to improve the quality of emergency and essential surgical care at resource-limited healthcare facilities, to meet the MDGs in Vietnam.

Specific objectives:
- Introduction of the WHO IMEESC toolkit
- Collaboration to strengthen capacities through a standardized training tool including common cross cutting issues towards health personnel and patient safety at resource limited health care facilities

5. Target audience

There were 30 participants for the facilitators' workshop. The participants included surgeons, anaesthetist, doctors, and nurses representing teaching and district hospitals, directors of relevant departments in the MoH Vietnam (Therapy, Preventive Medicine, and Reproductive Health) and representatives from UNICEF, Atlantic Philanthropies, and Counterpart International.

6. Training workshop methodology

6.1 Situation analysis of needs assessment for emergency care training at first referral level health facilities:

Vietnam with a population of 82,689,518 is located in the south-eastern extremity of the Indochinese peninsula and occupies about 331,688 square kilometres, with 64 provinces, including 3 major cities. The S-shaped country has a north-to-south distance of 1,650 kilometres and is about 50 kilometres wide at the narrowest point. This is a country of tropical lowlands, hills, and densely forested highlands, with level land covering no more than 20 percent of the area and faces occasional typhoons with extensive flooding, especially in the Mekong River delta. Terrain is low, flat delta in south and north; central highlands; hilly, mountainous in far north and northwest.
Injuries are increasing rapidly to become one of the highest ranking causes of mortality. It has recently been acknowledged as a national concern for the health sector. Emergency medical services exist in cities but most often not available in rural areas. Therefore, there is a need for a standardized training in life saving emergency and surgical interventions to reduce death and disability. Health providers representing surgery, orthopaedics, trauma, anaesthesia, nursing, emergency from district and teaching hospitals, presented the situation analysis of their facilities.

There is lack of access to life-saving surgical interventions, particularly, for the high number of road accidents, drowning and burns in children, and pregnancy related complications. There were incidents of health personnel injured during the surgical interventions, therefore, a horizontal approach to an integrated training in best practices for all crosscutting issues (hygiene, resuscitation, oxygen, prevention of HIV infection, waste disposal, records) at all levels of care is needed.

During the last ten years, the number of road accidents has increased four fold. In 1990, approximately 2,268 people died of traffic accidents, while in 2002, this figure rose to 13,186. According to a study conducted by the Hanoi Medical University in 2001, the mortality rate resulting from traffic injury is 26.7/100,000 persons or roughly 21,000 people die on roads each year or 58 people each day. The number of people permanently disabled by road traffic injury is twice the mortality rate. The morbidity and mortality of children resulting from injuries are also high. According to Viet Nam Multi-centre Injury Survey in 2001, 4,100 children died from traffic accidents - 11 children a day. Boys are twice as likely to die as girls. In the same year, 290,000 children were injured or 794 a day. Road accidents are the leading cause of death of children 15 years and older. “Road accidents have a devastating impact on Vietnamese children, said Ms Isabelle Bardem, chief of UNICEF’s Childhood Injury Prevention Programme. Activities are being implemented in 6 provinces. This is the first time UNICEF has undertaken a comprehensive programme on childhood injury prevention. Viet Nam is the first developing country to implement such an overall programme. Six provinces were identified by UNICEF

There are not only the high number of deaths and injuries which often result in severe disabilities but also the thousands of children indirectly affected by their mother or father dying or being injured in traffic accidents. The majority of young children 0-9 years, who die on the road, die as pedestrians. Most of the deaths of 10-14 years old children occur when driving a bicycle, while all deaths of adolescents aged 15-19 occur on a motorcycle. Access to lifesaving emergency and essential surgical skills to treat accident cases and to provide trauma care services are grossly inadequate in the primary health care facilities.

6.2 Introduction to the WHO Integrated Management for Emergency and Essential Surgical Care (IMEESC) toolkit

Participants went through the WHO IMMESC toolkit based on the WHO training manual ‘Surgical Care at the District Hospital’ (SCDH). This toolkit is aimed at policy makers and health providers for providing guidelines on minimum requirements to improve emergency and essential surgical care at resource limited health care facilities. It contains four CDs on training videos Surgery at the District hospital and one CD with the following contents:
Policy materials:
- Policy guidelines: Aide-Memoire Essential Surgical Care
- Needs Assessment for Essential Emergency Room Equipment
- Essential Emergency Equipment generic list.xls
- Guide to Development of a Training Curriculum on Essential Emergency Surgical Skills
- Guide to Anaesthetic Infrastructure and Supplies at Various Levels of Health Care Facilities

Teaching and training materials:
- Surgical Care District Hospital (SCDH) manual pdf and html
- Surgical Care District Hospital (SCDH) teaching power point
- Evaluation of Self Learning based on WHO manual SCDH
- Best Practice Protocols for Clinical Procedures Safety
- Best Practice Guidelines on Emergency Surgical Care in Disaster Situations
- Sample brief report of training workshop
- Participants evaluation of training workshop
- Model Agenda training workshop

The participants were introduced to the use of WHO IMEESC e-learning tool, for reference and for incorporation of standard WHO recommendations on the cross-cutting issues into their training programs for improving quality of emergency and essential surgical procedures with linked equipment at resource-limited health care facilities.

6.3 Discussions

The following issues were discussed during the meetings and workshop:

- The introduction of a project on Emergency and essential surgical care is timely as injuries are increasing and there is a need to address the issue in general care or therapy departments
- Selection of same pilot provinces as for 'Road Safety' program
- Set up a standards for healthcare staff through the use of WHO IMEESC tool kit
- WHO IMEESC tool including the WHO manual SCDH has a lot of potential in Vietnam as road traffic accident is a major problem and needs to be addressed at District Hospitals Administration for treatment at all levels. The Treatment Department in MoH is responsible for treatment protocols and suggested to field test the Best Practice Protocols in pilot provinces.
- MoH have developed paediatric emergency guidelines and possibility of inclusion of WHO tool kit in their training
- However, first WHO tool kit needs to be translated and then run training courses, followed by feedback from the users. SCDH manual is like 'setting up some basic standards' for district hospitals in Vietnam. 'Standardisation of equipment' is being addressed by MoH Vietnam because donors are giving very expensive high tech equipment whereas the basic equipment is missing. WHO best practice protocols can be used for the development of guidelines for 'First Aid' as apart of 'Road Safety' programme.
- Experts in the MoH stated that not only prevention but how to deal with emergencies in daily clinical practices is important. The training should be brought down even to the commune level i.e below the district hospital. There are 2 kinds of program available:
  (i) Upgrading training courses e.g assistant doctor who works for 2 yrs in health facility then if he/she wants to become a doctor trains for another 4 years course
(ii) Retraining of health personnel and pilot testing in e.g medical schools, particularly in teaching hospitals dealing with very high RTA.

- The MoH has policies to develop local clinics. It was felt that this project being a horizontal program with links to other WHO department projects (patient safety, injuries prevention, mother and child health, emergencies), can assist in strengthening capacities, particularly at district and commune level which have limited professional skills and resources to manage life threatening conditions in injuries.
- Participants identified the relevant contents of the WHO IMEESC tool on policy guidance and training curriculum can be incorporated in training through this integrated approach.
- The cross-cutting issues on management of bleeding, breathing, shock, resuscitation, prevention of HIV, oxygen, hygiene, waste disposal, records, need to be emphasised in training and education courses for medical and nursing students, family group practitioners.
- Best Practice Protocols and Guidelines on Emergency Surgical Care in Disaster Situations will be useful for implementation at health care facilities if translated
- Translation of the training material is needed in Vietnamese language for introducing them in the training courses for health personnel at primary healthcare facilities.
- Standardizing and adapting the list of basic equipment using the WHO Generic Essential Emergency Equipment List. As often request for very expensive high technology equipment is made to donors whereas the basic equipment is missing.
- Training should address health personnel and patient safety issues, monitor outcomes of surgical interventions, decisions on referrals to reduce death and disability in acute surgical conditions, trauma and pregnancy-related complications.
- Appropriate facilities at first referral health level with minimum basic essential emergency equipment;
- Reinforcement through training of basic emergency and surgical skills of health personnel working at first referral level healthcare facilities,
- There is a need for good national strategies for motivation and retention of these health personnel at first referral healthcare facilities.

7. Recommendations and action plan

Based on the meetings and workshop discussions, the following recommendations and action plans were proposed:

- The workshop report should be shared with all the participants and can be used for dissemination to local and international partners interested in improving access to emergency and basic surgical care at resource limited health care facilities.
- Comprehensive information available on the needs of emergency and essential surgical care at selected primary health centers, community hospitals.
- IMEESC should be made available at identified hospitals in selected districts.
- Partnerships with organizations involved in emergency and essential surgical care should be strengthened.
- Mechanism for monitoring and evaluation of the impact of the programme should will be in place for evidence based decision-making and expansion to other provinces of the programme.
• WHO best practice protocols and essential emergency equipment list should be translated and adapted to local needs.

• Training at district hospitals and community level should be strengthened to manage injuries (road traffic accidents, burns, drowning, falls and pregnancy related complications)

• Strengthen medical and nursing education, continuous medical education programs with a standardized training using the WHO IMEESC tool

• An integrated approach is essential at primary healthcare facilities

• Partnership with UNICEF projects, St Paul Hospital Hanoi Vietnam, and WHO

The following action plan was proposed:

• Dissemination of the workshop report to all participants and interested stakeholders;

• The MoH should nominate a focal Department (Department of Therapy) to work with WHO on piloting of IMEESC in Vietnam;

• Preparation of a project proposal identifying 3 pilot medical schools for introduction of the WHO IMEESC tool;

• Preparation of a project proposal in collaboration with UNICEF and MoH with teaching hospitals (St Paul Hospital) for strengthening capacities in training of health personnel in life saving emergency and basic surgical procedures and equipment in the identified 6 provinces;

• A letter to be prepared by MoH requesting permission to translate the WHO best practice guidelines, to the WHO, Geneva;

• Local adaptation of WHO IMEESC tool kit into Vietnamese language with MoH as a focal point for translation of SCDH manual for use as a National document;

• Collaborations for strengthening training in emergency and essential surgical procedures and linked equipment including the 6 provinces identified by UNICEF;

• Translation of clinical procedures protocols and

• Adaptation of WHO Generic Essential Emergency Equipment List to local needs of Vietnam

8. Evaluation and follow up

The facilitators' workshop and meetings will be followed up as per the action plan and next steps suggested by the MoH, WHO and partners.

9. Conclusions

This workshop gave the participants the understanding to use a standard WHO training tool to improve the quality of basic emergency and surgical intervention skills at primary healthcare facilities with a horizontal approach. It also resulted in a plan to prepare a joint project proposal
through WHO, in partnership with MoH, UNICEF, Department of Health Hanoi, and St. Paul Hospital trauma training program.

Mr. Nam/WHO country office, thanked the MoH the participants for their interest to support capacity building at primary health care facilities in achieving the MDGs. This workshop brought together policy makers, health experts and representatives of international organizations to work with a collaborative approach in strengthening health personnel training in emergency and essential surgical procedures with linked equipment at primary healthcare facilities.

10. Acknowledgements to collaborations and support

- Ministry of Health Vietnam: Departments of Preventive Medicine; Reproductive Health; Therapy
- Directors of St Paul Hospital and Hanoi Health Department
- Hanoi Surgical Care Association
- UNICEF Child Injury Prevention Section
- Asia Injury
- Counterpart International, Vietnam
- The Atlantic Philanthropies, Vietnam

11. Annexes

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2. Annexe 2: Program Agenda
3. Annexe 3: Needs Assessment and Evaluation Form For Resource Limited Health Care Facility
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
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<td>Director, Department of Treatment; MOH, Vietnam</td>
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<tr>
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</tr>
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<tr>
<td>Dr Nguyen Duc Chinh</td>
<td>Viet Duc, Hanoi, Vietnam</td>
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</tbody>
</table>
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Annex 2: Program Agenda

Programme Agenda
WHO Integrated Management for Emergency & Essential Surgical Care

24-26 August 2005, Hanoi, Vietnam

1. Meetings with focal persons in WHO country office, Vietnam

2. Visits and meetings with directors of:
   - Teaching hospital
   - District Hospital
   - Commune hospital
   - Primary health care facilities

2. Meetings with Ministry of Health departments

3. Workshop at St Paul's Hospital, Hanoi, Vietnam

- Opening remarks
  - Role of WHO projects in prevention and control of death and disability from injuries
  - Basic trauma training at primary healthcare facilities in Hanoi
  - The WHO Clinical Procedures unit: Improving emergency and essential surgical care at resource limited health care facilities

- Presentations on Situation analysis and needs of emergency care at first referral level health facilities in Vietnam

- Introduction to the WHO “Integrated Management on Emergency and Essential Surgical Care (IMEESC) tool kit ”

- Discussions

  - Using the WHO IMEESC tool at primary health care facilities, medical and nursing education and training programmes.
  - Collaborative approach & integration to emergency procedures in trauma, obstetrics, anaesthesia, infection control (HIV), patient safety at first referral level health facilities linking training materials from other WHO departments.
  - Evaluation forms for assessment of quality of care at first referral level health facilities.
  - Importance of the IMEESC tool at district level in Vietnam and call for support

- Recommendations and action plan
- Closing remarks
Annexe 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

(a) Infrastructure

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<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>
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(b) Equipment

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<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>
<tr>
<td>- Oxygen Cylinder: Interrupted / Uninterrupted (please circle one)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>- Oxygen Concentrator: Interrupted / Uninterrupted (please circle one)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>- Equipment for oxygen administration available (tubes, masks)</td>
<td>□</td>
<td>□</td>
</tr>
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Essential Emergency (EE) Equipment

<table>
<thead>
<tr>
<th></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</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</table>
5. **Quality, safety, access and use**

- Are the best practice protocols for management of essential emergency procedures available?  
  - Yes, in some procedures  
  - Yes, in all procedures  
  - No  

- Are the protocols for safe appropriate use of equipment in essential emergency procedures available?  
  - Yes  
  - No  

- 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?  
  - Yes  
  - No

- 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?  
  - Yes  
  - No

- Are records maintained?  
  - Yes  
  - No

6. **Policy**

- Is there a policy to promote training for health care staff in the essential emergency management of trauma, obstetric care and anaesthesia?  
  - Yes  
  - No

- Is there a policy to update the protocols for the emergency management of trauma and obstetric care adapted to local needs?  
  - Yes  
  - No

- Are there any guidelines on donation, procurement, and maintenance of all EE equipment?  
  - Yes  
  - No

- Is there a list of extra health personnel to be contacted in disaster situations?  
  - Yes  
  - No

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**For guidance use WHO generic list of Essential Emergency Equipment**

[Department of Essential Health Technologies](http://www.who.int/surgery)

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)
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>
<td></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>Light source to ensure visibility (lamp and flash light)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stethoscope</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction pump (manual or electric)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood pressure measuring equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermometer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scalpel # 3 handle with #10,11,15 blade;</td>
<td></td>
<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>
<td></td>
<td></td>
</tr>
<tr>
<td>Oropharyngeal airway (paediatric size)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forcep Kocher no teeth 12-14 cm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forcep, artery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney dish stainless steel appx. 26x14 cm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tourniquet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needle holder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Towel cloth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waste disposal container with plastic bag</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterilizer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nail brush, scrubbing surgeon’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal speculum</td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>Wash basin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Renewable Items</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Suction catheter sizes 16 FG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tongue depressor wooden disposable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasogastric tubes 10 to 16 FG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Batteries for flash light (size C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intravenous fluid infusion set</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intravenous cannula # 18, 22, 24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scalp vein infusion set # 21, 25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syringes 2ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syringes 10 ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disposable needles # 25, 21, 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharps disposal container</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capped bottle, alcohol based solutions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterile gauze dressing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bandages sterile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adhesive Tape</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needles, cutting and round bodied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suture synthetic absorbable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Splints for arm, leg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
Endotrachael tubes cuffed (# 5.5 to 9)
Endotrachael tubes uncuffed (# 3.0 to 5.0)
Chest tubes insertion equipment
Cricothyroidotomy

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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