

Training of Facilitators Workshop Report

Achieving MDGs through strengthening capacities at primary health care facilities

WHO Workshop on Integrated Management on Emergency and Essential Surgical Care (IMEESC)

in collaboration with

Ministry of Health, Kyrgyzstan

19-20 July 2005

Bishkek, Kyrgyzstan



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1. Executive summary

In 1996, the government of Kyrgyzstan adopted the 'Manas' program to reform the national health care system. One of the components of the Manas programme was focused on providing medical assistance at the primary care level through family doctors. The new health strategy document "MANAS-Taalimi" (2006-2010) is currently developed by the Ministry of Health (MoH) with WHO technical assistance. The project is named after the Kyrgyz legendary Manas hero, the leader of his people in their struggle against foreign invaders.

Accidents, injuries and poisoning are listed as the 3rd main cause of death in Kyrgyzstan. Kyrgyzstan has put 'Emergency care', among its priorities in "Manas Taalimi" Health care reform strategy and putting in considerable effort to reorganize primary health care. Presentations on the situation analysis made the case for the training needs in emergency and basic surgical interventions for life threatening injuries in road accidents, falls, burns, domestic violence, pregnancy-related complications, at all levels of care in Kyrgyzstan.

A WHO workshop on 'Integrated Management on Emergency and Essential Surgical Care' (IMEESC), with the MoH, for training of facilitators was held to introduce the WHO Integrated Management on Emergency and Essential Surgical Care (IMEESC) tool kit, at Bishkek, Kyrgyzstan. Participants included partners, policy makers, and key health providers from the MoH, teaching hospitals, medical and nursing institutions, professional and civil societies.

The WHO Integrated Management for Emergency and Essential Surgical Care (IMEESC) E-learning tools were introduced to policy makers and health providers for incorporation into their education and training programmes in trauma care, obstetrics, and anaesthesia for strengthening emergency surgical skills in maternal and child health.

Through the WHO facilitators training workshops there will be collaboration to integrate WHO standard best practice guidelines for improving the quality of emergency surgical interventions at tertiary, secondary and primary levels of care improving basic skills of health personnel (non-specialist doctors, nurses, technicians and paramedics).

The integration of the WHO training project on EESC, into the Health Care reform project developed by MoH added value, to strengthen capacities at primary healthcare facilities in achieving the MDGs. This tool was accepted by the MoH as a useful tool to implement the next MANAS 2 health strategy. The action plan and estimations for implementation are under development by the team of the MoH working group.



The impact of the workshop will be evaluated using WHO IMEESC tools, for training activities aimed at equipping healthcare providers with appropriate knowledge and skills to enable them to better manage basic emergency services at primary health care facilities, moving towards achieving the MDGs.

2. Background to the workshop:

A World Health Organization training workshop on Integrated Management on Emergency and Essential Surgical Care (IMEESC), in collaboration with the MoH, Kyrgyzstan was held to bring stakeholders, policy makers and health providers together, to improve emergency and essential surgical skills for life-threatening injuries as a result of trauma, pregnancy-related complications and infections at primary health care facilities. The main causes of death are cardiovascular diseases, injuries and poisoning. Maternal and infant mortality rates are high compared with the majority of countries in Europe. The main causes of maternal mortality are toxicosis (27%), hypertension (23%) and other complications of pregnancy (23%).

The country has a population of over 5 million, with one third of the population live in towns and two thirds in rural areas. Individual health care is provided at three levels of the health care delivery system. Primary health care is provided by feldsher-midwife posts (FAP), and rural physician clinics (SVA) in rural areas, stations and units of ambulance service, polyclinics in urban areas. The family group practices (FGP) in rural areas consist of reorganized rural medical centres (SVAs) and feldsher/nurse posts. In most cities, primary health care from 1996 began to emerge in integrated polyclinics (instead of separate polyclinics for adult, children and women).



2.1 Planning meeting

Meetings and discussions have been held between WHO offices in Kyrgyzstan, Geneva, and focal points MoH, partners and stakeholders on the draft of Manas 2 strategy document to address emergency and essential surgical care at primary healthcare facilities. The meeting deliberations resulted in:

- planning of introduction of a horizontal approach towards training of health personnel to improve emergency and basic surgical care at family group practice, feldshers healthcare facilities
- program agenda and venue for the WHO workshop
- identification of participants (health providers, partners and stakeholders) for the WHO workshop to facilitate emergency and essential surgical care

2.2 Situation analysis of needs assessment of rural health facilities

Injuries (road traffic accidents, falls, burns, domestic violence, pregnancy related complications, natural disasters) and infections require prompt life saving emergency and essential surgical interventions. Most often health personnel at the first referral health care facilities, rural/district hospitals lack adequate training in the management of such life threatening emergencies. Treatment protocols often are outdated and not revised based on internationally accepted standards.

Ambulances are poorly equipped and lack equipment, drugs and petrol to go out on calls. Rural hospitals provide primary and basic inpatient care. The FAP and rural health



centres are accountable to the chief doctor in central rayon (district) hospitals. People in the cities and towns visit polyclinics for primary health care while emergency cases go to the hospital accident and emergency department. Rural physician clinics and urban poly clinics provide primary care including general medical care, family planning services, minor surgery, obstetric, gynecology and perinatal care. Most equipment in oblast (regional) and rayon (district) facilities is outdated with inadequate medical supplies (drugs, laboratory agents, x-Rays films, disinfectants).



Accidents, injuries and poisoning are listed as the 3rd main cause of death in Kyrgyzstan (WHO Highlights of KGZ1999). Kyrgyzstan has put Emergency care as its priority in the recently developed Manas 2 strategy and therefore it was timely to introduce the WHO IMEESC tool to the MoH and partners.

3. Introduction to the workshop and the need for an integrated training to meet the MDGs

Dr. Ainura Ibragimova, Director General, Mandatory Health Insurance Fund, and Deputy Minister of Health Kyrgyz Republic, in her opening remarks, emphasized that Kyrgyzstan has prioritized strengthening of emergency care at primary health care facilities. Dr Oskon Moldokulov, Head of WHO Country office, Kyrgyzstan presented the role of



WHO in the current development of Health Care Reform Strategy Manas 2.

Dr Meena Nathan Cherian, WHO/Essential Health Technologies, Geneva, introduced the Clinical Procedures unit, which is responsible for provision of guidance and support to implementation, for 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. As a result of a shortage

of health care specialists (surgeons, obstetricians, paediatrician anaesthesiologists) in rural areas, inadequate facilities and inadequately trained staff at basic healthcare facilities, the non-availability of emergency surgical interventions is a major concern. This was followed by introductions of the participants.

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 Kyrgyzstan.

Specific objectives:

- Introduction of the WHO IMEESC tool to MoH, key health providers and partners, with links to other WHO department projects (patient safety, injuries prevention, mother and child health, emergencies)
- Training in the use of WHO IMEESC tool kit for capacity building with a horizontal approach to strengthen the existing training programs in Kyrgyzstan (medical and nursing, family group practitioners, feldshers, surgery, obstetrics, trauma, anesthesia) in cross cutting issues to improve quality of care (resuscitation, hygiene, oxygen, infection)
- Support for the implementation of MANAS-2 strategy

5. Target audience

There were 37 participants representing policy makers, MoH, key healthcare providers and stake holders. Participants were directors (medical school, teaching hospitals, continuous medical education, and ambulance services), nursing in charge, doctors from various disciplines (surgery, obstetrics, anaesthesia, trauma, orthopaedic). WHO partners and stakeholders were CIM/ GTZ, USAID, STLI EMS, Swiss Cooperation Office, DFID and KWF.



6. Training workshop methodology

6.1 Presentations on situation analysis of emergency care in primary health care facilities

Experts representing various disciplines (medicine, nursing, emergency, surgery, obstetrics, paediatrics, anaesthesia) and clinical settings (district hospitals, teaching hospitals) of Kyrgyzstan, presented the need for life-saving surgical interventions, in particular for women and children, towards achieving MDGs.

"Manas Working Group", which includes members from the MoH and the WHO office, Kyrgyzstan, presented *'Further strategy of health care delivery development in the Kyrgyz Republic in the framework of "Manas taalimi" Health Sector Reform (2006-2010)'*:

The Kyrgyz Republic consists of seven administrative-territorial units – oblasts (regions): Chui, Osh, Jalal-Abad, Issyk-Kul, Naryn, Talas and Batken oblasts. Population is more than 5 million people. Bishkek is the capital and a separate region. Each oblast includes rayons (districts) with administrative centres and small towns as well many villages, some of which are located in remote and mountainous areas.

In all oblast and rayon centres there are stations/points of ambulance (emergency care). In 2004, ambulance (emergency care) service was integrated with primary health care,



which used to be at the territorial hospitals of secondary level. However, quality of ambulance (emergency care) services remains at low level. Besides, for many villages it is practically inaccessible. In addition, there is a significant shortage of "sanitary vehicles" in the republic as well as weak technical equipment of control stations and lacking communication facilities. In the framework of "Manas taalimi"(Manas' lessons) health sector reform (2006-2010) one of the priorities is improving performance and quality of emergency health care, providing access to emergency health care services for the whole population in the republic.

Plans:

- Rational re-allocation of ambulance (emergency care) points;
- Opening of new emergency care points in FGPs (Family Group Practices) in remote settings. Here, attention will be paid to geographical peculiarities of localities, population and other factors;
- Provision of sanitary vehicles, and basic medical equipment at newly established emergency care points;
- Provision with sanitary vehicles, communication means and basic medical equipment at existing points of emergency health care;
- Qualification upgrading of emergency care specialists and primary health care specialists (feldshers, FAP nurses, FGP doctors and nurses) as well as hospital service specialists in delivery of emergency health care based on evidence-based medicine principles;
- Development and introduction of clinical protocols on emergency and ambulance care delivery based on principles of evidence-based medicine;
- Improvement of provision of information (communication and transfer of knowledge) at emergency health care points;
- Ensuring continuity and feedback mechanisms at all levels of health care delivery under delivery of ambulance and emergency health care;
- Involvement of tertiary level specialists into practical training.



In previous years, frequently arising extraordinary situations in the republic have resulted in need to establish efficient functional structural subdivision to deliver extra health care in case of emergency situations.

To achieve efficiency of health care delivery, reduction of human losses and minimization of consequences in case of force-major situations depend upon timely information, material-technical equipment, immediate response and preparedness of health services for mass intake of victims, it is planned to equip with modern communication means, sanitary vehicles, stock of medicines and medical products as well as equipment.



project is a horizontal program which can be incorporated into existing or planned interventions, to strengthen emergency skills particularly at FGP and FAP level which have limited professional skills and resources to manage life threatening conditions in injuries. Discussions were held with various groups involved in strengthening emergency care at all levels of care particularly family group practitioners and feldsher hospitals. Participants identified that some of the relevant contents for guidance on policies and training of health provider can be incorporated in Manas2 through this integrated approach, such as:

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
- Surgery at the district hospital- training videos
- Sample brief report of training workshop
- Participants evaluation of training workshop
- Model Agenda training workshop



To improve the primary health care efficiency and strengthen family medicine within the framework of the National Program “Manas” FGPs doctors and nurses are trained and clinical guidelines are introduced to the daily practice. However, the staff of feldsher-midwife points (FAPs), which are the structural divisions of FGPs were not involved in the training process of modern health care delivery methods; because the physical infrastructure of FAPs doesn’t allow to provide due amount and appropriate level of health care. FAPs are the first contact point with the health system for 24.4% of the population, where about 500 to 2500 citizens live in the catchment area of each FAP. Health care provided by FAP’s staff is the most accessible type of pre-physician care.

There is a need for:

- training which should address patient safety issues, basic skills, monitor surgery outcomes and 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 of basic emergency and surgical skills of health personnel working at first referral level healthcare facilities, and
- good national strategies for motivation and retention of these health personnel at first referral healthcare facilities.



- A study can be done to see the impact of training and improving medical education through Manas 2.

7. Recommendations

To support the implementation of MANAS-2 strategy, participants recommended:

- An integrated approach is essential at FGP and FAP level of health care
- Local adaptation of WHO IMEESC tool kit into Russian language
- WHO best practice protocols and essential emergency equipment list should be translated as quickly as possible for integration with country's recently developed protocols.
- Training at FAP and FGP level should be strengthened to manage accidents, injuries and pregnancy related complications
- Some of the best practices posters from IMEESC tool kit will be useful in training programs for ambulance services and FAP, if they were translated in Kyrgyz
- Strengthen medical and nursing education, continuing medical education programs

8. Evaluation and Follow up

The 'facilitators training' workshop will be followed up with the 'Manas Working Group', which includes members from the MoH and the WHO office, Kyrgyzstan, to evaluate the impact of this training workshop. This will ensure the safe use of emergency and essential surgical procedures and linked equipment, particularly at resource-limited healthcare facilities.

9. Conclusions and action plan

This workshop brought together policy makers, various health experts and international organizations to support and collaborate with WHO and MoH, to strengthen emergency surgical intervention skills with emphasis on maternal and child health towards achieving the MDGs.

9.1 Linkages to the new Health strategy Manas-2

Strengthening of Emergency services was selected by the MoH as a priority area of work for the next 5 years (2006-2010) and incorporated in MANAS-2 strategy.

- The IMEESC tool was accepted by the MoH as a useful tool for implementation of the MANAS 2 strategy.
- The Working group members will revise the action plan and estimations for the implementation:

- some contents of the IMMESC tool (best practice protocols, list of essential equipment) will be adapted (translation and handbook) for local use in facilities by MoH and WHO Country Office
- the manual SCDH will be translated for reference in teaching
- estimate costs of translation and printing of the above training materials
- Possibilities of fund raising:
 - Joint proposal needs to be prepared with MoH/WHO and international partners (example European Commission and other funding agencies)
 - Integration of IMEESC tool with other programs at WHO/EURO
- Workshop report prepared and shared with the MOH, participants and WHO units.



9.2 Closing session

In the closing session, the deputy Health minister emphasized that there is an urgent need for training in basic emergency and surgical skills, with the high incidence of road traffic accidents, injuries, poisoning, breast cancer, post-operative complications and burns in children, in Kyrgyzstan. Considering the difficulties in accessing quality emergency surgical care at resource-limited healthcare facilities, the participants reiterated that such training in emergency care is needed at family group practitioner and feldsher level of health providers to reduce injury related death and disability. At the end, Head of the WHO Country Office Dr Oskon Moldokulov, thanked the participants and emphasised the WHO's role in supporting the MoH in achieving MDGs through capacity building of health care providers in basic emergency skills. Manas Working Group', which includes members from the MoH and the WHO office, Kyrgyzstan, to evaluate the impact of this training workshop



At the end, Head of the WHO Country Office Dr Oskon Moldokulov, thanked the participants and emphasised the WHO's role in supporting the MoH in achieving MDGs through capacity building of health care providers in basic emergency skills. Manas Working Group', which includes members from the MoH and the WHO office, Kyrgyzstan, to evaluate the impact of this training workshop

10. Acknowledgements to collaborations and support

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Centrum für Internationale Migration (CIM) / (GTZ)Gesellschaft für Technische Zusammenarbeit
USAID

STLI Inc. (Scientific Technology and Language Institute) EMST Program

Swiss Development Cooperation (SDC),

UK Department for International Development (DFID)

KfW – Kreditanstalt für Wiederaufbau

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11. Annexes

Annexe 1: Participants list

Annexe 2: Program Agenda

Annexe 3: Needs Assessment and Evaluation Form For Resource Limited Health Care Facility and WHO Generic Essential Emergency Equipment List

Annexe 1: List of participants

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WHO workshop on Essential Surgical Skills with emphasis on Essential Maternal Child Health (ESSEMCH)

11 April 2005, WHO Office, Bishkek, Kyrgyzstan

1. **Opening remarks**
 - Emergency Care in the Healthcare Reform Project Manas 2 MoH
 - Role of WHO projects strengthening in Manas 2, Kyrgyzstan
 - Introduction to WHO Clinical Procedures project (WHO/EHT/CPR)

2. **Situation analysis and needs of emergency care at first referral level health facilities in Kyrgyzstan:** (Focal points from health facilities)

4. **Introduction to the WHO “Integrated Management on Emergency and Essential Surgical Care (IMEESC) tool kit”** (WHO, Geneva)

5. **Roundtable discussions & presentations integration of WHO EES tools with existing EMCH**
 - 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.

6. **Conclusion & recommendations**

**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

	Yes	No
▪ Is there an area or room designated for emergency care?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there running water?	<input type="checkbox"/>	<input type="checkbox"/>
▪ If yes: Interrupted / Uninterrupted (please circle one)		
▪ Is there an electricity source?	<input type="checkbox"/>	<input type="checkbox"/>
▪ If yes: Interrupted / Uninterrupted (please circle one)		

(b) Equipment

	Yes	No
▪ Is a list of essential emergency care equipment available?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is following available		
- Oxygen Cylinder: Interrupted /Uninterrupted (please circle one)	<input type="checkbox"/>	<input type="checkbox"/>
- Oxygen Concentrator: Interrupted /Uninterrupted (please circle one)	<input type="checkbox"/>	<input type="checkbox"/>
- Equipment for oxygen administration available (tubes, masks)	<input type="checkbox"/>	<input type="checkbox"/>

Essential Emergency (EE) Equipment	Yes, in some equipment	Yes, in all equipment	No
▪ Are the EE equipment in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there access to repair if equipment fails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there access to repair within the health care facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there access to repair outside the health care facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Does the health care staff in the emergency room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

get training in the use of the equipment?			
▪ Is information available on supply, repair, and spare parts for the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Quality, safety, access and use

	<u>Yes, in some procedures</u>	<u>Yes, in all procedures</u>	<u>No</u>
▪ Are the best practice protocols for management of essential emergency procedures available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are the protocols for safe appropriate use of equipment in essential emergency procedures available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

▪ 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
--

	<u>Yes</u>	<u>No</u>
▪ Are the information, education and training materials on emergency procedures and equipment available in the emergency room for health care staff use?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are there introductions of any new procedures/interventions? ▪ If yes, which procedure/intervention: (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
▪ Has referral to other health facility decreased because of skills and knowledge of procedures and intervention?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are records maintained?	<input type="checkbox"/>	<input type="checkbox"/>

6. Policy

	<u>Yes</u>	<u>No</u>
▪ Is there a policy to promote training for health care staff in the essential emergency management of trauma, obstetric care and anaesthesia?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there a policy to update the protocols for the emergency management of trauma and obstetric care adapted to local needs?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are there any guidelines on donation, procurement, and maintenance of all EE equipment?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there a list of extra health personnel to be contacted in disaster situations?	<input type="checkbox"/>	<input type="checkbox"/>

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

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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)

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

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 tubes cuffed (# 5.5 to 9)
Endotracheal 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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