



Reference: WHO Integrated Management for Emergency & Essential Surgical Care (IMEESC) toolkit: www.who.int/surgery.

Objective: to assess the gaps in the availability of EESC at resource constrained health facilities.

If you prefer to complete the paper version, please print and return this form by email cherianm@who.int or post or fax to the following address: Dr Meena Cherian, Emergency & Essential Surgical Care project Clinical Procedures Unit, Department of Essential Health Technologies, World Health Organization, 20 Avenue Appia, 1211, Geneva 27, Switzerland, Fax: 41 22 791 4836, www.who.int/surgery.

SECTION A: INFRASTRUCTURE

Country *

Name, Phone no. of the person filling the form

Email:
The email format is "xxxx@yyyy.zzz"

Name and Phone number of Health Care Facility *

Type of Healthcare Facility: Health Center District/Rural/Community Hospital Provincial Hospital General Hospital Private/NGO/Mission Hospital

Population served by this health facility (Eg: 100.000 or 1.000.000)
The input is of type "number"

	0	1	2	3-4	5-10	11-20	21-50	51-80	81-100	101-200	201-300	301-400	401-500	501-700	701-1'000	1'001-2'000	2'001-5'000	>5'000
Number of beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of total admissions in one year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of total outpatients in one year *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of total functioning operating rooms (major and minor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of patients at this facility requiring minor & major surgical (including Gyn/Obs) procedures per year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of children (aged less than 15 years) at this facility requiring surgical procedures per year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of patients to this facility that you refer for surgical intervention to a higher level facility per year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How far (in Km) does the average patient travel to get to your health facility for surgical services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you do not provide surgical services, how far does the average patient travel (in Km) to access surgical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All the time Sometimes Not available

Do you have Oxygen cylinder supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have Oxygen concentrator supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have running water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have electricity source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an operational power generator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have functioning anaesthesia machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you keep medical records ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an area designated for Emergency care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an area designated for Postoperative care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have management guidelines available for Emergency care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have management guidelines available for Surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have management guidelines available for Anesthesia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have management guidelines available for Pain Relief?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have blood bank available at the facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have facility to test haemoglobin & urine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have functioning X-ray machine available ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have functioning Pulse Oximeter available ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B: HUMAN RESOURCES

	Number of Full Time Workers <input type="checkbox"/>	Number of Part Time Workers <input type="checkbox"/>	Number Certified/Registered/Licensed <input type="checkbox"/>
Surgeons (qualified)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Anaesthesiologist Physician (qualified)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Obstetrician/gynecologist (qualified)	<input type="text"/>	<input type="text"/>	<input type="text"/>
General doctors providing surgery	<input type="text"/>	<input type="text"/>	<input type="text"/>
General doctors providing anesthesia	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse/Clinical/Assistant medical officers providing anesthesia	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical/Assistant medical officers providing surgery	<input type="text"/>	<input type="text"/>	<input type="text"/>
Paramedics/Midwives	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION C: INTERVENTIONS - DO YOU PROVIDE THESE PROCEDURES?

	Yes / No	Do you refer?	Refer due to lack of skills	Refer due to non-functional equipment	Refer due to lack of Supplies/Drugs
Resuscitation (airway, hemorrhage, peripheral percutaneous intravenous access, peripheral venous cut down)	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Cricothyroidotomy /Tracheostomy	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

Chest tube insertion	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Removal of foreign body (throat/eye/ear/nose)	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Acute burn management	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Incision & drainage of abscess	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Suturing (for wounds, episiotomy, cervical & vaginal lacerations)	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Wound debridement	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Cesarean Section	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Dilatation & Curettage gyn/obstetrics	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Obstetric fistula repair	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Appendectomy	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Hernia repair (strangulated, elective)	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Hydrocele	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Cystostomy	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Urethral stricture dilatation	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Laparotomy (uterine rupture, ectopic pregnancy, acute abdomen, intestinal obstruction, perforation, injuries)	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Male circumcision	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Congenital hernia repair	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Neonatal surgery: abdominal wall defect, colostomy imperforate anus, intussusceptions	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Cleft lip repair	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Clubfoot repair	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Contracture release/skin grafting	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Closed Treatment of Fracture	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>

Open Treatment of Fracture	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Joint Dislocation treatment	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Drainage of Osteomyelitis/Septic Arthritis	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Amputation	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Biopsy (lymph node, mass, other)	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Tubal ligation/Vasectomy	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Cataract surgery	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Regional anesthesia blocks	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Spinal anaesthesia	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
Ketamine intravenous anaesthesia	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>
General anaesthesia inhalational	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>

SECTION D: EMERGENCY EQUIPMENT AND SUPPLIES FOR RESUSCITATION

For details refer WHO IMEESC toolkit www.who.int/surgery/publications/imeesc; WHO ETC guidelines www.who.int/violence_injury_prevention/services; WHOEML www.who.int/medicines/publications

	0 absent	1 available with frequent shortages or difficulties	2 fully available for all the patients all of the time
Resuscitator bag valve & mask (adult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resuscitator bag valve & mask (paediatric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen source: cylinder/concentrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mask & Tubing to connect to oxygen supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stethoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batteries for flash light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction pump (manual or electric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure measuring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scalpel handle with blade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scissors straight 12 cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scissors blunt 14 cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oropharyngeal airway (adult size)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Oropharyngeal airway (paediatric size)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forceps Kocher no teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forceps, artery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney dishes stainless steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capped bottle, alcohol based solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves (sterile) sizes 6 to 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves (examination)small, medium, large	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterilizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nail brush, scrubbing surgeon's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal speculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bucket, plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drum for sterile compresses, bandages, dressings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examination table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renewable Items			
Suction catheter sizes 16 FG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tongue depressor wooden disposable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nasogastric tubes 10 to 16 FG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light source (lamp & flash light)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous fluid infusion set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV cannula sizes 18,22, 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scalp vein infusion set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syringes 2ml	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syringes 10 ml	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable needles # 25, 21,19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps disposal container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tourniquet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile gauze dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bandages sterile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adhesive Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needles, cutting & round bodied (for suturing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suture synthetic absorbable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Splints for arm, leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Towel cloth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absorbent cotton wool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary catheter Foleys disposable #12, 14,18 with bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheeting, plastic for examination table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste disposal container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Face masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apron, plastic reusable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary equipment for use by skilled health professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magills Forceps (paediatric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magills Forceps (adult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endotracheal tubes uncuffed sizes 3.0 to 5.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endotracheal tubes cuffed sizes 5.5 to 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV Infusor bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest tubes insertion equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laryngoscope handle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laryngoscope Macintosh blades (adult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laryngoscope Macintosh blades (paediatric)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spare bulbs, batteries for laryngoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cricothyroidotomy set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submit the form