



Annual Procedures * indicates from Primary Surgical Package; <a href="http://www.who.int/surgery/publications/imeesc/en/index.html">http://www.who.int/surgery/publications/imeesc/en/index.html</a>	# in the past year	If the facility does not perform these procedures, select from the reasons below		
		Lack of skills	Non- functional equipment and supplies	Lack of policy approval to perform procedure
Resuscitation (adult & pediatric airway, hemorrhage, peripheral percutaneous intravenous access, peripheral venous cut down, removal of foreign body)*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cricothyroidotomy/tracheostomy*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest tube insertion*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute burn management*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incision & drainage of abscess*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suturing (for wounds, episiotomy, cervical & vaginal lacerations)*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound debridement*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caesarean section		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dilatation & curettage/vacuum extraction (obstetrics/gyn)*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetric fistula repair		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tubal ligation/vasectomy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biopsy (lymph node, mass, other)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendectomy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hernia repair		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrocelectomy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cystostomy*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laparotomy (uterine rupture, ectopic pregnancy, acute abdomen, injuries)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male circumcision		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal surgery		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleft lip repair		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clubfoot repair		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open/closed treatment of fracture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drainage of osteomyelitis/septic arthritis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinal anesthesia		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine intravenous anesthesia*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General anesthesia inhalational		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Equipment & Supplies**

How often is equipment inventory performed?  weekly  monthly  every 6 month  
 yearly  not performed

Are the following available?

	Yes	No
Resuscitator bag valve and mask (adult)	<input type="checkbox"/>	<input type="checkbox"/>
Resuscitator bag valve and mask (pediatric)	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen source (cylinder or concentrator) with tubing and mask	<input type="checkbox"/>	<input type="checkbox"/>
Suction pump (manual or electric) with catheter*	<input type="checkbox"/>	<input type="checkbox"/>
Oropharyngeal airway (adult size)	<input type="checkbox"/>	<input type="checkbox"/>
Oropharyngeal airway (pediatric size)	<input type="checkbox"/>	<input type="checkbox"/>
Method(s) of sterilization*: <input type="checkbox"/> steam <input type="checkbox"/> autoclave <input type="checkbox"/> electric <input type="checkbox"/> sent outside for sterilization <input type="checkbox"/> none		
Anaesthesia machine, functional	<input type="checkbox"/>	<input type="checkbox"/>
Continuous supply of running water	<input type="checkbox"/>	<input type="checkbox"/>
Continuous electricity (including generator if power cuts)	<input type="checkbox"/>	<input type="checkbox"/>