Quantifying Emergency & Essential Surgical Across Primary, Community & District Healthcare Facilities in Rajasthan, via WHO Situational Analysis Tool

Presented By: **Mahak , Roll no.1568**

INTRODUCTION

- WHO resolution 68/31 on "Strengthening emergency and essential surgical care and anaesthesia as a component of universal health coverage" was unanimously approved at the 68th World Health Assembly in May 2015.
- An estimated 234 million surgical operations are performed globally every year, yet the poorest third of the world's population receive only 3.5% of all surgical operations.
- Emergency and Essential surgical care program aims to achieve Universal health coverage.
- This study identifies concrete areas of need in surgical care capacity in a collaborative effort with World Health Organization in Rajasthan .

OBJECTIVE

- To assess the capacity of emergency and essential surgical care services available at various levels of health facilities in Rajasthan, for the purpose of providing a benchmark for critical areas needing improvement.

METHODOLOGY

- **Study design** – Descriptive cross sectional study
- **Study duration** – 3 months (March – May 2015)
- **Study area** - across Rajasthan; 60 health care facilities
- 7 District Hospitals, 38 CHCs and 15 PHCs
- **Data collection technique**– Interview
- **Data collection tool**- WHO Situational Analysis Tool
- Four domains: infrastructure, human resources, interventions and equipment & supplies

FINDINGS

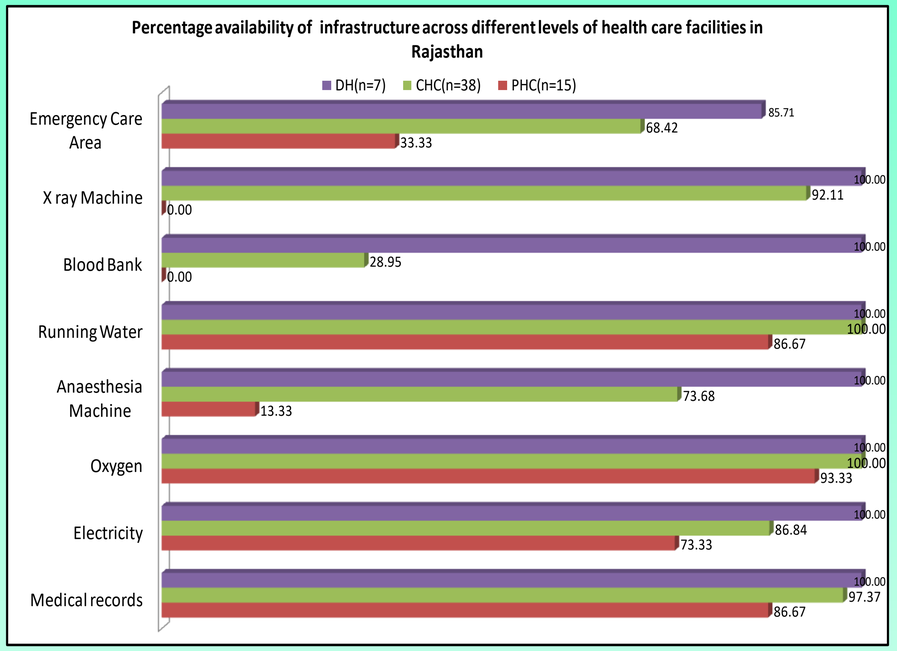


Table 2: Average number of Human Resources available by types of healthcare facilities

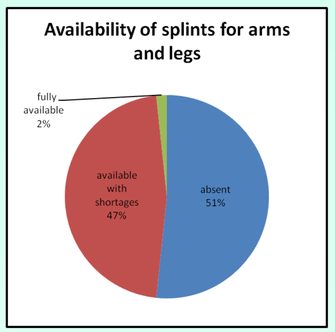
Type	PHCs(n=15)	CHCs(n=38)	DH (n=7)
Surgeons (Qualified)	0	1	7
Anesthesiologist physicians(Qualified)	0	0	3
Obstetricians/Gynecologists(Qualified)	0	0	6
General doctors providing surgery(icluding obstetrics)	1	1	4
General doctors providing anaesthesia	0	0	1
Nurses/Clinical officers providing anaesthesia	0	2	92
Clinical officers providing surgery(including obstetrics)	1	0	8
Paramedics	10	15	145

Table 1: Demographic Data of health facilities

Facility Type	PHC(n=15)	CHC(n=38)	DH(n=7)
Average Population Served	23812	60615	3548924
Average number of admissions in one year	899	6099	54765
Average number of Outpatients per year	12032	50491	262965
Average Number of beds	8	35	379
Total Number Of Functioning OT	11	15	15
Average Patient travel to get to health facility in km	9	20	46
Mean distance patient travel to access surgical services if referred in km	20	45	41

RESULTS

- On an average patients have to travel 35 kilometers to assess surgical services. Even today people use camel carts to reach the healthcare facilities which makes the travel even worse.
- There was lack of human resources at every level with respect to the population served by the facilities as shown in tables 1 and 2.
- CHCs were covering only 50 % of the procedures mentioned in the survey and referred the patients for procedures mostly due to lack of drugs and supplies(32.74%),lack of skills (44.22%) and due to lack of non functional equipment(23%) .
- Allocation of resources should be wise ,it was observed that in CHCs doing surgery were lacking in resources and vice versa.



Timely access to supports prevent disability .

Congenital conditions like clubfoot can be treated easily with the help of surgical intervention and splints. Rajasthan having a history of designing Cheapest Prosthesis Jaipur Foot for mobilizing people with amputation and treating polio patients with callipers(splints)

It was very unfortunate to know that in all the health facilities only 2% availability is there.