

Operationalizing FRU's: Paving the way ahead

The government of Jharkhand has shown tremendous commitment to ensure the improved functioning of its designated First Referral Units (FRUs). In November 2008, the state health department sought technical assistance from the Public Health Foundation of India (PHFI) to build capacity to operationalize twelve FRUs in the state. Soon after, United States Agency for International Development's (USAID) MCH-STAR initiative supported PHFI to initiate a project that drew on the collaborative expertise of national and international experts, various local stakeholders including the premier medical college Rajendra Institute of Medical Sciences (RIMS) and non-governmental agencies like Child In Need Institute (CINI), senior state health officials and FRU functionaries. In just ten months, PHFI assisted the health department, to make small but significant achievements towards its goal of having 12 FRUs fully functional.

Achievements include:

- ▶ Labor room record templates are capturing more comprehensive and useful data by using new record formats. These were designed by PHFI in consultation with state RCH office and NRHM.
- ▶ Functional blood storage equipment has reached 4 FRUs.
- ▶ Medical supplies are in place in all 12 FRUs.
- ▶ Drugs required in the labor room are available on a 24x7 basis.
- ▶ Overall improvement in cleanliness and hygiene of labor rooms.



BEFORE - Labour rooms were not equipped with proper lighting, delivery tables etc. Hygiene was not being maintained properly.

How did the collaborative effort achieve so much in the short time frame?

- A gaps analysis was conducted at 12 FRUs facilities in March 2009.
- The state health department used findings from the gaps analysis to understand the magnitude of the problem and identify priority areas for improving FRU functionality.
- Dialogue between state health department and FRU staff lead to action plan formulation and implementation for each FRU. Key district and FRU staff resolved to address local issues during the action planning.
- Senior state health officials and NRHM consultants also planned to fill existing gaps and mobilized some of the required resources.
- PHFI helped organized need based capacity building of FRU functionaries through trainings, routine consultations and exposure visits.
- Joint monitoring visits by state health officials and PHFI staff to the 12 FRUs assessed progress. Visible improvements in the FRUs were noted between June- Sept 2009 by these monitoring visits.

Although the achievements are impressive for such a short span of time, significant steps are needed to be taken by the state health department in order to achieve complete functionality across all FRUs as per Indian Public Health Standards (IPHS). Key findings and recommendations from the this project are in the table on the following page.



AFTER - Labour rooms were improved with delivery tables and lights. Hygiene was also significantly increased.

Key Findings

Recommendations

Lack of formal document for operationalization of FRUs

The state has initiated operationalization of FRUs however, a phased manner of operationalization has not been adopted. There is no formal state strategy document that articulates a comprehensive pragmatic plan to institutionalize the process and methods in operationalizing FRUs.

- ▶ Create a formal document articulating a strategic road map to operationalize FRUs.
- ▶ Follow a phased manner of operationalising FRUs using a scoring system based on degree of functionality.

Certification and scoring of FRUs not in place

As of yet, there are no formal certification mechanisms recognize to maintain fully functional FRUs.

- ▶ Institutionalize a FRU certification process and ensure routine review by a quality assurance team.

Inadequate health and support infrastructure (water, electricity) to ensure 24x7 functioning

Labouring and postpartum women are placed in the general women's ward, where there is no privacy and they and their newborns are exposed to infection.

FRUs experience erratic power and water supply.

Strengthen the existing infrastructure in the following ways:

- ▶ Establish dedicated maternity and neonatal care areas on a priority basis.
- ▶ Improve the efficiency of the logistics and procurement division of the state health department to provide maintenance on a 24X7 basis.
- ▶ Strengthen the convergence of the district administration with other key departments like water and sanitation, and power and electricity.
- ▶ Engage civil society groups to demand services and accountability of the service delivery system.

Human resources issues

- ▶ The state has a severe dearth of anesthetists and pediatricians.
- ▶ Due to the paucity and lack of training for lab technicians, routine blood and urine investigations are currently not been conducted, and blood storage and transfusion units are not functional in most of the facilities surveyed.

- ▶ Prioritize large scale capacity building of MBBS doctors in life saving anesthetic skills (LSAS) and neonatal care.
- ▶ Urgently relocate pediatricians and doctors with LSAS to FRUs where requirement exists.
- ▶ Post and train lab technicians for blood storage management, and routine blood and urine testing.

Inadequate utilization of funds for FRU maintenance

- ▶ Lack of clarity exists among the medical officer in-charge or civil surgeons/ACMOs on how to utilize RKS funds.
- ▶ There are no designated funds solely for FRUs.

- ▶ Develop detailed guidelines for the utilization of RKS funds and train district program management units to guide RKS committees on fund utilization.
- ▶ Provide additional recurrent cost grant to designated FRUs annually.