Assessment of FRU readiness to improve the CEmONC Services

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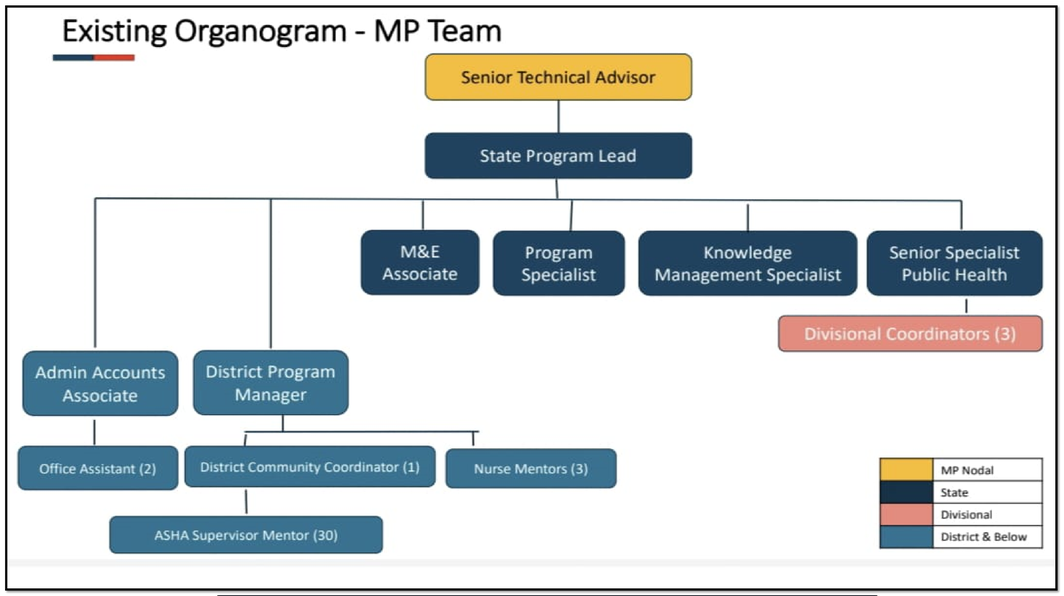
INDIA HEALTH ACTION TRUST/MADHYA PRADHESH INNOVATION HUB (IHAT/MPIH)[1]

The Madhya Pradesh Innovation Hub was instituted in 2019 pursuant to the Memorandum of Understanding between the National Health Mission, Government of Madhya Pradesh (NHM-MP) and India Health Action Trust and the Antara Foundation. The hub supports NHM-MP to identify health challenges and design interventions to improve population health outcomes of the state in the areas of Reproductive, Maternal, Newborn, Child and Adolescent Health, Tuberculosis, HIV/AIDS and Health Systems Strengthening.

Regional Resource Training Centre (RRTC)

RRTC is a facility mentoring program to strengthen and to operationalize First Referral Unit (FRUs) to improve CEmONC Services to reduce maternal & neonatal mortalities.. Under the program, faculty members of government medical colleges will conduct clinical mentoring of government doctors (MBBS and Specialist doctors) on CEmONC services in FRUs in 3 Districts of MP. The three medical colleges are designated as a "Regional Resource Training Centre" (RRTC).



SWOT analysis of FRU`s

S

1) Improved access to specialized Healthcare.
2) Affordable healthcare

W

1) Significant errors in recording healthcare data.
2) Shortage of staff.

O

1) Training programs and facilities.
2) Better human resource management
3) Collaborations with NGOs, private healthcare providers, and research institutions .

T

1) Unnecessary political interventions.
2) Negative perceptions or lack of public trust

Theoretical Understanding

1) Basics about PIPs and ROPs and their components.
2) Protocols to be followed within a healthcare facility for Maternal and Child health..
3) Signal functions of BEmONC and CEmONC.
4) Essential Equipment's and Drug supplies required in the respective departments of Hospitals.

Practical Exposure

1) Communicating with higher officials regarding the project approval.
2) Practices being followed in hospitals.
3) Reality of Availability of clinical services in FRU`s.

About Project: Assessment of 25 FRU`s of Bhopal division .

Area of study

Bhopal Division → 8 districts → 25 FRU`s

- 8 District Hospitals
- 3 Community Health Centres
- 14 Civil Hospitals

Duration Of Study: From *01-05-23* to *30-06-23*

Study Design: Observational cross sectional study.

Method of Data Collection: Through a structured check-list based on MNH toolkit and GOI Guidelines.

Mission

"Meaningfully impact the lives of vulnerable and marginalised people by addressing health and social inequities".

Learnings

1) Insights into the functioning of the public healthcare system .
2) Getting Realtime experience in knowing the hierarchy, referral system, diagnostic services and clinical services availability at FRU`s.
3) Healthcare documentation and record-keeping .

Usefulness of Internship

1) Networking and professional skill development.
2) Hands-on experience on current undergoing project.
3) Exposure to the ground realities.
4) Collaborating with diverse teams, including healthcare professionals, researchers, community workers, and administrators.

Challenges Faced During Internship

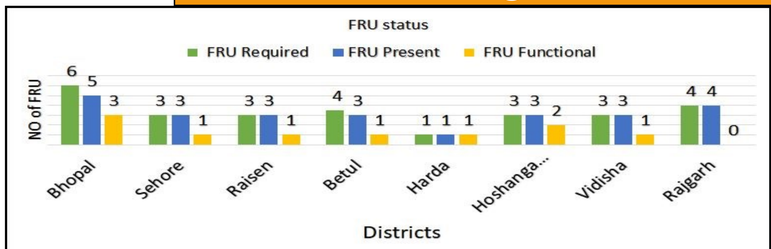
1) Adapting to fieldwork realities.
2) Collecting data for the project, due to poor recordkeeping of hospitals.
3) Limited knowledge with Data Analysis.

1) https://censusindia.gov.in/census.website/data/population-finder
2) https://www.ihat.in/madhya-pradesh-innovation-hub/

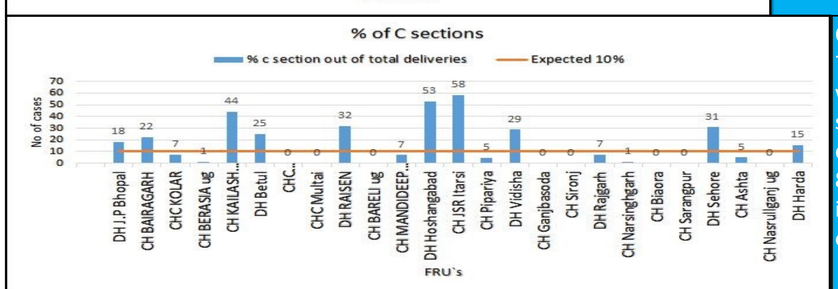
INTRODUCTION

A fully functional Comprehensive Emergency Obstetric Care (CEmONC) facility is essential for providing emergency obstetric care services, including planned and emergency caesarean section (CS) procedures and blood transfusion capabilities. CEmONC services play a crucial role in managing pregnancy, delivery, and postnatal complications. About 15% of pregnancies face obstetric complications that require urgent intervention, with approximately 10% of all births potentially requiring CS. However, regional hospitals often lack the necessary resources for performing caesarean deliveries, highlighting significant disparities in obstetric capacity.

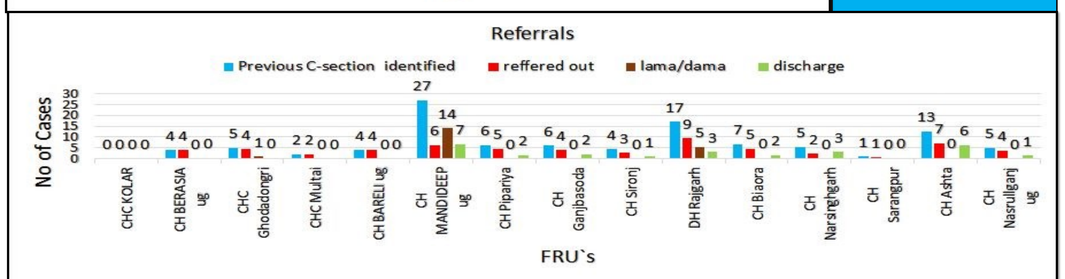
Findings Of Assessment



As per the calculated population of 2023 from the growth rate of 2011 and as per the norms the no of FRU required is 27. And the no of FRU present are 25.



Out of total 25 FRU`s 7 have been identified with less than 10% of C-sections out of total deliveries.
8 facilities have been identified with 0 C-section out of total deliveries .



Conclusion

Out of 25 FRU`s only 10 are fully functional with all the services being provided.
The reasons identified are the lack of trained human resource, lack of infrastructure, essential equipment's.

Recommendations

1) Building a task sharing force by training MO_MBBS with EmOC and LSAS.
2) Facilities lacking in one specialist can should be allowed to appoint doctors from private.
3) District hospitals have high no of specialists, rational deployment or attaching the specialist to FRU can help in functionalizing these centre's.