Introduction

Public Health is the science of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. Public health professionals analyze the effect on health of genetics, personal choice and the environment in order to develop programs that protect the health of your family and community.

Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighbourhood, or as big as an entire country.

Public health professionals try to prevent problems from happening or re-occurring through implementing educational programs, developing policies, administering services, regulating health systems and some health professions, and conducting research, in contrast to clinical professionals, such as doctors and nurses, who focus primarily on treating individuals after they become sick or injured.

It is also a field that is concerned with limiting health disparities and a large part of public health is the fight for health care equity, quality, and accessibility.

The field of public health is highly varied and encompasses many academic disciplines. However, public health is mainly composed of the following core areas:

- Behavioural Science/Health Education
- Biostatistics
- Emergency Medical Services
- Environmental Health
- Epidemiology
- Health Services Administration/Management
- International/Global Health
- Maternal and Child Health
- Nutrition
- Public Health Laboratory Practice
- Public Health Policy
- Public Health Practice

This Research work focuses on the Public health administration with emphasis on the Maternal and Child health area.
The National Rural Health Mission (NRHM), launched by the Honourable Prime Minister of India on 12 April 2005, is an ambitious strategy of the government. It aims to restructure the delivery mechanism for health towards providing universal access to equitable, affordable and quality health care that is accountable and responsive to the people’s needs, reducing child and maternal deaths as well as stabilizing population, and ensuring gender and demographic balance.

The Government of Gujarat has implemented E-Mamta' a solution aimed at tracking mother and child care programme in the state. The programme, that is expected to considerably lower the infant as well as maternal mortality rate during pre and post natal phase, would also take care of the nutritional aspect of women and the newborn.

National Rural Heath Mission has envisaged providing 24 hour services at CHC - Community Health Centre level. FRU - First Referral Unit Hospitals has to provide 24-hours specialist care in Medicine, Obstetric and Gynaecology, Surgery and Paediatrics, hence launch of NRHM in the State gives us an opportunity to strengthen referral services in the State and to cope-up with the expected increase in demand of HEATH SERVICES which include:

1. Outdoor Patient (OPD)
2. Indoor Facility for above services
3. Anaesthetic Services
4. Neo-Natal Care /Obstetric Care Services
5. Investigative Procedures
6. Control of Epidemic, Endemic & Communicable Disease Programme
7. All the National Programme in CHCs is to be integrated with all the existing Programmes like Blindness Control, Iodine Deficiency, Integrated Diseases Surveillance Project etc.
8. Reproductive and Child Health
9. Emergency Services
   - Medical Emergencies - Handling of all emergencies in related to National Health Programmes as per the guidelines like Dengue, Hemorrhagic Fever and Cerebral Malaria etc.
   - 24 hour Surgical Emergencies including incision, drainage, and surgery for Hernia, Hydrosol Appendicitis, Haemorrhoids, Fistula and handling of emergencies like intestinal Obstruction, Haemorrhage etc.
- 24 hours delivery services including normal and assisted deliveries including essential and emergency obstetric care including surgical interventions like caesarean sections and essential emergency medical interventions.
- New born care
- Routine and emergency care of sick children
- Safe Abortion services
- Other medical interventions like Nasal Packing, Tracheotomy and Foreign Body Removal.

10. Medico Legal

11. 24 hour Ambulance service

FRUs are district or sub-district health care facilities where there are specialists like Obstetrician and Gynaecologist, Anaesthetist and Paediatrician, and facilities for C-Section (caesarean section) and Blood Transfusion. Interstate border districts are the districts that had some commonality with regard to some health indicators and as these districts are close to each other, transfer of patients occurs from one part of the district to the FRU of adjacent district, even of adjacent state.

Operationalisation of FRU is one of the important strategies to reduce maternal mortality under NRHM. There are large numbers of obstetrics emergencies which require skilled intervention to save lives of mother and child. The thesis seeks to evaluate productive efficiencies of the First Referral Units (FRUs) in Gujarat state by carrying out an empirical study of the critical success factors such as CHCs’ Infrastructures, Medical specialists’ recruitment and retention, Training, Monitoring, evaluation etc. For each Critical Success Factor, a series of guiding questions will present in worksheet format. Each worksheet includes:

- The question with a brief description or example
  - A rating scale with indicators outlining the possible range of practice
  - A space to note each FRU’s own rating information or indicators
  - A space for tracking comments, opportunities/challenges or areas for follow-up identified through the assessment.

The study would include gap analysis of these FRU from Indian Public Health Standard (IPHS) perspective which in turn would help in assessing the quality improvement likelihood across these FRUs. Within the set FRU guidelines, there is evidence of constant encouragement and enhancement approaches to operationalized the services offered; however, the wide ranging and long term issue of lack of skilled manpower, particularly Anaesthetists and Gynaecologists has clearly become a primary consideration.
This research should underpin improved provision of operationalization of FRUs and inclination of end users towards these services.

While some research has begun to examine the issues affecting the operationalization of FRUs, little attention has been paid to critical success factors and quality improvements is, in particular to the inclination of end users towards these FRUs.

The key parameters include the functions such as Comprehensive Emergency Obstetric Care (CEmOC), Blood bank facilities or Blood Storage Units or assured Tie-ups with the near by authorized licensed Blood Bank and availability of specialist doctors such as Obstetricians & Gynecologist, Anesthetist, Pediatrician or General Surgeon at these FRUs centers. It also helps to monitor the trained Medical Officers (Class – II, MOs) trained in CEmOC, in Life Saving Anesthetic Skills (LSAS) or trained in Emergency New-born Care (EmNBC). This also includes the availability of specialist doctors on call bases or appointment under National Rural Health Mission (NRHM) part or full time bases. Over all outcome of this research is to identify the states FRUs functionality as for operationalization in terms of fully, partially or non-functioning of such FRU Centers, assess the performance and quality of Service for each and recommended areas of improvement.