



ESTABLISHING REFERRAL MECHANISM TO DELIVER REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH (RMNCH) SERVICES IN URBAN INDIA: The Impact on Utilization of Health Services

PURPOSE:

To provide specific guidance on integrating the facilitated referral system into existing service delivery to improve health service access, utilization and quality in facilities serving the urban poor.

AUDIENCE:

State officials
Chief Medical and Health Officers (CMO/CMHO/CDMO/CS)
Chief Medical Superintendents (CMS)
Nodal Officers – RMNCH
Urban Health Officers, Program Managers

BACKGROUND

The referral mechanism approach focuses on improving communication between multiple levels of the health system and the quality of care provided. It helps the government to streamline care-seeking, therefore maximizing allocated resources and decreasing case load on higher level facilities and at the same time it helps patients to receive optimal health care at appropriate level, as far as possible closest to home. In India, the National Health Policy (NHP) 2017 and the National Urban Health Mission (NUHM) framework 2013 are the key policy drivers that emphasize on the establishment of an appropriate referral mechanism as one of the key components to deliver continuum of care in urban areas.

INTENDED IMPACT OF REFERRAL SYSTEM

- Individuals receive care and referral to appropriate facility, at the community level through ASHAs.
- With a referral slip individuals are seen more quickly at health facilities.
- Referral slips provide information to providers at all levels, so they know what the individual has received.

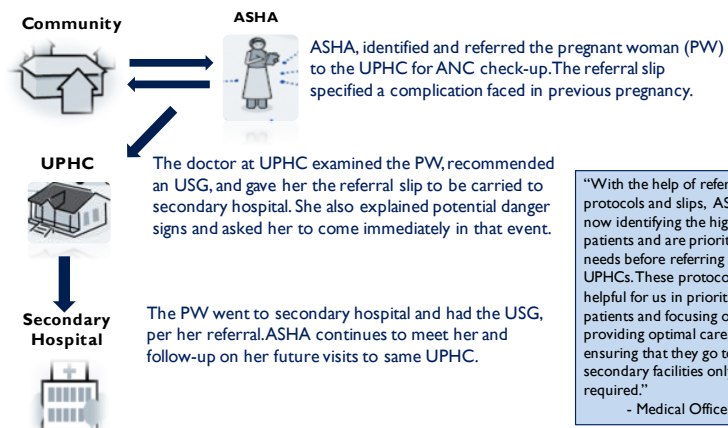
OFTEN HEALTH INITIATIVES FOCUS ON BEHAVIOUR CHANGE AT THE COMMUNITY LEVEL AND GENERATING DEMAND FOR SEEKING CARE--REFERRAL AS A MECHANISM FOCUSES ON BEHAVIOUR CHANGE OF CARE GIVERS AND CARE MANAGERS AND ENSURES THAT CARE IS: PATIENT-CENTRED; RESPECTFUL; SAFE, APPROPRIATE AND HIGH QUALITY.

REFERRAL PATHWAY IN URBAN SETTINGS:

Referral pathway in urban settings is similar to the rural referral pathway. ASHA worker is the first point of contact for a community. UPHC is the primary centre where patients can be observed by the medical officer. Secondary and tertiary care facilities are the next referral points where patients can be referred for advanced treatment.

REFERRAL MECHANISM ESTABLISHED BY THE CHALLENGE INITIATIVE FOR HEALTHY CITIES (TCIHC):

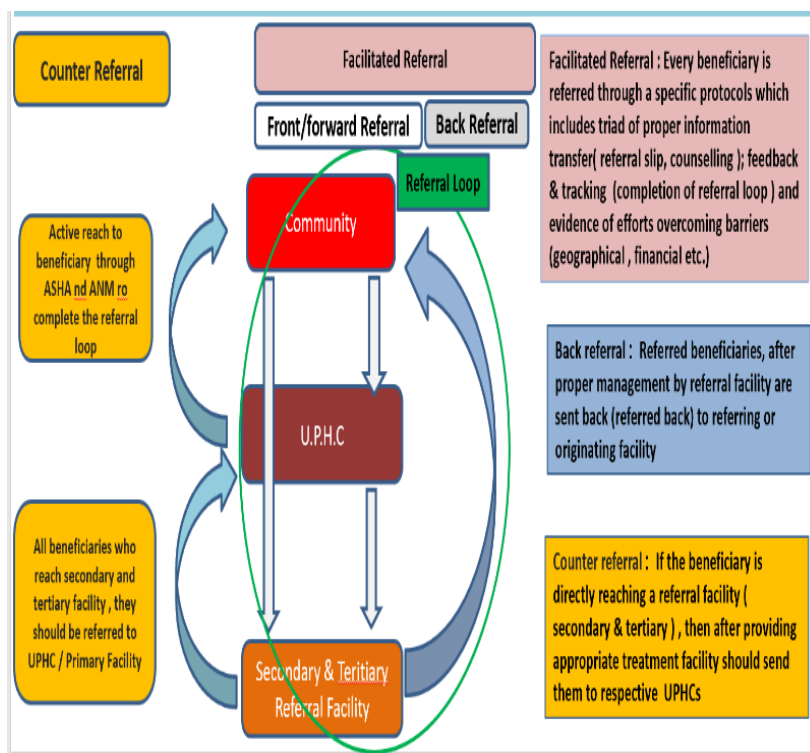
Pune city from Maharashtra state is the first city in India where a referral system was established. When TCIHC intended to implement the referral mechanism in



"With the help of referral protocols and slips, ASHAs are now identifying the high risk patients and are prioritizing their needs before referring them to UPHCs. These protocols are also helpful for us in prioritizing the patients and focusing on providing optimal care, and also ensuring that they go to secondary facilities only if required."

- Medical Officer, UPHC.

Madhya Pradesh, the model from Pune city was adapted for the implementation. The referral tools, facility specific referral plans were taken from Pune city model. However, the community level referral mechanism was introduced by TCIHC while it was being implemented in Indore city of Madhya Pradesh. In addition, feedback mechanism was also strengthened through back and counter referral in order to measure the impact of referral system. Following figure shows that TCIHC referral system model that was implemented in the cities of Madhya Pradesh state.



ESTABLISHING THE REFERRAL MECHANISM IN AN EXISTING URBAN HEALTH SYSTEM

Following are the steps that could be followed in order to establish the referral mechanism in the urban health system.

Claiming the ownership of referral mechanism by local government

Constitution of referral technical committee

Baseline Assessment of Facilities

Defining referral network, linking UPHCs to higher facilities

Customization of referral tools and referral directory

Piloting of referral tools

Training of community level workers and staff at the facility level

Implementation of referral mechanism, handholding support

Inter-phase meetings of facility staff and community workers

Data generation and monitoring of referral mechanism

Feedback mechanism and quality improvement

Indicators of Referral Establishment

Referral Initiation: Proportion of beneficiaries seen that is referred to another service

Referral Completion: Proportion of referred beneficiaries that completed the referral

Completion of the loop through back-referral and counter-referral: Proportion of referred beneficiaries seen at receiving service that is seen back at referring service with complete back referral and counter-referral information till the community level.

Impact measurement indicators

Number of :

- Pregnancy related complications reached (referred in) UPHCs.
- Pregnancy related complications managed by UPHC.
- Pregnancy related complications referred to secondary facility by UPHC.
- Sick newborns (0 to 28 days) cases managed by UPHC.
- Sick newborns (0 to 28 days) cases referred to secondary facility by UPHC.
- Sick child (29days to 6 years) managed by UPHC.
- Females referred for sterilization services by UPHC.
- Females referred for IUCD services by UPHC.

GUIDANCE ON IMPLEMENTING REFERRAL MECHANISM

Following are the steps that can help in establishing the referral mechanism in an urban health setting.

- Capacity building of health system: ownership of referral mechanism by local government
- Referral technical committee – its composition, its roles and responsibilities
- Baseline assessment of existing referral system and facility services
- Defining referral network, linking uphcs to higher facilities
- Referral directory and its components
- Guidance note for developing referral protocols/ health care pathways and piloting of tools
- Capacity building of health system: training of staff
- Monitoring and evaluation, reporting of data for monitoring
- Use of technology in improving the referral mechanism implementation
- Interphase meetings on referral
- Partnership with medical colleges and nursing institutions
- Developing referral champions in district

TCIHC has developed a guidance document on how to establish the referral system in the public health system. In this document, detailed description of all the above mentioned steps has been provided.

ROLES AND RESPONSIBILITIES TOWARDS IMPLEMENTING REFERRAL MECHANISM

CMO/CMHO

- Send directives to all facilities to implement the referral mechanism.
- Ensure issuing of letters for training of frontline workers and facility staff.
- Ensure regular monitoring of referral and its outcome.
- Ensure all administrative directives have been issued to improve the facilities to cater to increasing demand of community.

- Ensure the regular printing of referral slips.

Secondary/Tertiary facility in charge

- Ensure that all the staff has received the referral training.
- Ensure the regular supply of the referral slips.
- Provide handholding support to the staff for any queries arising while referring patient
- Monitor the treatment being given to patients through referral.
- Conduct monthly monitoring meetings with MO from all UPHCs and provide the details of monthly referrals.

Medical Officer of UPHC

- Ensure that all the staff has received the referral training.
- Ensure the regular supply of the referral slips.
- Provide handholding support to the staff for any queries arising while referring patient
- Monitor the treatment being given to patients through referral.
- Conduct monthly monitoring meetings with MO from all UPHCs and provide the details of monthly referrals.

Community Workers (ASHA/ANM)

- Ensuring the supply of referral slips.
- Referring patients using the referral slips.
- Ensuring the complete documentation of the referrals completed in the community.
- Follow up of patients who have been sent to higher facilities for further treatment.
- Attending monthly monitoring meetings at UPHC
- Seeking help from MO in case of any queries.

MONITORING OF REFERRAL SYSTEM IMPLEMENTATION

Implementation of referral mechanism can be monitored regularly by including it as a regular agenda of Referral Technical Committee, City Urban Health Department meeting and monthly meeting of Medical officers. The following indicators shall be reviewed;

- Number of referrals from community to UPHC
- Number of referrals from UPHC to higher level facility
- Proportion of high risk delivery cases handled using referral mechanism
- Proportion of high risk new born treated with referral mechanism.

Further, regular visits from facility staff to community should be made to ensure that the field level workers are using the referral slips to refer patients from community. Regular handholding support should also be extended to them to improve their performance. Regular inter-phase meetings should be held to monitor the progress of implementation of referral system.

COST ELEMENTS

The elements required for implementation of referral mechanism are mentioned here along with their Program Implementation Plan (PIP) codes. In addition to this support can also be sought through flexi pool budget.

F.M.R. Code	PIP Budget Head
U.9.5.8.2	Training (Community referral)
U.9.5.8.3	Facility Referral
U.9.5.8.4	Creation of referral plan
U.16.2.2	Monitoring meeting (Data collection and documentation)
U.11.1	Print Media
U.16.8.2.3	Administrative Cost (Meetings and Workshops etc.)

Sustainability

Sustainability of referral mechanism can be achieved through following measures;

- Ensuring that financial resources required for referral mechanism are included in annual PIP.
- Establishing the administrative guidelines for the use of referral slips in routine referral.
- Monitoring of the referrals during monthly meetings at the facility level.
- Ensuring the routine refresher trainings for the implementation of referral mechanism.
- Ensuring prioritizing the patients coming with referral slips at the higher facility level.
- Moreover, constant support and motivation to community workers and facility staff to optimally implement the referral mechanism to streamline the service provision.

Available Resources:

- Community Referral Slip
- Facility Referral Slip
- Referral Film
- Referral Protocols
- Referral Tools- Services provided at UPHC and at higher facility
- Referral Training Module
- Facility based referral protocols
- Maternal and Child Health protocols
- Referral Toolkit



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