

Gap analysis and budget for RMNCH+A strategy

Overview: In order to further accelerate the decline in maternal and child mortality and galvanize unified efforts a lifecycle approach "RMNCH+A" has been adopted under NRHM. It focuses on key high impact interventions, with special emphasis on weakly/poorly performing geographies. Such focused approach would lead to substantial gains in reduction of maternal, neonatal, infant and under 5 morbidity and mortality resulting from the most common causes.

RMNCH+A approach to improving maternal and child health describes the most essential health preventive, promotive and curative interventions and packages of services across various life stages which when delivered to scale will provide maximum gains in terms of saving lives and improving overall health status of the community.

Annual Health Survey 2010-11 shows that progress has been uneven between districts and within districts, hence the need to focus on poor performing geographies and the populations with highest burden of mortality. Relative ranking of districts has been done in Bihar (based on a composite index) and bottom 25% of the districts have been selected as High Focus Districts for that State. There are 10 High priority Districts in Bihar (out of total 184 High Priority Districts across India)

In order to enhance technical assistance to these districts and make provision for coordinated planning and monitoring at state level, it was decided to leverage the existing strength and local presence of the Development Partner (DPs) agencies. In this District UNFPA is the development partner for RMNCH+A.

Methodology of Gap analysis: Orientation of all development partners working in the respective Districts and District officials for undertaking the gap analysis was conducted in August 2013 using the prescribed tool by GOI, a gap analysis exercise was conducted across all 10 HPDs. The team conducting the gap analysis comprised of local health officials and representatives of respective development partners. The gap analysis was conducted for District Hospitals, all FRUs, all Block PHCs, one functional APHC and HSC of each Block PHC. In case none of the APHCs/HSCs were functional; then the ones with potential chosen for gap analysis. Data analysis was done to develop District specific action plans during the District RMNCH+A orientation workshop. In addition to that an extensive exercise was undertaken to identify and conduct gap analysis for all the functional delivery points of the respective Districts. Subsequently a detailed budget for infrastructure, equipment and drugs& consumables was prepared.

Findings of Gap Analysis:

Gaps were assessed in all 4 RMNCH+A focus areas – Continuum of Care: Pregnancy Care, Child Birth, Post-natal Maternal & Newborn Care (including Child Health) and Pre-pregnancy & Reproductive Care

1. Pregnancy Care:

- a) Infrastructure: There is a huge gap of more than 50% in the required vs functional HSCs. The HSCs are in poor condition that lack even basic furniture. There is no dedicated ANC clinics at PHCs and APHCs and the VHSND sites don't have space and privacy for ANC check-ups.
- b) Human Resource: Shortage of frontline workers specifically ANMs. Absenteeism seen in ANMs; not seen at the place of posting. Currently, there is no focus on ANC and tracking high-risk pregnancies in program reviews. Poor motivation level of ASHAs – untimely payment of incentives etc.

Lack of technical skills of the frontline workers especially related to antenatal check-up (ANC) and counselling. Inadequate supervisory skills to monitor ANMs and ASHAs. FLWs are not trained to identify high risk pregnancy cases.

- c) Equipment's/Drugs: There is unavailability of equipment's for ANC, like BP instrument, Hb-meter, Stethoscope, Weighing scale with the ANMs. There is irregular supply of IFA and TT. Irregular and inconsistent home visit by FLWs.

2. Child Birth:

- a) Infrastructure: There are no building and space at APHCs and HSCs to conduct deliveries. Lack of MCH wings in PHCs. There is no space for ASHAs to rest at delivery points. None of the PHC in 10 HPDs have a blood storage unit. Almost 70% of PHCs in 10 HPDs are more than 30 Kms away from nearest facility (public or private) offering C-section services and almost 25% of PHCs in 10 HPDs are in hard to reach areas that remain cut off and difficult to reach by road.
- b) Human Resource: Most of the ANMs/Staff nurses lack the basic trainings like SBA and NSSK for safe delivery and essential newborn care. Several SBA trained ANMs engaged in non-delivery related work.
- c) Equipment's/Drugs: There is an acute shortage of labour room equipment's and drugs across all 10 HPDs. The major equipment's being the Labour table and delivery tray and among drugs are the Inj. Oxytocin and Mag. Sulphate.

3. Post-natal Maternal & Newborn Care:

- a) Infrastructure: Poor Infrastructure at PHCs and other delivery points to set up NBCCs. Almost one third of PHCs in 10 HPDs don't have NBCCs (as per guidelines for NBCCs). The SNCU building construction in District Hospitals is still incomplete.

- b) Human Resource: Inadequate grade A nurses and ANMs at delivery points to provide NBCC services. Shortage of active ASHAs affecting HBNC visits. ASHAs are not conducting home visits due to irregular/untimely payments for home visits. For hard to Reach/LWE areas, ANM security issues affects the RI sessions.

Lack of skills of the FLWs on prioritizing home visit and counselling beneficiaries. No tools for IEC/ BCC on key messages related to new born/child health. Improper Due List preparation/ reporting for Immunization. Lack of awareness about NRC among health and ICDS workers.

- c) Equipment's/Drugs: There were major issues in supplies of HBNC kit, ORS, Zinc and antibiotics. Lack of proper supply of vaccines & immunization supplies and lack of inter-facility stock coordination and planning. Lack of equipment and poor maintenance of available equipment.

4. Pre-pregnancy & Reproductive Care:

- a) Infrastructure: Almost one third of the PHCs in these 10 HPDs does not have an operation theatre. Lack of ARSH clinics. Poor infrastructure at HSC and APHC to provide IUD services regularly.
- b) Human Resource: Inadequate OT staff. No counselling on FP for ante natal and post natal mothers at PHCs/ delivery points. Almost 83% of PHCs across 10 HPDs do not have at least one trained nurse for IUCD. 97% of PHCs across 10 HPDs do not have at least one trained for PPIUCD. Lack of skills in ASHAs to counsel on FP, overall low motivation of ASHAs to promote non-TL methods.
- c) Equipment's/Drugs: Irregular supply of condoms, ECP and OC Pills. Lack of supply of equipments, drugs and consumables for TL and IUD. No current system for distribution of IFA to schools and all AWWs regularly

Budget: The total budget for the 10 HPDs is Rs. 91624.88 Lakhs. The budget under some of the important sections is mentioned below.

Infrastructure: Total budget proposed for the FY 2014-15 is Rs.23422.81 Lakhs

Human Resource: Total budget proposed for the FY 2014-15 is Rs.20389.12 Lakhs

Training/Skill building: Total budget proposed for the FY 2014-15 is Rs.663.52 Lakhs

Drugs& Supplies: Total budget proposed for the FY 2014-15 is Rs.686,53 Lakhs

Equipment's: Total budget proposed for the FY 2014-15 is Rs.2604.27

Apart from this an intensive exercise was undertaken in all the 10 HPDs to estimate the budget for operationalization of the delivery points (as per MNH criteria). The budget was estimated under three sections viz, Infrastructure, Equipments and Drugs/consumables.

Infrastructure: Total budget proposed for the FY 2014-15 is Rs.4639.1 Lakhs

Equipment's: Total budget proposed for the FY 2014-15 is Rs.2284.6 Lakhs

Drugs/consumables: Total budget proposed for the FY 2014-15 is Rs.4838.1 Lakhs

Summary: The gap analysis of the 10 HPDs revealed major gaps across HR, infrastructure, training/skills and drugs/equipment. The Districts have tried to incorporate some of these issues in the proposed PIPs. To prioritize the operationalization of the functional delivery points, an intensive exercise was undertaken in all the 10 HPDs to estimate the budget across infrastructure, equipment and drugs/consumables. This will help in strengthening the facilities and providing effective health services to the mother and new born.

S.no	Major Gaps	Budget (In Lakh)	Person Responsible	Timeline
1	Infrastructure: Shortage of functional HSCs, No building and space at APHCs and HSCs to conduct deliveries, one third of PHCs in 10 HPDs don't have NBCCs	Rs. 23422.81	CS/DPM	Q3 to Q4 2014
2	Human Resource: Shortage of frontline workers specifically ANMs	Rs. 20389.12	CS/DPM	Q3 to Q4 2014
3	Training/Skill Building: Lack of skills and basic trainings like SBA and NSSK	Rs. 663.52	CS/DPM	Q3 to Q4 2014
4	Drug and supplies: Shortage of critical drugs and Irregular supply of condoms, ECP and OC Pills etc.	Rs. 686.53	CS/DPM	Q3 to Q4 2014
5	Equipment's: unavailability of equipment's for ANC, shortage of labour room equipment's	Rs.2604.27	CS/DPM	Q3 to Q4 2014