

Gap analysis and budget for RMNCH+A strategy

Katihar

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 Katihar B-TAST /DFID 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.....October 2013.....using the prescribed tool by GOI, a gap analysis exercise was conducted across all 10 HPDs during October 2013. 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:

- **Infrastructure**

1. At most of the HSC, infrastructure is not satisfactory.

2. Building are older , leakages in the ceiling.
 3. Building requires renovation
 4. Toilets are in bad condition
 5. Poor power supply.
 6. No power backups at HSCs
 7. Unsatisfactory 24*7 water supply at APHCs and HSCs.
- **HR**
 1. Shortage of HR
 2. Untrained HR
 3. Lack of skill on certain indicators among the HR
 - **Equipment**
 1. Equipments are not adequate.
 2. Equipments are older enough.
 3. Minor instruments are missing.
 - **Drugs consumables etc.**
 1. Lack of oxytocin , Magsulph, antibiotics for round the year
 2. Gloves are reused.
 3. Lack of pregnancy testing kits, OCP and ECP.
 4. Lack of syp. Salbutamol, Zinc and others

Budget:

1) Please mention the budget for as per the findings of Gap analysis (overall) under the major headings

- *Infrastructure- The total budget prepared by the DH, SDH and all the PHC along with other delivery points was cumulatively Rs.55538000/- (Five crores, fifty five lacs and thirty eight thousand only.)*
- *HR- The budgetary demand for HR was Rs. 2 crores for a financial year.*
- *Equipment- Altogether for equipment the total budget prepared by the concerned delivery points was Three crores, thirty lakhs, fifty four thousand and eight hundred only.*
- *Drugs consumables etc. – The total budget prepared for the above mentioned facility especially for the drugs was Rs.172 crores, 1 lakh 8 hundred and 66 only*

2) Budget for functional Delivery points –out of total HSC prevalent in the district a total budget especially for functional delivery points was prepared by the concerned PHC for 27 HSC, it was altogether Rs. 172010866 only.
This budget was prepared by the MOI/C, HM and the concerned ANMs of the delivery points. This budget was equally screened by the DPM .

Summary: This is the budget in our hand after passing through too many methodologies. At first the formats were sent to the concerned facilities. Then through a meeting orientation of the concerned HM and Data manger was done along with the account manager. Through proper handholding support by the RMNCH+A coordinator, DPO SWASTH team and DHS staffs this could have been possible. After all hazards the budget was ready to be submitted to the state.

Activities Performed-

- Sharing of the formats through mail
- PPT Orientation of HM, data manager and account manager on formats
- On the spot support to PHC staffs (How and what to fill)
- Extension of support to ANMs for requisition preparation.

Key Findings-

- Shortages of HR at MO, Grade-a, ANM, LHV, MPW, RMNCH+A counselor level.
- Shortages of specialist doctors.
- Lack of minor and major instruments and equipments.
- Old instruments.
- Lack of boundary walls at facilities.
- Lack of residential quarters for MOs and ANMs and other staffs.
- Lack of 4th grade staffs.
- Lack of emergency medicines

With all efforts from the HMs and MOI/Cs along with DPC, katihar, this became possible.

At last but not the least the valuable guidelines and monitoring from CS, katihar helped us a lot in preparing this budget.

Above all thanks to the concerned ANMs with whose demand and incorporation of it, all the cells of the budget became so handy.