

RMNCH+A Gap Analysis: Purnea

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, primitive 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 has been selected as High Focus Districts for that State. There are 10 High priority Districts in Bihar in which Purnea is one of the districts (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 UNICEF 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. (*October 2013 in Purnea*). 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. 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: Please mention the salient findings for your respective District including the list of functional Delivery points. Mention the findings under major headings like

- *Infrastructure*
 - *All 14 BPHCs out of 14 have boundary wall.*
 - *14 out of 14 BPHCs have proper approach road*
 - *All 14 BPHC have electricity connection.*
 - *All 14 BPHCs have separate Labor room with generator connection.*
 - *24X7 piped water supply available in labor room of 10 BPHCs*
 - *NBCC available at 13 BPHCs*
 - *OT is available at 14 BPHCs.*
 - *1 BPHCs are working with less than 3 beds.*
 - *Ambulance facility is available at 14 BPHCs.*
 - *8 APHCs out of 17 APHCs assessed having boundary wall.*
 - *Approach road available at 15 APHCs out of 17 APHCs assessed*
 - *Electricity connection is available only at 11 APHCs.*
 - *12 APHCs are having generator connection available*
 - *Separate Labor room is available at 15 APHCs out of 17 APHCs assessed.*
 - *11 APHCs have 24X7 piped water supplies at Labor room.*
 - *NBCC, OT and Ambulance facility were not available in the 17 APHC Assessed.*
 - *12 out of 14 assessed HSC have Government owned building*
 - *Only 3 HSCs have boundary wall, 2 HSC have separate Labor room and 3 visible display of help line numbers out of 14 HSC Assessed*
 - *No HSCs are having electricity connection and in 12 HSCs ANM residing at SC out of 14 HSCs assessed.*
- *HR*
 - *Overall more than 25% of position are vacant at all BPHCs*
 - *4 BPHC is with 0 vacant position*
 - *0 BPHCs have less than 10% vacant position.*
 - *0 BPHC is with 10-20% vacant position.*
 - *8 BPHCs are with more than 20% vacant position.*
 - *17 APHCs are with at least 1 staff trained in SBA, 0 staff NSSK and PPIUCD out of 17 APHCs assessed.*
 - *Only 1 APHCs are with at least 1 staff trained in IUCD insertion out of 17 APHCs assessed.*
 - *Out of 14 HSCs assessed only 34% are with additional ANM.*
 - *Out of 14 HSCs assessed 55% center are having SBA trained ANM.*
 - *0% AWW and 1% ASHA position is vacant in 14 HSCs assessed.*
 - *Only 39% ASHA got training in HBNC out of 63 ASHA assessed.*
 - *No AWW trained in IYCF out of 61 AWC assessed.*

- **Equipment**
 - 14 BPHCs have stethoscope, BP instrument and adult weighting machine, 0 have delivery tray and 14 having IV stand, 9 have refrigerator and 11 have labor table available out of 14 BPHCs
 - 14 BPHCs are having Infant weighing scale, 12 have Radiant warmer, 6 of the BPHC have warming lamp, 11 have Oxygen cylinder with regulator and 11 have emergency drug and equipment tray out of 14 BPHCs.
 - 14 BPHCs are having Autoclave machine, 10 have IUCD kit, 11 of the BPHC have Hemoglobin meter and 9 have Microscope available.
 - 17 APHCs have Stethoscope, 17 have BP instrument, 16 have Adult weighing scale, 16 have labor table, 17 have IV stand and 0 have refrigerator available out of 17 APHCs assessed.
 - 12 of the APHCs have Infant weighing scale, 0 Emergency drugs and 0 equipment tray, 0 Radiant Warmer, 0 Warming lamp, 7 Autoclave, 10 IUCD kit, 8 Hemoglobin meter , 5 Microscope and 10 oxygen cylinder with regulator available out of 17 APHCs assessed.
- **Drugs consumables etc.**
 - Out of 14 BPHCs only 13 had Inj. Oxytocin, 6 have Tab. Misoprostol, 9 have Inj. Mag. Sulphate, 8 have Inj. Vitamin K and 10 have Ampicillin, 10 have Inj. Gentamycin, 12 have Inj. Metronidazole, 10 have Inj. Adrenaline, 12 have RL, 12 have Tab IFA and 12 have ORS packets available. Also 11 BPHCs have Soap, 12 have Gloves, 9 have Cord clamp, 9 have Mucus Extractor, 10 have IV Canula, 12 have IV sets and 11 have IUCD available.
 - Out of 17 APHCs assessed 14 of the APHC have Inj. Oxytocin and 6 Inj. Mag. Sulphate, 2 have Tab. Misoprostol, 6 have Inj. Vitamin K, 13 have Inj. Ampicillin, 11 have Inj. Gentamycin, 15 have Inj. Metronidazole, 4 APHC have Inj. Adrenaline, 16 have RL, 15 have Tab IFA and 16 have ORS packets available. Also 13 APHCs have Soap, 12 have Gloves, 11 have Cord clamp & 6 Mucus Extractor, 8 have IV Canula, 17 have IV sets and 14 have IUCD available.
 - Out of 14 HSCs Assessed 13 have large IFA, 12 have Vit. A syrup, 12 have Albendazole Tab, 13 have Condoms, 13 have OCP, 12 have IUCD and 12 of the HSC have Urine Pregnancy test kits available.

Budget:

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

- *Infrastructure: Total Rs. 1085.16 Lakhs for FY-14-17*
- *HR: Total Rs.759.44 Lakhs for FY-14-17*
- *Equipment: Total Rs. 2089.78 Lakhs for FY-14-17*
- *Drugs consumables etc.: Total Rs.468.79 Lakhs for FY-14-17*

- 2) Budget for functional Delivery points
- **Total Rs. 22877615 proposed under facility wise equipment list of Delivery points**
 - **Total Rs. 27941600 has been proposed under facility wise infrastructure for delivery points.**
 - **Total Rs. 519199027 proposed for drugs and consumables of delivery points.**

Summary: Summarize the chapter in few lines highlighting the key findings and activities.

- 1) **Boundary wall with gate is necessary at all facilities with own building especially at delivery points.**
- 2) **Inverter backup is necessary for all delivery points(BPHC/APHC/HSC)**
- 3) **Electricity connection and power back up is needed at PHC, APHC and SC.**
- 4) **Tap water facility is needed at all the centers especially at delivery room.**
- 5) **NBCC is required for all delivery points including APHC and HSC.**
- 6) **HR recruitment and rationalization must be processed immediately.**
- 7) **Extra HR recruitment required for hard to reach areas which almost 25 - 30%**
- 8) **Training of HR at delivery points.**
- 9) **Essential Drugs, equipments and consumables must be made available at all delivery points.**
- 10) **Necessary infrastructure renovation required for almost all facility**
- 11) **Ambulance facilities must be made available at all PHC and other delivery points.**