

## **Gap analysis and budget for RMNCH+A strategy**

### **Saharsa**

**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.

- **Infrastructure**

1. At most of the HSC, infrastructure is not satisfactory.
2. *Few BPHCs have proper approach road and electricity connection.*
3. Some BPHCs have separate Labor room with generator connection.
4. OT is available at some BPHCs.
5. 3 BPHCs are working with less than 3 beds.
6. Ambulance facility is available at 13 BPHCs.
7. 4 APHCs out of 16 APHCs assessed having boundary wall
8. Building are older , leakages in the ceiling.
9. Building requires renovation
10. Toilets are in bad condition
11. Poor power supply.
12. No power backups at HSCs
13. 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
4. *Overall more than 50% of position are vacant at BPHCs*
5. *No BPHC is with 0 vacant position*
6. *BPHCs have less than 10% vacant position.*
7. *BPHC is with 10-20% vacant position.*

- **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 for 2014 -15 as per Gap Analysis for the major headings:-**

S.no	Major Gaps	Budget (In Lakh)	Person Responsible	Timeline
1	Infrastructure: Poor infrastructure for LR and OT in the BPHCs.	Rs. 263.84	CS/DPM	Q3 to Q4 2014
2	Human Resource: Shortage of frontline workers specifically ANMs	Rs. 1505.10	CS/DPM	Q3 to Q4 2014
3	Equipment: Inadequate beds, labor table, delivery tray etc.	Rs. 64.67	CS/DPM	Q3 to Q4 2014
4	Drug and supplies: Irregular supply of medicines, emergency drugs and consumables	Rs. 230	CS/DPM	Q3 to Q4 2014