

Gap analysis and budget for RMNCH+A strategy

1. **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.
2. 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.
3. 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 bottoms 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)
4. 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 **BMGF/CARE** is the development partner for RMNCH+A.

Methodology of Gap analysis: Orientation of development partners and District officials for undertaking the gap analysis was conducted in **August 2013**. The team conducting the gap analysis comprised of local health officials and representatives of respective development partners. The gap analysis was conducted for 1 District Hospitals, all 5 Block PHCs, 5 functional APHC and 5 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 the month of September 2013. 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- The availability/condition of basic infrastructure of health facilities of the district is very poor. There are more infrastructures required to provide RMNCHA services at BPHC level. There is a need to maintain or upgrade existing delivery points, so that it can function with its full strength and provide quality of service.

- **HR-** There is huge gap in HR at facility as well as at outreach level. At BPHC level More than 50% positions are vacant in the district against sanction position at facility level. Also Asha resource centre is totally vacant.
- **Equipment-** Basic equipment is base of any maternity wing. Huge gap found in availability and requirement of equipments.

- **Drugs consumables etc.-** As per gap assessment, there is lack of drugs and consumables at facilities. It is essential to maintain regular availability of same on regular basis.

Budget:

FMR	Budget Head	Amount proposed in Lac for financial year 2014-2015	Amount proposed in Lac for period 2014-2017
A8	HR	1253.40	4424.50
B4+B5	Infrastructure	151.92+108.00=259.92	536.28
B16	Equipments + drugs & consumables	97.32	343.55

2) **Budget for functional Delivery points**

- **Total Rs. 82,58,000 proposed under facility wise equipment list of DPs**
- **Total Rs. 18497000 has been proposed under facility wise infrastructure for delivery points.**
- **Total Rs. 57002685 proposed for drugs and consumables of delivery points.**

Summary:

The main asset of any country is healthy human resources. Nation can develop and become stronger with their productive population. To provide proper and quality services to beneficiaries it is necessary to know the area of improvement of current structure of health facilities. A Gap assessment exercise was done with the help of development partner. After analyzing the findings prepared an action plan. As per action plan prepared, district started to fill gaps. As per assessment completed, a budget prepared for existing delivery point.

S.no	Major Gaps	Budget (In Lakh)	Person Responsible	Timeline
1	Infrastructure: The basic infrastructure of the health facilities in the district is very poor.	Rs. 259.92	CS/DPM	Q3 to Q4 2014
2	Human Resource: More than 50% positions are vacant at facility level.	Rs. 1253.40	CS/DPM	Q3 to Q4 2014
3	Equipment: Lack of essential equipment's	Rs. 58.96	CS/DPM	Q3 to Q4 2014
4	Drug and supplies: Lack of drugs and consumables at facilities.	Rs. 38.36	CS/DPM	Q3 to Q4 2014

Encl:Existing delivery point wise budget (2014-15)