

Draft Terms of Reference

Are we spending enough on MNCH to meet the targets of MGDs 4 and 5: An Analytical Study of MNCH Allocations and Expenditures at District Level

1. Background:

The mortality trends analyzed over the last 15 years reveal stagnation with little improvement in neonatal, infant and under-five mortality. Pakistan has begun to lag behind many countries in major indicators of child health. The average annual rate of child mortality reduction is 1.8% and the rate of reduction needed to meet MDG 4 (2007-2015) is 9.0%. Hence the current progress towards the MDG 4 is sluggish and insufficient. Similarly Pakistan is off the track to reach MDG 5 as the current maternal mortality rate is 276 per 100,000 live births and MGD5 target for Pakistan is 140 per 100,000 live births.

The mortality rates are also influenced by the differentials in the social class of children. The risk of dying for the poorest neonate (63 per 1000), infant (94 per 1000), or a child under 5 (121 per 1000), is almost double than that of the richest (38 per 1000, 53 per 1000 and 60 per 1000 respectively). Similarly mortality indicators show marked urban-rural disparities. The rural area figures of under-five (100), infant (81) and neonatal mortality (55) are not only higher than the urban figures but marginally exceed the national levels.

Direct causes of under-five deaths are as under:

Birth Asphyxia 40%, preterm births 16% and neonatal sepsis 20% are the major killers in the neonatal period in Pakistan. Excluding the neonatal causes, the major causes of under-five mortality remain diarrhea (11%-27%) and pneumonia (13-26%).

2. Objectives:

The purpose or aim of the study is to assess whether district level expenditures for MNCH are increasing adequately to make progress on increasing access and coverage MNCH services and thereby contributing to improving MNCH outcomes.

To achieve the above objective, the team or consultant will undertake the following tasks:

- Tasks Undertake an analysis of Pakistan progress on MNCH outcomes and intermediate MNCH indicators disaggregated by provincial and district level.
- Identify/Develop intervention packages for MNCH services at community outreach level and facility level in the context of MDG 4 and 5 targets.
- Costing of the MNCH intervention packages at community outreach level and facility level.
- Review the current criteria/process used to allocate budget for MNCH programmes at federal provincial and district level.
- Analyze the budgetary allocation to MNCH programmes from different levels federal, provincial and District levels including donor funding and analyze whether the allocations are being enhanced adequately in real terms during the last five years - the analysis should analyze whether its increasing appropriately taking into account population increase and inflation) and whether they are adequate needs to meet MGDs 4 and 5 targets.
- Review and analyze overall MNCH expenditures at the federal and provincial level over the last five years and analyze whether the expenditures are increasing in real terms.
- Identify and select few districts for in-depth analysis of MNCH budgetary allocations releases and expenditures and practices from all sources (federal provincial and district and partners) during the last five years in real terms.
- Discuss the findings with district level stakeholders to identify factors contributing to the situation and explore possible options for future.
- Based on the findings assess how the existing resources can be spent more strategically and more usefully f to improve maternal, newborn and child survival.

4. Deliverables:

The consultant should prepare a 25-30 page report with 3-5 page executive summary duly referenced. In addition the consultant should prepare a 15 page power point presentation

- PowerPoint presentation
- Detailed High Quality Technical report
- Policy brief

Terms and Conditions: The consultancy will firstly undertake a desk review. Based on which it will develop questionnaires and an outline of the study which will be shared and finalized with Save the Children. The consultancy will work under the direct supervision of Zahid Memon at Save the Children and provide regular update on the progress. The consultancy will provide a draft report by give date 20th April, 2010 and after feedback from Save the Children the final draft by give date 20th May, 2010 Will be submitted.

30 % payment will be made at the time of signing the contract

30 percent at the delivery of first draft and 40 % at the satisfactory completion of the final report

Duration of work: Three Months

Consultant's qualification

Consulting firm or Public health specialist team with experience in MNCH and health economics and relevant research.