

## **NATIONAL PROGRAM FOR MATERNAL NEWBORN AND CHILD HEALTH (2007-2013)**



### **RIGHT TO LIFE**

#### **BACKGROUND**

Pakistan Maternal and Child Health Indicators remain extremely poor. Infant Mortality rate is 72 per 1000 live births, Newborn Mortality Rate is 55 per 1000 live Births and the Maternal Mortality Ratio is 276/100,000 live Births.

National Program for Family Planning and Primary Health Care is delivering Essential Primary Health Care Services to the community through LHWs, which was proved to be successful in providing basic health services at the grass root level but its impact on the Maternal and Newborn Mortality is insignificant. To fill up the resource gaps in service deliveries for the health of Mother and Child and to achieve 4 & 5 MDGs goals, National MNCH Program was launched with the aim not to replace or displace the current resources available for MNCH but to fill in the gap without duplicating the inputs or activities.

#### **CORE OBJECTIVES**

The National MNCH Program has following core objectives to be achieved by the end of year 2013

1. Reduction of Under 5 Mortality rate from 94 to 65 per 1000 live Births
2. Reduction of Infant Mortality Rate from 72-55 per 1000 live Births
3. Reduction of Neonatal Mortality Rate from 54-40 per 1000 live Births
4. Reduction of Maternal Mortality Ratio from 276-175 per 100,000 live Births

5. Increase in the proportion of deliveries attended by Skilled Birth Attendants at home or in health facilities to 90 percent
6. Increase in Contraceptive Prevalence Rate (CPR) from 30-55 percent

### **STRATEGIC TARGETS**

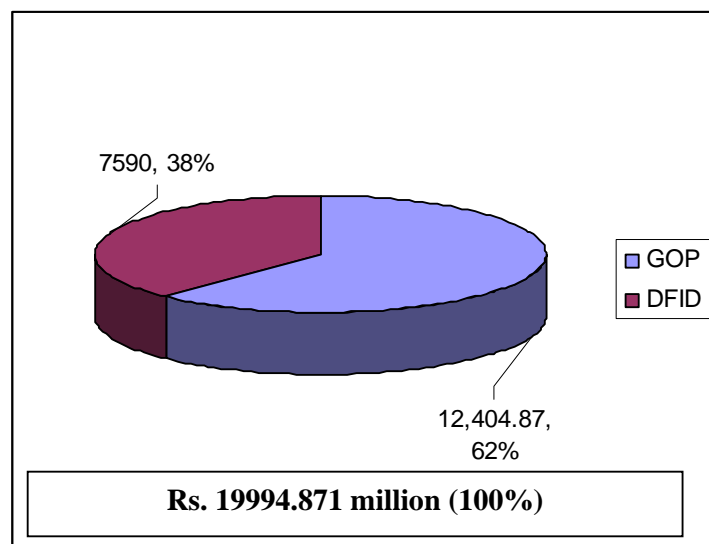
The MNCH program aims to strengthen, upgrade and integrate ongoing interventions and to introduce new strategies. The program is focused in the following areas:

1. Strengthening of District Health System through improvement in Technical and Managerial capacities at all levels and upgrading institutions and facilities
2. Streamlining and Strengthening of Services for provision of Basic and Comprehensive Emergency Obstetrics and a Newborn Care (EmONC)
3. Integration of all services related with MNCH at the District level
4. Introduction of a cadre of Community Based Skilled Birth Attendants (Community Midwives)
5. Increase in the demand for health services through targeted, socially acceptable Communication Strategies.

### **FINANCIAL LAYOUT ACCORDING TO PC-I:**

- Government of Pakistan (GOP)- Rs. 12,404.871 million
- DFID – Rs. 7590.00 million

**Fig 1**



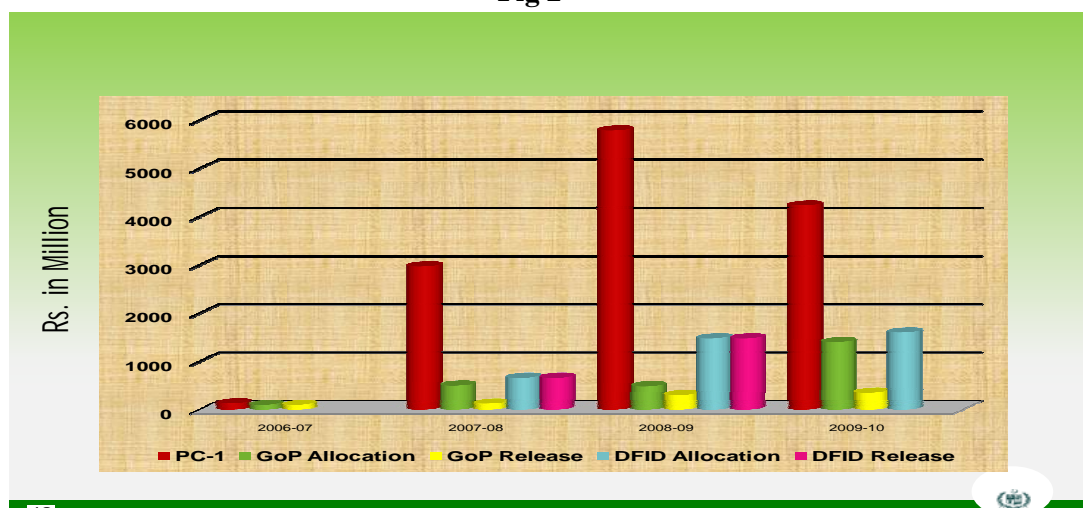
## DETAILS OF ALLOCATION & RELEASES DURING 2006 TO 2010 (Million)

Table 1

Year	Phasing as per PC-I	PSDP Allocation		Total	Releases		Total	% PC-I Phasing Verses Releases
		GoP	DFID		GoP	DFID		
2007-10	13119.544	2486.099	3774.915	6261.014	1225.00	2139.096	3364.096	26%

## DETAILS OF ALLOCATION & RELEASES DURING 2006 TO 2010

Fig 2



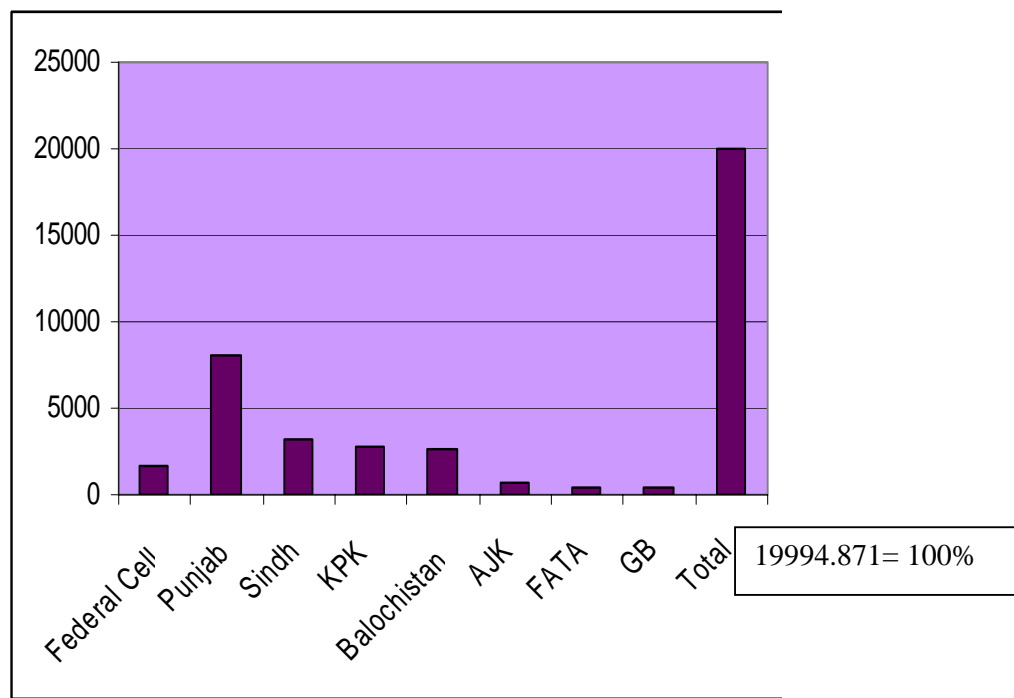
The Bar diagram shows that since the inception of MNCH Program, the main issue was timely release of funds both by the GOP and DFID, thus badly affecting the program activities in all provinces. Since 2007-10, only 26 percent of the total allocated budget was released instead of 70% of the approved budget and due to this issue Program is facing problems in the timely achievement of targeted goals according to PC -1.

## PROVINCIAL BUDGETRY SHARE

Table 2

Name of Province	Total Share	Percentage
Federal Cell	1639.631 Million	8.20
Punjab	8088.621	40.45
Sindh	3246.474	16.23
KPK	2770.918	13.85
Balochistan	2642.943	13.21
AJK	698.389	3.49
FATA	434.476	2.17
GB	473.419	2.36
Total	19994.871	

Fig 3

**Provincial Budgetary Share in Million****Fund Flow Mechanism:**

Funds released by the federal govt. Are collected to the Provincial account 1 through AGPR Islamabad from provincial account 1 funds are further transferred to district account 4 from utilization on planned activities. However transfer of funds to district account 4 has been implemented in Punjab only.

**Performance Indicators and Achievements**

Table 3

Performance Indicator	Targets	Progress 2007-10		Proposed Planned 2010-11
Health Facilities Strengthening	899	379	42%	327
Health Care Providers Training	15000	4500	30%	2882
Community Mid Wives Training	12000	6263	52%	1087
Midwife Tutors	600	250	42%	67
Midwifery Schools Establishment/Renovation	114	98	86%	19
District Management Units	134	51	38%	17
Post Graduate Training of Doctors	150	30	20%	26
Post Graduate Training of Nurses	150	30	20%	34

As evident from Table 1, it has been observed that MNCH Program is lagged behind in achieving the set targets/goals since its inception. The main historical reason for this slow progress is mainly due to minimum release of funds as per approved allocation.

### **ISSUES AND CHALLENGES**

1. Non release of funds during the last 18 months thus badly affecting the program activities.
2. Deployment and sustainability of midwives
3. Complexed fund flow mechanism
4. Ownership of program