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TECHNICAL ASSISTANCE TO PAKISTAN FOR PREPARING THE REPRODUCTIVE HEALTH PROJECT (FINANCED FROM THE JAPAN SPECIAL FUND)

The attached Report is circulated for the information of the Board. The President approved the technical assistance on 29 December 1999.

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ASIAN DEVELOPMENT BANK

TAR:PAK30210

TECHNICAL ASSISTANCE
(Financed from the Japan Special Fund)

TO THE

ISLAMIC REPUBLIC OF PAKISTAN

FOR PREPARING THE

REPRODUCTIVE HEALTH PROJECT

December 1999

CURRENCY EQUIVALENTS
(as of 20 December 1999)

Currency Unit	–	Pakistan Rupee/s (PRe/PRs)
PRe1.00	=	$0.0193
$1.00	=	PRs51.9

Pakistan maintains a managed floating exchange rate under which the rates for the Pakistan rupee is fixed on a daily basis in terms of US dollars. For the purpose of calculations in this report, the rate of $1.00=PRs50 is used.

ABBREVIATIONS

DFID	–	Department for International Development
KfW	–	Kredietanstalt für Wiederaufbau
MOH	–	Ministry of Health
MPW	–	Ministry of Population Welfare
NGO	–	nongovernment organization
PWD	–	Population Welfare Departments
PWP	–	population welfare program
RH	–	reproductive health
TA	–	technical assistance
UNFPA	–	United Nations Population Fund
VBFPW	–	village-based family planning worker

NOTES

(i) The fiscal year (FY) of the Government and its agencies ends on 30 June.
(ii) In this report, "$" refers to US dollars.

I. INTRODUCTION

1. Pakistan's reproductive health (RH) status has remained poor and its population growth high. To address these national priorities, the Government plans to broaden its current family planning services into a more comprehensive program of RH services in line with pledges made at the 1994 Cairo Conference on Population and Development. In December 1997, the Prime Minister constituted an Inter-Ministerial Committee for Population to ensure that Government goals for population welfare are executed with adequate support from concerned ministries. In 1999, the Government requested Bank support for a Reproductive Health Project under the umbrella of its Social Action Program.

2. The Bank's current country operational strategy for Pakistan gives high priority to improving RH. The 1999 Pakistan country assistance plan includes a project preparatory technical assistance (TA) for 1999, and a Project loan of $30 million for 2001. The TA Fact-Finding Mission, which visited Pakistan from 12 to 17 July 1999, reached an understanding with the Government on the objectives, scope, cost estimates, financing plan, implementation arrangements, and consulting services for the TA.[1] The Mission held consultations with the concerned Government ministries, potential beneficiaries, nongovernment organizations (NGOs), and funding agencies.

II. BACKGROUND AND RATIONALE

3. Pakistan's demographic transition is underway. Population growth reduced to 2.7 percent per annum in 1998, from 3.0 percent per annum in 1991.[2] While married adolescents are declining, fertility is still high, with urban women having an average of four children, and rural women six children during their reproductive life. Because women of reproductive age comprise 47 percent of the total female population, Pakistan's current population of 130 million is expected to increase to 380 million by 2050. Pakistan will then have the third largest population in the world, after India and the People's Republic of China. While most married couples are now aware of contraceptive methods, the contraceptive prevalence rate is still low at 24 percent, compared with 12 percent in 1991.[3] It is much lower in rural areas. The unmet need for contraception has risen from 28 to 38 percent from 1991 to 1996-97. The health status of Pakistani women of reproductive age also remains poor; they are at high risk for premature death or disability due to complications of pregnancy and childbirth. Only 27 percent of pregnant women make use of antenatal care, and about 80 percent deliver at home. The status of other RH problems such as the prevalence of abortion and sexually transmitted diseases is less well-known. Several studies are examining these issues and developing strategies to systematically address them.

4. The Ministry of Population Welfare (MPW), Ministry of Health (MOH), private sector organizations, NGOs, and other institutions contribute to RH care. The population welfare program (PWP) of MPW is a nationwide federal program implemented through the provincial Population Welfare Departments (PWDs). It includes 1,518 family welfare centers, 266 RH services centers, 131 mobile services, and 12,000 village-based family planning workers, mainly providing family planning services and minor curative care. MOH provides basic mother and child health care including family planning through 43,000 lady health workers and 10,000 static outlets, and 225 hospitals are expected to provide emergency obstetric surgery. About 1,800 NGOs provide family planning and other RH care. The National Trust for Population Welfare provides financial and technical support to 264 NGOs. Social marketing of contraceptives projects covers some 30,000 private retail outlets, while there are thousands of medical practitioners and traditional healers who could be partners in RH.

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[1] The TA first appeared in *ADB Business Opportunities* in May 1999.

[2] United Nations Population Fund. 1998. *How to Address the Population Issue during the Ninth Five-Year Plan*. Islamabad.

[3] Federal Bureau of Statistics. *Pakistan Integrated Household Survey*. Round 2: 1996-97. Government of Pakistan. Islamabad.

5. The Government endorsed the PWP's strategic approach and financing plan during the Ninth Five-Year Plan (1998-2003). As part of this plan, MPW services are to move away from the narrow family planning services focus and adopt the comprehensive RH approach considered to be more responsive to women's health needs and more socially acceptable. A specific package of interventions is being defined for all types of MPW and MOH outlets.[4] MPW will, in addition to family planning services, provide RH education, maternal care, immunization, treatment of reproductive and urinary tract infections of women, and referrals. There will be easy referral to MOH outlets for laboratory tests, complicated delivery care, obstetric surgery, and other services not provided by MPW.

6. Several key issues restraining increased use of family planning and other RH services include (i) inadequate access, (ii) poor quality and costly services due to management and resource problems, (iii) inadequate promotion among certain target groups, and (iv) institutional constraints.

7. Only about 60 percent of the population are covered by any RH services, including static services, lady health workers, and village-based family planning workers (VBFPWs). While MPW and MOH are making efforts to make services comparable and avoid overlap, many remote and poorer communities still do not have easy physical access to any of these services. There should be at least one person providing services at the community level for every 1,000 people. The demand for such community-based services is high.

8. The quality of RH services is unsatisfactory due to management and resource problems. Personnel, financial, and logistics management of the PWP needs streamlining. Supervision is inadequate due to staff shortages and lack of skills. Some facilities operate with considerable autonomy. While program evaluation is adequate, program monitoring remains weak. The lack of supplies forces clients to use drug shops and private services at additional cost. Beneficiaries mention cost as a common reason for not using the services. In addition, MOH facilities often do not provide family planning services due to a lack of management focus on family planning and poor supply of commodities. Emergency obstetric care is often unavailable in hospitals due to a lack of skilled staff.

9. Past programs did not give much attention to reaching adolescents and traditional communities on RH matters. Several pilot projects are now focusing on adolescent RH education. Recognizing that special efforts are needed to educate the males of traditional communities about RH care and family planning, the Government of North-West Frontier Province has prepared a program to explore these priorities through religious and other local leaders.

10. The Inter-Ministerial Committee for Population is considering the feasibility of integrating MOH and MPW. MPW was established in 1990 to strengthen efforts in population welfare in view of political, institutional, and social obstacles. Structural integration of the two ministries is not possible in the short-term as this would seriously affect service delivery given the limited capacities of both ministries in RH. The Ninth Five-Year Plan (1998-2003) provides for functional integration of the RH services of MPW and MOH, guided by a joint committee of MPW and MOH. MPW is considering to decentralize program management. While some progress has been made, MPW and the PWDs are in the process of reviewing further opportunities and conditions for gradual decentralization.

11. Several funding agencies support RH activities. The United Nations Population Fund (UNFPA) coordinates all funding agencies, and the Multidonor Support Unit coordinates Social Action Program-funding agencies.[5] MPW and MOH receive considerable support in the field of policy

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[4] Ministry of Health. 1999. *Pakistan: National Reproductive Health Package for Health and Population Welfare Service Delivery Outlets*. Ministry of Population Welfare. Multidonor Support Unit. Islamabad.

[5] The Bank is financing a long-term reproductive health expert in the Multidonor Support Unit under TA 2840-PAK: *Multidonor Support Unit of the Social Action Program,* for $600,000, approved on 13 August 1997.

development, capacity building, and research. UNFPA prepared the National Population and Development Policy in 1998, (footnote 2) and set up the Technical Support Unit with five professionals to strengthen Pakistan's institutional capacity for population and RH. Several agencies are conducting studies on institutional strengthening, capacity building and program development. The Population Council recently completed a plan for human resource development of MPW. In 1994, the Bank financed the Population Council to strengthen the organization and management of MPW and the four PWDs.[6] This included studies of VBFPWs and village relations, which give insights into the dynamics of family planning use and nonuse, and demonstrate the sharp increase in use of family planning with the placement of VBFPWs.

12. The Bank's Population Project[7] helped to increase rural access to family planning services through VBFPWs and static facilities, and strengthen the institutional capacity of MPW and PWDs. The Bank has also approved a Women's Health Project[8] to assist MOH to improve its women's health services, in particular RH services. The World Bank's Population Welfare Program Project, cofinanced by the Department for International Development (DFID) and Kreditanstalt für Wiederaufbau (KfW), for $100 million is also scheduled to close in 1999. It supports the PWP with service delivery, NGO support, and family planning promotion. In addition, DFID and KfW are financing separate social marketing of contraceptives projects ($11.5 million and $40.3 million, respectively), with KfW support ending in 1999. The European Commission, DFID, and the Netherlands Government support NGOs directly for a total of about $10 million annually. UNFPA has a five-year program of about $35 million to support the National Trust for Population Welfare and international NGOs in Pakistan. The Second Social Action Program (Sector) Project[9] has been reimbursing about 10 percent of PWP expenditures. Because many projects are ending in 1999, there is a major financing gap for the PWP beginning in FY2001. Several other funding agencies are active in areas such as advocacy and information, education, and communication.

13. Implementation of the Bank's Population Project was initially slow due to financial management and personnel constraints; a ban on staff recruitment seriously affected the management, supervision, and delivery of services. While the Government has given assurances that sufficient staff will be recruited for the proposed Project, the VBFPWs and the private sector can make important contributions to providing and sustaining RH services. Finally, for a national program of the size of the Population Project, sound financial management and availability of counterpart funds are critical. MPW is now redesigning its financial management system, and the Government has given assurances that counterpart funds will be available. As a result, project implementation has substantially improved over the last two years, and it is expected that loan funds will be fully utilized by December 1999.

III. THE TECHNICAL ASSISTANCE

A. Objectives

14. The TA will conduct a feasibility study and prepare a project proposal and implementation plan to assist MPW and other agencies to improve the RH status of families, in particular of the rural poor, and reduce fertility and maternal and infant mortality. The ensuing project will (i) improve the quality and range of RH services of MPW; and as appropriate, MOH, NGOs, and the private sector; (ii) improve access to RH services for underserved populations using cost-effective strategies; (iii) improve RH practices, in particular for males, adolescents, and traditional communities; and

[6] TA 2005-PAK: *Institutional Development of the Ministry of Population Welfare*, for $700,000, approved on 2 December 1993.
[7] Loan 1277-PAK: *Population Project,* for $25 million, approved on 2 December 1993.
[8] Loan 1671-PAK: *Women's Health Project*, for $47 million, approved on 16 March 1999.
[9] Loan 1493-PAK: *Second Social Action Program (Sector) Project*, for $200 million, approved on 28 November 1996, cofinanced by the World Bank, the European Commission, DFID, and the Netherlands Government.

(iv) develop an RH system based on functional integration of MPW and MOH, and improved management, supervision, and monitoring capacity.

B. Scope

15. In the first phase, the TA will conduct a sector analysis to identify issues and priorities to be addressed in policies, programs, institutional capacity, and funding for RH. This will involve a review of existing documentation, field studies, and stakeholder consultations for institutional, economic, social, and technical analyses of the RH sector. In the second phase, a project proposal will be prepared according to Bank guidelines. This will include sector analysis, strategies, rationale, objectives, project framework, detailed components, cost estimates and financing plan, benefits and risks, implementation and monitoring arrangements, policy framework, and social and economic justification of the Project. The Reproductive Health Project will be prepared within the framework and priorities of the Ninth Five-Year Plan (1998-2003), and will incorporate lessons learned from previous projects. The total project cost is expected to be about $50 million. A Bank loan of $30 million is included in the country assistance plan.

16. The institutional review will analyze (i) the institutional strengths and weaknesses of MPW and the population welfare departments, (ii) the potential benefits and risks of functional integration and decentralization, and (iii) financial and personnel management, monitoring, and auditing. The incorporated findings will be in the project design. The social analysis will determine the reasons for use or nonuse of services from the beneficiary perspective, in particular the poor. Based on the review of previous studies, it will collect additional information from beneficiaries, and plan mechanisms to monitor project impact on the poor. It will also document stakeholder perspectives, and develop strategies to maintain and monitor commitment, ownership, and support for the PWP and the Project. The economic analysis will determine the Project's economic rationale, compare alternative interventions for improving access and quality in terms of cost-effectiveness and feasibility, and propose financial arrangements under the Project to make services affordable and financially sustainable. It will also determine absorptive capacity, the Government's financial commitment, other sources of funds, counterpart fund requirements, and recurrent cost implications during and after the Project. The technical analysis will determine the supply constraints for implementing the RH approach; develop the system design; and identify training needs and other inputs for service providers, supervisors, and managers. It will also conduct a study, and develop a strategy and plan to promote RH among adolescents and in traditional communities.

17. The TA will propose cost-effective ways to expand RH services to underserved populations in general, and the poor in particular. Among the options that will be considered to expand services are Government outlets, contracted VBFPWs, NGOs, and the private sector. The design will ensure that overlap with comparable services is avoided, and that added services are technically and financially sustainable. The TA will also propose a realistic plan to improve the range and quality of RH services of MPW outlets, and possibly of MOH outlets, NGOs and the private sector. The TA will further propose viable ways to provide education to adolescents and traditional communities, in particular in NWFP. For these components, the TA will address the specific management, supervision, supplies, equipment, monitoring and training requirements. The last component will propose policy development, institutional strengthening and capacity building needed for PWP in general and the project components in particular.

C. Cost Estimates and Financing Plan

18. The TA is estimated to cost $375,000 equivalent, of which $300,000 equivalent will be financed by the Bank, to cover the entire foreign exchange cost of $160,000 equivalent and $140,000 equivalent of the local currency cost. The TA will be financed by the Bank on a grant basis from the Japan Special Fund, funded by the Government of Japan. The Bank will finance consulting services, studies, workshops, equipment, and administrative support. The Government will contribute

$75,000 equivalent in kind for counterpart staff, office accommodation and utilities, data collection, and workshops. The Government was informed that approval of the TA does not commit the Bank to finance any ensuing project. Details of the cost estimates and financing plan are in Appendix 1.

D. Implementation Arrangements

19. MPW will be the Executing Agency for the TA and the Project. A steering committee chaired by the secretary of MPW will guide TA implementation, in consultation with the joint coordination committee of MOH and MPW. The committee will include representatives of the federal and provincial governments, NGOs, and the private sector, and will meet at inception, midterm review, the submission of the draft proposal, and any other time as required. MPW will provide documentation, appointments, and a furnished project office for the team with telephone and air-conditioning; and will otherwise extend full support to the consultants. Full-time counterpart staff, including a project director, will be assigned to work with the consultants.

20. The TA will require 26 person-months of consulting services, including 18 person-months of domestic consulting: a public health management specialist/team leader (6 person-months), an institutional development specialist (4 person-months), a sociologist/demographer (5 person-months), and a health economist (3 person-months); and 8 person-months of international consulting: a reproductive health education and training specialist (5 person-months) and a project management and cost specialist (3 person-months). The international and domestic consultants will be engaged by the Bank in accordance with the *Guidelines on the Use of Consultants* and other arrangements satisfactory to the Bank on the engagement of domestic consultants. The consultants will be engaged from a firm, using the Bank's simplified technical proposal procedure. Outline terms of reference are in Appendix 2. Equipment, including computers and a photocopier, will be procured in accordance with the Bank's *Guidelines for Procurement*, and handed over to MPW on completion of the TA.

21. The TA will be implemented over six months, from January 2000 to July 2000. The consultants will submit an inception report for approval of the steering committee and the Bank within one month of commencement of the study. An interim report of findings of the analyses will be submitted within three months, and a draft final report will be submitted within five months. To promote government and stakeholder ownership, the interim and draft final reports will be discussed at tripartite meetings of the Government, the Bank, and consultants, and at national workshops including a wide range of stakeholders. The final report will be completed within six months, incorporating feedback from the steering committee and the Bank. The TA will be implemented in close consultation with a wide range of stakeholders, including government staff, NGOs, funding agencies, women's groups, private sector providers, and potential beneficiaries.

IV. THE PRESIDENT'S DECISION

22. The President, acting under the authority delegated by the Board, has approved the provision of technical assistance, on a grant basis, to the Government of the Islamic Republic of Pakistan in an amount not exceeding the equivalent of $300,000 for the purpose of preparing the Reproductive Health Project, and hereby reports such action to the Board.

Appendix 1

COST ESTIMATES AND FINANCING PLAN
($'000)

Item	Foreign Exchange	Local Currency	Total Cost
A. Bank Financing[a]			
1. Consultants			
a. Remuneration and Per Diem			
i. International Consultants	116	0	116
ii. Domestic Consultants	0	81	81
b. International and Local Travel	12	4	16
c. Reports and Communications[b]	4	6	10
2. Equipment[c]	7	0	7
3. Workshops	0	9	9
4. Studies	0	18	18
5. Miscellaneous Administration and Support Cost	0	6	6
6. Contingencies	21	16	37
Subtotal (A)	**160**	**140**	**300**
B. Government Financing			
1. Office Accommodation, and Transport	0	20	20
2. Remuneration and Per Diem of Counterpart Staff	0	40	40
3. Others	0	15	15
Subtotal (B)	**0**	**75**	**75**
Total (A+B)	**160**	**215**	**375**

[a] Financed by the Bank on a grant basis from the Japan Special Fund, funded by the Government of Japan.
[b] Includes international telephone and rental transport.
[c] Includes computers, printers, and software.
Source: Staff estimates.

(Reference in text: page 4, para. 18)

OUTLINE TERMS OF REFERENCE

A. Domestic Consultants

1. Team Leader/Public Health Specialist (6 person-months)

1. The team leader will be a public health specialist with at least 10 years experience in reproductive health (RH) project planning and feasibility studies in Pakistan. The team leader will have overall responsibility for the technical assistance (TA); and lead the other consultants and counterparts to do the analysis and prepare the project proposal. Specifically, the team leader will plan the design of the RH system and the component to improve access to RH services. The consultant's responsibilities will include the following:

(i) Review, clarify, and adjust as necessary the assignments of consultants and counterparts; support and monitor their work; and ensure that they complete their assignments on time.

(ii) Arrange for adequate office space, furnishing, communication facilities, and support staff for the Ministry of Population Welfare (MPW).

(iii) Ensure that the team receives adequate guidance from MPW, Ministry of Health (MOH), the Bank, and others, in terms of policies, governance issues, etc.

(iv) Plan consultations, field visits, studies, and workshops; and prepare an inception report and present it to the TA steering committee within one month of the TA commencement.

(v) Plan the system design, in terms of the RH package, management support, and monitoring, as the basis for planning the various project components.

(vi) Review the problem of access and consider alternative approaches to increase access to RH care. Justify the approach based on cost-effectiveness, equity, feasibility, and sustainability criteria. Consider options such as contracted community workers, primary care facilities, nongovernment organization (NGOs), and social marketing. Propose a strategy to expand access to underserved communities, incorporating the findings of the sociologist and health economist to ensure affordability and acceptability, and avoiding duplication of services. Prepare detailed plans to improve access, including location and quantity.

(vii) Organize provincial and national workshops with stakeholders to review the findings of the various analyses and obtain feedback for project design.

(viii) Develop the project rationale, concept, objectives, scope, and framework, incorporating the analyses of team members and consultations with the steering committee and stakeholders; present this in a tripartite midterm review meeting, together with the report of the feasibility studies.

(ix) Prepare the project proposal, including annexes, as per Bank guidelines.

(Reference in text: page 5, para. 20)

(x) Carry out such tasks as MPW or the Bank may reasonably request.

(xi) Provide a complete and timely draft final and final reports according to the terms of reference (TORs) and any other agreements.

2. Sociologist/Demographer (5 person-months)

2. The consultant will have at least eight years experience in conducting social analysis, including studies to elicit the perceptions of the poor regarding social services. The consultant will be responsible for the social analysis according to the Bank's *Guidelines for Incorporation of Social Dimensions in Bank Operations.* The consultant will develop strategies and monitoring mechanisms to generate strong commitment for the Project, and ensure that project activities reach the poor and traditional communities. The consultant will

(i) conduct a study to determine the reasons for use and nonuse of services by poor and traditional communities; develop strategies and monitoring mechanisms to ensure that these can be reached through the Project; and provide characteristics and estimates of the beneficiaries who can be reached through the Project;

(ii) design monitoring and evaluation mechanisms and indicators of social impact;

(iii) study the perceptions of stakeholders, including Government, local leaders, NGOs, and the private sector, regarding RH and their responsibilities; determine the commitment and ownership of the federal, provincial, district and local decision makers; determine the commitment and ownership of NGOs and the private sector; and propose strategies and prepare action plans to strengthen these and ensure adequate linkages and participation;

(iv) propose measures to create a more conducive social, religious, and cultural environment through advocacy, that will support women and men to carry out their reproductive intentions;

(v) assist the team leader in planning the project design, and carry out such tasks as requested by the team leader, in consultation with MPW and the Bank; and

(vi) provide a complete, concise, and timely social analysis based on these TORs, including strategies and a plan to ensure that the poor will benefit most from the Project, and a justification of the Project.

3. Institutional Development Specialist (4 person-months)

3. The consultant will have at least eight years of experience in policy development, and implementation of public sector structural and management reform. The consultant will be responsible for the institutional feasibility study and planning policies, capacity building, and institutional and management development to better support the program. The consultant will

(i) summarize the institutional background, setting, and organization of MPW and the National Trust for Population Welfare; show how the Project relates to general and sector policies, plans, and programs at federal and provincial levels; and identify policy development needs;

(ii) analyze governance, policy issues, and capacity relating to functional integration, decentralization, and personnel and financial management; study options to ensure that project implementation will continue as best as possible in a potentially changing institutional setup; and in line with the Five-Year Plan, propose policy reforms and capacity building for this Project;

(iii) based on findings of other studies and field visits, analyze program management at federal, provincial, and district levels, including financial, logistic, and personnel management; propose strategies to improve program management; examine, in particular, the recruitment and transfer of female staff, and whether the arrangements for user charges can be made more flexible and possibly retained and used locally for operational expenditures and staff incentives or in-service training; provide an assessment of training capacity, training sites, and an outline of trainers training; and prepare a project component to improve personnel, financial, and program management of services;

(iv) assist the team leader with project design, and write the background section of the proposal including the RH sector, Government policies and plans, external aid, lessons learned, and policy and capacity sections;

(v) carry out any other tasks as requested by the team leader, in consultation with MPW and the Bank; and

(vi) provide a complete, concise, and timely institutional analysis and project background, based on these TORs, including policy development, capacity building, management improvement, and institutional justification.

4. Health Economist (3 person-months)

4. The consultant will have at least eight years experience in economic and financial analysis of projects, and preparation of project costs. The consultant will be responsible for economic and financial analysis, and will

(i) analyze national and provincial allocations and expenditures in the RH sector, in particular for MPW and MOH; identify issues and discrepancies with policies; determine the justification for additional funding; and assess the Government's capacity to meet counterpart financing needs from national and provincial resources and cost recovery;

(ii) conduct an economic analysis of the Project to determine the justification of the Project, and the appropriateness of its design based on the Bank's *Guidelines for the Economic Analysis of Projects*;

(iii) assess the willingness to pay and affordability for different income groups, the need for subsidizing the poor, and the potential for increasing cost recovery; and discuss the options in terms of equity, feasibility, effect on provider and consumer behavior, and potential impact;

(iv) assist the team leader in project design, and carry out such tasks as requested by the team leader, in consultation with MPW and the Bank; and

(v) provide a complete, concise, and timely economic analysis based on these TORs, including detailed calculations, and an economic justification of the Project.

B. International Consultants

1. Health Education and Training Specialist (5 person-months)

5. The health sector education and training specialist will assess the existing training and health education activities, needs, and capacity. Working in close consultation with the identified counterparts in MPW and Population Welfare Departments (PWD), the consultant will make practical and feasible plans for improving the availability and quality of RH services and education. The consultant will

(i) review the RH services package, and determine which services could realistically be improved and provided by PWDs and Health Departments, National Trust for Population Welfare, NGOs, and the private sector in the Ninth Plan period; and what kind of backup and capacity would be required;

(ii) review the performance of (potential) public and private RH providers, including communication skills, and identify training needs; assess training capacity, identify training sites, and the number and type of trainers required, and their qualifications, experience, and availability; plan training programs to improve and add selected quality services, and outline the requirements and content of curricula for different levels of service providers and supervisors; describe in detail the equipment, supplies, and logistic support requirement for training and service delivery; and prepare a project component and implementation plan;

(iii) identify possible policy and managerial constraints to improving the quality of services and ensure that these are being addressed by the other consultants;

(iv) review the range of communication services being undertaken with support of various aid agencies; identify additional communication needs of various target groups, in particular adolescents and traditional communities; propose a communication strategy in consultation with the stakeholders; outline the key messages to be addressed at different levels and identify specific mechanisms and channels with substantive rationale, to reach the target groups; develop a health education component for the project proposal, incorporating specific needs of each province; consider a health education component for North-West Frontier Province to promote reproductive health in traditional communities;

(v) work with the team leader to prepare the project proposal;

(vi) carry out such tasks as MPW or the Bank may reasonably request; and

(vii) provide a complete, concise, and timely report based on these TORs, including a training plan for the various providers, and a public education plan.

2. Project Management and Costing Specialist (3 person-months)

6. The consultant will have experience in public sector management; project management, preferably of the Bank; and preparation of project cost estimates using Excel. The consultant will be responsible for planning project implementation, monitoring, and impact assessment; preparing cost estimates; and assisting the team leader with preparing the project proposal. The consultant will

(i) examine ongoing project management, personnel and financial arrangements, and monitoring and impact assessment; propose ways to improve project implementation that are acceptable to the concerned parties; and prepare a detailed project implementation plan including implementation schedule;

(ii) prepare detailed cost estimates and a financing plan for the different project components; and the project budget and breakdowns by province, activity, category, currency, investment or recurrent cost, and source of financing, using Excel;

(iii) estimate the recurrent costs required to maintain initiated services, training, and management needs after completion, and how these can be sustained, in terms of implications for MPW spending, provincial budgets, cost recovery, and other considerations;

(iv) prepare annexes for contract packages and outline TOR for consultants; and

(v) carry out any other task as requested by the team leader, in consultation with MPW and the Bank.