



ALIGNING TO BEST PRACTICES FOR ITN DISTRIBUTION IN PAKISTAN: SUCCESES AND CHALLENGES



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INTRODUCTION

- Pakistan with a population of around 220 million is the 6th most populous country in the world.
 - a moderate malaria endemic country,
 - highest endemic areas located on the borders with Iran and Afghanistan.
- According to the 2018 World Malaria Report:
 - an estimated 98% of the Pakistan population is at varying risk of malaria (29% in high risk transmission areas; and 69% in low transmission areas)
 - an estimated 1 million malaria cases annually,
 - *Plasmodium vivax* and *Plasmodium falciparum* are the prevalent species of parasites,
 - *Plasmodium vivax* is responsible for >80% of reported confirmed cases in the country.



BACKGROUND

ITN DISTRIBUTION IN PAKISTAN

- Pakistan has been distributing nets since 2009 mainly with the support of The Global Fund
- Approx. 16 million ITNs have been distributed.
- Initially LLIN support was limited to high risk population i.e Pregnant women & children <5yrs (2009 – 2012)
- LLIN Support was extended to cover population living in epidemic prone areas (2013-2015)
- LLIN intervention was scaled up to universally cover the rural population in targeted districts (2016)
 - Through rolling distribution mechanism
- 2018 LLINs distribution: Using Mass distribution Campaign strategy
 - First time ever
 - Aligning to the best/recommended practices for ITN distribution

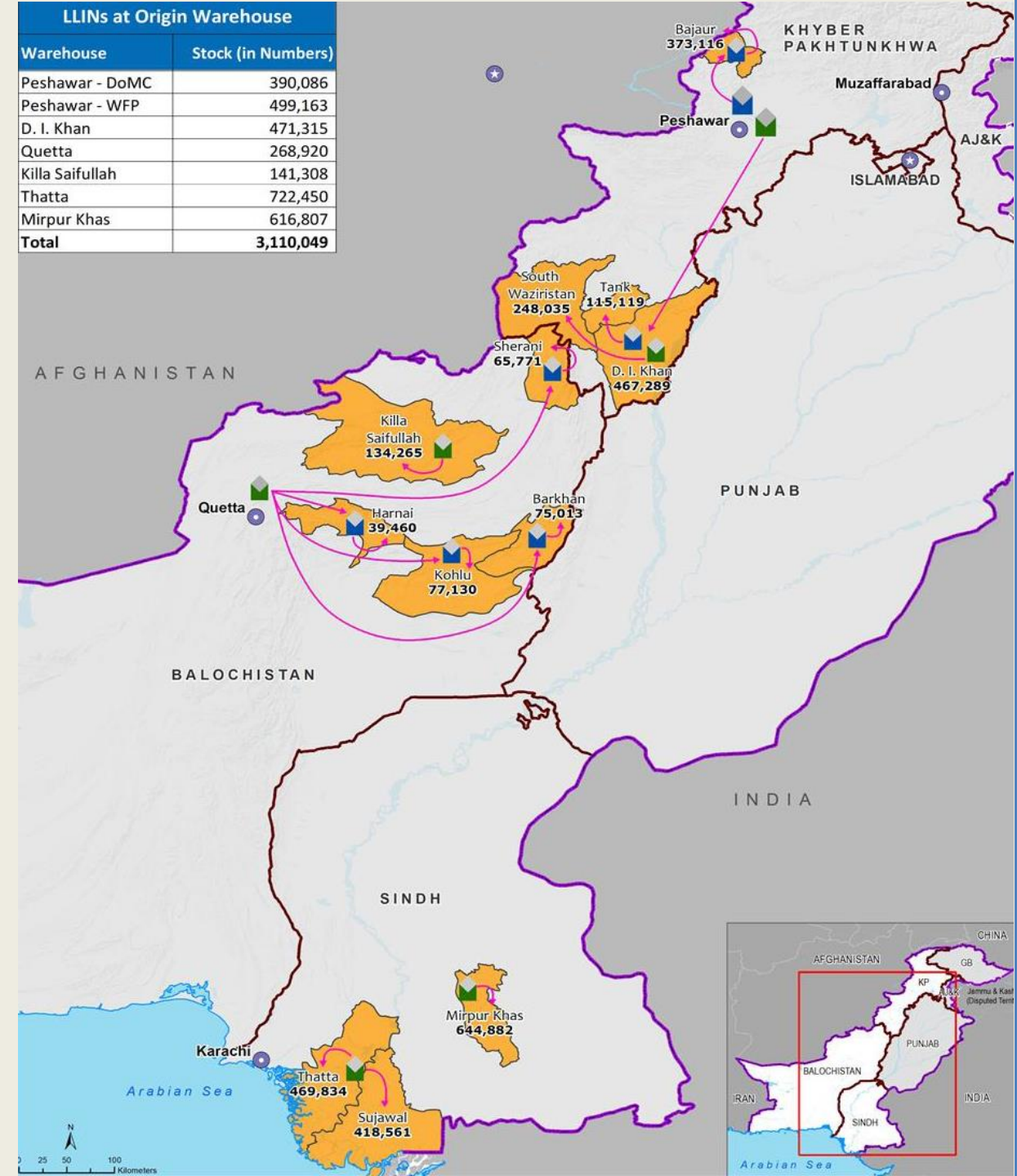
ALIGNING TO BEST PRACTICES FOR ITN DISTRIBUTION

- During the Feb 2018 AMP partners meeting, Pakistan inspired to adopt mass distribution campaign and align to the best practices.
- The Global Fund and AMP encouraged and supported Pakistan team
 - AMP continued support both remotely and in country TAs.
 - The Global Fund approved the reprogramming of grant savings for mass campaign
- The Ministry supported DOMC leadership to adopt innovative approaches and partnership for 2018 ITN project
- A tripartite partnership agreement was signed between
 - DOMC: National Malaria Control Program – lead PR for the Global Fund grant
 - IHN: Indus Hospital Network – a private sector PR for the Global Fund grant
 - WFP & PRCS: Renowned organizations – Implementing partners for ITN distribution

MASS CAMPAIGN – 2018

The mass campaign was conducted to cover;

- 11 districts (5 Balochistan, 2 KP, 3 Sindh and 1 FATA/Merged Districts) Selected based on the disease burden
- Register 960,147 HH (door to door)
- Distribute 2,880,440 ITNs (fixed sties)
- 1 LLIN/2.2 persons
- Capping of 3 nets per HH



CHALLENGES

- **TIGHT TIMELINES**
- **LIMITED BUDGET**
- **POOR COORDINATION**
- **COMPLEX OPERATING ENVIRONMENT**

CHALLENGES – TIMELINES

DISTRIBUTION BEFORE THE RAINY SEASON – AUGUST

Campaign Time Lines (March 2018 – October 2018)

- Identifying the implementing partners
- Finalizing the implementation arrangements, budget negotiation and signing of the contract
- Preparation of the campaign documents; developed but not endorsed & well understood by the implementing partners
- Ramzan, Elections, Muharram, Polio days/NIDs

Compromised microplanning workshops and trainings resulting in issues;

- Microplanning: list of required documents not shared, not all stakeholders invited
- Trainings: No training manual, no practical exercises, no post test (53% of HHs visited/checked were given vouchers without mentioning the names of DP or distribution date)
- HHR: missed HH, missed settlements, wrong entries, no door marking (no door to door visits in > 40% of monitored HHs)
- Distribution (DP settings, net vs coupon reconciliation, use of the software, crowd control)

CHALLENGES – BUDGET

- The approved budget for LLIN distribution did not match with this mass distribution campaign strategy.
- Savings from the Global Fund Grant were identified to finance the campaign
- Limited budget affected all the dimensions of the campaign;
 - Microplanning workshops – just half day process
 - Training of District & UC staff and Volunteers – half day process
 - HHR: Planning for registration of 70 HH per day
 - Distribution: One DP was established per UC (Total around 500 DPs)
 - SBCC: Campaign specific IEC including mass media messages, radio messages, flip charts and pamphlets could not be developed due to time constraints and shortage of budget

CHALLENGES – COORDINATION

- Though there was a strong coordination structure at national level between all the partners/stakeholders, it could not be replicated at provincial & district level.
- Centrally Controlled Project: Provincial coordination structures were not effectively established to ensure coordination between various actors due to the tight timelines.
- District level microplanning workshops were conducted without the engagement of DHMT
- Provincial malaria control program and DHMT lacked the ownership of the campaign
- Most of the Sub-committee remained non-functional during the campaign

CHALLENGES – COMPLEX OPERATING ENVIRONMENT

- On-going military operations in District South Waziristan (bordering with Afghanistan)
- Due to the compromised security situations, No Objection Certificate (NOC) is required from military authorities to start HHR and later distribution.
- NOC was not granted
- No other/special strategy could be adopted for this COE as an alternative
- Distribution in this district had to be postponed to 2019 campaign

CHALLENGES – IMPLICATIONS

- Re-registration of complete one district (Sherani) with new/different coupons due to poor quality of HHR
- Registration of identified missed HH and settlements during the rapid assessments
- Postponement of distribution days for 1 month.

SUCCESSSES

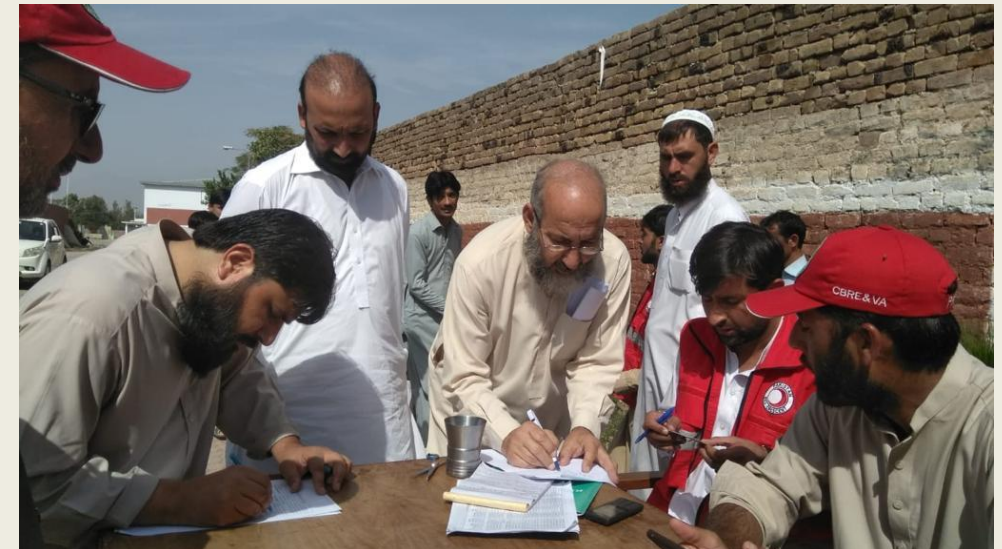
- **UNIQUE PARTNERSHIP**
- **QUALITY SUPERVISION**
- **STRONG M&E**
- **SUPPLY CHAIN**
- **USE OF TECHNOLOGY**
- **GREAT LEARNING & ENHANCED CAPACITY OF THE COUNTRY**

SUCCESSSES – UNIQUE PARTNERSHIP



SUCCESSES – SUPERVISION

- Two AMP TAs assisted the NMCP for the development of the campaign documents
- National Steering Committee was notified under the chairmanship of Director DOMC to steer the process and track the progress
- Campaign focal person who was available, receptive & responsive
- Frequent & clear communication and feedback
- Weekly meetings were conducted by DOMC with all the partners to review the progress, identify the issues, take decisions/actions
- DOMC & IHN continuously supervised the implementing partners throughout the campaign



SUCCESSSES – M&E

- A detailed M&E plan for the was developed and implemented
- DOMC & IHN has a very strong M&E team and network
- Structured M&E was conducted using ODK during the HHR (rapid assessment) and timely feedback to the implementing partners were improving the processes
- >70% of the trainings were monitored
- Around 3743 HHs (0.3%) were assessed during rapid monitoring
- Around 258 (52%) DPs were monitored during the distribution days and immediate feedback were provided to the IPs

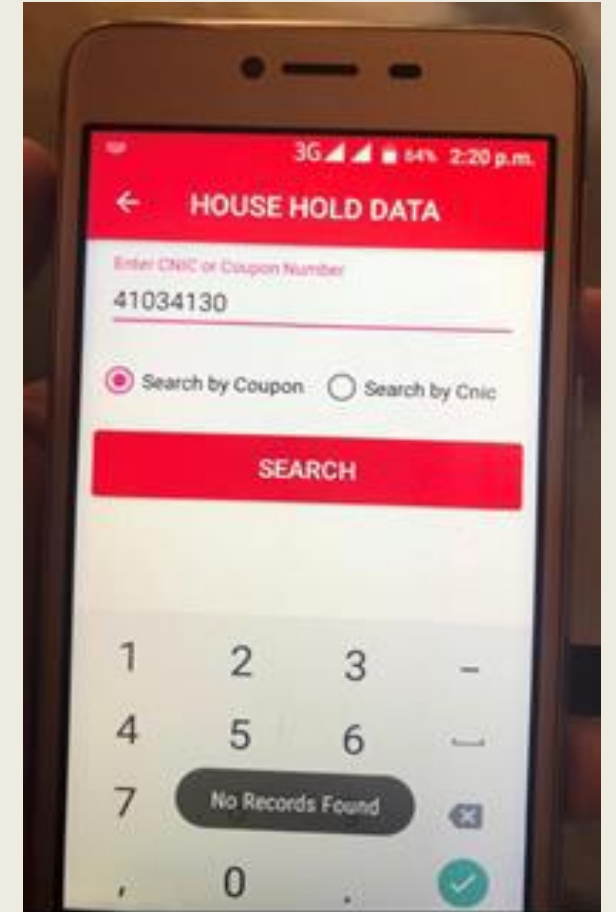
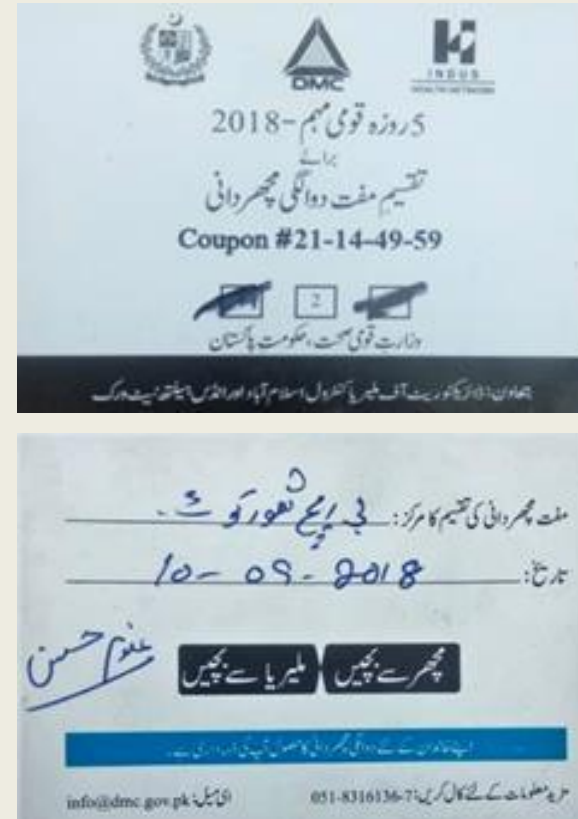


SUCCESSSES – SUPPLY CHAIN

- WFP being the lead implementing partner has proven expertise in the field of managing the supply chain
- Robust Tracking tools
- All the transportation from regional to DP level was done as per plan.
- Due to the effective transportation, nets were available at 100% of the DPs in correct numbers for the beneficiaries during the whole five days of the campaign
- No breakdown has been reported



SUCCESSSES – USE OF TECHNOLOGY



Use of technology in form of the 'Red Rose' (Pilot activity in only 10 UCs) and 'White Rose' android based mobile apps/ ODK software and live dashboards has been successful experience. Though some issues due to the over reliance on ICT were noted, overall It has helped in timely data entry, cleaning, compilation and analysis.

SUCCESSSES – ENHANCED CAPACITY OF THE COUNTRY

- DOMC has gained a positive experience of the partnership
- The country could implement, experience various phases and learn the campaign.
- The country could revise the LLIN mass distribution strategy and could develop some other key documents related to the campaign (Campaign Plan of Action, micro plan, logistic plan, M&E plan, process evaluation for program and logistic component)



LESSONS LEARNT

LESSONS LEARNT & WAY FORWARD

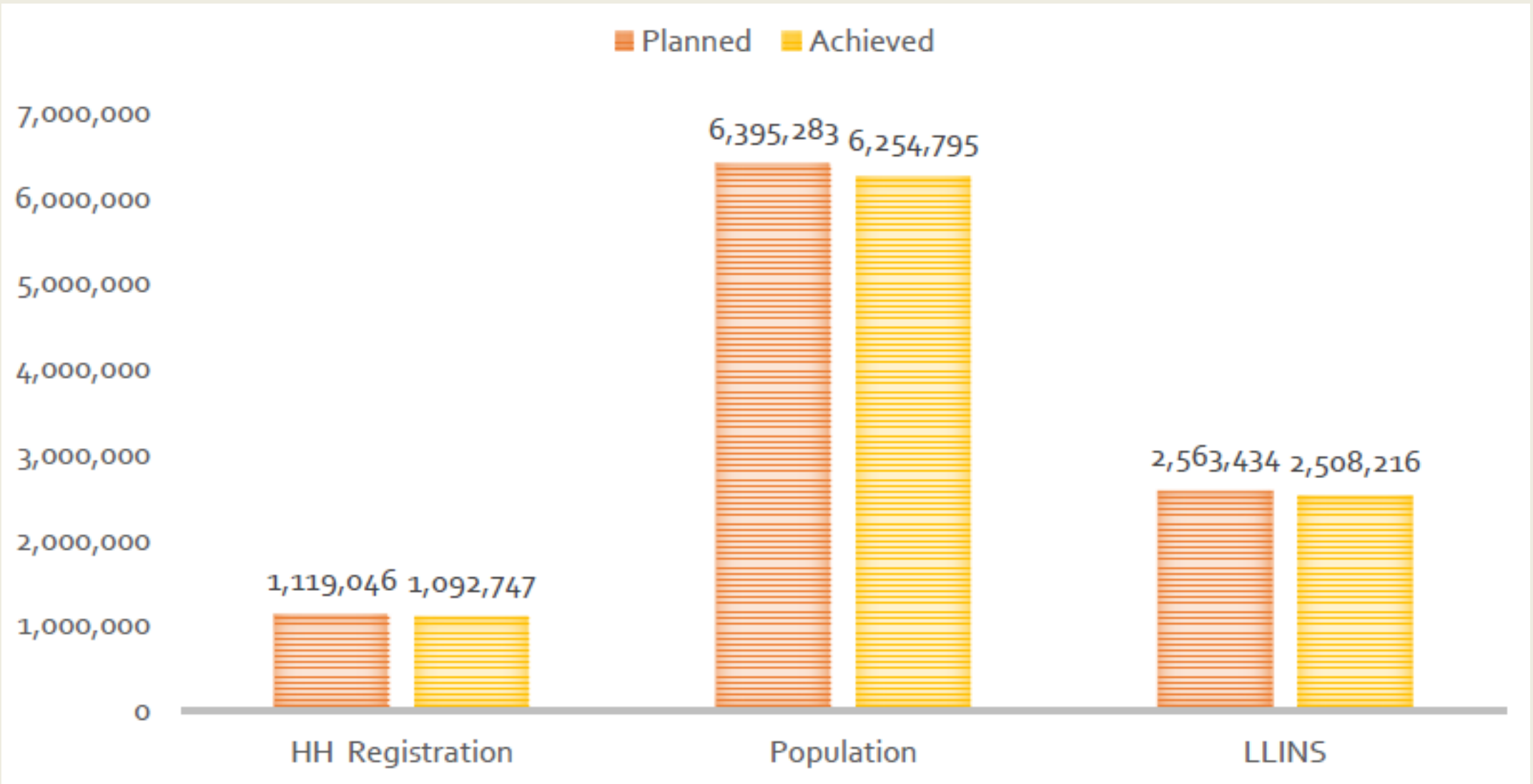
- DOMC should continue following of internationally recommended best practices for mass distribution and improve based on the lessons learnt
- Coordination mechanisms, structures and their roles and responsibilities be clearly defined at all the different levels specially at province & district level
- Sufficient time and budget should be given to each step of the campaign
- Trainings are well planned for different level with respect to time & duration, training manuals, post tests
- Microplanning workshops are conducted over a minimum three-day period to allow sufficient time for mapping and filling the templates, as well as for making necessary adjustments to align to the operational context
- Timely advocacy with major stakeholders (high officials, military) specially for COE

CONCLUSION

FINAL ACHIEVEMENTS FOR MASS DISTRIBUTION CAMPAIGN IN 2018

District	Registration			Distribution			Achievement
	Population	HH	LLINS	Population	HH	LLINS	Percent
Bajaur	1,062,634	180,856	414,039	1,024,672	173,968	399,216	96%
Barkhan	164,319	30,380	64,545	158,816	29,017	62,321	97%
DIKHAN	1,154,015	194,360	439,639	1,141,922	191,334	434,538	99%
Hernai	79,726	11,720	31,238	78,078	11,470	30,645	98%
Killa Saifullah	279,323	39,603	100,816	257,422	35,918	92,364	92%
Kohlu	142,203	21,276	53,206	127,210	19,025	47,614	89%
Mirpurkhas	1,320,436	246,657	553,878	1,309,535	244,208	549,215	99%
Sherani	142,016	19,858	50,651	144,507	20,374	52,298	103%
Sujawal	835,450	147,115	344,893	833,748	146,821	344,142	100%
Tank	289,297	47,792	110,415	269,552	44,318	103,024	93%
Thatta	925,864	179,429	400,114	909,333	176,294	392,839	98%
Total	6,395,283	1,119,046	2,563,434	6,254,795	1,092,747	2,508,216	98%

OVERALL ACHIEVEMENT



Despite these challenges, the DOMC, IHN, WFP and PRCS took considerable efforts to provide beneficiaries with ITNs, and achieved a 98% redemption rate



THANKS, DISCUSSION . . .

