



2023 ITNs MASS DISTRIBUTION CAMPAIGN



Final Narrative Report

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Medical Emergency Resilience Foundation (MERF)

G-8/1 Islamabad Pakistan

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Acronyms

ABC:	Activity Based Contract
API:	Annual Parasite Incidence
AMP:	Alliance for Malaria Prevention
SBCC:	Social and Behaviour change communication
BHU:	Basic health unit
CNIC:	Computerized National Identity Card
DC:	Deputy Commissioner
DCC:	District coordination committee
DG:	Directorate General
DHMT:	District health management team
DHO:	District health officer
DoMC:	Directorate of Malaria Control Programme
DP:	Distribution point
EMR:	Eastern Mediterranean Region
EY:	EY Ford Rhodes A member of Ernst & Young Global Limited
FB:	Facebook
GF:	Global Fund
HH:	Household
HHR:	Household registration
IHHN:	Indus Hospital and Health Network
MERF:	Medical Emergency Resilience Foundation
IRS:	Indoor residual spraying
ITN:	Insecticide-treated mosquito net
KP:	Khyber Pakhtunkhwa
LPOA:	Logistics plan of action
LSC:	Logistics sub-committee
M&E:	Monitoring and evaluation
MEAL:	Monitoring, evaluation, accountability and learning
MIS:	Management Information System
MP:	Micro-planning
MPR:	Malaria programme review
NGO:	Non-governmental organization
NSP:	National Malaria Strategic Plan
NSPME:	National strategic plan for malaria elimination

PCC:	Provincial Coordination Committee
PKR:	Pakistani Rupee
PMCP:	Provincial Malaria Control Programme
PPM:	Pooled procurement mechanism
PPS:	Prepositioning site
PR:	Principal Recipient
RMC:	Rumor Management Committee
SBCC:	Social and behavioral change communication
SR:	Sub recipient of the GF Grant
Temp:	Temperature
TGF:	The Global Fund
TOF:	Training of facilitators
TOT:	Training of trainers
TPA:	Third Party Assessor
UC:	Union council
VBD:	Provincial Malaria/Vector-Borne Diseases
WH:	Warehouse
WHO:	World Health Organization
WMR:	World Malaria Report

Executive Summary

The Global Fund has supported Medical Emergency Resilience Foundation (MERF) is a non-governmental organization Committed to improve access to quality health care services, which are equitable, efficient and affordable in collaboration with governments, international organizations and private entities. Established in 2015, MERF is registered with Securities and Exchange Commission of Pakistan under Companies Act 2017 (Previously Companies Ordinance 1984). The Global Fund (GF) partners mobilizes and invests to support Programmes run by local experts in more than 100 countries. For Malaria control in Pakistan, Directorate of Malaria Control (DoMC) and the Indus Hospital and Health Network (IHHN) are the Principal Recipient (PRs) of the GF grant. GF also serves as the main stakeholder for all the malaria control activities in Pakistan.

Medical Emergency Resilience Foundation (MERF) supported the Government of Pakistan (Principal Recipients of global fund grant) in the distribution of Insecticide Treated Nets (ITNs) in rural areas of 20 Districts with high burden of malaria. This includes 12 districts of Baluchistan, 4 districts of Khyber Pakhtunkhwa (KP) and 4 districts of Sindh provinces. ITNs Mass Campaign was implemented for a period of 8 months with collaboration of MERF, IHHN, and DoMC as well as provincial government health departments and sub recipients of grant.

Results

Following the ToFs on microplanning at national level, facilitated by AMP, this exercise was for 4 days on the process and micro plan templates, the participants from provincial staff 5 days' provincial levels microplanning workshops were organized at Quetta, Hyderabad and Peshawar. Provincial and National trained staff facilitated these workshops where district micro plans were developed and endorsed by respective DHOs in the presence of provincial leadership. These micro plans were finalized by DoMC and IHHN. All the micro plans with finally reviewed and finalized by third party assessors.

MERF prepared operational plan on the basis of finalized micro plans which include training requirement, ITNs requirement, transportation plans, volunteers for HHR and distribution, SBCC detail. MERF organized ToTs at national, provincial and district levels followed by training of volunteers at UC level. These capacity building sessions include campaign process, HHR, distribution, SBCC, logistics, digitalization and coupon management.

For registration and distribution in both the provinces, local volunteers were involved to ensure efficient and effective execution of the campaign.

MERF could complete HHR process in two phases, 17 districts in phase one and 3 in second phase because of polio campaigns at the same time in certain districts. Programme and monitoring teams ensured timely and effective interventions through rapid monitoring at every stage and in case of any issues, immediate steps were taken to rectify. The monitoring teams of all stakeholders were involved in this process and ensured eradication of any loopholes.

Following the household registration through MICRO TECH INFLOW, locally developed software and data analysis exercise, which has supported decision making on the final ITNs distribution strategy, There was delay in following processes because ITNs clearance at port. HHR data was reviewed and verified by TPA in two weeks' time. In the finalized and endorsed HHR DATA, MERF was to distribute **6,395,259** ITNs among **2,140,736** households in three provinces.

Keeping in view the availability ITNs, the distribution plan was revised and managed in phases. The first phase for KP, second for 2 districts of Baluchistan in the Month of December 2023 and last phase for remaining 14 districts of Sindh and Baluchistan in the month of January 2024. **1214** Distribution Points (DPs) were established where HHs were to get ITNs upon presentation of the unique coupons as a means of identification of the correct beneficiaries. The distribution was equitable with a robust communication/ public awareness, commodity tracking and monitoring and evaluation mechanism, to help control malaria in some of the most high-risk districts of the country in an effective and cost efficient manner. In addition, mobile distribution teams were deployed to cater to the beneficiaries in hard to reach areas. Hence, during ITNs Mass Campaign 2023, a total of **6,002,909** ITNs distributed through 1,214 DPs in three provinces to **1,999,983** HHs.

The success of a mass ITN distribution campaign is largely dependent on strong and viable coordination among all stakeholders and partners. In this regard, the PRs have established sub-committees to carry out specific tasks related to various dimensions of the mass campaign and provide updates to the National Steering Committee (NSC) on regular basis during the campaign. These include Social and Behavior Change Communication (SBCC) mechanism which remained an integral part of this project in all phases. SBCC focused on delivering key messages during HHR and distribution, running a live awareness session at each distribution point and convincing local authorities and community members to equip them with knowledge to care, repurposing and use of ITN.

Logistics subcommittee supported in logistics plan of action, macro & micro transport plan, waste management plan, reverse logistics plan, logistics tools, training manuals, SOPs and agendas.

Considering the massive outreach and the aim of carpet coverage, a hotline mechanism cell was established at the MERF head office. This enabled the community to convey their grievances through a dedicated helpline. The grievances were then addressed through a dedicated redressal mechanism.

There were several challenges, both foreseeable and unforeseeable which were faced by the implementation teams. Change of Committed timeline for distribution resulted frustration and disbelief, not interested, less HH were visiting for collection of ITNs, Seasonal effect, there was no malaria and people did not rush to get ITN are to name a few. However, all these challenges were rightly identified and addressed immediately. Therefore, a **97** percent redemption rate of this Mass Campaign 2023 was achieved within the given timeframe despite unforeseen challenges.

Background

Pakistan is the fifth most populous country in the world with a population of more than 235 million people. It is considered a moderate malaria-endemic country, with the highest endemic areas located on the borders with Iran and Afghanistan. According to the 2022 WHO World Malaria Report (WMR), an increase in the estimated malaria cases was seen in the Eastern Mediterranean Region (EMR) between 2020 and 2021 but there was a reduction in cases in Afghanistan, Djibouti, and Pakistan.

The National Strategic Plan for Malaria Elimination (NSPME, 2021-2035) was used as a guide for the ITNs mass distribution campaign 2023 for malaria, using a mass distribution approach. Following the malaria programme review exercise by the World Health Organization, the country was classified into following three epidemiological strata National Strategic Plan for Malaria Elimination (NSPME, 2021-2035):

Stratum-I: Annual parasite index (API) >5, representing more than 90% of the country's malaria burden, includes 60 districts;

Stratum II: API 1-5, consists of 77 districts;

Stratum III: API <1, consists of the rest of the country.

The 2023 ITN mass campaign covered a total of 20 districts across three of the four highly endemic provinces: twelve in Baluchistan, four in KP, and four in Sindh. A total of 6,125,000 standard insecticide treated nets planned to be distributed. The ITNs mass distribution campaign was guided by the revised NSPME (2021-2035) and the Alliance for Malaria Prevention (AMP) guidance on the distribution of insecticide-treated nets.

The detail of target districts is as under:

S No	Province	District	Population	ITNs
1	Sindh	Sujawal	797,575	443,097
2		Tando Muhammad Khan	618,466	343,592
3		Thatta	1,253,779	696,544
4		Umerkot	952,760	529,311
Sub Total KP			3,622,580	2,012,544
1	KP	Bannu	1,341,096	670,547
2		D I Khan	1,264,901	632,450
3		Karak	763,785	365,335
4		Lakki Marwat	942,723	471,361
Sub Total KP			4,312,505	2,139,693
1	Baluchistan	Bolan (Kachhi)	213,279	118,489
2		Dera Bugti	245,057	136,143
3		Duki	182,485	101,380
4		Gwadar	107,800	59,889
5		Jaffarabad	417,727	232,070
6		Jhal Maqsi	156,819	87,122
7		Kech (Turbat)	754,826	419,348
8		Kharan	129,605	72,003
9		Loralai	381,286	211,825

10	Musa Khail	163,930	91,072
11	Naseerabad	482,020	267,789
12	Zhob	316,135	175,631
Sub-Total Balochistan		3,550,969	1,972,761
Grand Total		11,486,054	6,125,000

The Directorate of Malaria Control (DoMC) and Indus Hospital Health Network (IHHN) are the Principal recipients (PRs) of the Global Fund grant and are the main stakeholders the ITN mass distribution campaign, in Pakistan. IHHN has engaged MERF through a competitive process for ITNs Mass distribution Campaign 2023. In this campaign Palladium was responsible for contract management, the contract was an activity-based contract (ABC) model. This means that the payments for services delivered under the contract based on the achievement of mutually agreed upon performance indicators. Under this model, payment is concluded on basis of deliverables, verified through an independent verification process by a third-party assessor (TPA). EY Ford Rhodes A member of Ernst & Young Global Limited (EY) was engaged as Third Party Assessor(TPA) for ITNs Mas distribution campaign 2023.

Campaign Goal

The goal of the 2023 ITN mass distribution campaign is to reduce malaria morbidity and mortality through achieving universal coverage and consistent and correct use and maintenance of ITNs by households in the targeted districts.

Specific Objectives

Specifically, the campaign aims to achieve the following objectives in the targeted districts.

- To ensure that all (100%) of the targeted households are mobilized to participate in the registration and redemption of ITNs during the mass distribution campaign through exposure to correct and consistent SBCC messages.
- To ensure 100% of the registered households in the targeted Districts receive messages related to use, care and maintenance of ITNs.
- To cover all (100%) of households living in the targeted districts during the household registration and distribution of coupons to be used for net redemption.
- To distribute the correct number of ITNs to at least 80% of the registered households living within the targeted districts based on the ITN allocation strategy.
- To ensure that at least 80% of the people in the households in the targeted districts are sleeping every night under their ITNs.
- To ensure all (100%) ITNs are correctly accounted for during and at the end of the distribution exercise.

Expected Results

In line with the above specific objectives, the following are the expected deliverables at the end of the campaign:

- 100% of the targeted households are mobilized to participate in the campaign.
- 100% of the households living in rural areas in the targeted districts are registered and issued coupons.

- 80% of households in rural areas in the targeted districts are provided with the correct number of ITNs according to the ITN allocation.
- 80% of people in the households that received ITNs during the distribution are sleeping under them.
- 100% of ITNs are correctly accounted for during and at the end of the distribution.

Campaign Strategy

This project has been executed based on the established ITNs distribution strategy, outlined in the Alliance for Malaria Prevention (AMP) toolkit to achieve the national target of universal coverage through mass distribution. MERF closely coordinated with PRs and with the technical assistance through AMP and ensured the standards and guidelines required by GF are followed.

The total duration of the ITNs mass campaign 2023 was from **August 2023 to March 2024** as per agreed work plan with IHHN. Based on the agreement, MERF was responsible for execution of entire campaign activities which includes the following:

1. Microplanning
2. Coordination at all levels
3. Training of all campaign staff and volunteers (including development of materials for training and implementation)
4. Household Registration
5. Social Behaviour Change Communication
6. Campaign Logistics which includes, Warehousing at district and distribution points and transport of ITNs
7. Digitalization of data collection for HHR, ITNs distribution and supply chain management
8. ITNs Distribution
9. Reverse Logistics
10. Waste Management
11. Monitoring and Supervision of the campaign activities
12. Campaign DATA Management
13. Closing

1. Microplanning

Microplanning is one of the most critical aspects of the campaign – when done well and with sufficient detail, it will ensure smooth implementation with sufficient personnel and resources. Microplanning represents the first step towards implementation of activities – it is the first operations-level activity and the first opportunity to explain to key campaign personnel the campaign coordination and roles and responsibilities, as well as key milestones to reach the ITN distribution dates. The microplanning exercise was essential to understand and gauge the level of effort required for this project. This exercise was undertaken at two levels.

1. National level Training of facilitators (ToFs)
2. Microplanning Exercises at Provincial Level

1. National level Training of Facilitators (ToFs)

IHHN has organized a 4 days training of facilitators at national level for microplanning exercise in Islamabad in the month of July, from 11-14 July, 2023 at Best Western Hotel Islamabad. Training was facilitated by AMP. All the templates to be used for development of micro plans were developed in Islamabad before commencing of ToFs with mutual contribution of PRs and MERF. Before commencing the 5-days Micro planning workshops, PRs organized a national level training of facilitators for microplanning. MERF staff, national and provincial PRs and SRs staff members attended this training. AMP colleagues facilitated this workshop with simulation exercises. IHHN facilitated the workshop logistically. The total number of participants were 39. The detail is given below:

S No	Location	No. of Participants	Organization
1	Sindh	4	VBD Sindh and NRSP
2	KP	8	IVC/MCP KP, IHHN, FPHC
3	Baluchistan	9	VBD-GOvt, BRSP, IHHN and MERF
4	Islamabad	8	CMU-DoMC
5	Islamabad	8	IHHN
6	Islamabad	2	MERF

The participants were from different technical background like program, M&E, logistic and SBCC.

The training covered topics such as the definition and importance of Micro-Planning, the major phases of the Campaign, and introduction to the Micro-Planning Template and its process.

Objectives of ToFs

The objectives of the training of facilitators is to provide participants with the capacity to implement district level microplanning workshops, which will be held at the provincial capitals. Specifically, this training will ensure that national facilitators/monitors:

- Understand the overall campaign strategy
- Understand the importance of microplanning for the overall success of the campaign
- Understand and can correctly use the microplanning templates
- Are fully prepared to facilitate the workshops, which results in development of final drafts of district level micro plans

The training was continued for 5 days; the detail of 5 days'. The facilitators oriented the participants about campaign and micro planning process, technical documents used for development of district micro plans. Simulation exercises were undertaken along with presentation. The templates were discussed separately as below:

1. Programme
2. Logistics
3. SBCC

It was decided during workshop with mutual consultation that micro plan workshops would be organized at provincial level where district teams should come with required information to develop district micro plans at provincial level. The agenda was developed in a way that at the end, all the DHOs were able to endorse the developed micro plans for further considerations.

2. Microplanning Exercise at Provincial Level

Following the national level ToFs, MERF organized microplanning workshop at three provincial levels at Quetta, Hyderabad and Peshawar for development of district micro plans. The workshops were facilitated by trained PRs and SRs staff in national level ToFs, held in July 2023 at Islamabad. The objective of five-day workshop was to:

- refine the macro plan into a detailed operational plan that reflects the local context and specific issues that may affect campaign activities at the implementation level
- develop an operational budget for activities taking place at the implementation level and thus ensure sufficient resources for the campaign.

Following local conditions were considered during the development of district micro plans:

- Geography and accessibility
- Population density (hard-to-reach areas, scattered communities)
- Culture and normal working hours (to find people at home during HHR)
- Local resources available (such as transport means)
- Location of special populations (nomads, IDPs, refugees, migrant workers, coal miners or brick-kiln workers, etc.)

The participants for these workshops were from respective districts. The detail of participants is given below:

S No	Location	No. of Participants from each district	Organization/Department	Total Participants
1	Peshawar	2	MERF	8
2		3	SRs/PRs	12
3	Sindh	2	MERF	8
4		3	SRs/PRs	12
5	Baluchistan	2	MERF	24
6		3	SRs/PRs	36

Microplanning is also critical for SBCC planning, as it provided information on existing channels and individuals that used for mobilizing the communities.

Main Activities of the Workshops

a) Mapping

Mapping is believed to be the crucial first step for producing quality micro-plans. This makes it important to assume that filling the micro plan templates is based on very detailed mapping that shows each community and how these communities are connected to each distribution point. Maps help in the process of identifying DPs and their catchment areas, identifying hard-to-reach areas, and illustrating the local dynamics and key features that must be considered in planning as well as in implementation phases of the campaign. In all target districts, very illustrative maps were developed with the support of nominated team for workshops. The maps are symbolized with important landmarks and legends such as District Headquarters hospitals, main highways, mountains, forests, mosques, basic health units, rural health

centers, schools, ITNs storage/warehouse, and the identified distribution points considering its catchment population. The district maps are also classified into tehsils and UCs for better comprehension of teams for micro planning. The mapping activity continued for two consecutive days. Later on these maps were digitalized and used for campaign implementation.

b) Development of Micro Plans/Completion of the Templates

Following the mapping exercises, the participants of the workshops started working on micro planning templates. MERF, along with SRs/PRs representatives jointly worked on template and recorded required data from different sources. EPI data was taken to estimate the population whereas assistance of district administration was acquired to authenticate the district population, number of villages, and number of union councils in respective districts. The District Health officers of target districts not only supervised the overall exercise but also put their necessary input for further streamlining the micro plan. All partners agreed that an error-free micro planning would help to prepare a road map for not only an organized registration of beneficiaries for the campaign but also for timely and smooth distribution. On the fifth day of the workshops, the draft micro plans were presented to Respective DHO to endorse. These MPs were discussed in detail, Provincial Directorate on Malaria/VBD Control Programs were also present, these endorsement ceremonies were honoured by respective DG Health Services. All the MPs were endorsed however all the final MPs were reviewed by respective DHO at district level to share with Provincial Directorate on Malaria/VBD Control Program for further process. The workshop in Baluchistan took place from **15-19 August**, in Sindh, **28 August-2 September** and in KP from **2 – 6 September**, 2023 at Quetta, Hyderabad and Peshawar respectively.

There were certain challenges of population in the micro plans. However, this was remained at the end. MP population was larger than census population in some of the districts of Baluchistan and Sindh. Before sharing the MP data with TPA, was presented to NSC members for endorsement. The MPs data was unanimously endorsed by NSC members for campaign implementation.

The finalized micro plans with supporting documents were shared with TPA for verification.

2. Coordination

Since the project was of immediate nature and had specific milestones to achieve; therefore, several committees and sub-committees were developed for more integrated and timely processes. These committees contributed to a smooth and reliable coordination mechanism, efficient execution and addressing challenges at their earliest.

For effective coordination during the ITN mass campaign in 2023, the following committees and implementation arrangements were established as per their respective terms of reference.

a) National Steering Committee

National Steering Committee (NSC) led the planning and implementation of the campaign under the chairmanship of the Deputy National Coordinator (DNC) Malaria. The NSC ensured coordination of partners

and tracked progress against the set timelines. This committee also had a major role in the validation of the campaign plan of action, budget, and timeline in addition to creating the necessary liaison with international partners for resource mobilization. The NSC coordinated campaign activities from the planning and design phase, through to the implementation, monitoring and evaluation, reporting, and post-distribution SBCC activities. The committee consisted of representatives from all stakeholders and partners involved in the mass campaign. The First meeting of NSC was convened for campaign inception and review and endorse the finalized micro plans, while the second meeting was held virtually for endorsement of HHR DATA of KP while the third meeting was convened for endorsement of campaign HHR DATA.

b) Sub-committees

Sub-committees were extremely important part of the smooth implementation of a campaign. The prime objective of the sub-committees was to use in-house expertise to provide technical support on developing strategic and operational plans, defining core activities and developing needed tools. They divided the workload and capitalize on the skills and expertise available among the various DoMC/Common Management Unit (CMU) departments, IHHN and MERF. The sub-committees were meeting on weekly basis or as per need throughout the campaign planning and implementation.

The following three core sub-committees worked as "technical limbs" of the NSC during the 2023 ITN mass campaign and provided updates to the NSC on the progress in their specific areas:

1. Implementation/M&E
2. SBCC
3. Logistics

The roles and responsibilities of these sub-committees were defined in their respective terms of reference, which were presented to the NSC for validation.

Each sub-committee developed a plan of action, budget, timeline, training manuals, SOPs, agendas and tools for their core areas:

- **Implementation/M&E sub-committee:** The committee was responsible for development of campaign plan of action and monitoring and evaluation plan, budget, timeline, risk assessment and mitigation plan (RAMP), implementation/M&E tools, training manuals, SOPs and agendas for capacity building of campaign implementation staff/teams.
- **Social and Behavior Change (SBCC) sub-committee:** The development of SBCC plan of action, RAMP, SBCC budget and timeline, SBCC tools, training manuals and training agendas were the responsibility of SBCC subcommittee.
- **Logistics sub-committee:** LSC developed logistics plan of action, macro & micro transport plan, waste management plan, reverse logistics plan, logistics tools, training manuals, SOPs and training agendas. The MERF was supported and guided by this committee in warehouse selection, macro & micro transportation, documentation.

c) Provincial Coordination Committee

Provincial level coordination committees were established in Balochistan, Sindh and KP comprising of members from DoMC, IHHN, MERF and Sub Recipients (SRs). Regular provincial level meetings of the coordination committee served to streamline the processes and involve the relevant local authorities for improved and harmonized operations. PCCs were responsible for recommendation of field level all activities, performed by MERF. They were also responsible for monitoring and facilitation of MERF activities. They guided MERF as per the ground realities. The role of PCC remained very crucial for NSC to make the decision. They played the role of bridge between provincial government and federal leadership/NSC. They supported MERF for timely implementation of campaign activities

The Provincial Coordination Committees (PCCs) were responsible for the coordination of campaign activities within their respective provinces and support campaign implementation, as well as monitor the progress of the campaign and report to NSC on a regular basis. To ensure the coordination of activities, the PCC was chaired by the Provincial Malaria Control Program Manager, and other members will include representatives of the targeted campaign districts, DoMC/CMU, IHHN, and MERF working at the provincial level. To ensure that the coordination of activities reaches the district level, the Deputy Commissioner and District Health Officer (DHO) (who chairs the District Coordination Committee of each district), were also key members of the PCC. The PCC meetings were held before the start of each major phase of the campaign.

d) District Coordination Committee

District Coordination Committees (DCCs) were responsible for the planning, coordination, support, supervision and monitoring the progress of all campaign activities within the districts. The provincial Director General (DG) Health Office notified the committee. The DCC was chaired by the Deputy Commissioner in some districts and by the DHOs in some districts. The DCC included the district Data Management Unit (DMU) in-charge, Global Fund grant sub-recipient (SR) district coordinators, PRs' district Monitoring Evaluation and Learning (MEAL) officer, MERF district supervisors, and representatives of Health, police and administration. The DCC supervised and endorsed the results of all major campaign activities such as the microplanning, district-level trainings, HHR, and distribution of ITNs, as well as ensured effective implementation of campaign activities within their respective district up to the union council level. The DCC members met on a daily basis during key activities of the campaign (i.e. microplanning, training, HHR and ITN distribution, and reverse logistics), share updates and provide written or verbal feedback during the PCC meeting.

Detail of Meetings at different levels

Sr. No.	Committees	Meetings Held	Members
1.	National Steering Committee	Three	Directors, managers and thematic area specialists from DOMC, IHHN, MERF along with presentation of provincial programs
2.	Implementation Sub Committee	Ten	Campaign management team from DOMC, IHHN and MERF, AMP consultants.

3.	Logistics Sub Committee	Six	Logistic and procurement managers and specialists from DOMC, IHHN and MERF.
4.	SBCC sub Committee	Ten	Social Behavior Change Communication personnel from DoMC, IHHN and MERF.
6.	Provincial Coordination Committee	Four in each province	Provincial coordination teams containing senior and Programmes management from Provincial Health Department, DoMC, IHHN, SRs and MERF of KP, Sindh and Balochistan Branches.
7.	District Coordination Committee	Ten in each district	Representatives from District Health Department, DMU, MERF and IHHN, Pakistan People's Health Initiatives, District Administration/ chair. Provincial & national level staff from Health, IHHN and MERF during HHR and Distribution at district

3. Training for Household Registration and ITN Distribution

Good quality training is critical to ensure a well-run and successful campaign. The training for the 2023 campaign were done through a cascade system, where from the central level trained those at the district level, who then pass the training down to the staff at the UCs. The UC personnel in turn trained the volunteers that have been identified for the implementation of activities. The DoMC, IHHN and MERF developed the materials and guidelines for training and capacity building at national, provincial, district and UC levels. The development of training manuals and guidelines, as well as training agendas, were carried out at the central level to ensure consistency in the implementation of the various activities.

MERF was responsible for planning, preparation and execution of training at all levels from the central to the UC level with technical support from PRs. MERF with technical support from PRs developed training plan, guidelines, tools which included the following:

- Course content and methodology
- Materials required for the training
- Comprehensive training manuals, including training supports such as job aids, SOPs, pre/post-tests, etc.
- Developing guidelines on the selection of venues and duration of training sessions
- Developing the operational and SBCC guide for community-level personnel
- Training of trainers at the central, provincial and district levels
- Developing templates for and preparing training reports

Considering the nature of this project, it was vital to conduct trainings on program implementation and logistics. Therefore, a two-tier approach was adopted at provincial and district level. These trainings mainly focused on the operations and enabled supervisors and volunteers for HHR, logistics and distribution based on the training manuals developed by PRs with the support of AMP consultants. Learning

techniques were utilized for conducting all sessions. Facilitators were actively involved with group works and had an open forum for discussions during conducting all the sessions. The structure of field teams finalized as follow based on PoA, shared by PRs.

Based on endorsed micro plans, MERF engaged local volunteers and supervisors in each district with the coordination of DCC. All the volunteers were selected based on a criterion of at least matriculation education, 18 years old; possessing CNIC should be local of the district of duty and must be android literate

The trainings were organized at four levels, national, provincial, district and UC levels. Detail is given below:

1. Training of Master Trainers
2. Cascade training of district trainers for HHR and ITN distribution at the provincial level
3. Training of UC supervisors for HHR and ITN distribution at the district level
4. Training of community volunteers for HH registration & distribution

1. Training of Master Trainers

Training at the central level for master trainers was conducted for three days, which was organized and facilitated by the MERF with support from DoMC and IHHN. The master trainers were from provincial staff of MERF, IHHN and DoMC teams. The training was held at Islamabad from 11-13 October, 2023. The training focused on HHR, ITN distribution, SBCC, logistics, digital technology, data management, supervision, administration, and facilitation skills to equip the master trainers for provincial and district level cascade training. Practical exercises, role plays, interpersonal skills and campaign messages were incorporated in the sessions. The Master trainers facilitated the provincial level cased training of district trainers. The participants detail is given below:

Type	Duration	Level/location	Facilitators	Participants
National training of master trainers	3 days	National (Islamabad)	MERF, DoMC, IHHN	1. Provincial Participants: Directorate VBD-MCP Balochistan (3), VBDs DGHS Sindh (2), IVC/MCP KP (2), IHHN (3) Total=10 2. MERF Provincial Representative:03 3. MERF Central Team (Islamabad): 04 PRs Central Team: 13 NRSP, FPHC & BRSP:3+1+3=7 7. Total Participants incl: Facilitators =10+03+04+13+7=37

2. Cascade Training of District Trainers for HHR and ITN Distribution at the Provincial Level (ToTs)

Following the national level training of master trainers, a period of 5 days ToTs for district trainers was organized simultaneously for three provinces at Karachi, Quetta and Peshawar from **16-20 October**,

2023. This training was facilitated by the master trainers who were from PRs, SRs and MERF. The planning, coordination and facilitation of the trainings for the district trainers for household registration and ITN distribution was the responsibility of MERF with the support from the DoMC/CMU and IHHN. Detail of the participants from the districts is given in below table:

Type	Duration	Level/location	Facilitators	Participants
Provincial level cascade training	4 days	Provincial (Karachi, Quetta, Peshawar)	Central/provincial facilitators (MERF rep) Total number of facilitators = 12	1. MERF - district coordinators, SBCC and logistics officers - 60 2. SR district coordinator - 20 3. PR MEAL officers - 20 4. DHOs/DMU in charge - 20 5. Province officers - 24 Total number of district participants = 140

The participants included MERF district supervisors, SBCC and logistics officers; Global Fund grant sub-recipient district coordinators; and PR MEAL officers and district DMUs. These trainings covered the following to equip the participants for better and complete understanding of the 2023 ITN mass distribution campaign:

- Overview of the ITN mass campaign
- HH registration and definition of household
- Social and behavioral change communication activities
- ITN distribution strategy and methodology
- Digital software detailed orientation and hands-on practice
- Data management and reporting tools
- Monitoring and supervision process and tools
- Adult teaching techniques

A total of 144 participants were trained at the provincial-level training, who conducted step-down training sessions for MERF UC supervisors in their respective districts. There were a team of four facilitators (one programmatic, one M&E, one SBCC and one logistics) from the MERF supported by the provincial level representatives and supervised by the DoMC and IHHN representatives for each session.

3. Training of UC Supervisors for HHR and ITN Distribution at the District level

Similar to the national and provincial level training, the district-level trainings were planned and organized by the MERF and facilitated by the MERF district teams with support from the SR district coordinators and PR MEAL officers. These trainings were organized for at district levels for team supervisors for two days training on HHR: The training covered the following:

- Overview of the 2023 ITN mass campaign

- The processes for HH registration and ITN distribution (depending on the distribution strategy agreed upon during microplanning)
- Household definition and ITN allocation
- HHR planning and coordination
- Overview of SBCC activities and messages to be disseminated by SBCC volunteers
- Data management, reporting processes and tools
- Supervision Process and tools
- Use of digital software
- Adult training techniques

The team supervisors were responsible for volunteers training in their respective UC.

Two days training of distribution supervisors were organized before the start of distribution. The training covered the following:

- How to set up a fixed distribution point
- Distribution of ITNs to household representatives presenting a valid coupon
- How to distribute ITNs using a mobile phone or paper tools
- Dissemination of SBCC messages to households at the distribution point
- Waste management
- Distribution for mobile distribution site (for DPs with mobile sites)
- Setting up of the SBCC corner where health messages will be disseminated by the health educator
- Data management and reporting

Supervisors were responsible for the conducting and holding of trainings for community volunteers on HHR and ITN distribution within their UC.

Detail of Team Supervisors

S.No.	Name of Province	Location	No. of Participants
1.	Sindh	Sujawal	52
2.	Sindh	Tando Muhammad Khan	62
3.	Sindh	Thatta	80
4.	Sindh	Umerkot	110
5.	Balochistan	Bolan (Kachhi)	39
6.	Balochistan	Dera Bugti	59
7.	Balochistan	Duki	44
8.	Balochistan	Gwadar	27
9.	Balochistan	Jaffarabad	50
10.	Balochistan	Jhal Maqsi	28
11.	Balochistan	Kech (Turbat)	184
12.	Balochistan	Kharan	22
13.	Balochistan	Loralai	45

14.	Balochistan	Musa Khail	32
15.	Balochistan	Naseerabad	53
16.	Balochistan	Zhob	43
17.	Khyber Pakhtunkhwa	Bannu	102
18.	Khyber Pakhtunkhwa	Karak	47
19.	Khyber Pakhtunkhwa	Lakki Marwat	60
20.	Khyber Pakhtunkhwa	D I KHAN	125
Total Supervisors			1,248

4. Training of Community Volunteers

The MERF UC supervisors will train community-level personnel on HHR and ITN distribution processes at the UC level. There will be one MERF supervisor per UC. The planned number of MERF supervisors will be as follows:

- For the HHR – One MERF UC supervisor per a maximum of ten community-level volunteers (five teams of two community-level volunteers).
- For the distribution points – One UC supervisor will supervise two to four distribution points (two to four DP supervisors) within the same UC.

The training will be conducted as two separate trainings:

- Training for household registration and
- Training for ITN distribution

i. Training of Community Volunteers for HH Registration

The MERF community volunteers will be trained over two days on the HHR, data collection and community mobilization process before the start of HHR. An average of 20 participants (made up of ten teams from 2 UCs) will be trained per session by two trainers (MERF UC supervisors). The following topics will be covered in the training for the participants to successfully accomplish their tasks for HHR and SBCC:

- Overview of the ITN distribution campaign
- How to approach and introduce yourself to household representatives
- How to undertake HH registration using a mobile phone or paper tools
- Household definition, ITN allocation and issuance of coupon
- Dissemination of key malaria and campaign messages to households
- Rumour identification and reporting
- Data management and reporting

The HHR training should include appropriate practical exercises for household definition and ITN allocation and the use of mobile phones for HHR.

ii. Training of Community volunteers for ITN distribution

Three days before the ITN distribution, Community volunteers were trained for a day on ITN distribution. DP in charge organized training for his DP team members and some cases, distribution supervisors organized for 3-4 teams comprised of 15-20 volunteers to train them on distribution process. The training covered the following:

- How to set up a fixed distribution point
- Distribution of ITNs to household representatives presenting a valid coupon
- How to distribute ITNs using a mobile phone or paper tools
- How to use logistics management tools for issuance and recording ITN stock in and out of the DP stores
- Dissemination of SBCC messages to households at the distribution point
- Waste management
- Distribution for mobile distribution site (for DPs with mobile sites)
- Setting up of the SBCC corner where health messages will be disseminated by SBCC volunteer
- Data management and reporting

The training included practical exercises for coupon exchange and ITN distribution, communication dissemination and the use of mobile phones for the distribution.

Province	District	No. of participants
Sindh	Sujawal	520
Sindh	Tando Muhammad Khan	619
Sindh	Thatta	801
Sindh	Umerkot	1,098
Balochistan	Bolan (Kachhi)	394
Balochistan	Dera Bugti	594
Balochistan	Duki	438
Balochistan	Gwadar	273
Balochistan	Jaffarabad	496
Balochistan	Jhal Maqsi	278
Balochistan	Kech (Turbat)	1,835
Balochistan	Kharan	220
Balochistan	Loralai	453
Balochistan	Musa Khail	322
Balochistan	Naseerabad	528
Balochistan	Zhob	431
Khyber Pakhtunkhwa	Bannu	850
Khyber Pakhtunkhwa	Karak	473
Khyber Pakhtunkhwa	Lakki Marwat	600
Khyber Pakhtunkhwa	D I KHAN	1,252

Total Volunteers	12,475
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Following these trainings, HHR process was started immediately, the HHR teams were provided with required kits including Chalks, coupons, SBCC material, visibility jackets and cards.

5. Digitalization

MERF used locally developed and tested software system for ITNs Mass campaign 2023 named Micro Tech **Inflow**. Micro Tech is private software house based in Pakistan having vast experience in developing app on different project of government and private sector, Micro tech Inflow especially designed for distribution of commodities/ITNs through a preprinted voucher/ Coupon with Unique serial number and QR code.

Training

The Micotech Technical team conducted training sessions for Master Trainers in Islamabad, organized by MERF, participants from national, provincial PRs, SRs and MERF staff members. These Master Trainers then proceeded to provide training at their respective provincial level TOTs, who further assumed the responsibility of training at district level. Micro tech representatives facilitated provincial level ToTs as well.

Web-Based Dashboard for Campaign Monitoring

The web-based dashboard was designed exclusively for administrators, providing them with comprehensive oversight of the entire campaign. It encompassed the following features:

1. **Campaign Statistics:** Administrators were able to access an overview of campaign statistics, including the status of available and distributed Vouchers and ITNs. These statistics were filtered at various levels, such as Province, district, UC, DP, and Village.
2. **Library Management:** Efficiently managed libraries at the Province, District, UC, Village, and DP levels.
3. **User and Roles Management:** Administer user accounts and roles to ensure secure access and permissions.
4. **Household Management:** Streamlined household data management processes.
5. **Surveyor and Distributor Progress:** Monitor the progress of each Surveyor and distributor involved in the campaign.
6. **DP Progress Report:** Assess the campaign progress at the DP level.
7. **ITN Ratios Management:** Managed ITN distribution ratios at various levels, including Province, district, tehsil, and Village.
8. **Downloadable Reports:** Access downloadable reports for informed decision-making, including:
 - a) User progress reports.

- b) DP progress reports.
- c) ITN distribution reports at various administrative levels.
- d) Voucher distribution reports at various administrative levels.

This web-based dashboard served as a powerful tool for administrators, providing real-time insights, data management capabilities, and reporting features to optimize campaign operations.

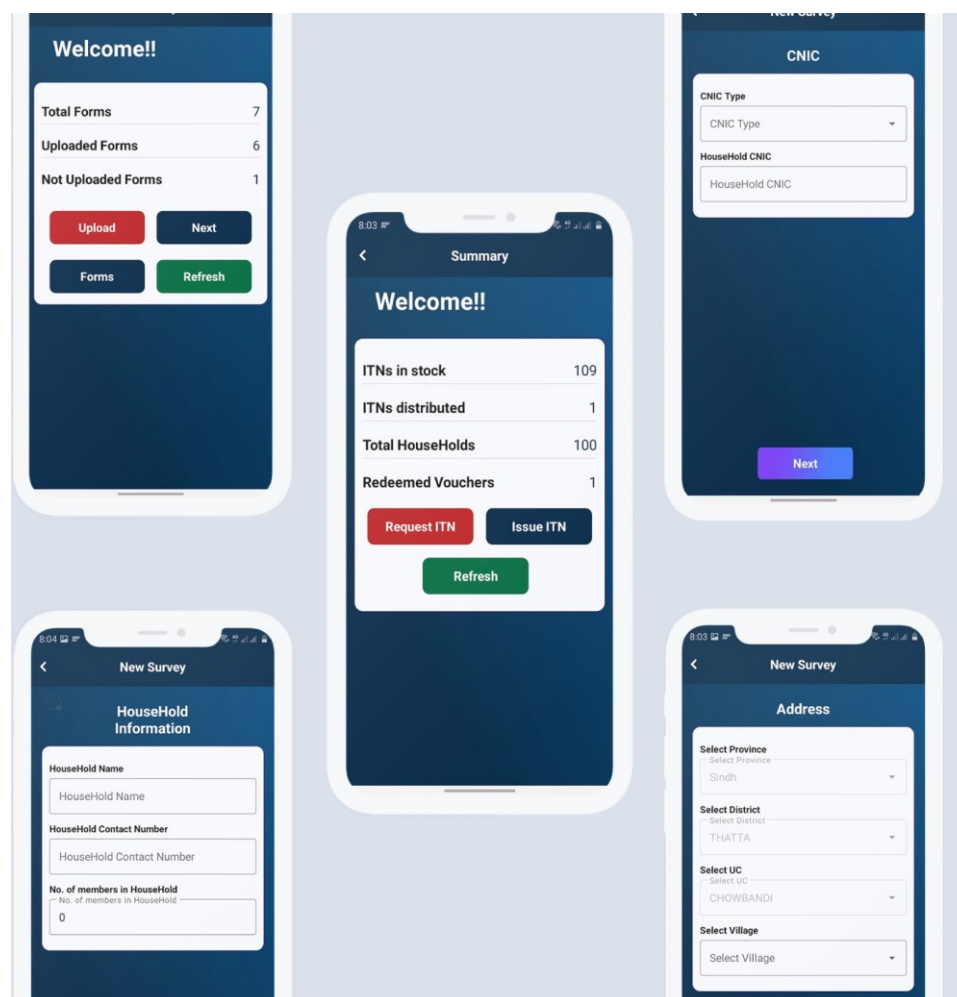
This software has two modules.

1. Android Mobile Based Application (Registration, Distribution)
2. Web Based (Inventory Management, Dashboard)

This software was used for the 1st time in the distribution campaign and was successful.

Mobile App for Registration/ Distribution of Voucher/ Coupon

Android based application is designed to facilitate surveyors in efficiently collecting data during door-to-door campaigns. Prior to commencing the campaign, each surveyor is required to perform the following steps:



- Surveyor must have internet access to use this Application
- Android app is secured with 2 phase authentication QR Code printed identity card for login.
- Supervisor QR card for Authorized to start registration.

- Sync the necessary information required for the surveyor from the server.
- From the application's summary screen, initiate a new survey.
- Fill in all necessary details in the survey form
- Scan the Voucher QR code at the end of the survey.
- Save the completed form for submission.

The Surveyor app was equipped to perform the following functions:

- Periodically monitor the internet connection and upload offline forms.
- In the event of no internet connectivity, store the forms locally and upload them as soon as an internet connection becomes available.
- Check the server for any new updates relevant to the surveyor and synchronize the information.

Mobile App for ITN Distribution

Android application has been developed to streamline the voucher redemption process for distributors. Prior to commencing the distribution tasks, distributors are required to follow these steps:

- Access the application by scanning the QR Code printed on your issued identity card for login.
- Scan the QR code from their issued identity card (a one-time activity for device binding).
- Request the supervisor to scan their identity card to initiate the daily distribution process.
- If necessary, request the storekeeper to issue ITNs by entering the quantity required and scanning their identity card.
- Synchronize essential information required by the distributor from the server.
- From the application's summary screen, utilize the "redeem" button to process voucher redemption.
 - If the scanned coupon is for the same distribution point (DP):
 - Upon successfully scanning the voucher, information will be displayed if the coupon is unredeemed.
 - If the coupon has already been redeemed, the user will be notified accordingly.
 - If the scanned coupon is not for the same distribution point (DP):
 - The user will be guided to visit the appropriate DP where the coupon can be redeemed.
- Verify the necessary information displayed upon successfully scanning the voucher.
- Tap the "save" button to record the entry.

The Distributor app was equipped to execute the following functions:

- Regularly monitor the internet connection and upload offline forms.
- In the absence of internet connectivity, store the information locally and upload it as soon as an internet connection is restored.
- Check the server for any updates relevant to the distributor and synchronize this information.

6. Household registration

Household registration is the process where volunteers go door-to-door in their assigned area to register the households (by collecting the necessary information for the ITN campaign) and issue coupons to the eligible households that they can exchange at the fixed/mobile distribution points for ITN(s).

Based on the micro plans, registration plans were developed in each district. During ITNs Mass Distribution campaign 2023, a locally developed software named Micro tech inflow was used for HHR and distribution.

Based micro plans, HHR teams were provided coupons, registration kits including SBCC tools. One team supervisors managed 5 teams (A team of two volunteers, one for HHR and one for SBCC) for registration. HHR process was started in two phases because of polio campaign in some districts. Phase one started from 31 Oct – 8 November in 17 districts and phase two in 3 districts from 15-24 November, 2023. HHR process was lasted for 7 days and in some areas additional two days for mop up was added. They used INFLOW, they were trained on using this application during registration and distribution phase. For registration, firstly the stocked booklet scanned to register each HH by adding details such as, head of household details, name of district, tehsils, union council and village of the respondents. Once all the required information was added in INFLOW, the volunteer then scanned the coupons having QR code mentioning the DP name, date of distribution, name of the household and family members on the back of the beneficiary coupon. **Each coupon was used to represent one household** and the coupons had the name of the distribution point for collection of ITNs, pre-generated serial numbers and the campaign hotline number.

00004-01

5 روزہ قومی مہم 2023
تقسیم مفت دوا لگی مچھردانی
برائے



5 روزہ قومی مہم 2023
تقسیم مفت دوا لگی مچھردانی
برائے





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00004-01-002-GU

مچھر سے دُور
ملیر یا سے محفوظ

ملیر یا سے بچنے کے لیے روزانہ دوا لگی مچھردانی کے اندر سونیں

مزید معلومات کے لئے کال کریں: 0301-8357326 ای میل: ITNs@merf-pakistan.org

بھوان: انڈس ہسپتال اینڈ ہیلتھ نیٹ ورک اور ڈائریکٹوریٹ آف ملیر یا کنٹرول اسلام آباد - حکومت پاکستان



1 2 3 4

00004-01-001-QW

مچھر سے دُور
ملیر یا سے محفوظ

ملیر یا سے بچنے کے لیے روزانہ دوا لگی مچھردانی کے اندر سونیں

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گھر کے سربراہ کا نام	
خاندان کے افراد کی تعداد	
DP کا نام	
مچھردانی حاصل کرنے کی تاریخ	

- طویل المیعاد دوا لگی مچھردانی غروب آفتاب سے طلوع آفتاب تک استعمال کریں
- پانچ سال سے کم عمر بچوں اور حاملہ خواتین کا دوا لگی مچھردانی کے اندر سونا لازمی ہے
- طویل المیعاد دوا لگی مچھردانی کو بائیں میں ڈبو کر سادہ پانی سے دھوئیں اور سائے میں رکھائیں
- طویل المیعاد دوا لگی مچھردانی میں سوراخ ہونے کی صورت میں فوراً مرمت کریں

گھر کے سربراہ کا نام	
خاندان کے افراد کی تعداد	
DP کا نام	
مچھردانی حاصل کرنے کی تاریخ	

- طویل المیعاد دوا لگی مچھردانی غروب آفتاب سے طلوع آفتاب تک استعمال کریں
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- طویل المیعاد دوا لگی مچھردانی میں سوراخ ہونے کی صورت میں فوراً مرمت کریں

During the HHR, the following information were collected:

- District name
- UC name
- Village name
- Name of head of HH
- Phone number(Optional)
- Computerized National Identity Card (CNIC) no. and Afghani card no in special populations
- Total family members

Before start of HHR process, communities were mobilized to participate fully in the campaign and be registered through different means of communication like radio spots, mobile text message, mosque announcement and a short video posted on Facebook, rickshaws, targeted SMS messages and town criers in Balochistan and additionally community WhatsApp groups, billboards and flyers to ensure that all households received nets. The objective was to create awareness and encourage community acceptance and participation in the registration and make them aware of the importance of keeping coupons safe until they are exchanged for ITNs at the distribution point; and the importance of sleeping under a net to protect themselves, their families, and their communities from mosquitoes that spread malaria.

a. House Marking

It was important to have a way of marking households that have been visited to avoid duplication of registration. MERF community volunteers used a permanent paint marker and chalk for marking to show houses that had been visited, as well as those that had been visited but no one was at the home at the time of visit or that require follow-up visits. Each team was provided with 3 x paint markers and a box of chalk that was included in their kit. A volunteer visited 30 households per day minimum and maximum 70 HHs where the area was populous. House marking indicated as follows:



For completed: CMU/IHHN-2023-9/4-C

For revisit: CMU/IHHN-2023-0-R

For rejected: CMU/IHHN-2023-0-Rj

However, the houses were marked in Sindh as mentioned below:

For all, MD 2023-9/4

b. Supervision of Household Registration

Supervision remained important throughout the household registration period but it was particularly critical during the first days when teams were facing problems most likely to occur related to an unclear understanding of tasks, the definition of a household and/or problems with data collection. Team supervi-

sors, an average of one supervisor for five registration teams of two people, provided supportive supervision and on-the-job training using supervision checklists developed at the central level. The supervisors were responsible for supervising household visits, the collection of data, issuing of coupons, and the communication of messages. MERF utilized internal staff for monitoring to address the issues and facilitate the teams immediately.

c. Rapid Monitoring

Internal monitoring of the household registration was also conducted to ensure high quality of the registration process and identify any missed communities or households or other issues affecting implementation quality (e.g. SBCC messages). Monitoring teams, from DoMC, IHHN, and designated personnel from provincial malaria control programs started the rapid monitoring of the HHR from the first day and through to the fourth day of the household registration process. The internal monitors participated in daily review meetings to share their findings with the MERF supervisors to allow for timely course correction. The supervisors remained in contact with PRs monitors for facilitation and guidance in the field. District Supervisors were responsible to address the findings of PRs monitors through team supervisors immediately.

d. Data Validation

The registration was conducted using android based mobile App, INFLOW for the registration of HHs and direct data uploaded to the central server, the HH registration was conducted using paper-based tools in some parts of Kech and five UCs of Dera Bugti where use of mobile was not allowed by security agencies. Later on, which was integrated into the digital software application by the district supervisor.

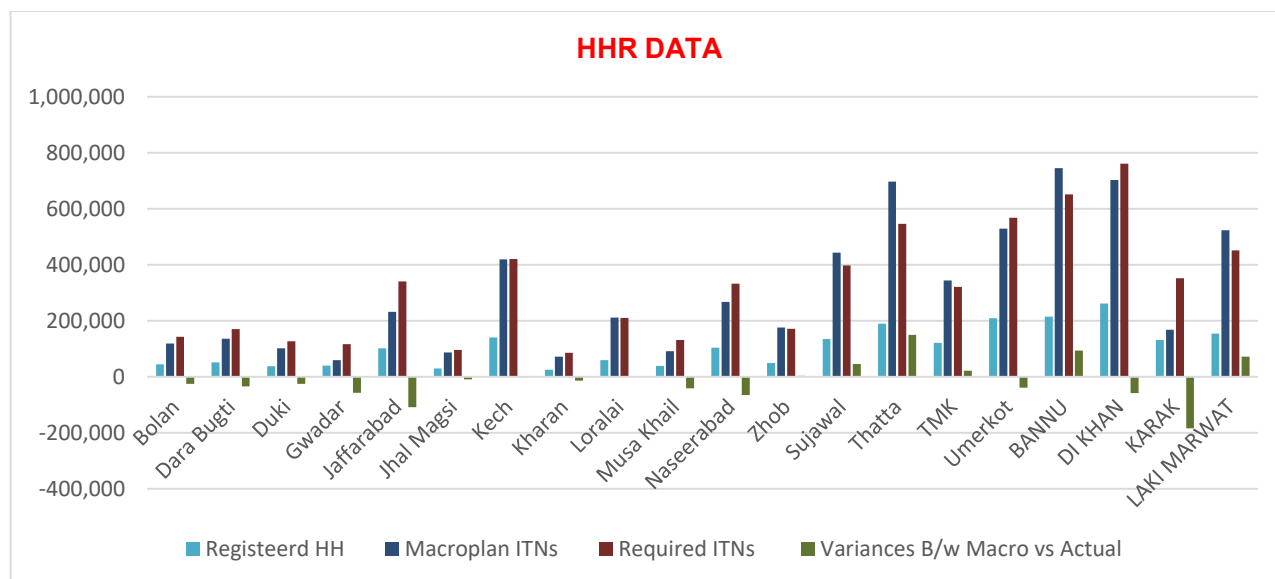
The use of digital software to register households ensured timely collection and aggregation of the registration data. Where the HHR was conducted using mobile phones, the HHR data will be available at the national and provincial levels. The data in the digital software was password protected and only the admin or data specialist at the MERF MIS team was able to have full access to the data and ability to quality check (QC) the data to minimize errors. Central (DoMC and IHHN), provincial and district teams and MERF district supervisors were given access to the dashboard **only for data analysis** during the progress review.

A total of **2,197,736** HHs were registered during HHR including INFLOW registrations as well paper based registrations. 57000 HH were found as duplicates and owing to the variance, a total number of HH stood at **2,140,736** HH for distribution. Based on the HHR data, **6,395,259** ITNs were required to be distributed while 6,125,000 ITNs were allocated for distribution in macro plans. 270,259 ITNs were required extra than as per macro plan. The HHR Summary is given below:

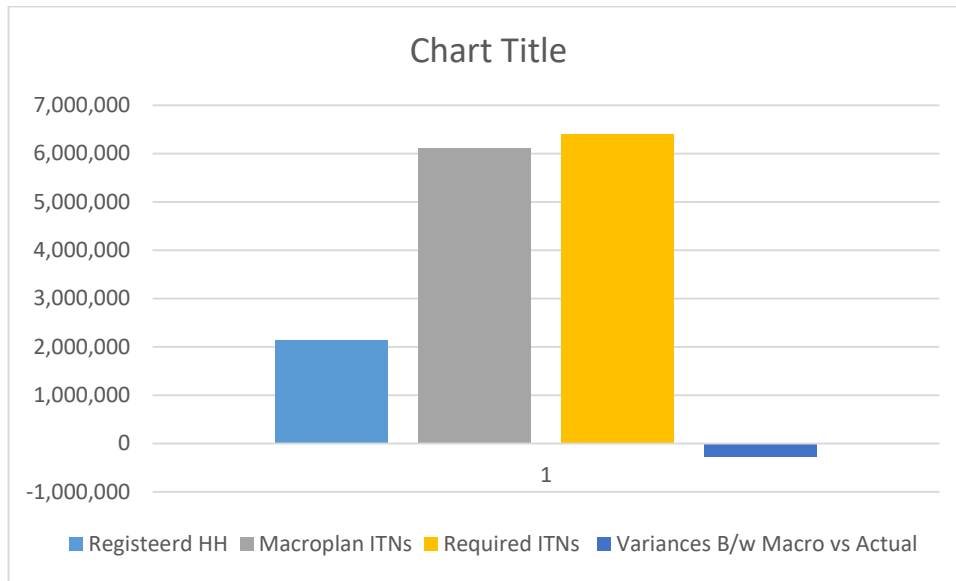
HHR Summary - Mass Distribution Campaign 2023

District Name	Registered HH	Macro plan ITNs	Required ITNs	Variences B/w Macro vs HHR
Bolan	44,677	118489	143276	-24,787

Dara Bugti	51,728	136143	170674	-34,531
Duki	37,641	101,380	126,738	-25,358
Gwadar	40,273	59,889	117,133	-57,244
Jaffarabad	101,943	232,070	340,520	-108,450
Jhal Magsi	29,339	87,122	95,619	-8,497
Kech	140,610	419,348	420,608	-1,260
Kharan	25,244	72,003	85,802	-13,799
Loralai	59,364	211,825	209,899	1,926
Musa Khail	38,539	91,073	131,567	-40,494
Naseerabad	103,669	267,789	333,123	-65,334
Zhob	48,828	175,631	171,643	3,988
Sub Total – Baluchistan	721,855	1,972,762	2,346,602	-373,840
Sujawal	134,792	443,097	397,179	45,918
Thatta	190,000	696,544	546,545	149,999
TMK	121,605	343,592	321,344	22,248
Umerkot	208,893	529,311	567,756	-38,445
Sub Total- Sindh	655,290	2,012,544	1,832,824	179,720
BANNU	215,306	745,053	651,653	93,400
DI KHAN	262,363	702,723	760,597	-57,874
KARAK	131,235	168,183	351,925	-183,742
LAKI MARWAT	154,687	523,735	451,658	72,077
Sub Total - KP	763,591	2,139,694	2,215,833	-76,139
Grand Total	2,140,736	6,125,000	6,395,259	-270,259



After endorsement by NSC, TPA was requested for validation of HHR data in field as per ToRs.



The additional required ITNs were taken in KP from the stock of 2024 campaign.

7. Campaign logistics

Logistics is a critical support service that ensures that ITNs and other campaign supplies are delivered in the right quantity in the right condition to the right place at the right time for the right cost from the top to the bottom of the supply chain in a well-coordinated manner. The logistics plan of action (LPoA) outlines all aspects of the ITN supply chain management based on the agreed-upon positioning plan at the regional, district and distribution point warehouses

Objective

Logistics is one of the major component with 70% involvement by providing logistics support during the ITNs Campaign. Logistics operation includes identification & hiring of transport vendors, establishing district warehouses, macro & micro transportations, reverse logistics and waste management.

For proper and timely execution of logistics operation, different committees were formed at different levels. The basic purpose of these committees, was to ensure that SOPs and guidelines of the ITNs Campaign, are followed, implemented and executed during the logistical activities throughout the campaign. Following sub-committees were formed:

- LSC (Logistics Sub Committee) DoMC, IHHN and MERF at Federal Level
- LSC (Logistics Sub Committee) DoMC, IHHN, MERF and SRs at Provincials Level
- LSC (Logistics Sub Committee) DoMC, IHHN, MERF and SRs at Districts Level

Logistics Tasks

Different logistics activities and tasks were carried out and completed.

- Set the timelines for all logistics activities for the campaign.
- In person and virtual training were organized and proper logistics training secessions were successfully delivered to provincial, districts and UCs level staff and volunteers, facilitated by both (PRs and MERF).

Trainings were delivered as following:

- a) Central Level Training for Master Trainers

- b) Provincial Level TOT
- c) District Level TOT
- d) UC Level Training
- Printing of Logistics Tools, endorsed and approved by LSC (Logistics Sub Committee) in compliance with AMP (Alliance for Malaria Prevention) and distributed to field teams. Following logistics tools were recommended and endorsed for printing and were used in current ITNs mass distribution campaign:
 - a) Waybills/ Delivery Challan
 - b) GRN (Good Received Notes)
 - c) Warehouse Stock sheet
 - d) DP Stock Control Card
 - e) Tally Sheet
- Procured and distributed DPs tool kits to DPs staff in campaign's targeted districts.
- Identified, selected and procured transportation services for macro, micro and reverse transport of ITNs and waste material.
- Proper warehouse assessment was done at field level in each district. Identified the warehouses with multiple options and based on endorsement by PRs/SRs, warehouses were selected in each district by signing lease agreements with owners. Selected warehouses were with sufficient storage capacity in compliance with Logistics SOPs and guidelines. 1st floor warehouse recommendation.
- Macro Transportation Plans were developed, endorsed and implemented. Successfully completed the macro transportation from PRs/ SRs regional warehouses to MERF's warehouses at districts level, as per approved quantity of ITNs.
- Micro transportations plans were developed, based on actual household registration and pre-positioned at DPs stores in respective districts in compliance to meet the distribution dates.
- Reverse transportation of leftover ITNS, empty sacks/ waste material and all registration/ distribution and logistics record was successfully completed.
- Handing over of leftover ITNs from MERF to PR (IHNN) at their regional warehouse Bannu.
- Implemented, prepared and submitted "ITNs Logistics Report & Reconciliation Tool & Report", the approved reporting tool of AMP (Alliance for Malaria Prevention).

Required ITNs

Based on household registration following tabulated figures were finalized after data screening and validation.

Sr. No	Province	Destination District Warehouse	Number of ITNs Required
1	KP	BANNU	651,653
2		DI KHAN	760,597
3		KARAK	351,925
4		LAKI MARWAT	451,658
5	Balochistan	Kech/ Turbat	420,608
6		Gwadar	117,133

7		Bolan	143276
8		Dara Bugti	170674
9		Duki	126,738
10		Jaffarabad	340,520
11		Jhal Magsi	95,619
12		Kharan	85,802
13		Loralai	209,899
14		Musa Khail	131,567
15		Naseerabad	333,123
16		Zhob	171,643
17	Sindh	Sujawal	397,179
18		Thatta	546,545
19		TMK	321,344
20		Umerkot	567,756
		Total	6,395,259

Implementation

Based on “Logistics Plan of Action”, developed by LSC (Logistics Sub Committee), proper step wise implementations were executed for the ITNs Campaign 2023. Upon final screened data after household registration, macro transportation was made according to actual quantity of ITNs required in each district of the campaign. Based on availability of ITNs stock in Regional Warehouse, macro transportation was made in 3 phases, mentioned as below: -

i) **Regional WH Bannu (IHHN)**

From available stock at IHHN’s regional warehouse Bannu, **2,221,850** ITNs were transported from Bannu to four (04) districts of KP (Bannu, D.I Khan, Lakki Marwat and Karak). In KP macro transportation was completed in Nov-Dec 2023.

ii) **Regional WH Quetta (DoMC)**

From available stock at DoMC regional warehouse Quetta, 500,000 ITNs were transported to two (02) districts of Balochistan (Kech/Turbat and Gwadar)

iii) **Karachi Port**

3,481,750 ITNs were received directly from Karachi Port at two (02) districts in Sindh (Thatta/Sujawal and Umerkot) and three (03) districts in Balochistan (Naseerabad, Zhob and Jaffarabad) were considered as regional level receiving by MERF. Further macro transportation was made to other targeted districts as per required ITNs as well.

Total received quantity from PRs, is tabulated as below: -

S. No	Originating Storage	Receiving Districts	Received Quantity
1	IHHN WH Bannu	BANNU	651,650
2		DI KHAN	760,600
3		KARAK	351,950
4		LAKI MARWAT	451,650

Sub Total			2,215,850
5	DoMC WH Quetta	Gwadar	100,000
6		Kech	400,000
Sub Total			500,000
7	Karachi Port	Jaffarabad	356,950
8		Naseerabad	728,750
9		Zhob	524,100
10		Thatta	1,295,950
11		Umerkot	576,000
Sub Total			3,481,750
Grand Total ITNs			6,197,600

a. Macro Transportation

A total quantity 6,197,600 of ITNs was received from PRs at different district warehouses of MERF. As distribution took place phase wise, so after completion of 1st phase distribution in KP, the leftover ITNs were laterally transported to two districts of Balochistan (Kech/Turbat and Gwadar) to meet the shortage of required quantity.

2nd phase of distribution took place in Kech/Turbat and Gwadar, so left over ITNs from these two districts were laterally re-transported to other districts in Balochistan.

In 3rd phase, distribution took place parallel in four (04) districts of Sindh and ten (10) districts of Balochistan. Lateral transportation was also practiced in 3rd phase to meet the short fall of ITNs in few districts.

Finally, macro transportation was completed as per actual household registration. As tabulated below: -

Sr. No	Originating Warehouse	Province	Destination District Warehouse	Number of ITNs Transported
1	Regional WH Bannu	KP	BANNU	651650
2			DI KHAN	760600
3			KARAK	351950
4			LAKI MARWAT	451650
5	Regional WH Quetta	Balochistan	Kech/ Turbat	420,600
6			Gwadar	117,100
7	Karachi Port		Bolan	143,300
8			Dara Bugti	172,296
9			Duki	126,750
10			Jaffarabad	335,650
11			Jhal Magsi	95,600
12			Kharan	85,800
13			Loralai	209,900
14			Musa Khail	131,575
15			Naseerabad	348,900
16			Zhob	171,650

17			Sujawal	407200
18		Sindh	Thatta	536550
19			TMK	321350
20			Umerkot	567750
Total			6,407,821	

A variance quantity of 210,221 ITNs was resulted as over ITNs than actual received quantity, due to multi times transportation province to province.

b. Micro Transportation

8. Social and Behaviour Change Communication (SBCC)

The campaign involved direct interaction with the community; therefore, it was essential to have an appropriate communication strategy designed for the target population. Social and Behaviour Change Communication (SBCC) was crucial in ensuring that accurate and consistent information was disseminated, particularly in situations where there was a considerable delay between the household registration and distribution phase, as well as ITN usage, upkeep, and care. At the provincial and local levels, targeted advocacy initiatives were implemented with the goal of enlisting political, operational, and technical support prior to, during, and following the ITN distribution.

Campaign Strategy

The campaign comprised of three strategies including (1) Advocacy, (2) Behaviour change and (3) Social mobilization. In implementing these strategies, a multi-channel approach was employed.

1. Advocacy

In order to maintain the campaign's political momentum and put the eradication of malaria at the top of the agendas of all relevant parties, advocacy was crucial. People who were invited to participate in advocacy at the provincial and district levels received the advocacy kits and materials that were created under the direction of the SBCC panel. Inside the toolkits, which came in a folder, were the campaign factsheet, a calendar, malaria FAQs, a guide with key themes provided throughout the several campaign phases, and a campaign-branded notepad.

Representatives from the public service, political, and religious sectors were invited to attend at this point to guarantee their commitment to advancing the campaign's execution. The participants were also given a campaign poster with malaria prevention and case management messages. Advocacy meeting on district level successfully winning over the district teams by emphasizing the ways in which various stakeholders may promote campaign engagement, offer resources like volunteers, storage, security, and ensure "access" to difficult-to-reach people. The detail of advocacy meetings is given below:



Provincial and District Level Advocacy Status

Province	Advocacy Meeting Status	Conduction Date	District	Advocacy Meeting Status	Conduction Date
Balochi- stan	Complete	26 Octo- ber,23	BOLAN(KECH)	Complete	7 Nov,23
			DERA BUGTI	Complete	7 Nov,23
			DUKI	Complete	15 Nov,23
			GWADAR	Complete	27 Oct,23
			JAFERABAD	Complete	10 Nov, 23
			JHAL MAGSI	Complete	10 Nov,23
			KECH(TURBAT)	Complete	7 Nov,23
			KHARAN	Complete	7 Nov,23
			MUSAKHEL	Complete	21 Nov,23
			LORALAI	Complete	10 Nov,23
			NASEERABAD	Complete	10 Nov,23
			ZHOB	Complete	17 Nov,23
Sindh	Complete	17 Nov,23	SAJAWAL	Complete	26 Oct, 23
			THATTA	Complete	6 Nov,23
			T.M KHAN	Complete	26 Oct,23
			UMARKOT	Complete	2 Nov,23
KP	Complete	27 Octo- ber,23	BANNU	Complete	7 Nov,23
			D.I. KHAN	Complete	15 Nov,23
			KARAK	Complete	09 Oct,23
			LAKI MARWAT	Complete	31 Oct, 23

2. Interpersonal Communication

a. During Household Registration

Two volunteers engaged interpersonal communication: one volunteer assisted with registration and the other with SBCC. In order to ensure that the household received accurate and consistent information, the registration volunteer registered households via application. The SBCC volunteers then used the laminated volunteer guide and the A-3 poster, which featured graphics and illustrations, to distribute key messages to the household members.



Additionally, **Flyer** with pictures and information about how to use, care for, and repurpose ITNs was given to every household during registration process.

b. During Distribution at DP

DPs installed a model that displayed the ITN above the charpai at places where every community member could see it after joining the queue. At most of the distribution sites, there was also a demonstration of how to hang an ITN. Constantly choosing groups of fifteen to twenty individuals, SBCC volunteers took them aside to provide information regarding ITN use, upkeep, and care.



c. Through School children

SBCC banners, including both genders, were shown in UC-level schools in accordance with the micro plan. During assembly, the teacher/in charge announced to the students the campaign timeframes and the SBCC messages addressing hang up, care, repair and repurposing of nets. The students further expected to spread messages, particularly to mothers at home.



Additionally, children received **Flyers** with messages on use, caring, and repurposing with visual representations to share with their family, specifically mothers back home.

iii. Secondary Source of Communication

a. Radio

All target districts received radio messages in Urdu, Pashtu, Sindhi, Balochi, Brahvi, and Siraiki that were produced in phase-specific recordings and aired on local, regional, and national channels with wide listeners, like FM,101 and AM. Radio messaging was used to totally cover 17 districts that have radio coverage, and messages were also issued during prime time to reach a big audience of listeners. Dissemination occurred on the days assigned to each phase period, as per the plan.

b. Town Criers

In Balochistan, two districts lacked radio signals. Town criers were used to notify the target population of campaign activities and timelines. Whereas town criers were employed as supplementary sources in selected UC's of KP and Baluchistan as needed. These town crier's sources (cars and motorcycles) were intended to supplement existing communication methods in order to handle changes in the community's distribution timeframe. The detail of vehicles/bikes used as town criers is given below:

Balochistan			
S#	District Name	UC Name	No. of Days
1	Zhob	Whole district covered as lacked in radio signals	6
2	Dera Bugti	Whole district covered as lacked in radio signals	
3	Kharan	Whole district covered as lacked in radio signals	6
4	Bolan (Kachhi)	Whole district covered as lacked in radio signals	6
KP			
1	D.I.Khan	Ratta Kolachi, Muryali, Lachra, Malana, Dera Jaat 1 (DD1), Dera Jaat 2 (DD2) Zandani	3

To reach remote areas with dispersed populations, **100 Megaphones** were installed to motorbikes and other vehicles in Balochistan and KP for announcements. Volunteers also utilized these megaphones to announce changes to the distribution dates that went beyond the originally scheduled timescale. These Megaphones phones were later deployed at distribution points to manage and control crowds and disseminate SBCC messages. Detail of megaphones allocation is given below:

Mega Phones Allocation

S#	District Name	Mega Phones
1	Gwadar	25
2	Jaffarabad	11
3	Jhal Magsi	10
4	Kech	20
5	Musa Khel	34

c. Mobile text messages (SMS)

The first step was sending messages to all registered users of Zong, mobilink, and ufone—the three most active cellphone firms. During the distribution phase, campaign phase-specific text messages were created and sent out to all mobile users in target districts in the Urdu language on days designated for each phase. Whereas, targeted messages were distributed to cellphones that were registered during the HHR procedure.

d. Social Media

Three one- to two- minute animated short movies were created in Pashto, Sindhi, Balochi, Brahvi, Siraiki and Urdu, with English subtitles. These animations addressed ITN usage, care, and repurposing, among other topics, prior to, during, and after the registration and distribution processes.

During the campaign, these movies were also shared on the websites, Facebook pages, and Twitter accounts of IHHN and DOMC, as well as on Whats App groups that were established with district-level employees, volunteers, and community members. Additionally, these animations were distributed via WhatsApp to nearby government agencies.

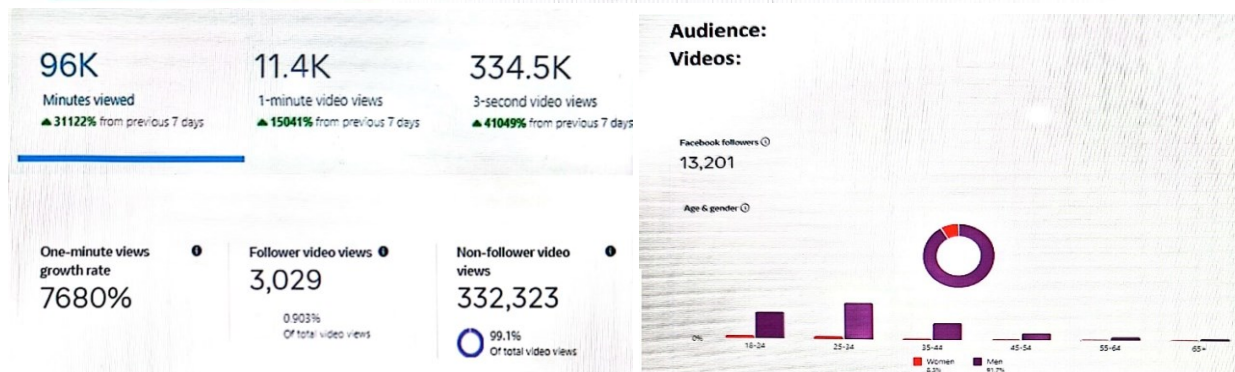
During the course of the campaign, the animated videos and Facebook updates that were promoted through paid means garnered a grand total of **3,598,852** views and **6,389,241** impressions.

The subsequent visual depiction provides a comprehensive breakdown of the audience's reach;



ITNs Mass Distribution Campaign 2023

11K likes • 13K followers



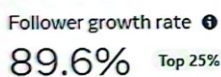
Audience details

Location – Living in

Pakistan: Duki (+80 km), Gawadar City (+80 km), Kharan (+80 km), Loralai (+80 km), Musakhel (+80 km), Turbat (+80 km), Zhob (+80 km)
Balochistan: Bannu (+80 km), Dera Ismail Khan (+80 km), Karak (+80 km), Lakki Marwat (+80 km)
Khyber Pakhtunkhwa: Sujawal (+80 km), Tando Muhammad Khan (+80 km), Thatta (+80 km), Umerkot Sindh
Pakistan (+80 km) Sindh: Kachhi Balochistan

Animated & Testimonial Videos Insight

Audience overview



The Whats App Group began as a development strategy to enhance information flow as an extra effort to distribute all SBCC materials and disseminate information linked to the campaign. This information flowed from the center to the district, province, UC, and DP levels workers, and then from community workers to community members.

e. Mosque Announcement

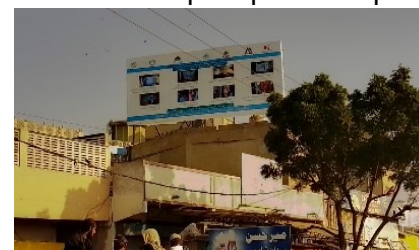
Throughout the whole campaign cycle—pre-registration, registration, mop-up, pre- and post-distribution—messages were distributed in mosques throughout all target districts. Announcements pertaining to a phase were made by imams or assigned persons from imam for announcement and occasionally by SBCC volunteers themselves. Every day there was an obligatory announcement, and on Fridays after Friday prayers, when the men assembled for combined prayers, there was an extra announcement.



MERF supervisors guiding volunteer teams supplied standardized material for the announcement via Whats App and printed paper. It has been demonstrated that this channel showed more successful results in reaching the majority of the target audience and serving as a reliable source for the community.

f. Billboard

MERF has taken further steps to meet the demand for promoting the utilization and upkeep of ITNs post-distribution, billboards were strategically placed in the prominent locations in Sujawal, Thatta (Sindh) and D.I. Khan (KP) for a period of one month to promote the importance of using and caring of insecticide- treated nets (ITNs) in order to prevent malaria. The materials on the billboards highlighted the benefits of ITN use and proper maintenance.



Billboards Allocation Status

Province		District/Location	Duration
Sindh		Library Chowk, main city District Sujawal Sarki Chowk main city District Thatta	1 month
KP		Fawara main Chowk, District D.I.Khan	1 month

3. Campaign Launches

Following the registration efforts, the provincial and districts campaigns were launched in the implementing areas, which was a crucial next step. The media-focused campaign launches functioned as a way to publicize the province's debut, solicit media and stakeholder participation. Media brief with advocacy materials were distributed on both provincial and district launches level. The District Coordination Committee chair, chosen by the DC, oversaw the district launch. The ITNs were ceremoniously turned over to the house hold representatives.

Provincial and District Level Campaign Launches Status

Province	Campaign Launch Status	Completion Date	District	Campaign Launch Status	Completion Date
Balochistan	Complete	15 January, 24	BOLAN(KACHI)	Complete	17 Jan, 24
			DERA BUGTI	Complete	18 Jan, 24
			DUKI	Complete	17 Jan, 24
			GWADER	Complete	25 Dec, 23
			JAFERABAD	Complete	17 Jan, 24
			JHAL MAGSI	Complete	26 Jan, 24
			KECH(TURBAT)	Complete	25 Dec, 23
			KHARAN	Complete	17 Jan, 24
			MUSAKHEL	Complete	20 Jan, 24
			LORALAI	Complete	18 Jan, 24
			NASEERABAD	Complete	17 Jan, 24
Sindh	Complete	16 January, 24	SAJAWAL	Complete	17 Jan, 24
			THATTA	Complete	17 Jan, 24
			T.M KHAN	Complete	18 Jan, 24
			UMARKOT	Complete	20 Jan, 24
KP	Not Done(political and administrative dead-lock)	---	BANNU	Complete	11 Dec, 23
			D.I. KHAN	Complete	8 Dec, 23
			KARAK	Complete	---
			LAKI MARWAT	Complete	9 Dec, 23

Campaign Helpline Number

The campaign helpline number (a designated cellular number for campaign only) supported public on queries and clarification in the registration and distribution phase. The hotline operated central level to ensure that all the information flow remain on the same pattern and discourage misinformation. A well knowledgeable and trained staff on campaign was allocated for helpline. Assigned staff responded to the queries of the calls from the community and referred the caller number to the respective district coordinator if some specific issue related to that district. The helpline operated for standard 8 hours between 9am-5pm.

A total of **2205** calls were made to the helpline throughout the campaign period. The majority of calls (70%) are general inquiries concerning distribution and registration. Conversely, **76 calls** were deemed serious and handled effectively with the assistance of UC and district supervisors. Very few calls were hostile because of the distribution timeline's delay. Callers became increasingly exasperated as they were unable to obtain satisfactory responses concerning the dates of distribution.

Helpline number was printed/mentioned in all the print material e.g., coupons, radio messages, mobile text, media brief and other visibility materials. associated for registration and distribution of the ITN Campaign with the notion "For further information or complaints please call helpline number **0301-8357326**

Risk and Rumour Management

All campaign team members and volunteers were trained to identify rumors and promptly report them to the relevant supervisor. Rumors were addressed to the community under the supervision of relevant line

management. One of the community's risk factors for rumors was a delayed distribution schedule. Paper posters notifying the designated DPs of the amended distribution date were attached to them in order to resolve this issue.

On the other hand, the mosque received notice about the distribution dates being changed. Additionally, the community contacted the helpline number provided through coupon to clarify facts pertaining to distribution and to voice any grievances they may have had regarding registration issues. Virtual assistance from the SBCC at center was always accessible to anticipate any problem or rumors. Most of the time, UC employees addressed straightforward queries and worries, and no really hazardous rumors were discovered.

9. Distribution of ITNs

After completion of HHR, the DPs teams trained on distribution process including logistics arrangements at each DP with complete documentation. Based on the microplanning and HHR data DPs were set in each district and beneficiaries were informed about their respective DPs during HHR. Few changes were made in some districts where the physical position of facilities was not supportive. The DPs name in the software were as provided based on micro plans but after HHR, there were changes made in the field in the light of ground realities. The names in software remained same because it was not possible to change them at this stage however in the field they were set up as per reality. The communities were informed accordingly. Each DP team comprised of 5 volunteers including a DP In-charge, a SBCC volunteer, a crowd controller, a coupon verifier, a storekeeper and two security guards.

Distribution was in three phases depending on the availability of ITNs.

1st phase: **9th-15th December, 2023** in the 4 districts of KP

2nd phase: **25th -31st December, 203** in the two districts (Kech & Gwadar) of Baluchistan

3rd phase: **18th – 24th January 2024** in the remaining 14 districts of Sindh and Baluchistan

There were a few distribution protocols, which were already developed before starting this process. As per those protocols, each DP had to distribute ITNs to 300 HH per day considering the technicalities and to ensure completion of distribution as per given time. Mobile distribution was also undertaken where deemed necessary. Thus in total **1,412** DPs were established including mobile DPs.

The distribution was continued for 5 days and 2 days for mop up in all districts of KP, Sindh and Baluchistan. Before the start of distribution campaign volunteers and supervisors were trained on distribution process and log tools, reverse logistics, documentation and coupons management at DP etc. Campaign launches were organized at provincial as well as at district levels.

a. Campaign Launch

Distributions in all districts were initiated through Campaign launching ceremonies. Senior Govt officials including provincial health minister, Secretary Health and DG Health Services Sindh & Baluchistan, DCs, were invited for initiating the distribution of bed nets for better ownership of the campaign. Provincial health Minister Sindh attended the provincial launch ceremony, held at Emergency Operation Centre (EOC) Karachi of bed nets distribution in Sindh and Secretary Health Balochistan along with DG HS attended



provincial launch held at Serena Hotel Quetta. Director VBDs, UN representatives, DHOs, representatives from District administrations were also present on the launching ceremonies. Deputy Commissioners and District Health Officers launched the distribution in their respective districts.

b. Distribution

Distributions teams organized distribution points as per the protocols laid out by AMP consultants. An ITN was installed as sample at each DP. The DP lay out is explained in below figure as well:

5 x boxes were placed at distribution desk for collection of redeemed coupons, the detail is given below:

1. Box-1- 1 x ITNs
2. Box-2- 2 x ITNs
3. Box-3 - 3 x ITNs
4. Box-4 -4 x ITNs
5. Box-5 Rejected or duplicated

The HH having coupon entered at DP, SBCC volunteer explained the message from displayed banner in groups. After this the beneficiary went to coupon verifier, he/she scanned the coupon to know about the exact number of ITNs to be handed over to the beneficiary specified by INFLOW based on the household size. After this, beneficiary details were verified and each of them received their ITNs.

Following arrangements were made at each DP to ensure smooth distribution:

Micro Tech Inflow application was used for identification of number of HHs to receive ITNs at each DP. Using the coupon QR code, volunteers were able to access an already uploaded database on their mobile phones to authenticate CNIC numbers of registered beneficiaries during HHR. The beneficiaries were allowed at the entry point to enter only who had original coupons. This helped in verifying the identity by Crowd control to ensure that people coming to receive ITNs are advised/ guided to be in queue properly.

1. Removal of ITNs from their packing before distribution among beneficiaries. Wastes were retained at each DP for later proper disposal.
2. Beneficiaries were informed on spot regarding usage and storage of ITNs by SBCC Volunteers at each DP.
3. Mobile DPs were established in some areas, especially due to long distances and scattered populations.

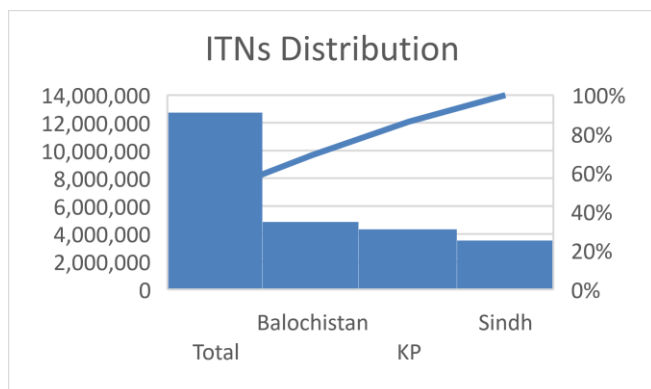
4. It was found that in some hard areas' beneficiaries were unable or unwilling to come to fix DPs to get their ITNs. Hence, mobile teams were set up in addition to the already established mobile DPs for distribution and ensuring blanket coverage.
5. ITNs distribution record is maintained on INFLOW application. Distributed coupons, distributed nets along with remaining nets were reconciled through INFLOW daily, as well as at the end of the distribution period.

The figure below represents district wise distribution of ITNs:

S No	Province	District	Population	HH	ITNs
1	Balochistan	Bolan	258,345	40,083	128,850
2		Dara Bugti	337,576	51,709	170,650
3		Duki	277,162	37,623	126,701
4		Gwadar	192,767	32,850	97,100
5		Jaffarabad	655,691	95,402	319,358
6		Jhal Magsi	163,258	24,419	80,450
7		Kech	800,695	131,468	399,654
8		Kharan	180,491	24,399	83,426
9		Loralai	501,674	59,364	209,899
10		Musa Khail	280,962	36,202	123,859
11		Naseerabad	655,563	98,483	317,240
12		Zhob	333,258	45,783	161,442
13	Sindh	Sujawal	787,611	134,739	396,989
14		Thatta	1,004,816	179,714	517,787
15		TMK	560,769	112,866	298,700
16		Umerkot	1,044,111	202,404	551,750
17	KPK	BANNU	1,223,545	203,427	618,750
18		DI KHAN	1,302,622	229,838	668,825
19		KARAK	621,958	120,901	326,324
20		LAKI MARWAT	808,277	138,309	405,155
Total			11,991,151	1,999,983	6,002,909

The strenuous efforts resulted in achieving an overall target of distribution of a total of **6,002,909** ITNs in **1,999,983** HH in 20 districts. It covered **11,991,151** people directly and indirectly. The overall ITNs distribution percentage stood at **97** |

Province Name	Registration			Redemption		
	Population	HH	ITNs	Population	HH	ITNs
Balochistan	4,876,166	721,855	2,346,602	4,637,442	677,785	2,218,629
Sindh	3,523,070	655,290	1,832,824	3,397,307	629,723	1,765,226
KP	4,337,697	763,591	2,215,833	3,956,402	692,475	2,019,054
Total	12,736,933	2,140,736	6,395,259	11,991,151	1,999,983	6,002,909



It is success of the campaign that marginalized women from these conservative communities also came to collect their ITNs for the health of their families. There were woman beneficiaries who appreciated the efforts of MERF



and informed that they are satisfied by the entire process. They also mentioned that the SBCC session were very useful and helped to develop their understanding on the usage and handling of ITNs.

Fixed Distribution Points: Fixed DPs were established mostly in a public health facility (e.g. Basic Health Unit (BHU), Rural Health Centre (RHC), dispensaries) or other public facilities (such as schools) where there was security for the ITNs. These public facilities were used to serve populations within a five kilometers radius of the distribution point.

Fixed distribution points had a team of five members with proper roles and responsibilities. Distribution points team composition was as under:

1. DP supervisor/In Charge
2. Crowd controller
3. SBCC Volunteer
4. Coupon verifier
5. ITNs distributor

In some DPs, where there were more than 2000 registered HHs, there were addition of distribution under same DP in charge/Supervisors.

Monitoring of ITN distribution

Similar to household registration, monitoring of ITN distribution was put in place in addition to supervision. DoMC and IHHN, along with the provincial and district malaria control program, focused on internal monitoring.

In line with this, ITN distribution activities were monitored at the DP level to ensure that ITNs are distributed to beneficiaries according to the campaign strategy. Using the daily distribution data transmitted through the digital tool system, the monitors measured distribution coverage achieved for distribution simply by comparing the number of household served and the number of ITNs distributed to the target population.

10. Reverse Logistics

Reverse logistics is the movement of the undistributed ITNs from DP back to the district warehouse and then finally to the regional warehouse. In each district, the supply chain management tools (waybill and stock sheets) were used to record the reverse movement of the leftover nets back to the district warehouses. MERF arranged the transport of the remaining ITNs to the district store and then finally to their originating regional warehouses. Reverse logistics took place by using AMP's reporting tool i.e. Reconciliation Tool to record this activity; MERF received **6,197,600** ITNs from PRs. The detail of reverse logistics is given below:

Received from PRs	Distributed	Reversed
6,197,600	6,002,909	194,691

11. Waste Management

Keeping in view the protocols and safety measures of incineration and good past experience of incineration from last year, it was recommended to utilize same disposal sites for proper incineration. It was feasible to transport and dump the empty sacks/ waste material at same disposal sites (BMC Quetta, DHQ Hospital Thatta and THQ Hospital Mola Khan Sarai-South Waziristan). Incinerated quantity of empty sacks against distributed quantity of total bales is tabulated below: -

Total ITNs Distributed	Total Number of Bales	Total Empty Sacks Reversed for incineration	%age
6,002,909	120,058	113,163	94%

After the successful completion of ITNs distribution, empty sacks/waste material was transported at above mentioned locations/ sites. During incineration process health, environmental and safety protocols/ SOPs were adopted in supervision of professionals from respective health facilities and incineration activity was conducted as following: -

Location	STRONG-MAN™ *MODEL:	Waste burning Capacity	Temp Range Primary	Temp Range secondary	Temp Range Tertiary	Temp Range scrubber	Temp Range Chimney
THQ Mola Khan Sarai	BMW-SQ-15	15 Kg/hr	600-800°C	800-1200°C	600-700°C	200-300 °C	90-100 °C
DHQ Thatta	BMW-SQ-100	100 Kg/hr	600-800 °C	800-1200°C	600-700 °C	200-300 °C	90-100 °C
BMC Quetta	BMW-SQ-200	200Kg/hr	600-800 °C	800-1200°C	600-700 °C	200-300 °C	90-100 °C

1. THQ Mola Khan Sarai Hospital, South Waziristan.

In 1st phase distribution activity was executed only in four (04) districts of KP. After final reversal, a lump



sum quantity of 39,518 sacks were transported to THQ Mola Khan Sarai Hospital in South Waziristan, KP for incineration purpose. Mentioned quantity of empty sacks/ waste material has been successfully incinerated at South Waziristan, KP. The incineration activity was completed by end of February 2024.



2. DHQ Hospital, Thatta

Empty sacks/ waste material from four (04) districts in Sindh (Thatta, Sujawal, TMK and Umerkot), was reversed at DHQ Hospital, Thatta Sindh for incineration purpose. Approximate quantity of 33,250 empty sacks/ waste material was transported and successfully incinerated at Thatta by mid of March 2024.



3. Bolan Medical Complex Hospital, Quetta

Empty sacks/ waste material from four (12) districts in Balochistan (Kachhi/Bolan, Dera Bugti, Naseerabad, Jaffarabad, Kharan, Kech/Turbat, Gwadar, Loralai, Zhob, Duki, Musakhel and Jhal Magsi) was reversed at BMC (Bolan Medical Complex for incineration purpose. Approximate quantity of 41,075 empty sacks/ waste material was transported and successfully incinerated at Thatta by last week of March 2024.



3. Verification of Third Party Assessors(TAP)

Under ABC contract model, IHHN engaged EY as third party assessor EY for ITNs Mass Distribution Campaign 2023. The following deliverables were set for MERF to be assessed by EY for payment:

Deliverable	Detail	Payment (%)
1	Microplanning process completed meeting pre- defined quality standards	10 %
2	Percentage of eligible households (HHs) registered for the correct number of ITNs	20%
3	Number of HHs that have received at least one essential SBCC message	10%
4	Number of eligible HHs that received the correct number of ITNs	50%
5	Percentage of undistributed ITNs accounted for	10%

12. Challenges

Since the project was of immediate nature and had to cover all the households of the targeted districts; therefore, both foreseeable as well as unforeseeable challenges occurred. Following are the major challenges faced during campaign:

1. Supervisors and volunteers had difficulty in grasping the knowledge given to them due to insufficient training days.
2. Afghanis were reluctant to share their details because they feared to include them in the list for expulsion.
3. There was a clash between distribution and Polio Campaign dates in KP Sindh and Balochistan that's why
4. Storage space was an issue due to direct transportation of ITNs from Karachi Port to MERF's district warehouses.
5. MERF had to manage the development of software(Microtech) in very short time that affected the performance
6. Uploading of coupons because of double leaves of coupons
7. Change of Committed timeline for distribution resulted frustration and disbelief, faced less redemption
8. Distribution time was not appropriate, there was no malaria and people did not rush to get ITN
9. Due to non-availability of ITNs stock, multi times transportations were practiced between provinces and districts within provinces to meet targeted ITNs, which caused additional cost bearing and time wastage as well.
10. Due to delay in ITNs receiving from regional level, there was a huge gap from staff's training and implementation/ execution of logistics activities. This gap caused as low down of job interest and trained staff's understanding was reduced which resulted as improper implementation and generating of required documents of the campaign at micro level (District to DPs, DPs stock control card and reverse documents).

13. Recommendations

1. Timeline should be set upon assuring the availability of stock with proper stored quantity at regional warehouses in each province. It will avoid wastage of time, multiple transportations within provinces and additional cost bearing.
2. During micro transportation, exact number of ITNs (Packed bales + Lose PCs) should be approved for transportation to preposition accurate quantity of ITNs at DP level, instead of doing reversed to district warehouse and re-transport to DPs having short fall, proper records for audit and verification purposes.
3. For reverse transportation after distribution, with final decision by PRs (IHNN & DoMC) and IP (MERF), final timelines should be set to complete the reverse activity from DPs to District WHs and Regional WHs.
4. During implementation phase a maximum number of IP (MERF) staff should be trained at central/ federal level and that trained staff should deliver the trainings at field level (province level, districts level and

UCs level). It will be more effective to train the field staff exact at the time of phase wise implementation for a successful campaign.

5. As ITNs are prepositioned in packed bales (in even quantity of 50/bale), whereas based on actual HHR mostly ITNs are required in odd number which create confusion/ misunderstanding for monitoring teams to verify the stored ITNs vs HHR ITNs. Therefore, at the time of preparing micro-transportation plans quantity should be approved with following suggestions: -
6. Surplus quantity in even figures.
7. Accurate quantity in odd figures with lose ITNs.
8. It is imperative to translate all training manuals in Urdu so that all the volunteers and supervisors can understand them easily.
9. The number of days allocated for trainings at district level should be increased in next phase so that the participants can grasp the information in a better manner.
10. Videos of software how to install and use, were prepared and shared with them, they were oriented online.
11. HHR was done in phases
12. Changes were made in registration and distribution dates due to Polio Campaign KP Sindh and Balochistan
13. Phase wise distribution
14. Timely Approval/decision for Distribution & micro transportation
15. No HHR if availability of bed nets is not confirmed
16. Stick with HHR & distribution timeline
17. More time required for Volunteers Training