

LEARNING FROM EVALUATION AND RESEARCH NOTE SERIES (LEARNS) 2019

# Harnessing Policies to promote Pneumonia and Diarrhea Commodities for reducing Childhood Mortality in Pakistan

Policy Brief/ 2019  
Policy Brief/ 2016-20

Pneumonia and Diarrhea (P&D) are the two major contributors to under five children mortality in Pakistan. UNICEF Pakistan, through financial assistance of Bill and Melinda Gates Foundation (BMGF) has been implementing the project for 'Accelerating Policy Change, Translation and Implementation for Pneumonia and Diarrhea Commodities in Pakistan (2016-2020)'. This project mainly aims to bring policies to address P&D related barriers, through linking the most disadvantaged children and women with an integrated package of high impact and good quality healthcare commodities, emphasizing on systems strengthening and continuum of healthcare. Project supports Ministry of National Health Services Regulation and Coordination (MoNHSRC), Provincial Health Departments, Offices of District Health Officers (DHOs), health facilities and outreach workers in targeted districts of Sindh and Punjab provinces.

UNICEF, Pakistan commissioned midterm evaluation (MTE) as part of the monitoring and evaluation activities planned for this project to ascertain that the direction and progress made were in the right direction in meeting its ultimate goals. MTE assessed the extent to which this project was successful in achieving its intended results and aided the beneficiaries, and whether the stakeholders were productively involved in the policy change, policy translation, policy implementation and knowledge management. This evaluation determined systematically and objectively, the progress towards specified project objectives and the extent to which they were achieved and contributed to increase child survival for both girls and boys in Pakistan. Primary aim of this MTE was to document the progress made so far and highlight the lessons learnt. In addition, secondary aim of this evaluation was knowledge management and reviewing potential for scalability in rest of the provinces.

This policy brief presents the snapshot of Midterm evaluation including methodology, key findings, lessons learnt and recommendations for decision/policy makers to carve out the future course of action and course correction to achieve the goal of this project. In a nutshell, this brief will highlight the evidence, generated through MTE to inform project strategy and activity design for scaling up the project in other geographical areas of Pakistan and other settings. It would identify and capitalize on project strengths, correct weaknesses, set realistic goals, identify new areas of intervention, and provide guidance about best practices for replication and possible expansion.

## Methodology

A formative evaluation design with a mixed methods approach (quantitative and qualitative techniques) was adopted, and data was collected at primary, secondary and tertiary levels. An evaluation framework was developed considering the evaluation objectives and evaluation questions as per OECD/DAC components of evaluation, encompassing relevance, effectiveness, efficiency, sustainability across cross-cutting areas. The perspectives of stakeholders and end-users were gauged through Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) along with desk review and case-study analysis. A total of 48 KIIs and 16 FGDs were held with relevant stakeholders at federal, provincial, district, health facilities and community levels. Gender mainstreaming was kept in consideration while devising the data collection processes and tools.

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**Evaluation team worked in close collaboration with all stakeholders including federal and provincial governments, health facilities, outreach workers, private sector care providers, donors and development partners and the ultimate beneficiaries**

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## Status of the Project Outcomes

Project outcomes pertaining to policy change, policy translation, policy implementation and knowledge management were identified at the inception of the project and later on were incorporated in the Theory of Change (TOC), which was developed retrospectively. As part of MTE, achievement against each outcome and areas for further improvement were assessed to propose actionable recommendations. Overall, objectives of the project were consistent with the national policies and strategic frameworks. The implementation of the project has paved way for building a dynamic policy environment for child survival. It further ensures that every child has access to proven preventive and treatment measures through evidence based updated medical P&D commodities for management. With the help of this integrated package of high impact and good quality healthcare commodities, the project has contributed to uplift the health of marginalized children with a special focus ensuring continuum of care from communities to health facilities. Various national and provincial policies and guidelines were updated through this project in aligned with the global recommendations, including GAPPD, for P&D management.

## Broader Evaluation Key Findings

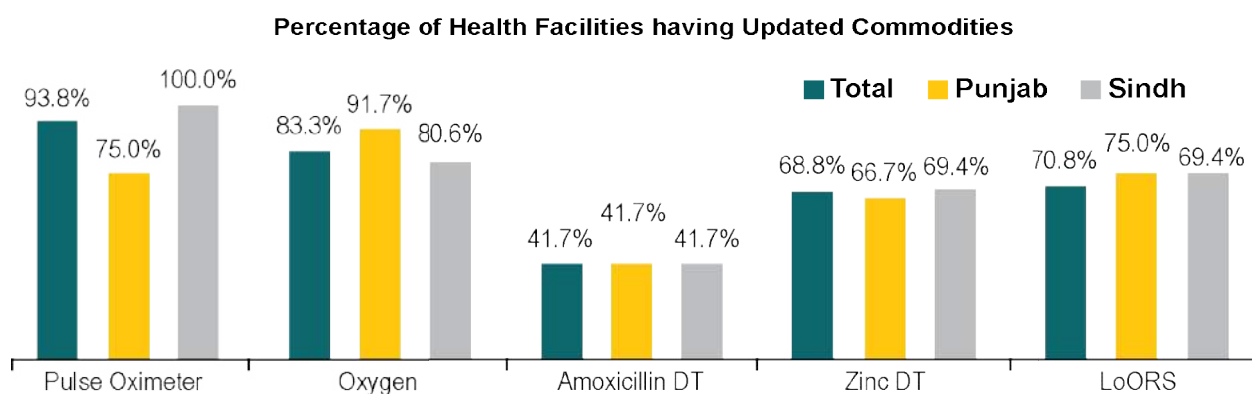
**Project Oversight and Coordination:** The project support proved beneficial in implementing the joint accountability framework in its strategic areas (policy change, updates to clinical management practices, strengthened logistic and procurement system, budgeting and role of media), ensued in practical implementation of child survival policies.

**Revision of IMNCI Guidelines and Manuals:** Project provided technical assistance for development and revision of in-service IMNCI guidelines and six-day abridged course. The reduced cost associated with trainings of shorter duration made it cost effective and provided an opportunity to train more health workers in the health facilities.

**Updating Essential Medicines and Procurement Lists:** Project advocated extensively with federal and provincial governments for the revision of Essential Medicines and Procurement Lists to include the updated commodities for better management of childhood P&D for both intervention provinces. Further, project is also facilitating the operationalization of these lists for regular procurement by provincial procurement committees led by Health Secretary, as well as inclusion of the revised commodities in essential package of health services (EPHS) in Sindh, Minimum Service Delivery Package (MSDP) in Punjab, and Minimum Service Delivery Standards (MSDS).

**Augmentation of Information Systems:** Project supported revision and enhancement of DHIS tools with inclusion of new indicators and GAPPD recommendations, like updated P&D commodities, indicators on safe drinking water, exclusive breast feeding and new vaccines. Further, LHWs-MIS were also updated to reflect new commodities.

Following graph also provides an evidence, showing status of health facilities having updated commodities:



**Capacity Building on Updated Commodities:** A pool of master trainers was trained at the provincial level to roll out trainings for healthcare providers on the use of updated commodities in management of childhood P&D, and revised DHIS recording and reporting tools. A total of total of 10,182 doctors and 29,788 LHWs were trained on the use of updated commodities from both Punjab and Sindh provinces.

**Knowledge Management:** UNICEF ensured government stakeholders' participation for enhanced communication, thereby helping in creating, storing, transferring and application of the knowledge to these provinces and regions.

## Findings against OECD/DAC Criteria

In line with the Organisation for Economic Cooperation and Development (OECD)/ Development Assistance Committee (DAC) criteria, this evaluation assessed the findings against relevance, effectiveness, efficiency, sustainability and cross-cutting areas of equity and gender equality. A set of evaluation questions (EQs) were proposed in the TORs as per OECD/DAC criteria, against which, the findings of MTE report was presented.

### Relevance

- There is high relevance of the project as Pneumonia and Diarrhea contribute extensively to childhood deaths in Pakistan;
- Empirical evidence supported the use of updated commodities as per the GAPPD recommendations and guidelines of WHO for management of childhood Pneumonia and Diarrhea; and
- Project objectives are highly consistent with Pakistan's national vision and priorities for child health.

### Effectiveness

- Project updated national and provincial policies and guidelines in line with GAPPD recommendations, however implementation of these policies at district and community level needs to be strengthened;
- Childhood Pneumonia and Diarrhea management practices have improved through introduction of updated commodities.
- Effective coordination mechanisms between federal and provincial levels were established in the form of National RMNCAH&N Technical Working groups (TWG) and provincial child survival TWGs.
- Reporting tools on facility (DHIS tools) and community level data (LHW MIS tools) were updated with inclusion of new commodities and indicators in alignment with GAPPD recommendations and WHO guidelines.
- The project actively engaged community level health workers (e.g., LHWs), provided ARI timers to empower LHWs and improved their ability to manage ARI and timely refer Pneumonia patients.

### Efficiency

- There were numerous factors, mainly related to limited demand that hindered the availability of recommended commodities for management of childhood pneumonia and diarrhea in the open market.
- The project procured and supplied approximately 169,744 Amoxicillin DTs and Co-packaged Zinc DTs at ~2,458 primary healthcare facilities in Sindh and ~ 450 health facilities in Punjab to improve service delivery. At community level, Zinc DTs were made available to LHWs in both Punjab and Sindh.
- The project has added value by improving management practices of healthcare providers, mainly outreach workers and primary level facilities and majority of these facilities had adequate supply of P&D recommended commodities but prescription behaviour of care providers need improvement;
- The project distributed ARI Timers to 29,788 LHWs (22,700 from Sindh and 7,088 from Punjab) for early detection of pneumonia to ensure timely provision of healthcare services.
- The project has contributed in building ownership of provincial governments of its interventions, which is further evident through inclusion of recommended commodities in MSDP, EML and procurement lists, DHIS and MIS tools, IMNCI guidelines and their incorporation in Maternal and Newborn Health Package of Services under Disease Control Priorities, Edition 3 (DCP3) of Universal Health Coverage Benefit Package for Pakistan.

### Sustainability

- There is a lack of necessary political push towards childhood Pneumonia and Diarrhea.
- Sustainability and replicability of the project is to be ensured through institutionalization of key policies and guidelines within health system. Such challenges will be mitigated through enhanced government ownership and funding on P&D.

## Lesson Learnt

### At the level of Policy Change

- Political will and commitment is essential for policy transformation and rolling out reforms agenda in Pakistan.
- Joint accountability framework assisted the project in steering the progress monitoring and tracking.
- Establishing oversight and coordination platforms at all levels are critical in building government ownership and steering the project activities.
- Decentralization of health sector has created dichotomies among federal level and provinces.
- Inclusion of policy entrepreneurs is essential to empower advisory bodies.

### At the level of Policy Translation

- Policy translation efforts should be strongly supported through empirical evidence for development of advocacy material.
- Acceptability of the care providers should be built for introduction of new/revised commodities.
- Without financial commitment of the governments, public procurement of updated commodities is not possible.
- Training material should cater to the local needs in terms of its contents and duration.
- Thorough and rigorous resource allocation should be done for donor identification and earmarking of funds.

### At the level of Policy Implementation

- Evidence of improved management of childhood illnesses through updated commodities accelerated the policy implementation phase.
- LHWs were empowered through provision of modern diagnostic gadgets. Further, diagnosis and treatment had improved through use of Pulse Oximeter and Oxygen at the health facilities, and ARI Timers by LHWs.
- Engagement of implementing partners pave way for enhancing the array of expertise to effectively support the policy implementation.
- Despite the resources and capacities, the local pharmaceutical manufacturing industry lacked interest in local production due to minimal demand of updated commodities in open market.
- Involvement of private sector is pivotal for smooth implementation and scaling up.
- Motivation and accountability through incentivizing public sector care providers – pay for performance is essential to achieve project outcomes.
- Ownership of the project interventions is pivotal to ensure through strengthening the existing service delivery systems by improving management practices of healthcare providers, mainly outreach workers and primary level facilities.
- In order to institutionalize the recording and reporting on updated commodities, DHIS tools were revised in both provinces. However, gaps in systems provisions,
- Necessary resources and skill sets are required to bridge the gap through development of integrated supply chain management system, as well as implementation of DHIS-2 and HLMIS.

### At the Level of Knowledge Management

- A system strengthening approach is essential to make the project interventions well entrenched and effective for improving infant and childhood morbidity and mortality.
- Updated federal and provincial policies and guidelines reflect the recognition of improved management of Pneumonia and Diarrhea as a shared goal.
- Sustainability of P&D project depends on achievement of results as perceived by the stakeholders including government, partner agencies, health facility staff and patients.

## Conclusion and Recommendations

In the causal pathway of policy transformation and reforms, the stage of policy implementation is the most critical. In order to make the P&D Project interventions institutionalized in the existing system, the strengthening of health sector at individual, organizational and systems level is of utmost importance. A systems' strengthening approach is recommended while moving forward so that the interventions under P&D become well entrenched in existing system for sustainability beyond the project life.

### Enabling Policy Environment

- Strengthen federal, provincial linkages and coordination to implement National Health Vision and provincial policies priorities of focusing on health systems strengthening for improved management of P&D.
- Continue sustenance of federal-provincial-district linkages and coordination through existing platforms at federal level (RMNCAH Group), provincial level (CSG and TWG), and district level (District Health & Population Management Teams).
- Strengthen supply chain management (from DOH to health facilities and outreach) so as the government capacity to roll out LMIS and DHIS-02.
- Foster existing CSG/TWG for harnessing its optimal potential and taking measure for sustenance beyond the project life.
- Build local capacities through engagement of existing partners and identifying new partners.
- Improving quality of DHIS data and revision of DHIS tools for updated commodities in Punjab.

### Private Sector Engagement

- Establish wider and proactive public-private partnership models through engaging pharma industry along with DRAP, medical, nursing and paramedical institutions.
- Enhance private sector engagement for updating their prescribing behaviours.
- Engagement of private providers through professional associations for change in prescribing behaviours.

### Advocacy and Communication

- Enhance concerted advocacy efforts with political leadership for sustained will and commitment under the GAPPD for childhood Pneumonia and Diarrhea management, as well as with pharmaceutical manufacturers for local production.
- Advocacy on the benefits of updated commodities for replacing existing finances for alternative procurement.
- Leveraging resources through advocacy and involvement of relevant stakeholders.
- Promote two-pronged approach with concurrent advocacy efforts to mitigate inherent barriers in local production and public procurement.

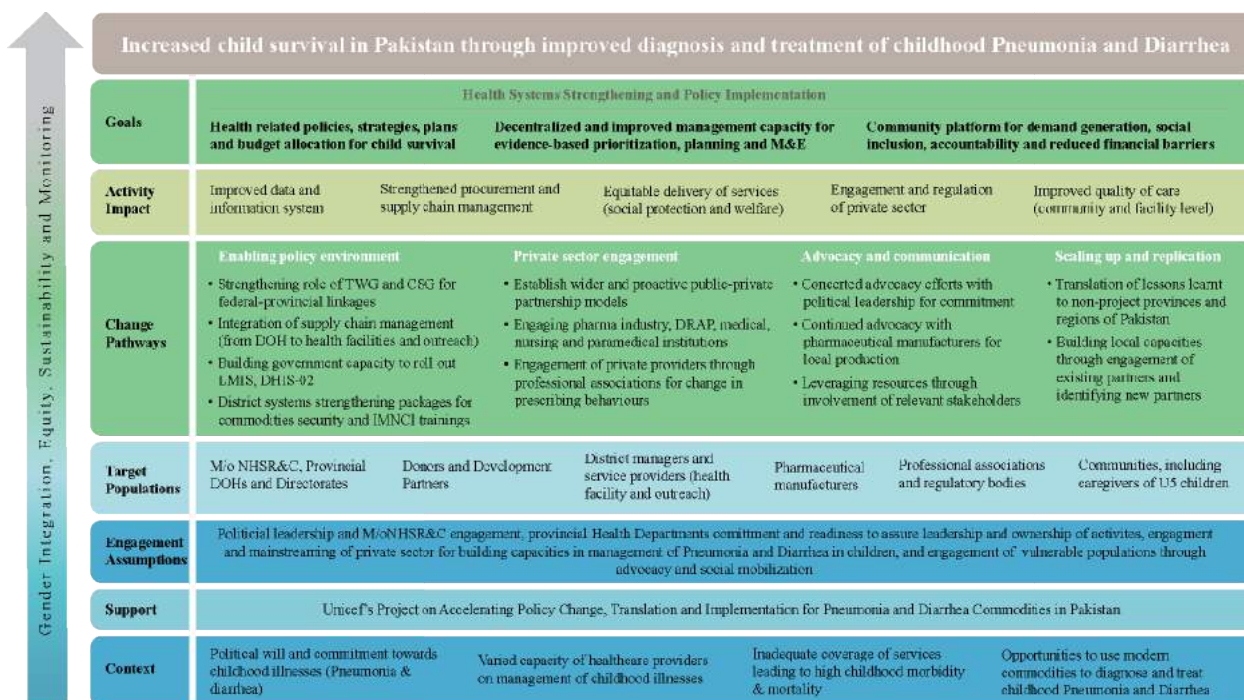
### Scaling Up and Replication

- Scaling up of P&D project in existing provinces and replicability in other provinces/region of Pakistan to reduce under five mortality.
- Translation of lessons learnt (scale up and replication) to other geographical settings.



## Revised Theory of Change

Based on the consultations with all stakeholders, the current Theory of Change (TOC) was thoroughly revised to achieve the desired outcomes of supporting child survival in Pakistan through improved diagnosis and treatment of childhood P&D. Proposed TOC was further connected with the proposed recommendations put forward by the evaluation, which were reviewed and endorsed by the counterparts at Federal Ministry, Provincial Health Departments and UNICEF for course correction and ensuring the best use of the remaining project duration.



The brief was produced as part of Mid-Term Evaluation of Project 'Accelerating Policy Change, Translation and Implementation for Pneumonia and Diarrhea Commodities in Pakistan (2016-2020)', carried out by Contech International