



# HOW REAL -TIME DASHBOARDS STRENGTHENED ITN CAMPAIGN COVERAGE AND ACCOUNTABILITY IN PAKISTAN

**JOINT ANNUAL MEETINGS OF THE SMC  
ALLIANCE AND THE ALLIANCE FOR  
MALARIA PREVENTION**

Kampala, Uganda  
24-27 Feb 2026



# Pakistan

- **Background**

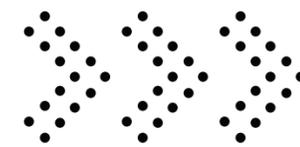
- Severely affected due to climate changes
- Up to seven folds increase in malaria cases
- Substantial influx of refugees
- Complex operating environments due to security situation particularly in Merged Areas of Khyber Pakhtunkhwa and some districts in Balochistan

Population of more than 252  
million

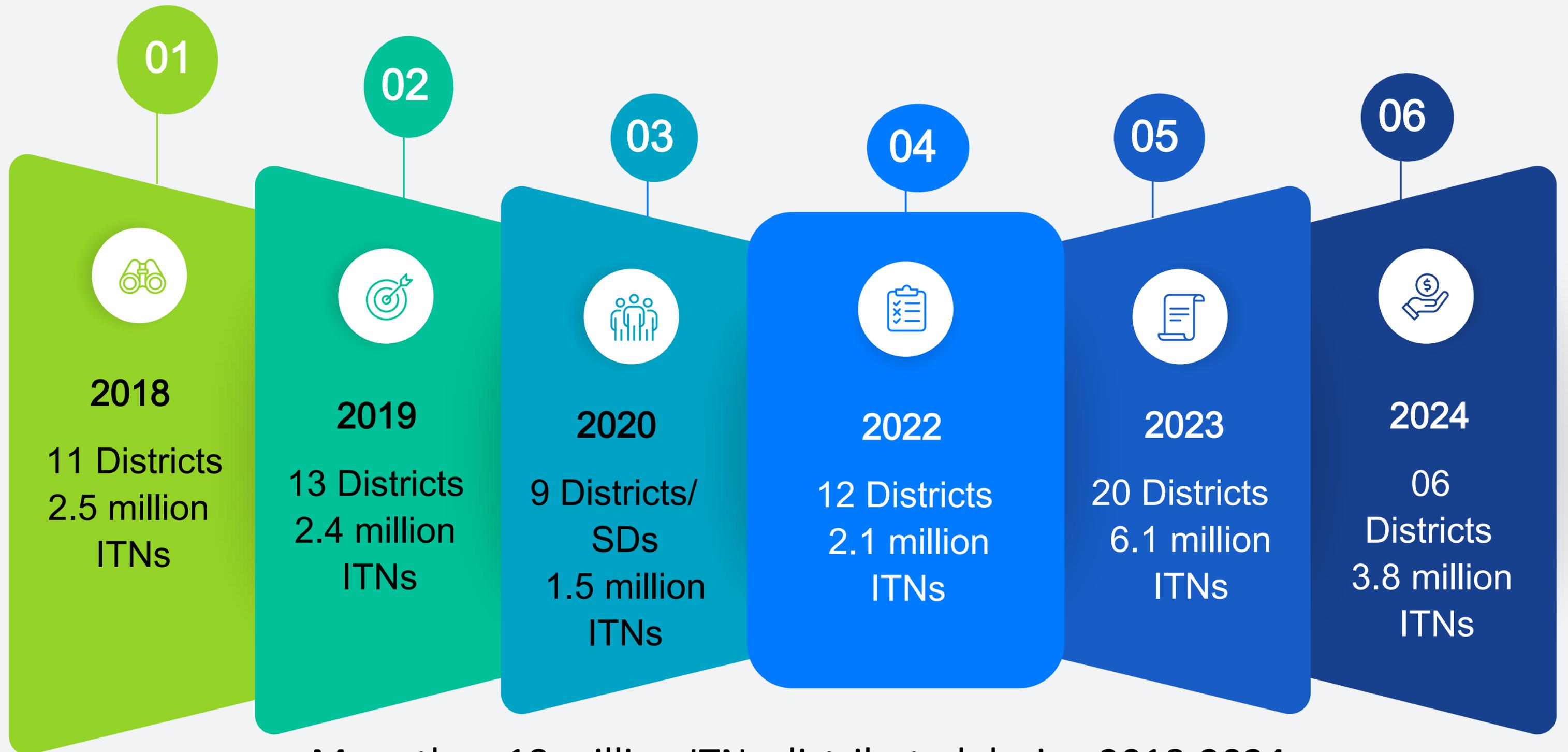
Moderate malaria endemic  
country

During 2025  
1.7 Million Malaria Cases

P. Vivax 64%,  
P. falciparum 32% & Mix 4%



# ITNs Mass Campaigns in Pakistan



More than 18 million ITNs distributed during 2018-2024

# Problem Statement

- **Before dashboards: we couldn't see problems early enough to act**
- Microplanning in Excel → version control issues and manual errors
- Major variations in microplanning estimates (denominator) vs household registration (HHR)
- District Health Departments had lesser ownerships (different secondary data sources)
- Missing areas / villages (because of manual record)
- At least two weeks required for cleaning and sharing with national level
- Dependency on external vendors for providing services → delays and higher costs



# Consequences

- **Operational impact: delays, limited visibility, and slow issue resolution**
  - Variations between microplanning estimation and actual needs based on household registration (HHR)
  - Campaign timing slipped beyond peak season (see planned vs actual)
  - Limited provincial/central visibility → late escalation
  - ITNs coverage issues due to missing areas/villages
  - Slow resolution of bottlenecks

Year	Planned	Actual
2018	June-July	Oct
2019	June-July	Nov
2020	June-July	Dec
2022	June-July	Oct-Nov
2023	June-July	Dec-Jan



# How it worked

- **What we built in DHIS2 (in-house)**
  - 3 modules:
    - Microplanning (hallmark as was first time)
    - household registration/enrolment, coupon (with QR codes) for HHR
    - ITN distribution
  - Offline capture +
    - later sync for low-connectivity areas
  - Automated aggregation and validation checks
  - Real-time dashboards for daily performance and accountability



# 2024 delivery improvements enabled by DHIS2 dashboards

- Developed modules were piloted, and rolled out in 6 targeted districts
- Offline data entry enabled continuity in low-connectivity areas
- Improved data quality + strengthened local digital capacity
- Variations in microplanning estimates vs HHR reduced significantly (less than 10%)
- Only few complaints about missing areas/villages
- First time campaign implemented on time (August 2024) before the peak malaria season



2024-05-03  
Bar Safary  
Village

(Open)



Report date \*

2024-05-03

Due date

yyyy-MM-dd

### Micropositioning

Village Name served by the DP

A

Population

57

Distribution team

2

Is there a mosque in the village? (yes/no)

Yes  No

Does the mosque have a loudspeaker? (Yes / No)

Yes  No

Is the village covered by radio? (yes/No)

Yes  No

Name of radio station (channel & frequency)

FM 87

The language used by the radio for broadcasting

Urdu

Complete

Delete

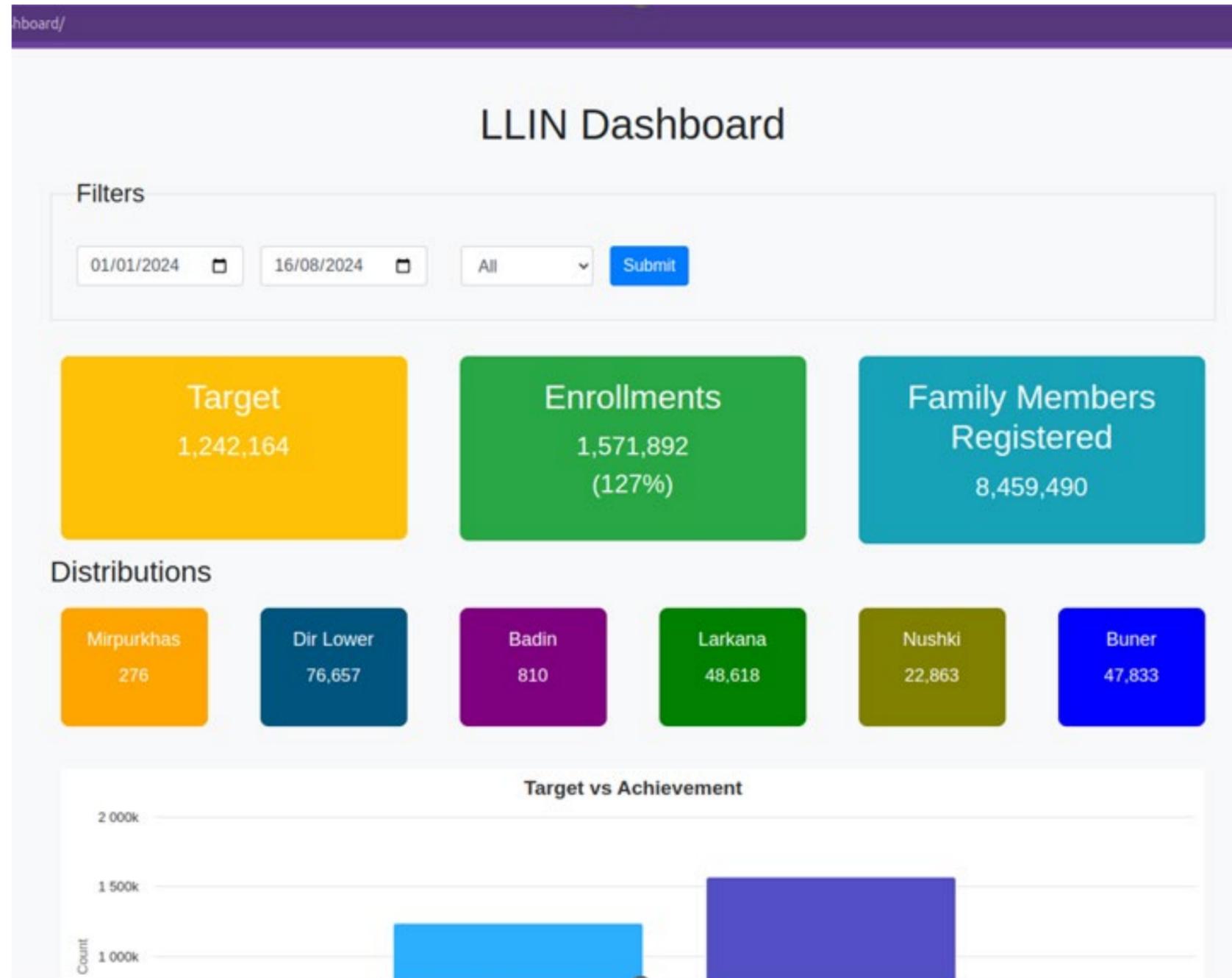
Print form

# PAKISTAN ITN CAMPAIGN 2024 - MICRO PLANNING REPORT - Abbottabad

[Download Data Into Excel](#)

Micropositioning Plan											
Distribution site (DP)	Address Of Dp	Village Name served by the DP	Population Rural	Population Urban	Total Population	Number of Households	Storage warehouse(District / Nearest Fixed DP)	Distance between district warehouse and Fixed DP (KM)	# of ITNs for this DP	# of bales of ITNs for this DP	Area (in square meter)DP Store(Height = 2m)
Test D	ABC	Azeem	300	0	300	43	Random	3.0	167	4	1
Test D		1	300	0	300	43	Random	3.0	167	4	1
Junaid	ABC	Test	400	0	400	58	Market	5.0	834	17	2
		Test	500	0	500	72					
		Test4	600	0	600	86					
Junaid		3	1500	0	1500	215	Market	5.0	834	17	2
BHU Gaggra	Daggar Road,	Mali Khel	1500	0	1500	215	Warehouse Daggar	15.0	8334	167	12
		Rega	800	0	800	115					

# ITN Campaign Dashboard



## What we monitored daily (and who acted)

- **Daily:** target vs achieved, enrolment progress, distribution by district
- **Users:** district teams, provincial leads, national coordination cell
- **Cadence:** daily check-ins + weekly review with action owners

# Outcomes

## Results: faster action + fewer errors

- Overall achievement: 93%
- Reporting time reduced from 14 days to 8-12 hours (automation + live dashboard)
- Data errors reduced (duplicates/invalid codes) after validation rules + monitoring
- Escalation speed improved: issues identified and assigned within few hours



Invalid codes

Duplicate QR Codes

Duplicate CNICs

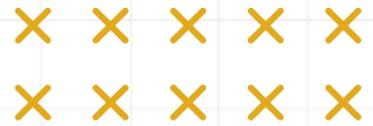
## Challenges using DHIS-2

Errors in printing of coupon

Hosting of data

Internet connectivity

# Next priorities



1

Digitize logistics and warehouse management (stock visibility + distribution reconciliation)

2

Digitize micro-budgeting and volunteer payments (timeliness + audit trail)

3

Upgrade dashboards: clearer visuals, automated alerts, role-based views

4

Institutionalize in-house expertise for future campaigns



# Recommendations

## Digitalization as a Driver of ITN Campaign Success

- **One Integrated Digital Platform** should be used covering microplanning, household registration, logistics, distribution, and reporting to improve coordination and accountability.
- **Digital Microplanning** is helpful in accurate estimation of ITN needs and select distribution points.
- **Strengthen in-house expertise, capacities & strengths** – Upgrade and optimize current digital platforms to reduce costs, simplify implementation, and ensure sustainability.
- **Real-time dashboards** should be deployed to quickly identify gaps and take corrective action during implementation.

# Acknowledgements



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Ministry of National Health  
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GOVERNMENT OF PAKISTAN



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Network



Alliance for Malaria  
Prevention (AMP)  
(Marcy, Miko, Robert,  
Hammond, Godwin, Terry)



UNIVERSITY  
OF OSLO

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**THANKS**