



After Action Review (AAR) of COVID-19 (CV-19) Preparedness and Response for APP

Part A. Introduction and Objectives of the AAR

ADPC, with support from Bill & Melinda Gates Foundation (BMGF), is supported Pakistan Resilience Partnership (PRP) in implementing the program planned and finalized in June 2020, in the backdrop of the global COVID 19 pandemic. The overall goal of the program was to **strengthen the emergency preparedness and response systems for managing COVID 19 pandemic through locally-led actions in APP countries**. Specifically, focusing on 1) Strengthened NEOCs and/PHEOCs at national/ sub-national levels, 2) Enhanced Community Engagement and Response through Risk Communication and Awareness on COVID 19; and 3) Enhanced south-south learning and knowledge exchange for COVID 19 preparedness and response. The overall objective of the project was to 'strengthen the emergency preparedness and response systems for managing COVID 19 pandemic through locally-led actions in Pakistan' which was achieved through programmatic support to the country under the umbrella of Asian Preparedness Partnership (APP).

An After Action Review (AAR) workshop to conduct a qualitative review of activities undertaken with a purpose to identify and document best practices demonstrated and challenges encountered during the implementation of the project. The AAR process involved a structured, facilitated discussion and experience sharing among responders to critically and systematically review what was in place before the response and could have been used, what actually happened during the response, what went well, what needs to improve, why events occurred as they did, and how to improve.

Objectives of the AAR

- To review the actions taken at each phase of the COVID 19 pandemic response by APP partners and other related stakeholders in order to identify what worked well, what worked not so well and what areas need improvement with reasons for these findings.
- To assess the functionality and capacities in preparing for, detecting, and responding to such public health emergencies.
- To identify the correct actions or improvements needed to institutionalize the lessons emerging from the management of such public health emergencies into the National and Regional APP

Scope of the AAR

- Reflections on the activities conducted under the APP COVID 19 project itself across the outcomes of: Strengthened NEOCs and/PHEOCs at national/sub-national levels; Enhanced community engagement and response through risk communication and awareness on COVID 19; and enhanced south-south learning and knowledge exchange for COVID 19 preparedness and response
- A wider review of how the Pakistan Resilience Partnership (PRP) and APP at the regional level can engage more coherently with stakeholders and mandated agencies involved in public health emergencies in order to strengthen overall emergency preparedness and response.



The AAR was conducted on 20th January, at Hotel Elites Nathia Gali and participated by 20 individuals from government, local NGOs and private sector (list of participants given at Annex “A”). The overall methodology adopted for the AAR was discussion facilitated by the facilitator to engage the participants and drawing out their recollections, views and opinions on the various subjects on the topics outlined in the AAR report format.

Part B. Overview of the country APP partners/stakeholders involved in COVID 19 Preparedness and Response and their respective roles

- The following table depict the member of organizations & other relevant supporting agencies, their roles in national COVID 19 preparedness and response and their roles in the “COVID 19: Country Support to Asian Preparedness Partnership (APP) program, with an analysis of their preparedness, capacity and identified gaps in their capabilities.

Name of Country APP member organization or other supporting agency or other non-APP members involved in the program and its specialization?	What is its role in the preparedness and response for COVID 19 in the country?	What is its role in the “COVID 19: Country Support to Asian Preparedness Partnership (APP) program?	How prepared was the organization for these roles in the program?	What was its capacity/capability to deal with these roles in the program?	What capacity/capability gaps has the organization identified for future improvement?
1	2	3	4	5	6
Government	<ul style="list-style-type: none"> • Development of national action plan for pandemic. • Formulation of guidelines and SOPs. • Procurement of equipment. • Managing foreign donations. • Implementation of SOPs. • Awareness raising. • Monitoring the situation and advising the Government for necessary actions. • Management of international travelers coming in the country. • Development of online Dashboard to track the COVID 19 epidemic in the country. • Support to vulnerable families through EHSAS program. • Establishment and revamping of health facilities 	<ul style="list-style-type: none"> • Overseeing the implementation of the program. • Facilitation in developing awareness material and PSM. • Facilitation in developing national guidelines. • Will continue roles as mentioned in column 2. 	<ul style="list-style-type: none"> • Fully prepared to support the program • Partially prepared for the pandemic response at the start, however with the passage of time their response improved a lot. 	<ul style="list-style-type: none"> • Possessed fairly good capacity/capability to deal with the role (s) mentioned column 2. 	<ul style="list-style-type: none"> • Technical human resource • Sufficient equipment • Funding for awareness raising and development of IEC material



	<ul style="list-style-type: none"> Establishing and manning the helpline service. Donations to foreign countries. 				
Local NGOs	<ul style="list-style-type: none"> Awareness raising in local languages Donation and mobilization of resources Distribution of PPE equipment and food bags to communities Establishment of district screening centers Establishment of moveable hand washing facilities Facilitation of vulnerable people in EHSAS program Provision of relief to needy families during lock down. 	<ul style="list-style-type: none"> Facilitation in developing awareness material. Awareness raising through IEC material. Facilitation in developing of case studies. Will continue roles as mentioned in column 2. 	<ul style="list-style-type: none"> Fully prepared to support the program Partially prepared for the pandemic response at the start, however with the passage of time their response capacity improved. 	<ul style="list-style-type: none"> Possessed fairly good capacity/capability to deal with some of the role (s) mentioned column 2. 	<ul style="list-style-type: none"> Sufficient human resource to undertake the tasks. Availability of PPE to work in COVID 19 situation. Sufficient fund for provision of relief.
Private Sector	<ul style="list-style-type: none"> Support government through cash and in kind. Support government's awareness raising campaign. Facilitation in testing for COVID 19 on subsidized rates. 	<ul style="list-style-type: none"> Awareness raising through IEC material. 	<ul style="list-style-type: none"> Fully prepared to support the program. Partially prepared for the pandemic response at the start, however with the passage of time their response capacity improved. 	<ul style="list-style-type: none"> Possessed fairly good capacity/capability to deal with some of the role (s) mentioned column 2. 	<ul style="list-style-type: none"> Undefined role assigned by government for private sector. Continues engagement of private sector in all emergencies.



Part C. Review of the specific National APP Interventions within the program

The project, “**COVID 19: Country Support to Asian Preparedness Partnership (APP)** in the six APP countries, Cambodia, Myanmar, Nepal, Pakistan, Philippines and Sri Lanka, implemented a number of program interventions. These activities, had the primary aim of “**strengthening the emergency preparedness and response systems for managing COVID 19 pandemic through locally led actions in APP countries.** They focused on three areas (**intermediate outcomes**). These were:

- To strengthen NEOCs and/ PHEOCs at the national and sub-national levels.
- To enhance community engagement and response through risk communication and awareness on COVID-19. And
- To enhance south-south learning and knowledge exchange for COVID-19 preparedness and response.

However, PRP Steering Committees decided to adopt the Intermediate Outcome 2 and 3 being most relevant to the country context for COVID-19 response. Therefore, during the AAR, activities implemented under outcome 2 and 3 were discussed.

Intermediate Outcome 2. To enhance community engagement and response through risk communication and awareness on COVID 19			
Output	Activities		Date Completed
2.1	<ul style="list-style-type: none"> • Brochure on COVID 19 awareness in 02 languages English & Urdu • Public service messages for radio in six regional languages 		2 Jul 2020 14 Jul 2020
Implemented by PRP			
<u>Difficulty</u>			
<ul style="list-style-type: none"> • Designing and printing process took more time than planned due to lock down situation in the Country. • The awareness raising through brochures was limited due to number of brochures available, moreover the lockdown also imposed a challenge in distribution of brochures. 			
<u>Best practices or successes</u>			
<ul style="list-style-type: none"> • Effectiveness due to contextualization of standard messages. • Use of easily approachable medium for dissemination 			
<u>Lessons learned</u>			
<ul style="list-style-type: none"> • The brochures could also act as medium of virus transmission as they were handled by hands. The better approach was to display billboards and posters at public places as they will have more outreach and will also avoid them as medium of transmission. • The awareness raising messages could be more effective if religious teachings were used especially in rural areas. 			
<u>Gaps identified</u>			
<ul style="list-style-type: none"> • Appropriate funding to cover wider population and geographical area. • Vulnerable groups such as people with disabilities were not specifically targeted in the awareness campaign. 			
Performance Assessment: Was this activity:			
Performed without challenges	Performed with some challenges	Performed with major challenges	unable to perform
	√		
Reasons for selection: The challenges as explained above.			

Intermediate Outcome 2. To enhance community engagement and response through risk communication and awareness on COVID 19		
Output	Activities	Date Completed
2.2	Webinars/ online facilitation of knowledge sharing and learnings between partners.	8 webinars on different dates.

Implemented by PRP			
<u>Difficulty</u>			
<ul style="list-style-type: none"> • Non-familiarization and comfort using online platforms remained a cause of low attendance. • Low and poor internet coverage in the remote areas remained a challenge. • Clash of timings as most activities were being conducted online. 			
<u>Best practices or successes</u>			
<ul style="list-style-type: none"> • Opportunity for social connectivity, sharing of information and practical experience. 			
<u>Lessons learned</u>			
<ul style="list-style-type: none"> • The number of webinar conducted were not enough to cover all member organization. • Sharing of best practices from other countries could have been more useful. • Number of webinar for members of the private sector were less. 			
<u>Gaps identified</u>			
<ul style="list-style-type: none"> • Holding webinars for specific areas in local languages. 			
Performance Assessment: Was this activity:			
Performed without challenges	Performed with some challenges	Performed with major challenges	unable to perform
√			
Reasons for selection: Some difficulties were faced as mentioned above, however the output was implemented without any significance challenge.			

Intermediate Outcome 3. To enhance south-south learning and knowledge exchange for COVID-19 preparedness and response.

Output	Activities	Date Completed
3.1	<ul style="list-style-type: none"> • Develop and issue humanitarian journal • Case study - Localized actions for social behaviour change in COVID 19 	28 Jul 2020 20 Nov 2020

Implemented by PRP			
<u>Difficulty</u>			
<ul style="list-style-type: none"> • Limited contribution due to over commitment of individuals. • Selection of appropriate material due to overwhelming contribution. • Designing and printing process took more time than planned due to lock down situation in the Country. 			
<u>Best practices or successes</u>			
<ul style="list-style-type: none"> • Opportunity for sharing of information and practical experience of COVID response. • Documentation of best practices. 			
<u>Lessons learned</u>			
<ul style="list-style-type: none"> • Involvement of government organizations and private sector for documentation of their best practices. 			
<u>Gaps identified</u>			
<ul style="list-style-type: none"> • Involving technical experts and paying honorarium for their contribution to ensure quality (presently contribution is voluntary). 			
Performance Assessment: Was this activity:			
Performed without challenges	Performed with some challenges	Performed with major challenges	unable to perform
	√		
Reasons for selection: As highlighted above			

Intermediate Outcome 3. To enhance south-south learning and knowledge exchange for COVID-19 preparedness and response.

Output	Activities	Date Completed
3.2	Development of national guidelines for preparedness and response against pandemic/epidemic	27 Dec 2020 (under endorsement process)

Implemented by PRP			
<u>Difficulty</u>			
<ul style="list-style-type: none"> • Availability of suitable consultant being technical subject. 			

<ul style="list-style-type: none"> • Availability of stakeholders for consultation due to their commitment. • Difficulty in endorsement of guidelines by stakeholder (still in process). <p><u>Best practices or successes</u></p> <ul style="list-style-type: none"> • First guiding document to deal with pandemic and epidemic in future. <p><u>Lessons learned</u></p> <ul style="list-style-type: none"> • Engagement of consultant for development of guideline at the start of project being time consuming activity. <p><u>Gaps identified</u></p> <ul style="list-style-type: none"> • Wider consultation, which couldn't be held due to travel and other restrictions. • Validation of the guidelines. 								
<p>Performance Assessment: Was this activity:</p> <table border="1"> <thead> <tr> <th>Performed without challenges</th> <th>Performed with some challenges</th> <th>Performed with major challenges</th> <th>unable to perform</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;">√</td> <td></td> </tr> </tbody> </table> <p>Reasons for selection:</p> <ul style="list-style-type: none"> • Availability of suitable consultant for development • Travel and other restrictions imposed by the government • Non-availability of stakeholders due to their commitments. • Difficulty in endorsement of guidelines by stakeholder (still not finalized). 	Performed without challenges	Performed with some challenges	Performed with major challenges	unable to perform			√	
Performed without challenges	Performed with some challenges	Performed with major challenges	unable to perform					
		√						

Part D. Identification of challenges, lessons learned, best practices or successes and areas identified for improvement on selected activities

This part of the AAR will discuss and examine in greater depth, a selection of the interventions/activities carried out under the program through experience sharing amongst the participants. This experience sharing should highlight the challenges, lessons learned, best practices/successes and areas identified for future improvement.

Specific Intervention/activity	Output 2.1 - Development of risk communication and awareness materials (videos, public service messages/radio announcements, posters, brochures etc.).
Challenges	<ul style="list-style-type: none"> • Selection of information to be included in IEC was considered a great challenge. Though lot of material on COVID 19 was available, however aligning the material with government priorities/ approved material was essential. • Designing of material, in a way that should attract the public/community immediate attention was essential. Expert opinion had to be sought, which took additional time. • Designing and printing process took more time than planned due to lock down situation in the Country. • Radio message were developed in regional languages by engaging local experts who were provided English/Urdu message. However, for confirmation of authenticity of translation, people of local organizations had to be used that entailed more time. • Engagement of private FM radio stations for airing the PSMs was an uphill task. • The awareness raising through brochures was limited due to number of brochures available, moreover the lockdown also imposed a challenge in distribution of brochures
Lessons Learned	<ul style="list-style-type: none"> • The brochures could also act as medium of virus transmission as they were handled by hands. The better approach was to display billboards and posters at public places as they will have more outreach and will also avoid them as medium of transmission.

	<ul style="list-style-type: none"> • The awareness raising messages could be more effective if religious teachings were used especially in rural areas. • Use of FM radio is comparatively more effective and efficient medium of communication for maximizing beneficiary outreach due to its availability and widespread use across the country. • Messaging in native language is more effective in bringing about behavioural change communication.
Best Practices or Successes	<ul style="list-style-type: none"> • Use of IEC material and airing of PSMs were found quite effective as standard/government approved messages were contextualized in local language. • Use of COVID brochures is considered an easily and approachable medium for dissemination. • Radio is the most important medium of communication which is widely available and used across the country. The use of FM channels for spreading COVID 19 awareness messages in native languages appeared as an effective tool in reaching out a large number of population.
Areas for Improvement	<ul style="list-style-type: none"> • In order to cover the wider population and geographical area funds allocated were insufficient. As whole of the Country was affected by COVID 19, appropriate funding to cover the entire population and area may be considered in any future intervention. • Vulnerable groups such as people with disabilities were not specifically targeted in the awareness campaign. • Frequency of airing messages through FM radio channels should be increased for maximizing benefits and increasing outreach. • Dissemination of printed material could become source or carrier for spreading COVID-19, installation of billboards at different prominent locations with awareness messages could have been better option. • Awareness messages if linked with the religious teachings will be more effective in bringing about behaviour change.

Specific Intervention/activity	Output 3.1 - Knowledge products, case studies, impact stories etc.; (1 humanitarian journal and 3 case studies will be developed in the form of booklet).
Challenges	<ul style="list-style-type: none"> • As the humanitarian journal planned to be developed was COVID 19 specific, and being a new kind of emergency most of the things were not clear and not experienced earlier. Therefore, it was difficult for everyone to pledge an article for journal due to lack of knowledge. • Since the health worker/doctor/technical experts were busy in COVID response, therefore mostly disaster practitioner were engaged to contribute for journal, therefore relating and expressing COVID experience was a challenge. Moreover, ascertaining the authenticity of information provided was a great challenge and took more time. • A lot of practical work is being done by the organization working at a district level, but for them documentation of best practices is difficult due to capacity gap. Selection of appropriate material by the program team received from organization was also a challenge. • Limited contribution humanitarian journal due to over commitment of individuals in COVID response was also considered a challenge. Moreover, contribution for journal is on voluntary basis which resulted in low interest level of the writers. • Designing and printing process took more time than planned due to lock down situation in the Country.
Lessons Learned	<ul style="list-style-type: none"> • Government organizations and private sector were not involved for documentation of their best practices. It is considered that involvement of partners should have been ensured for better result.



	<ul style="list-style-type: none"> • Case study is considered a best method to document the best practices, therefore inclusion of this activity in other program may be considered. • Documenting the best practices using local medium is quite easy for the small NGOs/organization working at district level. Therefore, special intervention in other programs need to be planned.
Best Practices or Successes	<ul style="list-style-type: none"> • Documentation of case study and humanitarian journal provided an opportunity to all for sharing of information and practical experience of COVID response. • Documentation of best practices provided a unique opportunity to all NGOS especially small organization to project their work not only at national but also at regional level • Documentation of wisdom, knowledge and strategies adopted by local actors at grassroots level to counter COVID through case studies and article etc. was an excellent initiative.
Areas for Improvement	<ul style="list-style-type: none"> • Involving technical experts and paying honorarium for their contribution for humanitarian journal to ensure quality. • Documentation of case studies/best ppractices in local languages.

Part E. The way forward and conclusions.

Some question for participants on improvements to the program and the way forward:

- ◇ In what ways can the National Preparedness Partnership more effectively contribute to future pandemics or public health emergencies in APP countries?
 - Ministry of National Health Services, Regulations and Coordination is the lead agency to deal with pandemics or public health emergencies in Pakistan. The roles and responsibilities of other stakeholders including PRP partners (Government, LNGOs and private sector) have been specified in the National Plan, which they performed/performing effectively. However, capacity building of partners in term of human and technical resources will enhance their ability to perform more efficiently.
- ◇ Which other stakeholders can the National Preparedness Partnership engage with or establish coordination mechanisms with to ensure the public health aspects of emergency preparedness for response are incorporated?
 - Ministry of National Health Services, Regulations and Coordination, National Health Emergency Preparedness and Response Network (NHEPRN) and National Institute of Health can be possible partners for inclusion in PRP. Approval for inclusion of NHEPRN has already been given by the PRP steering committee being one the PEER implementing agency.
- ◇ How can the APP at regional level engage more effectively with the National Preparedness Partnerships?
 - APP is already engaged with PRP for implementation of various program in the Country, for which financial support is being rendered. For responding to any pandemics or public health emergencies, APP engagement in provision of technical expertise and financial support to respond to emergencies is suggested.
- ◇ What needs to be done at regional level to improve the APP/National Preparedness Partnership system?
 - Enhanced interaction and coordination can improve the APP/PRP system.
- ◇ What more is needed to effectively improve the national response and preparedness for major public health events?
 - Technical expertise, equipment and financial support is required to effectively respond to any pandemics or public health emergencies.
- ◇ How has the program improved the NPP in the country?
 - The program effectively complimented the Government’s ongoing response/efforts to with the COVID situation in the Country.



List of Participants

Summary

• Male	-	16
• Female	-	4
• Total	-	20
• National Govt	-	4
• Sub-national Govt	-	0
• NGOs	-	11
• Private Sector and professional	-	3
• Education and research	-	0
• International Organizations	-	0
• Regional organizations	-	2
• Community Organizations	-	0