

POST DISTRIBUTION MONITORING REPORT

COVID-19 PANDEMIC



November 2020

PESHAWAR Khyber Pakhtoonkhwa

By

CARE International in Pakistan

(Latter-day Saint Charities)

Contents

LIST OF FIGURES.....	3
EXECUTIVE SUMMARY	4
INTRODUCTION	5
PURPOSE OF THE STUDY	5
METHODOLOGY	5
LIMITATIONS OF THE STUDY	5
PDM STUDY FINDINGS	5
DEMOGRAPHY	5
KITS RECEIVING.....	6
INFORMATION SHARING	7
DISTRIBUTION PROCESS	8
BENEFICIARIES SELECTION PROCESS	9
RELEVANCE OF FOOD PACKAGE & HYGIENE KIT	10
QUALITY OF THE FOOD PACKAGE & HYGIENE KIT	10
QUANTITY OF FOOD PACKAGE & HYGIENE KIT.....	10
AWARENESS ABOUT FEEDBACK AND COMPLAINT CHANNELS.....	10
PROVISION OF FEEDBACK/COMPLAINT.....	11
INFORMATION ABOUT COVID-19	12
PRECAUTIONARY MEASURE FOR COVID-19	13
PRECAUTIONARY MEASURE FOLLOWED BY RESPONDENTS.	14
RECOMMENDATIONS	15
PDM TOOL	15

List of Figures

Figure 1: Participatin of gender in PDM Study.....	6
Figure 2: Items received in food package & Hygiene Kit	6
Figure 3: Items list information of food package & Hygiene Kit.....	8
Figure 4: Information about quantity of items in the food package & Hygiene Kit	Error! Bookmark not defined.
Figure 5: Distribution process of the food package & Hygiene Kit.....	9
Figure 6: Beneficiaries selection for food package/kit assistance.	9
Figure 7: Quality of the items in the food package & Hygiene Kit.....	Error! Bookmark not defined.
Figure 8: Quantity of the food package & Hygiene Kit	Error! Bookmark not defined.
Figure 9: Knowledge of feedback and compliant response mechanism	Error! Bookmark not defined.
Figure 10: Means to record feedback and complaints.	Error! Bookmark not defined.
Figure 11: Feedback and complaints by the project participants.....	11
Figure 12: Means of information about COVID-19	12
Figure 13: Precautionary measures by the general public for COVID-19	14
Figure 14: Precautionary measure by the project beneficiareis.....	14

Executive summary

CARE international in Pakistan conducted Post distribution monitoring study in selected union councils of district Peshawar with beneficiaries of food package & Hygiene Kit. The study was conducted to get beneficiaries feedback about the utilization of food package & Hygiene Kit, distribution process, beneficiaries' selection criteria, relevance, satisfaction about quality and quantity of kit items, feedback and complaint response mechanism, and COVID-19 information/risk communication.

CIP provided response to vulnerable community of district Peshawar, affected due to spread of COVID-19 pandemic. The project response was targeted to provide immediate need assistance such as food package and hygiene kits to reduce the financial burden on the selected beneficiaries and to increase their resilience to prevent COVID-19.

PDM Study was conducted in four Union Councils Pishtakhara, Nahaqi, Gullbela and Tehkal to cover maximum number of project beneficiaries. Total 100 recipients of food package & Hygiene Kit were interviewed taking 2.5% as sample of the total distribution.

Participants of the study were 55% male and 45% female, with average family size as 7.3, 100% of the respondents have received food package & Hygiene Kit in the month of November.

According to the study, 100% of the reported beneficiaries have received the food package & Hygiene Kit assistance from partner of CIP. It was also reported that all the beneficiaries have received complete items in terms of number and quantity in the food package & Hygiene Kit.

98% of the respondent reported that the distribution process was convenient just 2% respond that Wait was for too long to get the Hygiene Kit and Food package, although 100% respondent reported that staff treated them well, while the food package was delivered at door step. Lack of information sharing was reported about the items in the package, date and time of the distribution and quantity of items by around 20-25% of the participants of the study.

100% of the participants showed satisfaction on the selection process of beneficiaries by the project team while 68% response was recorded that there were households in community who could have benefited but were missed mainly due to their non-availability at home at the time of assessment or criteria was strict for the selection.

According to the study, relevance of the food package assistance was reported by all the participants, showed satisfaction on the quality of kit items, while 14% of the respondents reported that the food package was not enough to fulfill a month long need. Sugar and oil were not sufficient for one month and the common reason was a large family size.

91% of the study participants were aware about the feedback and response mechanism, they also reported telephone number and field staff as the most known method.

100% of the respondents reported that they have receive information about the COVID-19, according to the study, TV and Radio and social media were the most utilized sources to collect information about the

disease, while wearing of mask in public places and washing hands with soap are the most reported precautionary measure by the participants.

Introduction

CARE international in Pakistan provided response to the vulnerable community during the outbreak of COVID-19 Pandemic in different parts of Pakistan, likewise response was provided in district Peshawar. Food kit & Hygiene Kit was part of the project response and was provided to 4000 households.

Purpose of the study

This PDM study helps CARE international in Pakistan to assess beneficiaries' access, use and satisfaction with the food kit provided during the COVID-19 pandemic response in District Peshawar. The survey was undertaken after 20-255 days of the distribution, it provided opportunity to get feedback from the project beneficiaries about the quality, quantity and usefulness of the food & Hygiene assistance.

Methodology

The PDM survey was conducted in District Peshawar among the beneficiaries of food & Hygiene kits recipients. In total, four union councils were selected for this survey. 100 individuals were randomly selected among the total target of 4000 beneficiaries who received food & Hygiene Kits.

The field data collection was conducted from 8-10 December 2020; a questionnaire was utilized as tool for data collection, filled with consent from any adult member of the selected house hold.

Data collection process was conducted in-person by the data collectors. They visited the selected houses and maintained the SOPs to prevent infection and spread of the COVID-19. The team was supervised by the MEAL Officer, provided relevant support and guidance during the data collection process.

Limitations of the study

Keeping the nature of pandemic, there was greater risk for the data collection team of being infected due to the increase number of cases and meetings with extended number of communities.

PDM Study findings

Demography

Sample questionnaire was distributed in four union councils (Pishtakhara, Nahaqi, Gullbela and Tehkal) of District Peshawar. Gender composition of the study included 45% female and 55% male participants. Respondent minimum reported age was 20 year and maximum reported age was 85 years while average family size was reported as 6.9 individuals.

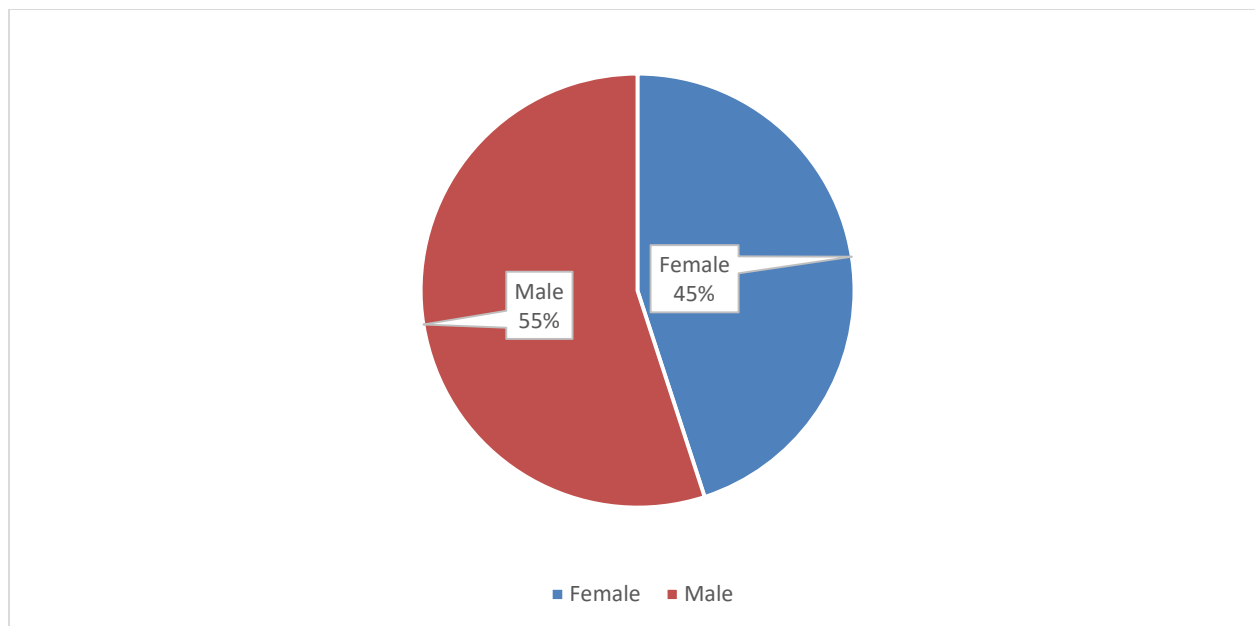


Figure 1: Participation of gender in PDM Study

Kit Receiving

100% of the sampled participants reported receiving food package distributed by CIP during the month of November 2020. When asked about the details of the package, the participants also verified that the types of items and the quantity of items received were in accordance to the set criteria. The respondents reported complete satisfaction on completeness of the package/kit and none of the participant reported any shortcoming in the quantity of items received in the package.

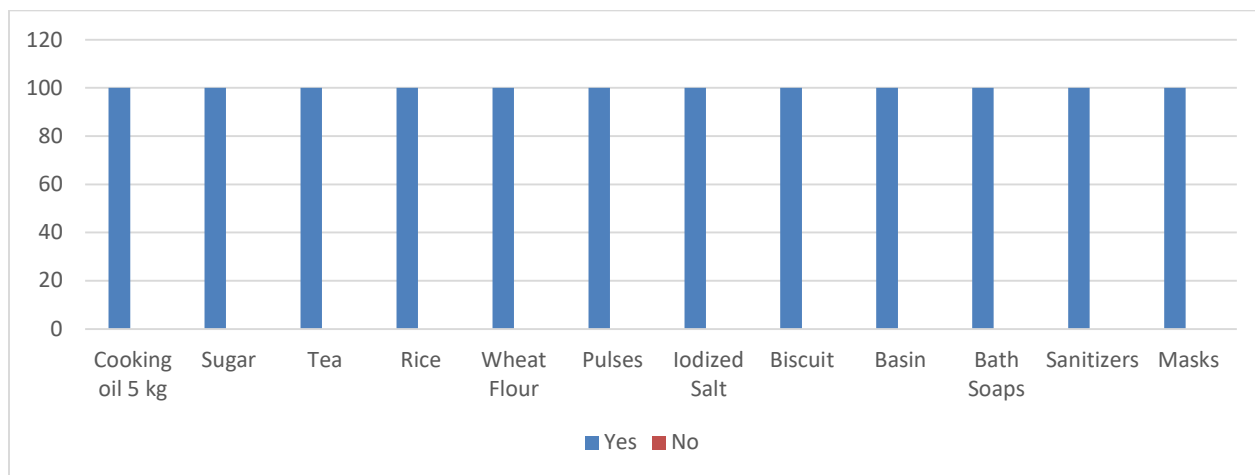
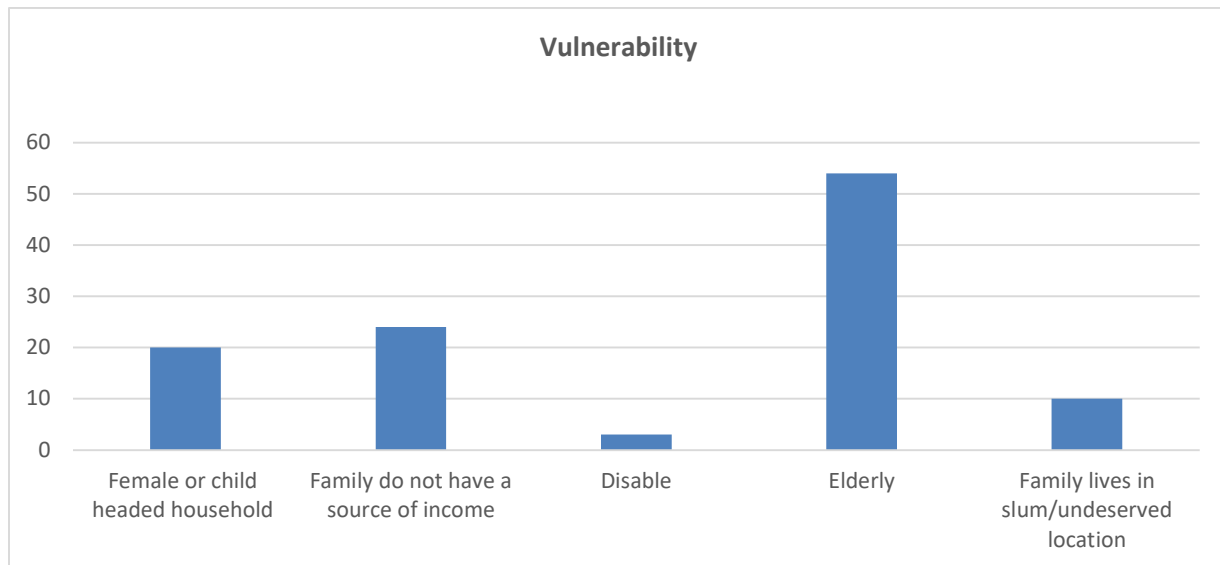


Figure 2: Items received in food package/kit

Vulnerability

When enquired about the vulnerability criteria, 100% of the participants reported that they meet the vulnerability criteria. Either families living in slums and underserved locations, or they do not have a source of income or other assistance. Few families reported as female-headed households, daily wage workers, persons with disability and households with elderly members.



Information Sharing

Participants of the study provided varied responses, when asked about the information sharing with beneficiaries about the package/kit. 24% of the participants reported that they did not received information about the items of the food package/kit before or at the time of distribution, list of items were provided on the packing of the kits which provided beneficiaries the chance to have information of the kit items.

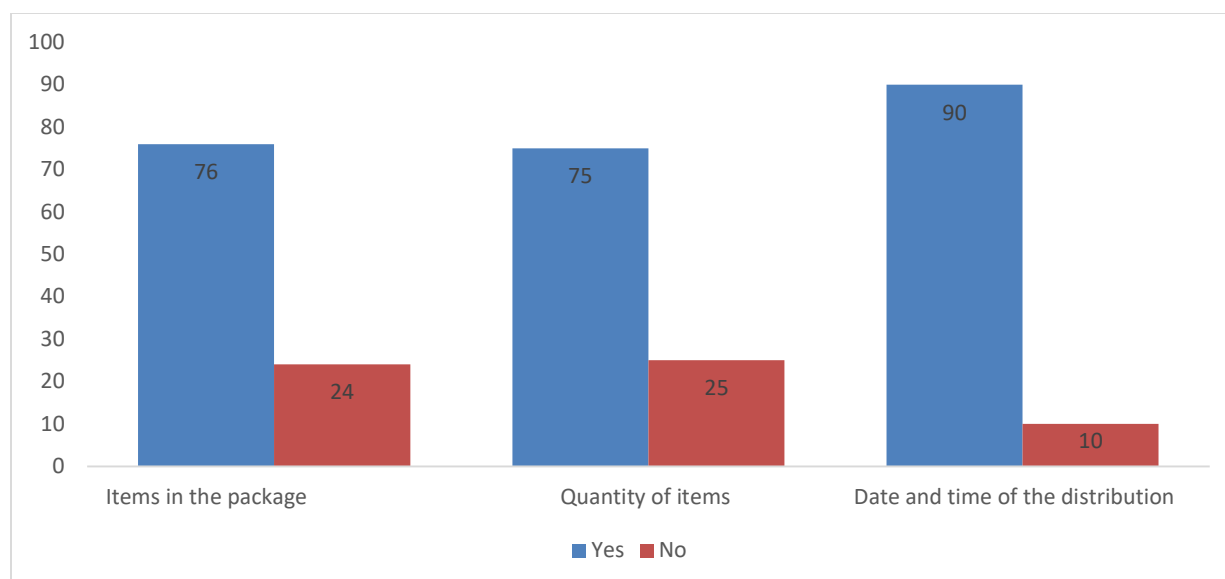


Figure 3: Items list information of food package

Similarly, 25% of the survey respondents reported that information was not shared with the project beneficiaries about the quantity of the items. Contrary to that, 75% of the survey participants reported that they were informed about the quantity of the items included in food package.

90% of survey participants reported that they were prior informed about the date and time of distribution while 10 % responded that date and time of the distribution was not communicated to them before the distribution.

Distribution process

The food packages were not distributed door-to-door rather the participants collected the package/kit from the designated collection points and Rakshaw service was provided to drop the food and hygiene kits items at the door step of the beneficiary. 98% participants quoted the distribution process to be convenient and the beneficiaries did not face any difficulty while receiving the package/kits. Just 2% reported that distribution process was not convenient because Wait was for too long to get the Hygiene Kit and Food packages. Additionally, the participants quoted that a good treatment shown by the distribution staff towards the beneficiaries at the distribution site. 100% of the respondents reported that the staff treated them well during distribution.

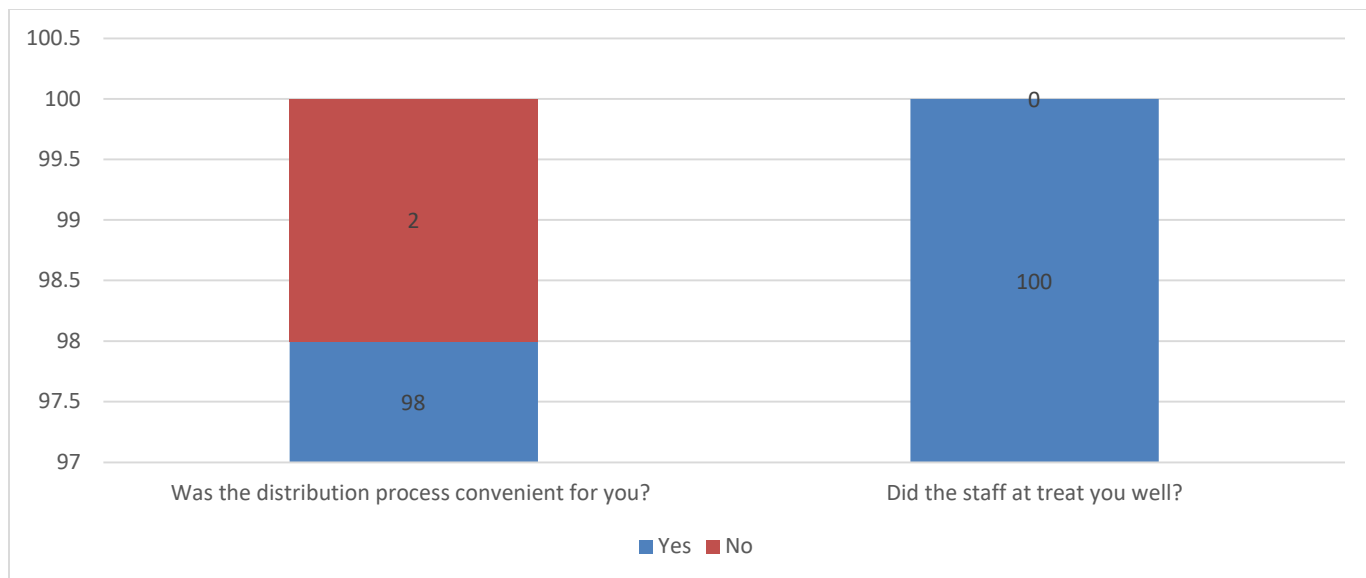


Figure 4: Distribution process of the food package/kit

Beneficiaries selection process

All participants of the study showed satisfaction over the selection process of the project beneficiaries. Just one female in Gulbela Union Council shared that she is not satisfied with thpe beneficiary selection process because many deserving People are missed during assessment. Overall 32% of the respondents reported that there were families in their community that could have benefited the project but were missed. The reason stated by the respondents for missing of beneficiaries is that, those beneficiaries were not available at home at the time of the project team visits, while some of them stated that the registration process was not appropriate and secondly criteria was strict due to which some of the potential beneficiaries missed from the project assistance.

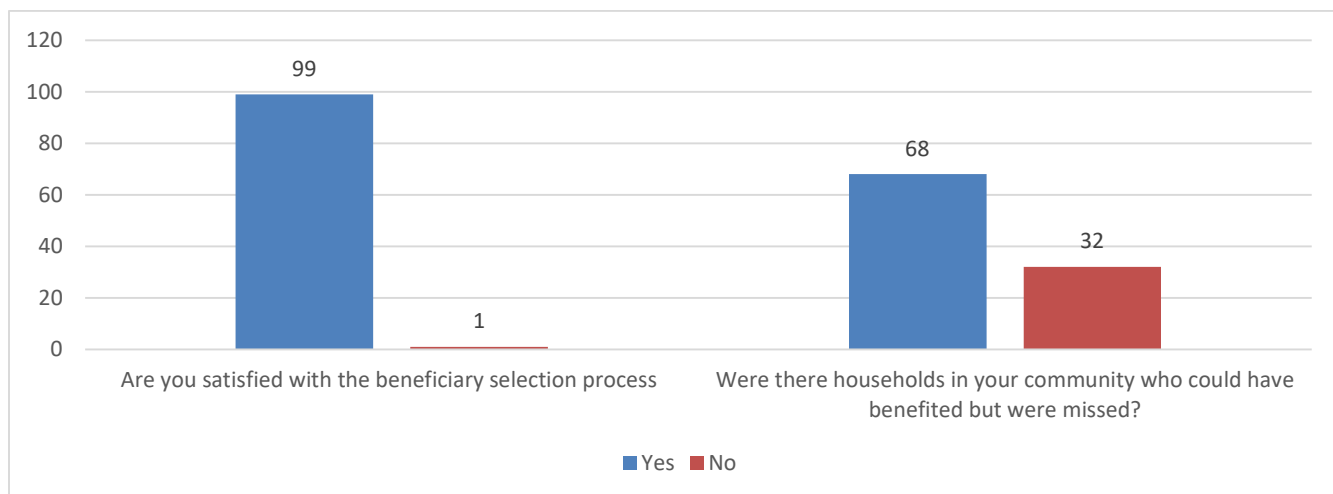


Figure 5: Beneficiaries selection for food package/kit assistance.

Relevance of food package

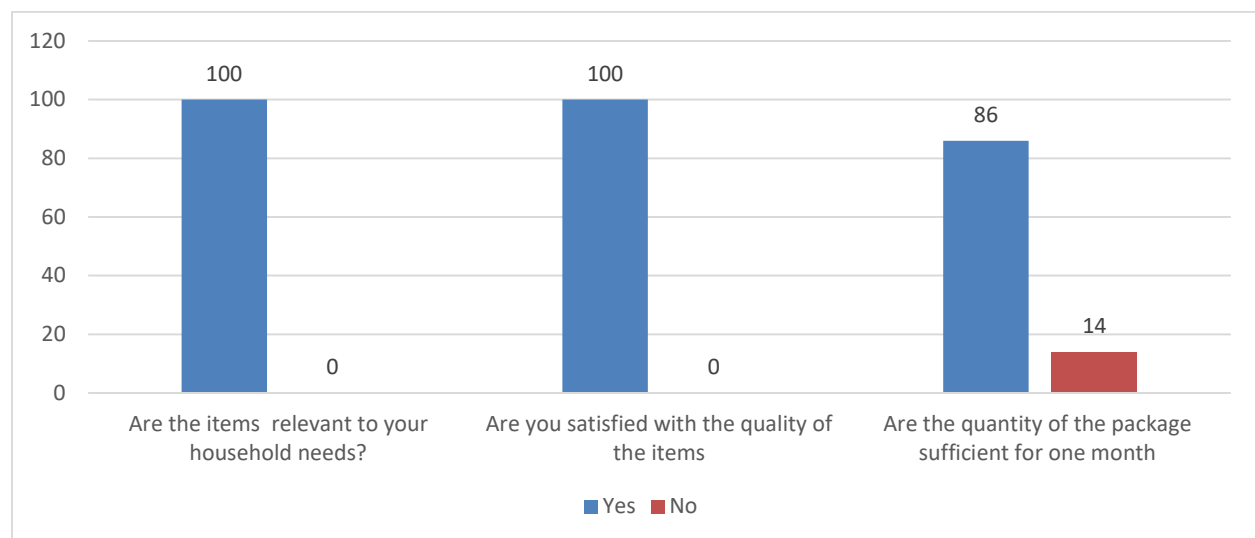
When enquired about the relevance and use of the food package, 100% of the participants reported that the contents of the food package were relevant to their household needs. The participants also appreciated the quality and quantity of the food items received in the package.

Quality of the food package

Quality of the food package was appreciated by the project beneficiaries, the responses were categorized in four scales when asking about the quality of the food package (Good, Fair, Ok and Poor). Cooking oil, Sugar, Tea, Wheat flour, Pulses, iodized salt, Rice, Soji, Basmati, Biscuit, Red Pepper, Match Box and Bag all were categorized as “good” by all the respondents.

Quantity of food package

86% of the respondents reported that the food package provided is enough for their families for at least one month, while 14% of the respondents reported that the food package cannot fulfill the food need of their families for one month. Some households have large family size, the participants have reported up to 15 family members, in that case the package utilizes in less than a month time. Wheat flour, Sugar and cooking oil were reported as insufficient for a month. Respondents provided additional information that only Basmati, Pulses and soaps are enough for a month or so.

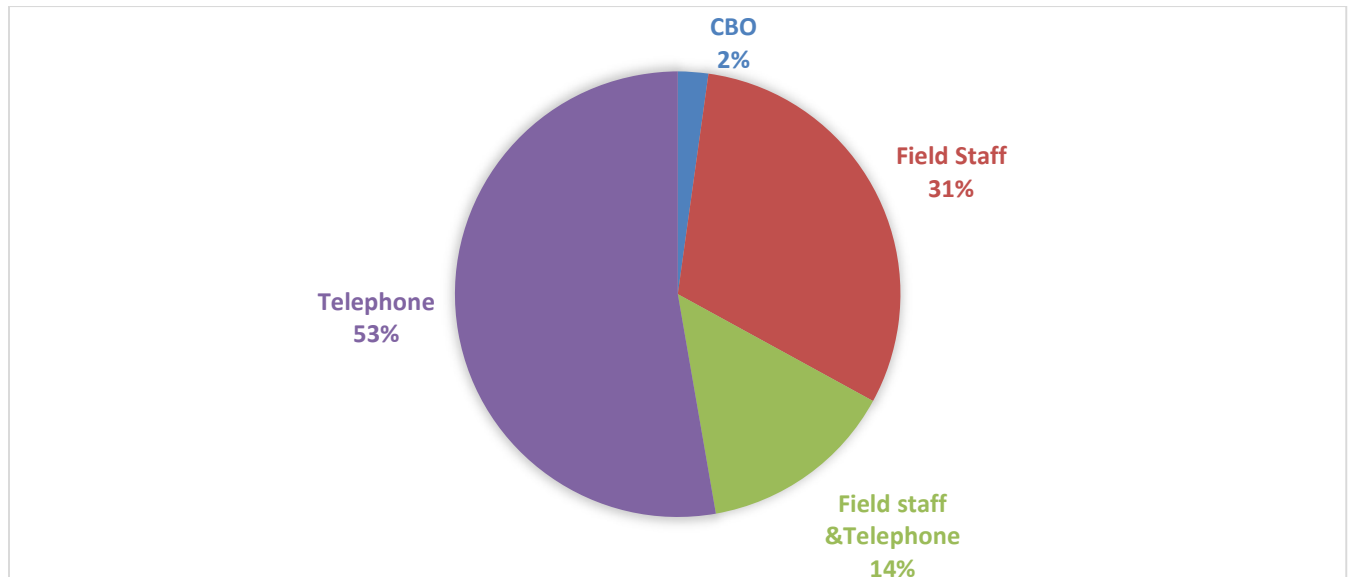


Awareness about Feedback and complaint channels

Respondents were asked about their familiarity with the feedback and complaint mechanism of the assistance provider organization. 91% of the respondents reported familiarity with the feedback and complaint mechanism, while 9% of the respondents were not aware of the system.

The awareness with the feedback and complaint mechanism was reflected in varied responses. Around 53% of the participants were aware of providing feedback and complaint to project staff through telephone number which was mentioned on voucher and banner and 31% were aware of using a field staff to register their concerns. 14% were familiar with both resources of field staff and telephone platforms

for feedback and complaint mechanism, however, “CBO” was the least familiar method to the participants of the study.



Provision of feedback/Complaint

100% of the respondents have not provided any complaint or feedback to the project staff about the activities of their response to beneficiaries, No feedback or complaint was received during this study, even that the participants were provided chance of registering. But when asked about any additional feedback all of them were appreciative of the emergency response efforts and were thankful for the assistance in their hour of need.

Good Kind
Thankful
Happy

Information about COVID-19

When enquired about the information about the safety measures regarding COVID-19, 100% of the participants reported that they are informed about safety measure regarding COVID-19



All the participants responded that they have received information about the COVID-19 through different means. TV was reported as source of information by 54% of the study participants, Radio was reported by 50% of the study participants, and different other means i.e. newspaper, community, social media and schools were also reported by 47% of the participants. None of the survey participants reported information through sessions and IEC material, conducting of sessions during the COVID-19 was not a viable way to aware the masses.

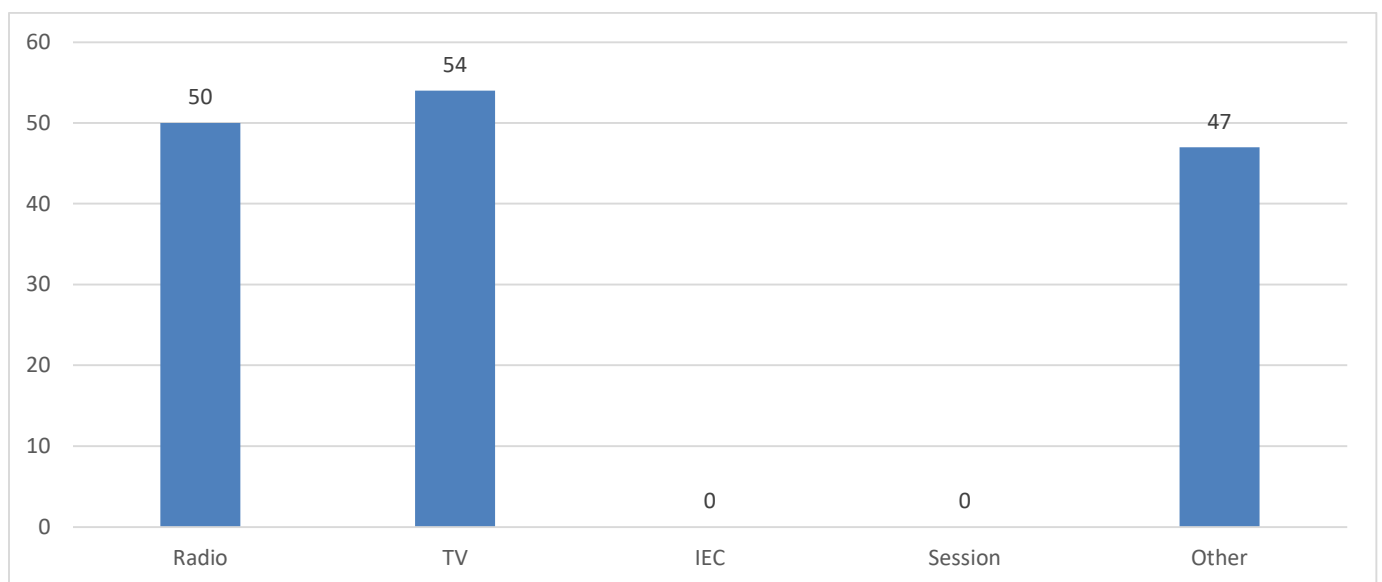


Figure 6: Means of information about COVID-19

Precautionary measure for COVID-19

The study findings suggest that 75% of the respondents consider maintaining 6 feet distance as precautionary measure, wearing mask in public places was reported by 92% of the respondents to prevent COVID-19. 59% respondents reported washing of hands with soap for 20 seconds as a precautionary measure to avoid the disease, 29% of the respondent also reported that mouth and nose need not to be touched before washing hands while 76% respondents were of the opinion that staying at home is a precautionary measure for COVID-19. One respondent consider that no precautionary measures needed for COVID19.

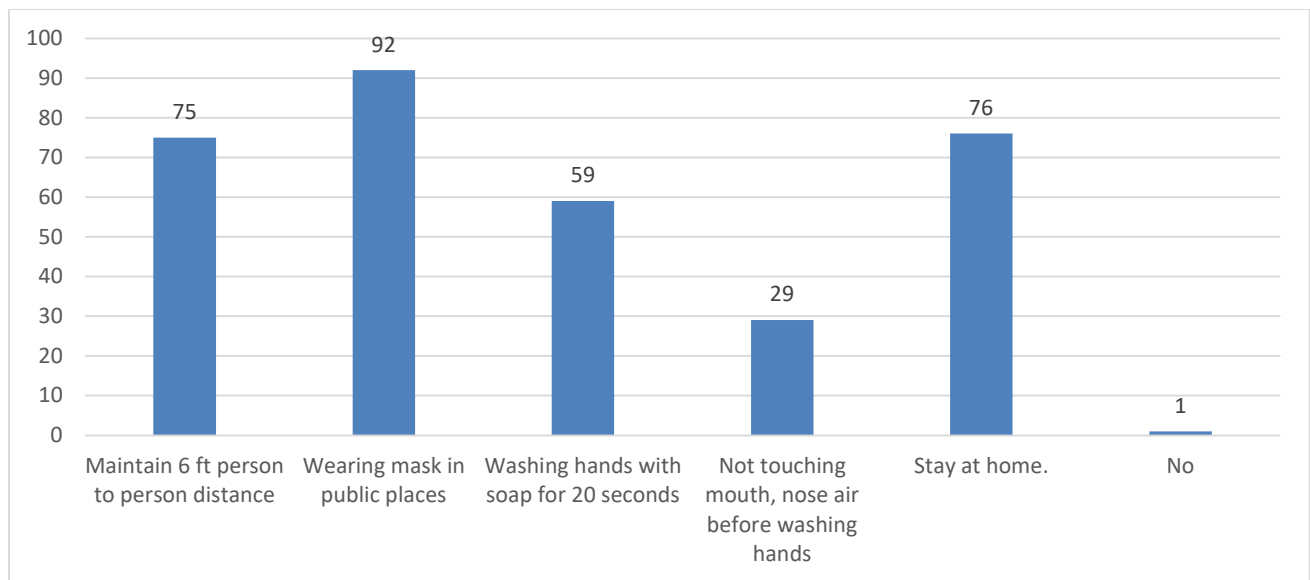


Figure 7: Precautionary measures by the general public for COVID-19

Precautionary measure followed by respondents.

According to the study, 74% of the respondents maintain 6 feet person to person distance, 65% of the respondents wear mask in public places, 58% of the respondents wash hands with soap for 20 seconds. 28% of the respondents do not touch mouth and nose before washing hands. 71% of the study participants stay at home during this pandemic while one person didn't follow any precautionary measure.

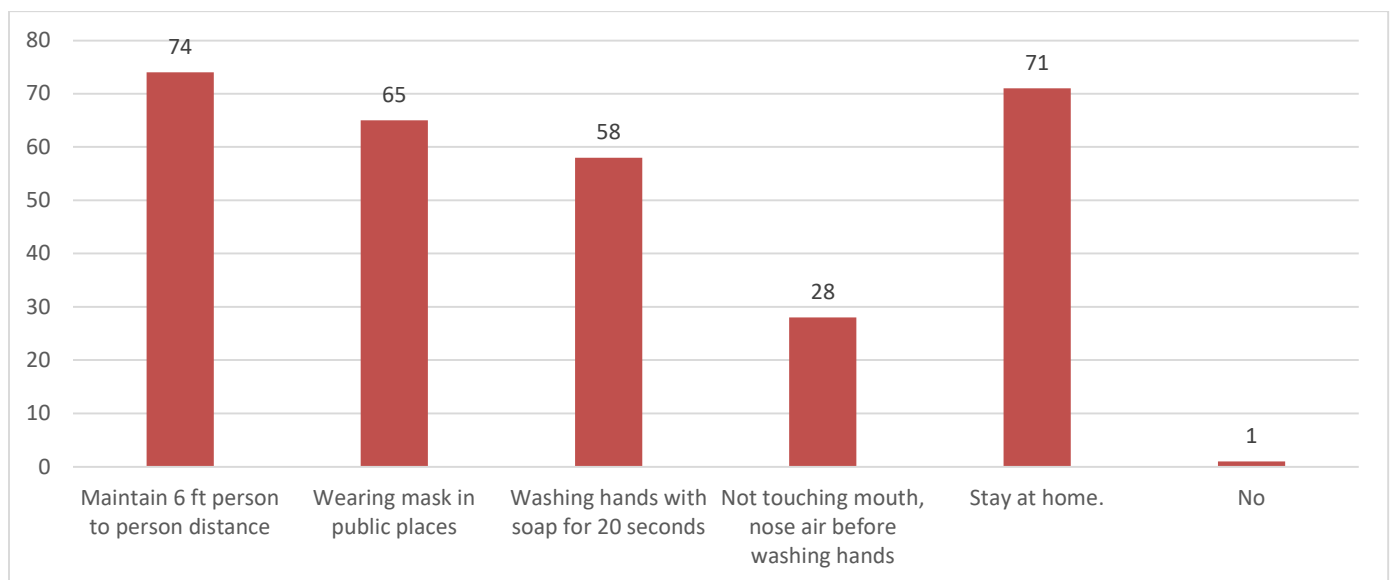


Figure 8: Precautionary measure by the project beneficiaries.

Recommendations

1. As per the study findings, some of the vulnerable community members did not benefited from the project input just because the approved numbers of assistance were too small comparing to the deserving population of the District Peshawar.
2. The communities' needs to be properly briefed on the criteria of assistance with the support of village committees as in pandemic situations each segment of the community that may not be deserving but regularly requests for assistance.
3. Provision of food assistance at door step was largely recommended and appreciated by the target community This needs to be maintained especially when the pandemic is at its peak and can prove to be much harmful to the program participants.
4. Based on the response noted during study the food package was relevant and proved to be good support to the vulnerable community but the volume of package needs to be increased as it was consumed by most of the families in less than a month period because of large family size. In some responses community demands for the milk, serial for the kids and washing detergent.
5. Project beneficiaries need to be briefed properly and in advance about the items of the food package and its quantity. In some cases community need to be oriented about utilization of hand sanitizer.
6. To ensure maximum accountability, the target community needs to be properly oriented about the feedback and complaint mechanism. They need to be trained on how they can lodge necessary complaints and provide feedback.
7. Majority of the target population reported TV as the source of information about Covid-19 and risk communication. The medium of communication in upcoming programs should be revised and shifted towards means that is largely used and effected.

PDM Tool

Post Distribution Monitoring Tool -- Food Packages & Hygiene Kit

LDSC Funded COVID-19 Response Project, District Peshawar

Purpose: The purpose of this tool is to solicit beneficiary feedback in a systematic way on the usefulness (quality, quantity, relevancy and utilization etc.) of the Food Package/Kit.

Instructions: The list of HH to participate in the PDM will be pre-selected from the list of HHs who received Food Package & Hygiene kit. The interview will be preferably conducted with male or female head or other adult person in the HH. Please introduce yourself and purpose of the data collection and

inform the respondent that the information will be kept confidential and will only be used to improve future programming. Obtain the willingness of respondent before proceeding to the interview questions.

Willingness: Are you willing to participate in the survey? <i>(The survey will take 20-25 minutes)</i>	Yes	No
---	-----	----

General Information of Interviewer:

Staff Name	Designation	Date of Visit

General Information of Respondent:

Name:		Village:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Union Council	
Family Size:		Tehsil	
Age:		ID card #	

Beneficiary Feedback:

A-Utilization:				
Question		Options		
Vulnerability				
Does any of the family member fall into the vulnerable criteria		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Specify <input type="checkbox"/> Elderly <input type="checkbox"/> Female or child headed household <input type="checkbox"/> Disable <input type="checkbox"/> Family do not have a source of income <input type="checkbox"/> Family lives in slum/undeserved location <input type="checkbox"/> Ethnic and religious minorities <input type="checkbox"/> other				
Did beneficiary family receive Food Package/Hygiene Kit assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
When did you receive the Food Package/Hygiene ?		Date / Month/ Year/		
Please confirm the items and quantity of each item. <i>Note: Enumerator has to ask about each item and the quantity.</i>	Item Description	Qty	Y/N	Comment
	Cooking oil	4.5Ltr		
	Sugar	5 kg		
	Tea	950 grm		
	Rice	5 kg		
	Wheat Flour	40 kg		
	Pulses	5 kg		
	Iodized Salt	800 gm		
	Biscuit	12 pkt		
	Bath Soaps	08		

		Sanitizers	2				
		Masks	30				
Distribution Process:							
Did you receive enough information in advance about; Note: Please ask about each type of information and mark accordingly.	Type of Information		Y/N				
	Items in the package						
	Quantity of items						
	Date and time of the distribution						
Did you get Food Package/Hygiene Kit at your door step?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, Where from you get the Food Package/Hygiene Kit?		Location:-					
Was the distribution process convenient for you?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, why?		<input type="checkbox"/> Wait was for too long to get the Food Package/Hygiene Kit <input type="checkbox"/> Others					
Did the staff at treat you well?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, please specify.		<input type="checkbox"/> Harsh behaviour <input type="checkbox"/> Not providing enough information <input type="checkbox"/> Other (specify) _____					
Targeting:							
Are you satisfied with the beneficiary selection process for Food Package/Hygiene Kit ?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, why you are not satisfied?		<input type="checkbox"/> Selection is not fair <input type="checkbox"/> Deserving people are missed <input type="checkbox"/> Criteria was strict <input type="checkbox"/> Other					
Were there households in your community who could have benefited but were missed?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
In your opinion, why were they missed?		<input type="checkbox"/> Due to strict criteria <input type="checkbox"/> No information <input type="checkbox"/> Due to inappropriate registration process <input type="checkbox"/> Other (specify) _____					
Satisfaction on Quality and Quantity:							
Are the items included in the Food Package/Hygiene Kit were relevant to your household needs?		<input type="checkbox"/> Relevant <input type="checkbox"/> Partially Relevant <input type="checkbox"/> Not Relevant					
If partially or not relevant at all, why you think so? Please explain.? <i>(Please specify which items and why?)</i>							
Is any food consumed now, which wasn't consumed at the time of visit?							
1.		Item	Good	Fair	D K	Poor	If poor, why?

	Are you satisfied with the quality of the items included in the Food Package/Hygiene Kit	Cooking oil					
		Sugar					
		Tea					
		Rice					
		Wheat Flour					
		Pulses					
		Iodized Salt					
		Biscuit					
		Basin					
		Bath Soaps					
		Sanitizers					
		Masks					
2.	Are the quantity of items included in the Food Package/Hygiene Kit were sufficient at least for one month for your household?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
3.	If no, which items and why?						
Feedback Complaint Response Mechanism (FCRM):							
4.	Do you have knowledge about the ways/channels to provide feedback and complaint to project staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
5.	If yes, which channels?	<input type="checkbox"/> Field Staff		<input type="checkbox"/> Suggestion Box			
		<input type="checkbox"/> Telephone Number		<input type="checkbox"/> Help Desk			
		<input type="checkbox"/> Other:					
6.	Did you provide feedback or complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
7.	If yes, did you receive response to your feedback or complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
8.	If yes, was the response timely?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
9.	If yes, are you satisfied with the response?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
10	If no, why not?						
11	Do you have any other feedback you would like to share?						
12	<u>Observations/Remarks:</u>						

COVID-19 Information

	Did you receive information about the safety measures regarding COVID-19?	<ul style="list-style-type: none"> • Yes • No
	If yes, where from you get the information? a. _____ b. _____ c. _____	
	What precaution measures one need to take to contend the COVID-19?	<ul style="list-style-type: none"> • Maintain 6 ft person to person distance • Wearing mask in public places • Washing hands with soap for 20 seconds • Not touching mouth, nose air before washing hands • Stay at home. • Other
	What precaution measures you are following/acting?	<ul style="list-style-type: none"> • Maintain 6 ft person to person distance • Wearing mask in public places • Washing hands with soap for 20 seconds • Not touching mouth, nose air before washing hands • Stay at home. • Other