# POST DISTRIBUTION MONITORING REPORT COVID-19 PANDEMIC



**ERF Project** 

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**Pishin Baluchistan** 

By

**CARE International in Pakistan** 

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## **Executive Summary**

CARE international in Pakistan conducted post distribution monitoring study in selected union councils of district Pishin with the beneficiaries of food package& hygiene kit. The study was conducted to get beneficiary's feedback on 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 support to the vulnerable community of district Pishin, who were affected due to lock down and spread of COVID-19 pandemic. The support was focused to provide immediate needs 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 with beneficiaries of eleven (11) villages of Union Council (UC) Bostan, UC Walma, UC Ghaizh. Total 60 recipients of food package & hygiene kit were interviewed considering 5% as a sample out of the total distribution.

67% of the participants of the study were male and 33% were female, with an average family size of 9.2. 100% of the respondents have received food & Hygiene package in the month of December 2020-January 2021.

According to the study, 100% of the reported beneficiaries have received the food package/kit assistance from the partner of CIP. It was also reported that 2% beneficiaries have not received sanitizer while 98% beneficiary have received complete food & hygiene packages in terms of number & quantity.

100% of the respondent reported that the distribution process was convenient, and staff treated them well but the food package was not delivered at door step. They received their food packages at central point of the villages, 28% of beneficiary have reported to receive the information on items of the package while 10% of beneficiary have reported that they did not receive the information about the number of items in food packages & hygiene kit before the distribution.

52% of beneficiary have reported that they have received the information about the date & time of distribution of food packages & hygiene kit, 48% of beneficiary has reported that they did not informed about the date and timing of distribution of the food packages. The staff members informed about the distribution on their arrival at distribution point.

97% beneficiary have reported that they satisfied from the selection process of the beneficiaries while 3% of the beneficiary have showed dissatisfaction with the process of selection of beneficiaries as there were some vulnerable communities, missed in selection process from local community.

100% respondents found it relevance to their needs. Out of them, 95% beneficiary have reported the quality of cooking oil was good, 3% reported the quality of cooking oil was poor while 2% of the beneficiary have reported that the quality of cooking oil was fair.

Only 2% of the beneficiary have reported on the quality of sugar was fair. Moreover 5% of targeted beneficiary have reported that the quality of wheat flour was fair, while 95% of beneficiary have reported the quality of wheat flour was Good.

97% of the beneficiary have reported that the quality of pulses was good and 3% of the beneficiary have reported the quality of pulses was fair. 95% of the targeted beneficiary have reported the quality of soap was good and only 5% of the beneficiary have reported the quality of soap was fair or poor.

68% of the targeted beneficiary have reported that the provided food package was not sufficient for the whole month for a family, while only 32% of the beneficiary reported that the provided food package & hygiene kit was sufficient for a family for a month.

80% of the targeted beneficiary have reported that they did not know or not aware of the complaint & feedback mechanism, only 20% of the targeted beneficiaries have reported that they were aware of it. None of the beneficiary has registered any complain about the selection and provided quality packages on provided sources of complain and feedback mechanism.

92% of targeted beneficiary have reported that they were aware of the COVID-19 through different sources like, relatives, social media, awareness sessions, awareness raising campaign, hospitals, newspapers, publics, announcement on distribution points, mobile phones, TV, Radio etc. Only 8% of targeted beneficiary has reported that they were not aware of the COVID-19.

The most practiced precautionary measures report by the respondents are wearing mask in public places, washing hands with soap for 20 seconds as well as social distance.

## **Background and Introduction**

CARE international in Pakistan provided support to the vulnerable communities during the outbreak of COVID-19 Pandemic in different parts of Pakistan. Pishin was one of the districts, where food package and & hygiene kits were provided to 1100 households.

## Purpose of the study

the purpose of the PDM was to assess beneficiaries' access, use and satisfaction with the food & hygiene kit provided during the COVID-19 pandemic response in District Pishin. The survey was undertaken after a month of the food & hygiene kit distribution.

## Methodology

Three union councils including eleven (11) villages were selected for this survey. 60 individuals were randomly selected among the total target of 1100 beneficiaries who received food kits & hygiene kit.

Data collection process was conducted in-person by the enumerators hired and trained. The enumerators visited the selected households and maintained the SOPs to prevent infection and spread of the COVID-19. The team was supervised by the Project Manager with 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.

## **Study Findings**

## **Demography**

The respondents of the study included 33% female and 67% of male participants. Respondent minimum reported age was 21 year and maximum reported age was 75 years while average family size was reported as 9.2 individuals.

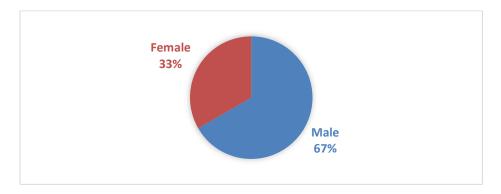


Figure 1: Gender Participation in PDM Study of District Pishin.

## **Information Sharing**

Participants of the study provided varied responses, when asked about the information sharing with beneficiaries about the food package/Hygiene kit. When ask the question about sharing the details of items in the packages 72% beneficiary reported that they have not informed about the package items, 28% beneficiaries have responded that they have been informed about the details of items included in packages. Similarly, the assessed beneficiaries have been asked about the information about the quantity of items included in Packages, 90% beneficiaries have responded that they were not informed about the quantity of items included in the packages, only 10% beneficiaries have confirmed the provision of the information. 49% beneficiaries were not informed about distribution date and time while 51% beneficiaries were provided the information.



Figure 2: Details of information shared during the PDM assessment

## **Beneficiaries selection process**

PDM study showed that 96% participants were satisfied over the selection process. Only 4% beneficiaries have responded as not satisfied over the selection process including 2% from UC Walma & 2% from UC Bostan. They responded that there are potential families that could have been benefited from the project. The reason stated by the respondents for missing of beneficiaries is that, those beneficiaries were not available at home during the registration process. Some of them stated that the registration process was not appropriate due to which some of the potential beneficiaries missed from the project assistance.

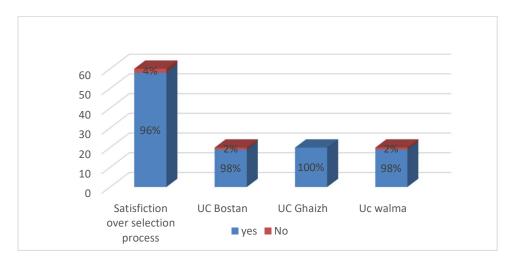


Figure 3: Beneficiaries selection for food package/kit assistance.

It was revealed during discussion with beneficiaries that 3-5 person were selected from one household.

#### **Distribution Process**

Food package & Hygiene Kit were delivered at the central point of the villages including using of Govt Structures like schools, house of notable persons. 98% participant responded that they did not receive the food package Hygiene Kit at door step, only 2% participants have responded that they have received food packages & Hygiene Kit at door steps. Meanwhile 92% participants have responded that the distribution process was convenient for them, only 8% of participants have responded that the distribution process was not convenient for them, because they have to waited for a long time as well as well the timing of distribution was not suitable i.e. they received food package & Hygiene Kit after sun set. In addition to this 98% participants have responded that the project staff have treat them well during the distribution process & only 2% of participants have responded that project staff did not provide them enough information.

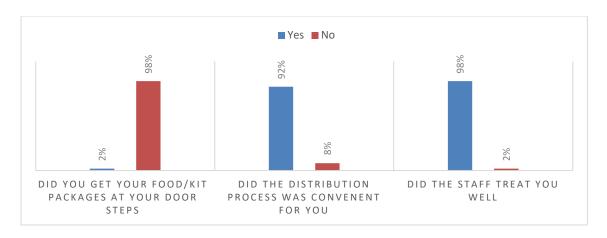


Figure 4: Information sharing on distribution process of food/Kit at district Pishin.

## **Kit Receiving**

It was reported by all participants of the PDM study that they have received food package/Hygiene kit distributed by CIP through implementing partner HANDS. 63% of the respondents reported that they have received food package/Hygiene kit in December-2020, 32% of the beneficiaries have reported that they don't know about the exact date and month of distribution, moreover 5% of beneficiary have reported that they have received food package food package & Hygiene kit in month of January 2021.

When asked about individual items, the participants also verified to the data collection team that just 2% beneficiaries didn't receive sanitizers.

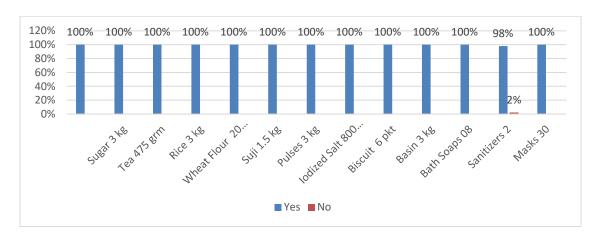


Figure 5: Items received in food package/ Hygiene kit of District Pishin.

## Quality of the food package & Hygiene Kit

Quality of the food package & Hygiene Kit was appreciated by the project beneficiaries. Quality of cooking oil, Sugar, Tea, Wheat flour, Pulses, iodizes salt, Biscuit, was stated as of good quality.

The below graph shows the number of respondents categorized the food package & Hygiene Kit indicate in the graph. The study shows that the maximum participants have reported all items of good quality, while few of items have been reported of fair & poor Quality as well as some of them have reported that they don't know about them.

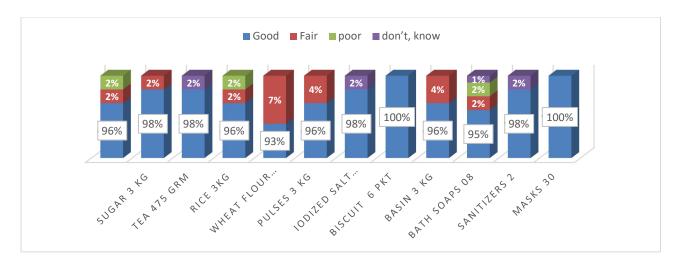


Figure 6: Quality of the items in the food package/Kit

## Quantity of food package & Hygiene Kit

32% of the respondents reported that the food package & hygiene kit provided was enough for their families for at least one month, while 68% of the respondents reported that the food package & hygiene kit cannot fulfill the need of their families for one month. Some households have large family size, the participants have reported up to 23 family members, in that case the package was consumed earlier than a month. Wheat flour, sugar and cooking oil, pulses were reported as insufficient for a month. Respondents provided additional information that only *basin* are enough for a month. The following graphs shows the detailed information about the quantity of food packages & hygiene kit.

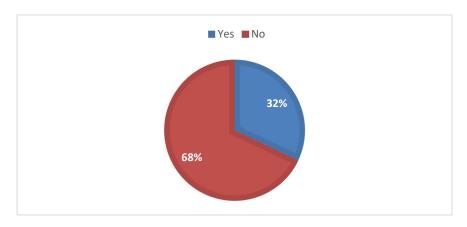


Figure 7: Was the food enough for one month?

During discussion with beneficiaries, it was revealed that the beneficiaries were not aware of use of hand sanitizer as the interacted beneficiary was considering the hand sanitizer as hair oil & shampoo.

## Relevance of food package & Hygiene Kit

When enquired about the relevance and use of the food package & hygiene Kit, 100% of the participants reported that the food package & Hygiene Kit was relevant to their household needs.

## Awareness about Feedback and complaint channels

Respondents were asked about their familiarity with the feedback and complaint mechanism. 20% of the respondents reported familiarity with the feedback and complaint mechanism, while 80% of the respondents were not aware of the system. The gap was observed in overall assessed UCs. Below graph shows the details of feedback & complaint mechanism. Furthermore, 8 respondents have responded that they know telephone number for feedback & complaint mechanism as the number was mentioned in card distributed to the beneficiaries.

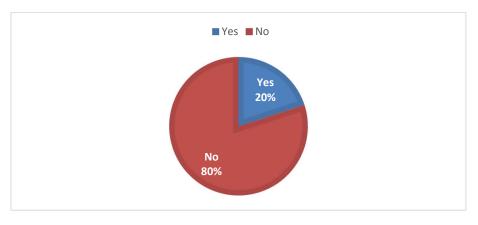


Figure 8: Knowledge of feedback and compliant response mechanism

Some of the beneficiaries registered their feedback through field teams, which include the launch of such programs in the future, suggestion to increase the quantity of food & hygiene items, satisfaction with the selection and distribution process and gratitude for the organization on its transparent distribution in their respective area.

### **Information about COVID-19**

92% of the participants responded that they have received information about the COVID-19 through different means such as Radio, TV, Social Media, relatives, public information, IEC material, announcement of distribution point & awareness raising sessions. 8% of beneficiary have reported that they did not receive any information about COVID-19.

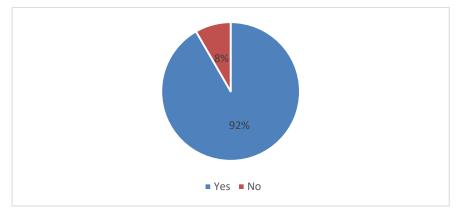


Figure 9: Information about COVID-19

#### **Sources of COVID-19 Information**

All the participants responded that they have received information about the COVID-19 through different means. TV was reported by 15% of the study participants, Radio was reported as source of information by 8% of the study participants, and IEC material was reported by 2% of the participants. Information through sessions was reported by 20% of the participants of the survey. 13% persons replied that they have no information about COVID-19 whether 50% persons reported different means of information like social media, hospital desk, community members etc.

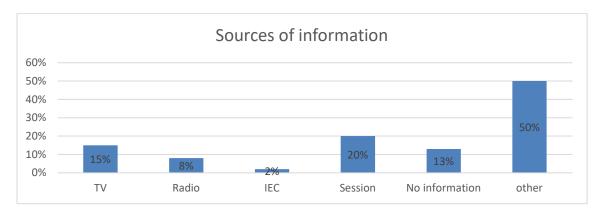


Figure 10 Sources of information about COVID-19

## Precautionary measure for COVID-19 - Knowledge

The study findings suggest that 6% of the respondents consider maintaining 6 feet distance as precautionary measure, wearing mask in public places was reported by 6% of the respondents to prevent COVID-19. 78% respondents reported that washing hands with soap for 20 seconds as a precautionary measure to avoid the disease. 5% respondents were of the opinion that staying at home is a precautionary measure for COVID-19. 5% respondent are considering not to touch mouth and nose before washing hands is precautionary measured of COVID-19.



Figure 11: Detail information on precautionary measured of COVID-19

## **Precautionary Measure Taken by the Respondents**

According to the study, 18% of the respondents maintain 6 feet social distance, 60% of respondent following wearing mask in public places. 33% of respondents reported that they follow washing hands with soap for 20 seconds. 41% of the participants practicing stay at home. 18% of participants are

following not touching nose before washing hands. 6% respondents replied that they did not take any precautionary measure to avoid COVID -19.

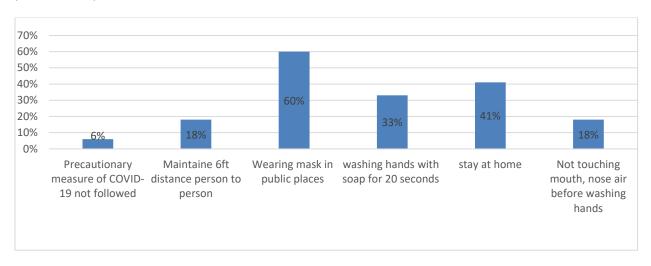


Figure 12: Precautionary measure followed by the project beneficiaries.

#### Recommendations

- 1. As some of the vulnerable community members did not benefit from the project due to limited number beneficiaries and strict criteria for beneficiary selection. Similar projects need to be implemented in order to support maximum number of populations.
- 2. The volume of food package needs to be increased as it was consumed by most of the households in less than a month period.
- 3. Project beneficiaries need to be briefed properly in advance about the items of the food & hygiene package and its quantity.
- 4. 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 complaints and provide their feedback.
- 5. The communities' needs to be briefed about the selection criteria with the support of village committees. As some people may not be deserving but regularly requesting for the assistance.
- 6. It is strongly recommended that packaged related orientation session should be held during distribution of kits needs to be conduct in targeted community & distribute the IEC materials during session having info graphs on use of new items.
- 7. To fulfill the selection criteria, it is recommended to follow the beneficiary selection criteria and randomly verify some selected beneficiary before distribution of package.

### **Annexure**

## **PDM Tool**

## Post Distribution Monitoring Tool -- <u>Food Packages & Hygiene Kit</u>

**ERF- COVID-19 Response Project, District Pishin** 

**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. 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? (The survey will take 20- Yes No 25 minutes)								
Gene	General Information of Interviewer:								
	Staff Name		Designation				Date of Visit		
Gene	eral Information of R	espondent:				<b>,</b>			
Nam	e:			Village:					
Gend	ler:	Male Union Council Female							
Fam	ily Size:			Tehsil					
Age:				ID card #					
Bene	eficiary Feedback:								
A-Util	lization:								
Question Options									
	Vulnerability								
1	Did beneficiary family receive Food Package/Hygiene Kit assistance?  Yes No Don't know								
2	Does any of the family member fall into the vulnerable criteria Yes No								
3	If yes, Specify  Elderly  Female or child headed household  Disable  Family do not have a source of income								

Family lives in slum/undeserved location

	Ethnic and religious mino other	rities					
4	When did you receive the Food	Date / Don't know	Month/	Year/			
5	Please confirm the items and	Item Description	Qty	Y/N	Comment		
	quantity of each item.	Cooking oil	4.5Ltr				
	Note: Numerator has to ask	Sugar	3 kg				
	about each item and the	Tea	375 grm				
	quantity.	Rice	3 kg				
		Wheat Flour	20 kg				
		Pulses	3 kg				
		Iodized Salt	800 gm				
		Biscuit	6 pkt				
		Basin	3 kg				
		Bath Soaps	08				
		Sanitizers	2				
		Masks	30				
Distri	bution Process:						
6	Did you receive enough inform	ation in advance about;	Type of Informa	Y/N			
	Note: Please ask about each ty accordingly.	Items in the pac					
	accordingly.	Quantity of item					
		Date and time of distribution					
7	Did you get Food Package/Hyg	Yes No					
8	If no, Where from you get the	Food Package/Hygiene Kit?	Location:-				
9	Was the distribution process co	Yes No					
10	If no, why?	<ul><li>☐ Wait was for too long to get the Food</li><li>Package/Hygiene Kit</li><li>☐ Others</li></ul>					
11	Did the staff at treat you well?	☐ Yes ☐ No					
12	If no, please specify.		Harsh behaviour  Not providing enough information  Other (specify)				
Targe	ting:						
13	Are you satisfied with the bene Food Package/Hygiene Kit?	eficiary selection process for	Yes		No		
14	If no, why you are not satisfied	Selection is not fair Deserving people are missed Criteria was strict Other					

15	Were there households in your community who could have			☐Yes ☐No				
	benefited but were missed?							
16	In your opinion, why were they missed?				☐ Due to strict criteria ☐ No information ☐ Due to inappropriate registration process ☐ Other (specify)			
	action on Quality and Quantity:							
17	Are the items included in the Food Parelevant to your household needs?	ckage/Hygiene Ki	t were	Relevant Partially Relevant Not Relevant				
18	If partially or not relevant at all, why	you think so? P	lease ex	plain.? <i>(P</i>	lease spe	cify which	items and why?	
19	Is any food/Hygiene item consun	ned now, which	wasn't	consum	ed at the	time of	visit?	
20	Are you satisfied with the quality of the items included in	Item	Good	Fair	Poor	Don't know	If poor, why?	
	the Food Package/Hygiene Kit	Cooking oil						
		Sugar						
		Tea						
		Rice						
		Wheat Flour						
		Pulses						
		Iodized Salt						
		Biscuit						
		Basin						
		Bath Soaps						
	Sanitizers							
		Masks						
21	Are the quantity of items included ir			Yes			No	
	Package/Hygiene Kit were sufficient at least for one							
00	month for your household?							
22	If no, which items and why?							
Feed	back Complaint Response Mechani	sm (FCRM):						
23	Do you have knowledge about the ways/channels to provide feedback and complaint to project staff?			☐Yes ☐No				
24	If yes, which channels?			☐ Field Staff ☐ Suggestion Box				
	3 ,			☐Telephone ☐Help Desk Number				
				Othe	er:			
25	Did you provide feedback or compla	int?		Yes			No	
26	If yes, did you receive response to your feedback or complaint?			□Yes			No	

27	If yes, was the response timely?		□Yes	□No
28	If yes, are you satisfied with the response?		□Yes	□No
29	If no, why not?			
30	Do you have any other feedback /Complaint you v	vould like to sl	hare?	
31	Observations/Remarks:			
	COVID-19 Information			
32	Did you receive information about the safety measures regarding COVID-19?	<ul><li>Yes</li><li>No</li></ul>		
33	If yes, where from you get the information?			
	a b	C		
34	What precaution measures one need to take to contend the COVID-19?	<ul><li>Wea</li><li>Was</li><li>Not</li><li>hand</li></ul>	aring mask in pub shing hands with s touching mouth, i ds at home.	o person distance lic places soap for 20 seconds nose ear before washing
35	What precaution measures you are following/acting?	<ul><li>Main</li><li>Wea</li><li>Was</li><li>Not hand</li></ul>	ntain 6 ft person t aring mask in pub shing hands with s touching mouth, a ds at home.	o person distance lic places soap for 20 seconds nose air before washing

# Pictorial overview of PDM district Pishin.







