

## Executive summary

The activities of the START Fund were designed in lieu of the communities' needs identified by the existing field staff monitoring flood situation and working in Muzaffargarh. As part of the activities, medical supplies were given to target beneficiaries and hygiene promotion sessions were conducted to inform the communities of the risk and prevention measures from COVID-19, and water borne diseases

CARE International in Pakistan conducted post distribution monitoring study with 10 participants (90% female and 10% male) in UC Rang Pur of District Muzaffargarh. The study was conducted to get beneficiaries feedback about the medical supplies distribution process, satisfaction about the distribution, familiarity with feedback & complaint response mechanism, and COVID-19 information and compliance.

The key highlights of the findings were:

- According to the study, 100% of the selected beneficiaries received medical supplies as per their family's need. There were no reservations made on the distribution process at the medical facility.
- There was satisfaction over the laid out selection criteria but some respondents felt that there were deserving households that were missed out because the family unaware of the medical assistance going on in the community.
- All the surveyed participants were aware of the multiple feedback and complaint response mechanism at their disposal. Registering concerns via the appointed focal person and the field staff was the most commonly cited.
- There appeared to be a high extent of familiarity with the various COVID-19 precautionary measures and due compliance was being done as well.

## PDM study findings

### Demography

Post distribution monitoring questionnaire was conducted by the IP staff members with ten community members the union council of Rang Pur of District Muzaffargarh. Gender composition of the sampled participants included 90% female and 10% male with an age range from 30 years - 59 years. The average family size was reported to be 7.2 individuals (minimum 4, maximum 13 people).

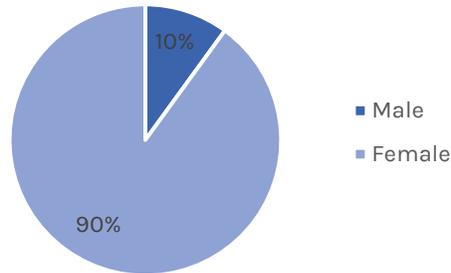


Figure 1: Gender disaggregation of study participants

### Distribution process

The type of medicines and the associated quantities supplied to the community varied according to the need of the individual household. A complete list of all the medicines kept for distribution is attached as an annex.

According to the questionnaire findings, 100% of the beneficiaries received adequate information in advance about the type of medicines available and its collection process from the medical health facility located at Sammti Dera. All the participants quoted the distribution process to be convenient and the beneficiaries did not face any difficulty while receiving the medical supplies. Additionally, the participants quoted that a good treatment shown by the staff of the medical facility towards the beneficiaries at the distribution site.

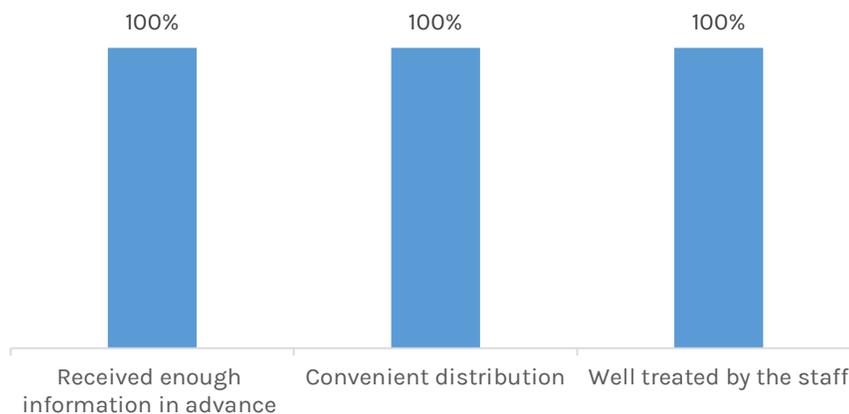


Figure 2: Distribution process

### Beneficiaries selection process

All the selected participants expressed full satisfaction over the selection process of the project beneficiaries. However, when the participants were asked whether there were households in the community which could have benefited from the project but were missed, 80% of them said yes. The reason they were missed out was primarily due to lack of awareness of such an assistance program going on in the community.

### Feedback Complaint Response Mechanism (FCRM)

The questionnaire results show that 100% of the respondents were aware of the feedback and complaint mechanism. The awareness with the feedback and complaint mechanism tools was reflected in varied responses. Around 50% of the participants were aware of providing feedback and complaint to project staff through the focal person and 50% were aware of providing their feedback via the field staff. No other channels of FCRM were quoted.

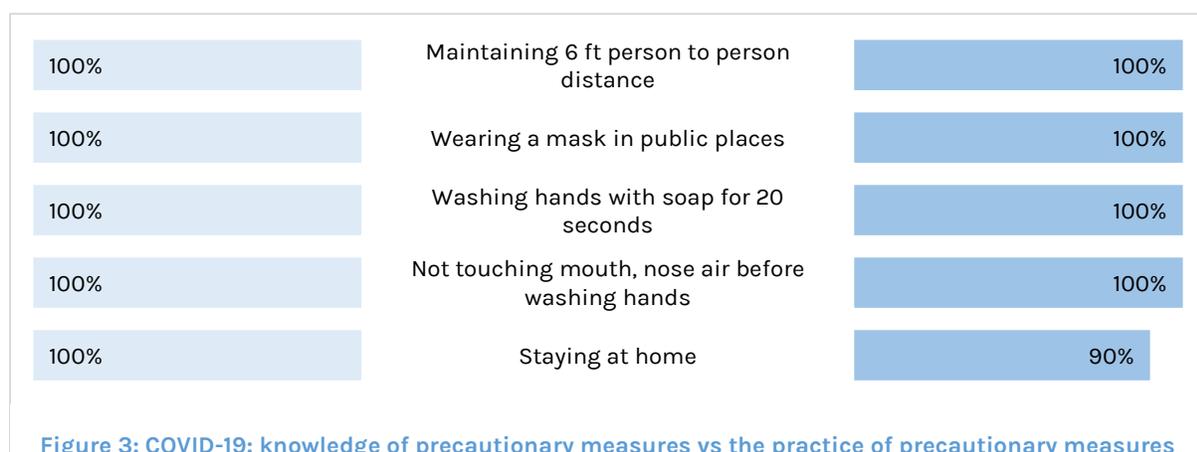
There were 20% participants who made use of the FCRM platform to register complaint/ feedback and they received a response in a satisfactory, timely manner. When asked about any additional feedback all of them were appreciative of the mobile medical services provided in their community.

### Information sources of COVID-19

Every participant responded to having received information about COVID-19 primarily via two sources – TV (90%) and the community sessions (60%), a majority was familiar with receiving information from both the sources. A small percentage (30%) also got their information through radio channels. It is worthy to note that IEC material did not have any outreach for the participants sampled.

### COVID-19: knowledge of precautionary measures vs the practice of precautionary measures

The participants were assessed on their knowledge and associated practice of the various COVID-19 precautionary measures known to them. The questionnaire findings suggest a high level of familiarity with the various COVID-19 measures. Apart from the measure, stay at



home, the participants reported compliance with all the COVID-19 precautions known to them.

## Annex

## List of medical supplies



HANDS

Plot No.158 Off M9 Khi-Hyd Motorway Gadap Road Adjac,  
Karachi, Pakistan.

Office: Phone: 021-34532804, 034527698

Fax: 021-34559252

Website: <http://www.hands.org.pk>[www.hands.org.pk/tracking](http://www.hands.org.pk/tracking)

## Material Issue Note

|                 |                           |
|-----------------|---------------------------|
| Date            | 16.09.2020                |
| Project/Program | ORC Care<br>International |
| Name            | Majid Ali                 |
| DISTRICT        | Muzaffargarh              |

| S.NO | ITEM                          | DESCRIPTION | UNIT   | QTY   |
|------|-------------------------------|-------------|--------|-------|
| 1    | Tab. Amoxicillin Dispersable  |             | tablet | 10000 |
| 2    | Cap. Amoxicillin 500mg        |             | cap    | 10000 |
| 3    | Tab. Diclofenic 50mg          |             | tablet | 1000  |
| 4    | Inj. Diclofenic 75 mg         |             | vail   | 100   |
| 5    | Syp. Mefinimc acid 60ml       |             | bottle | 500   |
| 6    | Disposible gloves (polythene) |             | pkt    | 5     |
| 7    | Inj. Dexamethasone            |             | vail   | 100   |
| 8    | Inj. Magnesium Sulphate10ml   |             | vail   | 10    |
| 9    | Tab. Metronidazole 400mg      |             | tablet | 1000  |
| 10   | Tab. Paracetamol 500mg        |             | tablet | 5000  |
| 11   | ORS                           |             | sache  | 785   |
| 12   | Syp. Salbutamol               |             | bottle | 200   |
| 13   | Inj. Dextrose-Saline 500ml    |             | vail   | 100   |
| 14   | Inj.Dextrose 5% water 500ml   |             | vail   | 100   |
| 15   | Tab. Ferrous Sulphate         |             | tablet | 1000  |
| 16   | Tab. Folic Acid               |             | tablet | 3000  |
| 17   | Tab. Zinc Dispersable         |             | tablet | 2080  |
| 18   | Tab. Misoprostol              |             | tablet | 100   |
| 19   | Tab. Chlorphenaramine Maleate |             | tablet | 2000  |
| 20   | Tab. Mefenemic Acid 250mg     |             | tablet | 2000  |
| 21   | Inj. Medroxyprogestrone       |             | vail   | 100   |
| 22   | Syp. Ammonium Chloride 60ml   |             | bottle | 200   |
| 23   | Tab. Famotidine 20mg          |             | tablet | 500   |

Majid Ali  
16/09/2020

*[Signature]*

|    |                          |  |        |      |
|----|--------------------------|--|--------|------|
|    | Tab. Ciprofloxacin 250mg |  | tablet | 1000 |
|    | OPD Slip                 |  | pad    | 10   |
|    | Tab. Drotaverine         |  | tablet | 500  |
| 27 | Tab Metformin            |  | tablet | 300  |
| 28 | Tab. Methyldopa          |  | tablet | 200  |
| 29 | Salbutamol Solution      |  | bottle | 200  |
| 30 | Calcee                   |  | sache  | 900  |
| 31 | Cotton Bandages 4'       |  | pkt    | 4    |
| 32 | BP Appratus              |  | pcs    | 1    |
| 33 | Disposible Syringes 3cc  |  | pcs    | 1000 |
| 34 | Inj. Xylocain 2% Plain   |  | vail   | 100  |
| 35 | Syp. B Complex           |  | bottle | 300  |
| 36 | Cotton Wool 500gm        |  | pcs    | 50   |
| 37 | Drip set                 |  | pcs    | 100  |

  
 Issued by  
 16/09/20



Received by

**Post Distribution Monitoring Tools – Mobile medical services.**  
**START Fund COVID-19 Emergency Response Project, District Muzaffargarh.**

**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.

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

| Staff Name | Designation | Date of Visit |
|------------|-------------|---------------|
|            |             |               |

**General Information of Respondent:**

|                     |  |                      |  |
|---------------------|--|----------------------|--|
| <b>Name:</b>        |  | <b>Village:</b>      |  |
| <b>Gender:</b>      | <input type="checkbox"/> Male <input type="checkbox"/><br>Female | <b>Union Council</b> |  |
| <b>Family Size:</b> |  | <b>Tehsil</b>        |  |
| <b>Age:</b>         |  |                      |  |

**Beneficiary Feedback:**

| A-Utilization: |   |  |
|----------------|---|--|
| S.#            | Question  | Options  |
|                | Did beneficiary family receive mobile medical assistance? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Don't know |

|  |   |     |                             |         |
|--|---|-----|-----------------------------|---------|
| When did you receive the medical assistance?   |   |     |                             |         |
| <p>Please confirm the items and quantity of each item.</p> <p><i>Note: Numerator has to ask about each item and the quantity.</i></p>    | Medicines Description                                       | Qty | Y/N                         | Comment |
|  |   |     |                             |         |
|  |   |     |                             |         |
|  |   |     |                             |         |
|  |   |     |                             |         |
|  |   |     |                             |         |
|  |   |     |                             |         |
|  |   |     |                             |         |
|  |   |     |                             |         |
|  |   |     |                             |         |
|  |   |     |                             |         |
|  |   |     |                             |         |
|  |   |     |                             |         |
| Distribution Process:  |   |     |                             |         |
| <p>Did you receive enough information in advance about;</p> <p>Note: Please ask about each type of information and mark accordingly.</p> | Type of Information   |     | Y/N                         |         |
|  | Medicines   |     |                             |         |
|  | Quantity medicines  |     |                             |         |
|  | Date and time of the visit to the doctor                    |     |                             |         |
| Did you get check from doctor and provided with medicines at your mohalla/village &UC?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |     |                             |         |
| If no, Where from you get the medical health facility?   |   |     |                             |         |
| Was the mobile clinical 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 number from doctor?<br><input type="checkbox"/> Others   |
| Did the staff/doctor treat you well?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If no, please specify.  | <input type="checkbox"/> Harsh behaviour<br><input type="checkbox"/> Not providing enough information<br><input type="checkbox"/> Wait for too long<br><input type="checkbox"/> Other (specify)<br>----- |
| <b>Targeting:</b>   |  |
| Are you satisfied with the beneficiary selection process for medical assistance?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If no, why you are not satisfied?   | <input type="checkbox"/> Selection is not fair<br><input type="checkbox"/> Deserving people are missed<br><input type="checkbox"/> Criteria were strict<br><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<br><input type="checkbox"/> Due to inappropriate registration process<br><input type="checkbox"/> Other (specify)<br>-----                               |
| <b>Feedback Mechanism</b>   |  |
| <b>Feedback Complaint Response Mechanism (FCRM):</b>                              |  |

|    |  |   |   |
|----|--|---|---|
| 1. | Do you have knowledge about the ways/channels to provide feedback and complaint to project staff/doctor? | <input type="checkbox"/> Yes              | <input type="checkbox"/> No             |
| 2. | 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:           |   |
| 3. | Did you provide feedback or complaint?   | <input type="checkbox"/> Yes              | <input type="checkbox"/> No             |
| 4. | If yes, did you receive response to your feedback or complaint?  | <input type="checkbox"/> Yes              | <input type="checkbox"/> No             |
| 5. | If yes, was the response timely?   | <input type="checkbox"/> Yes              | <input type="checkbox"/> No             |
| 6. | If yes, are you satisfied with the response?   | <input type="checkbox"/> Yes              | <input type="checkbox"/> No             |
| 7. | If no, why not?  |   |   |
| 8. | Do you have any other feedback you would like to share?  |   |   |
| 9. | <u>Observations/Remarks:</u>   |   |   |

|  |  |   |
|--|--|---|
|  | Did you receive information about the safety measures regarding COVID-1? | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>   |
|  | If yes, where from you get the information?                              | <ul style="list-style-type: none"> <li>• Radio</li> <li>• TV,</li> <li>• IEC</li> <li>• Session</li> <li>• Other</li> </ul> |

|  |   |   |
|--|---|---|
|  | <p>What precaution measures one need to take to contend the COVID-19?</p> | <ul style="list-style-type: none"> <li>• Maintain 6 ft person to person distance</li> <li>• Wearing mask in public places</li> <li>• Washing hands with soap for 20 seconds</li> <li>• Not touching mouth, nose air before washing hands</li> <li>• Stay at home.</li> <li>• Other</li> </ul> |
|  | <p>What precaution measures you are following/acting?</p>                 | <ul style="list-style-type: none"> <li>• Maintain 6 ft person to person distance</li> <li>• Wearing mask in public places</li> <li>• Washing hands with soap for 20 seconds</li> <li>• Not touching mouth, nose air before washing hands</li> <li>• Stay at home.</li> </ul> <p>Other</p>     |