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Post Distribution Monitoring (PDM) Report

Inter-agency Response to Tropical Cyclone Gita
Tonga

Report date: 22.10.2018

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1.0 Introduction

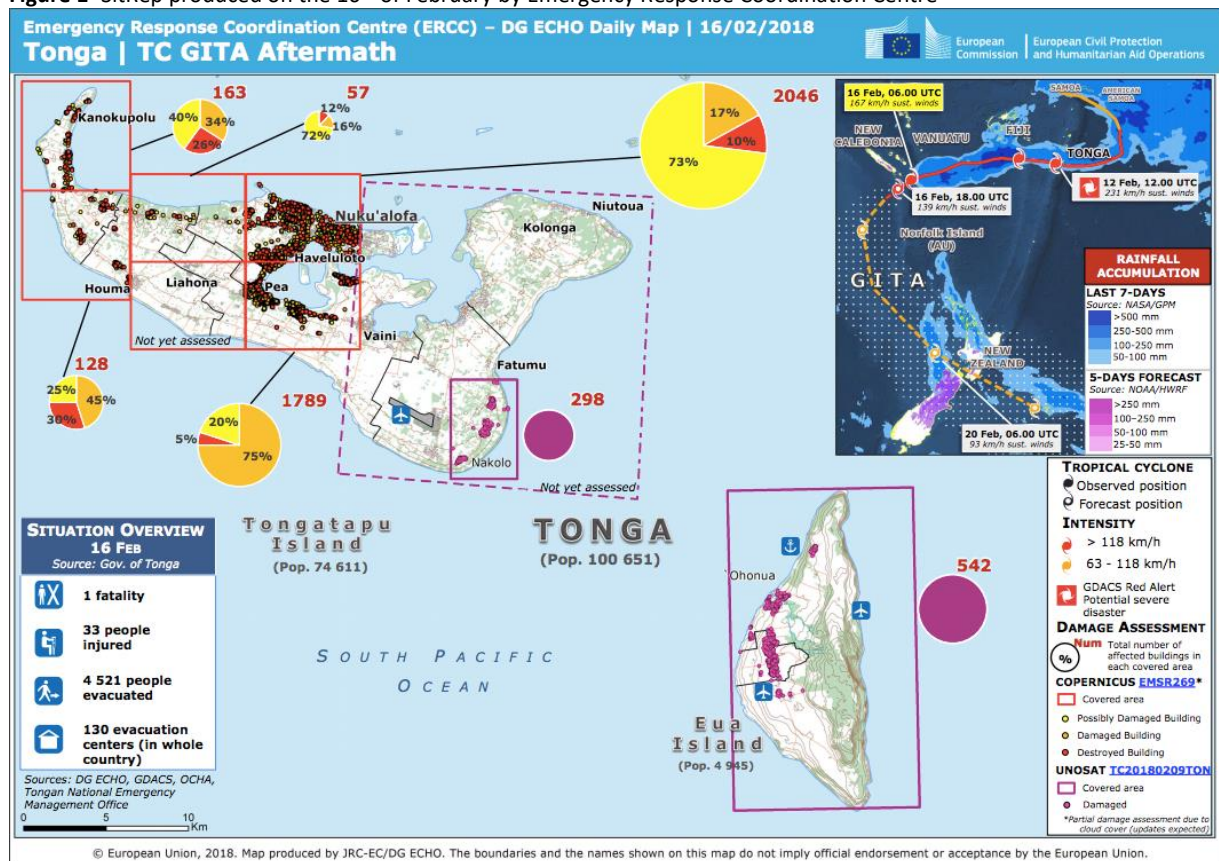
On the 12th of February 2018, Tonga was struck by Tropical Cyclone Gita. The category 4 cyclone was the largest storm on record to make landfall in Tonga. It caused wide spread damage, affecting an estimated 70 % of the population or 80,000 men, women, boys and girls, causing destruction to homes, water supply systems, farming land and livelihoods. See Figure 1 below for details on the extent of the destruction.

In response to the damage and the immediate needs of the affected population, taking in to account the expertise of the agencies, MORDI Trust Tonga (MORDI), Live & Learn Environmental Education (LLEE) and CARE Australia (CARE) formed a partnership to deliver humanitarian assistance on the islands of Tongatapu and 'Eua.

The response program included assistance provided in the areas of shelter, WASH, food security and livelihoods, with an underlying focus on gender and social inclusion. Donor funding for the response program through CARE Australia included DFAT funding through the Australian Humanitarian Partnership, ECHO and the START Network. Additional grants directly to MORDI from Oxfam and Rotary/MFAT also formed part of the overall response program.

This report will aim to test the effectiveness and efficiency of the overall response program.

Figure 1- SitRep produced on the 16th of February by Emergency Response Coordination Centre



1.1 Program overview

The response program was implemented between February and July of 2018 and was delivered during Phase 1 and the Recovery Phase of the emergency response. Phase 1 comprised of the distributions of emergency shelter and hygiene kits and the Recovery Phase included shelter, seedling and wash distributions that were accompanied by their respective awareness session for example, Build Back Safer (BBS) for shelter distributions, hygiene promotion for WASH distribution and food security and livelihoods training for seedling distributions. The program reached a total of 10,570 people (4,946 males/ 5,624 females).

Below is a detailed overview of the response program implemented by the partnership.

Figure 2: Detailed overview of the 4 projects that together made up MORDI/LLEE/CARE's emergency program.

Donors	Total Targets	Sector	Activities Implemented
DFAT – Australian Government Australian Humanitarian Partnership (AHP):	850 HH (4,250 people)	Food Security and Livelihoods	<ul style="list-style-type: none"> ▪ Seed/ Cutting distributions for 650 HH (3,250 people) ▪ Re-establish of tax allotment level gardens / plots ▪ Re-establish 14 damaged nurseries (Eua 6/Tongatapu 8) ▪ Trainings at HH and smallholder farmer level on how to prepare and set-up a nursery (irrigation, soil preparation), operate and maintain it and new composting techniques. ▪ Seedling distributions to HH for re-establishment of handicraft critical crops (Pandanus, Mulberry bush)
		Shelter	<ul style="list-style-type: none"> ▪ Supply 450 HH with tools, fixings and guttering to repair and/or rebuild their homes. ▪ 50 HH were identified as the most vulnerable households, including those with severely or totally damaged houses. These HH receive extra support to help rebuild. ▪ Builders received training in the importance of Build Back Safer (BBS) ▪ 2250 men, women and youth benefitted from BBS community awareness sessions.
		Women's project	<ul style="list-style-type: none"> ▪ After consultations with women's groups 3 communities were selected for the women leaders in emergency program.
ECHO (European Union);	1,100 HH (5,500 people)	Food Security and Livelihoods	<ul style="list-style-type: none"> ▪ HH garden and Tax allotment land received preparation support post Cyclone for rapid planting through hiring of agricultural machinery. ▪ Provision of top soil, sand, compost, fertiliser, mesh wire, trays and planter bags to communities and HH for rapid seedling grow. ▪ Seed/ Seedling/Cuttings were distributed to HH gardens ▪ Seedling distributions to HH for re-establishment of handicraft critical crops (Pandanus, Mulberry bush) ▪ Trainings were facilitated to HH and farmers on sustainable and disaster resilient farming practices.
		Shelter	<ul style="list-style-type: none"> ▪ Community BBS awareness ▪ Trainings on BBS for builders ▪ Shelter HH catalogue and distributions ▪ 50 HH were identified as the most vulnerable households, including those with severely or totally damaged houses.
		WASH	<ul style="list-style-type: none"> ▪ Work with communities to plan for, train, and implement the rehabilitation/construction of 347 HH water supply systems ▪ Integrate shelter with rainwater harvesting systems and sanitation facility consideration ▪ Hygiene promotion awareness training in 450 HH
OXFAM/UNICEF	450 HH	WASH	<ul style="list-style-type: none"> ▪ Hygiene promotion awareness activities and refresher IEC materials reviewed for 450 HH with rehabilitated water supply systems. ▪ Repairs to rainwater harvesting systems in 347 HH ▪ Improved safe access to 347 household water supply systems
Rotary / MFAT	889 HH (4,945 (2,486 male / 2,459 female))	Food Security and Livelihoods	<ul style="list-style-type: none"> ▪ HH garden and Tax allotment land received preparation support post Cyclone for rapid planting through hiring of agricultural machinery. ▪ Seed/seedling/cutting distributions to 4,945 people (2,486 male / 2,459 female) ▪ Re-establishing one damaged nurseries including provision of top soil, sand, compost, fertiliser, mesh wire, trays and planter bags. ▪ Communities benefitted from technical support on new composting techniques for their community nurseries. ▪ Seedling distributions to HH for re-establishment of handicraft critical crops (Pandanus, Mulberry bush)

2.0 Objective of the Post Distribution Monitoring (PDM) Report

The objective of the PDM is to provide the MORDI, LLEE and CARE partnership with a report that assesses the efficiency of the NFI distributions and how effective those distributions and awareness programs were in supporting the affected population to recovery from the disaster. This was done by talking directly with target communities. Thus, the satisfaction of the recipients will also be assessed.

Objectives of the PDM:

1. Measure impact- Were the distributions and the awareness sessions conducted what the beneficiaries needed. Where the items distributed and the awareness sessions of the quality and quantity needed and where they conducted at the right time for the people who needed them the most.
2. Accountability- to check if the NFIs were distributed to the people in need and the awareness/training sessions took place with the different types of groups that were required.
3. To improve emergency programming in Tonga by the Mordj/CARE/LLEE partnership- the PDM results will allow the partnership to see whether the NFIs distributed were the most appropriate type of assistance, and therefore whether NFI and Livelihood packages should be adjusted or whether alternative assistance should be provided in future responses.
4. The information collected for this report will also contribute to the independent evaluation of the emergency response programming by Mordj/CARE/LLEE partnership.

3.0 Methodology

3.1 Sampling

A mix of both purposive sampling and random sampling methodologies were used to gather the information from respondents within the targeted locations. A total of 32 communities on the islands of Tongatapu & 'Eua were identified as the target locations for the PDM survey. Within those 32 communities, a total of 367 households(HH) surveys were conducted, 244 HH on Tongatapu island and 123 HH surveys on 'Eua island. The PDM focused only on households that received the NFIs or participated in an awareness session as part of the response program (purposive sampling) while random sampling ensured reduced bias on information obtained from recipients within the purposely targeted affected areas. See Figure 3 for a breakdown of the data collection by date and location.

As the response program had an underlying focus on the support of the most vulnerable the enumerators ensured that men, women, PWD, the elderly, PLW were targeted during the data collection.

Figure 3: Data collection by date and location.

TONGATAPU ISLAND					'EUA ISLAND				
Date of visit	Community	Population	% of total	# of surveys	Date of visit	Community	Population	% of total	# of surveys
03/09	Afaa	474	5%	13	06/09	Esia	225	5%	6
	Haveluliku	175	2%	5		Fata'ulua	227	5%	6
	Niutoua	671	7%	18		Futu	264	6%	7
	Fahefa	415	5%	11		Mata'aho	265	6%	7
	Fatumu	396	4%	10		Petani	277	6%	7
04/09	Ha'utu	268	3%	8		Sapa'ata	171	3%	4
	Lavengatonga	359	4%	9		Ta'anga	190	4%	5
	Matafonua	233	3%	8		Tufuvai	231	5%	6
	Nakolo	406	4%	9		07/09	Angaha	387	9%

05/09	Talasiu`	363	4%	10	08/09	Ha'atu'a	522	6%	7
	Vaotu'u	493	6%	14		Houma	278	6%	7
	Atata	177	3%	7		Mu'a	155	6%	7
	Ha'akame	747	5%	12		Pangai	326	7%	8
	Ha'alalo	610	7%	18		Tongamama'o	179	4%	5
	Ha'asini*	883	9%	22		'Ohonua	1,248	24%	30
	Houma	2,086	22%	53		Total	4,945	100%	123
	Utulau	614	7%	17		TOTAL HH	367		
Total	9,370	100%	244						

* data collection was also completed on Ha'asini on the 7/9/2018 to reach the remaining 7 HH.

3.2 Data collection (team, field test and tools)

The PDM was conducted in teams of 2 each comprising of a survey supervisor and 6 enumerators. The whole process was then overseen by the survey team leader. The teams were made up of MORDI staff members and trained MORDI volunteers these enumerators were involved in the implementation of the MORDI/CARE/LL response program outlined above.

The PDM questionnaire (Annex 1) contained 52 questions and took an average 20 minutes per HH. Due to a limited amount of tablets the questionnaire was conducted on paper. The hard copy of the questionnaire was translated into Tongan which ensured that the questions were asked in a consistent manner by all enumerators.

3.3 Limitations and Challenges

Data Recording: The data was collected using hard copy forms of the PDM questionnaire because there were not enough tablets for the enumerators to collect the data using the electronic software. Not being able to use the KoboToolbox increases the margin for error when recording the data as it then needs to be manually entered into excel. However, the research team were sure to double check the entries once in excel to reduce this limitation.

NGO relationship: The research was conducted by the agency that implemented the response program. The agency also has a long standing relationship with the targeted communities which might have influenced the way respondents gave their answers. To address this limitation, during the training of the enumerators this limitation was discussed and ways to overcome this were workshopped and then put into practice by the enumerators to reduce this limitation.

Baseline information: To test the effectiveness of the awareness program the respondents are asked to recall key information from the HP and BBS awareness sessions however, for this report there was no baseline information that these results could be compared against so only an assumption can be made that the awareness sessions contributed to the respondents' knowledge of HP and BBS key messages. The extent of the change in knowledge by the beneficiaries could not be measured.

One survey collection method: The PDM was conducted using solely HH interviews (qualitative method) thus, it may not have been able to collect the voices of all the different groups in the affected community and may not have uncovered all the impacts of the response program due to the closed format of questionnaire and the targeting of the head of HH. Additionally, when there is only HH interviews completed it is difficult to accurately disaggregate the results in order to measure the impact for male and female beneficiaries.

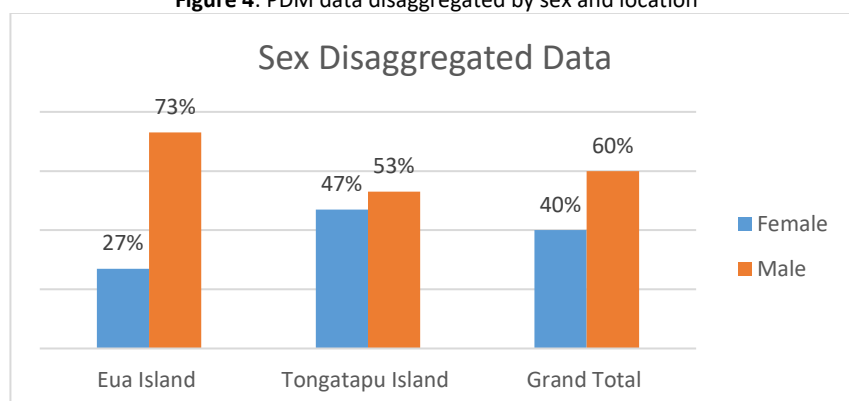
4.0 Demographics

Of the 376 beneficiaries surveyed as the representative of their HH, 147 (40%) were female and 220 (60%) were male respondents. On 'Eua, 33 (27%) females and 90 (73%) males were surveyed and on

Tongatapu 114 (47%) females and 130 (53%) males were surveyed (see Figure 4).

As Tonga is patriarchal society, like many countries in the Pacific Region, it is more likely that men assume the position as head of the HH so it can be suspected that only collecting HH surveys which, mostly involves the participation of the HH head, has led to this slightly uneven representation of men and women. It would be recommended that in the future a combination of HH interviews and individual interviews are completed and/or include separate male and female focus group discussions to ensure that a more equal representation of female and male voices are heard.

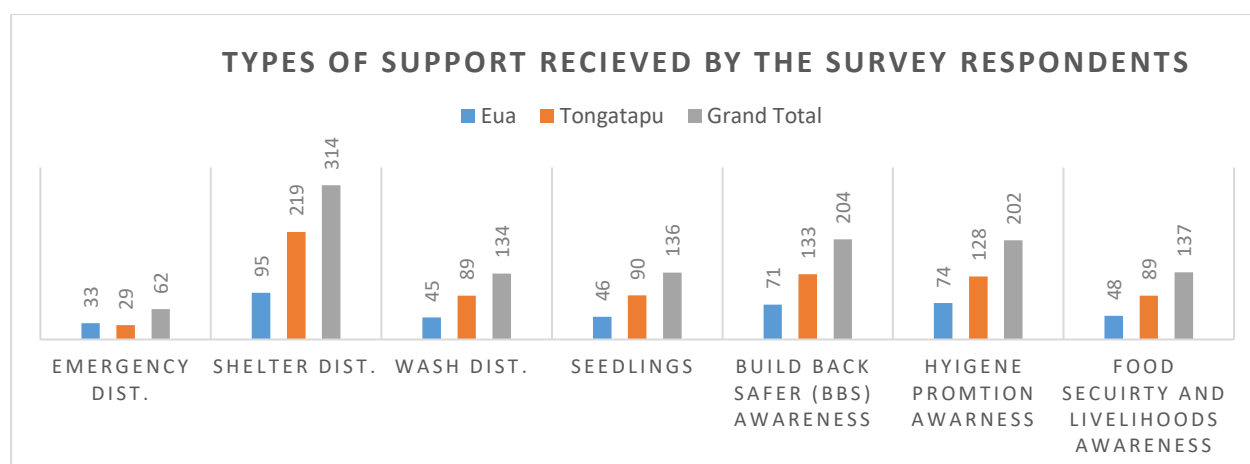
Figure 4: PDM data disaggregated by sex and location



Of the HH surveyed, the average HH size was 6.5, and 73 (20%) identified as female headed HH, 37 (10%) of the HH have a PWD in their HH, 69 (19%) of the HH contained pregnant or lactating women. Of the 37 HH that have PWD within them, the disabilities that were most common are difficulty walking and difficulty with self-care.

When looking overall at the type of support received by the survey respondents, 62 received emergency distribution, 314 received shelter NFIs, 134 received recovery WASH distributions, 136 received seedling distributions, 204 attended BBS awareness, 202 attended HP awareness sessions and 137 respondents received FSL training (see Figure 5). More detailed information on who received what will be covered throughout the report.

Figure 5: Types of support received by the survey respondents disaggregated by location

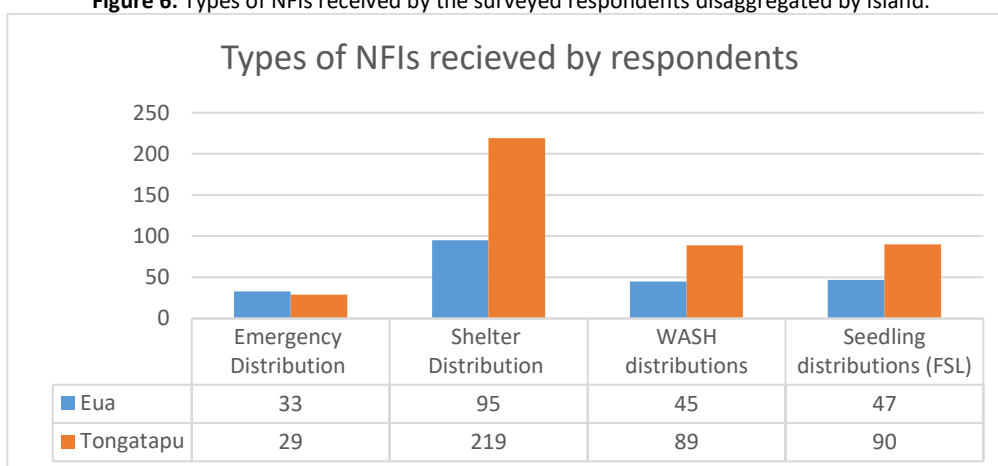


5.0 Distributions

5.1 Details of the items distributed

Of the 367 HH representatives surveyed, 17% received phase one emergency distribution that included shelter and hygiene kits, 86% received recovery shelter distributions which included items such as nails, tins, roofing material, timber etc., 37% recovery WASH distributions which included items such as guttering, water pipes etc. and 37% received seedling/cutting distributions. Distribution were conducted by HH and were distributed based on need, therefore, many respondents received more than one type of distribution.

Figure 6: Types of NFIs received by the surveyed respondents disaggregated by island.

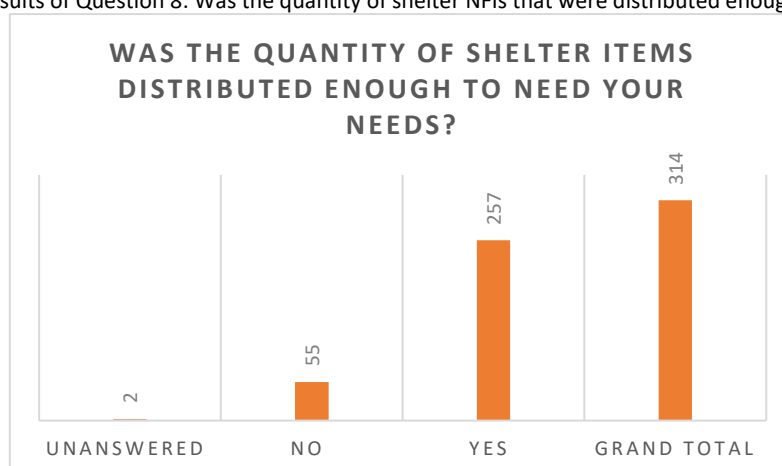


5.2.a Shelter Distributions

Of the 367 HH surveyed, 314 HH received shelter distributions. Of those 314, 82% stated that the items distributed were enough to meet their recovery shelter needs in terms of quantity.

The 18% that stated that the quantity was not enough to meet their needs explained that the damage to their house was quite extensive and additional items were needed to fully repair the damage. Over 50% of people that needed additional shelter NFIs named roofing iron sheets and roofing nails as the missing items that they needed.

Figure 7: Overall results of Question 8: Was the quantity of shelter NFIs that were distributed enough? (Pg.9 PDM survey)

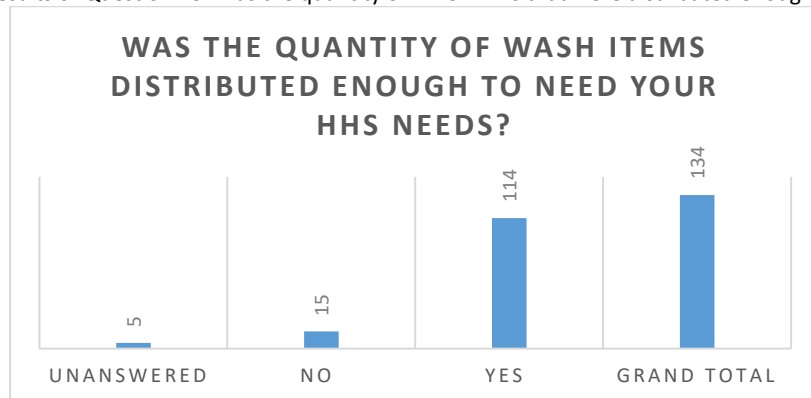


5.2.b WASH Distributions

Of the 134 respondents that stated they received WASH distributions, 85% were happy with the quantity of the items that they received.

Of the 11% that stated they did not receive enough WASH items to meet their needs named guttering as the key missing item.

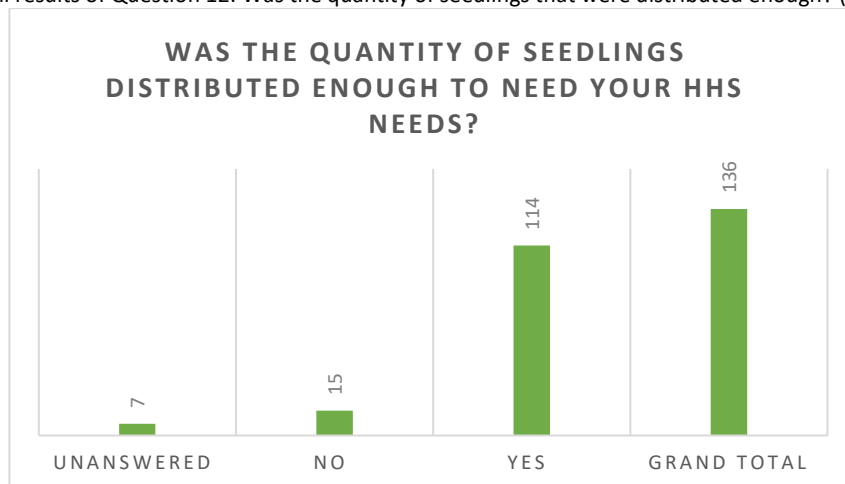
Figure 8: Overall results of Question 10: Was the quantity of WASH NFIs that were distributed enough? (Pg.9 PDM survey)



5.2.c Food Security and Livelihoods (FSL) Distributions

Of the 136 respondents that stated they received FSL distributions, 84% responded that the quantity of the seedlings was enough to meet their needs. The 11% that stated that the quantity was not enough to meet their needs explained that they needed more trays of seedlings and a larger variety of seedlings.

Figure 9: Overall results of Question 12: Was the quantity of seedlings that were distributed enough? (Pg.9 PDM survey)



5.3 Quality and appropriateness of the NFIs distributed

As the majority of respondents received a combination of WASH, shelter and FSL distributions the survey asks about the quality and appropriateness of the distributions overall as opposed to addressing each type of distribution separately. The results are as follows;

323 HH (88%) ranked the quality of the items received as good, and only 38 (10%) of respondents ranked the quality from reasonable to poor.

Figure 10: Overall results of Question 14: What was the quality of the items that your HH received? (Pg.9 PDM survey)

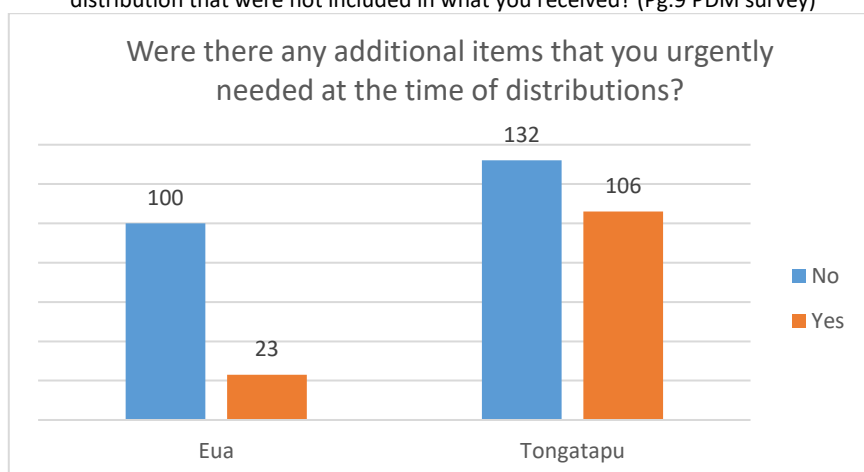


Of the 38 HH that reported receiving items that were of poor to reasonable quality, the most common problem that they reported was that some items were too small (11 HH) and some items were damaged (7 HH) when they received them. 18 respondents did not report why they thought their items were below standard. This could be a data recording error or they might not have felt comfortable explaining what the problem was in front of the enumerator.

Overall, 63% of HH surveyed across the two islands stated that they had no additional needs after receiving support by the MORDI/CARE response program which suggests that the items distributed were appropriate and responsive to the target populations needs. Of the 35% of HH that stated they did have additional urgent needs which were not addressed by the distributions. 83 (64%) respondents that had additional needs required shelter distributions such as roofing iron sheets and nails, and plywood and timber, and 53 (41%) of respondents required additional WASH items such as guttering.

When looking at the results by island it seems that the HH on 'Eua did not have many additional needs with only 18% of respondents reporting additional items needed. However, on the main island of Tongatapu 46% of HH surveyed stated they needed additional items that were not provided as part of the program. Of those on Tongatapu, the main needs that remained were shelter NFIs to rebuild their homes.

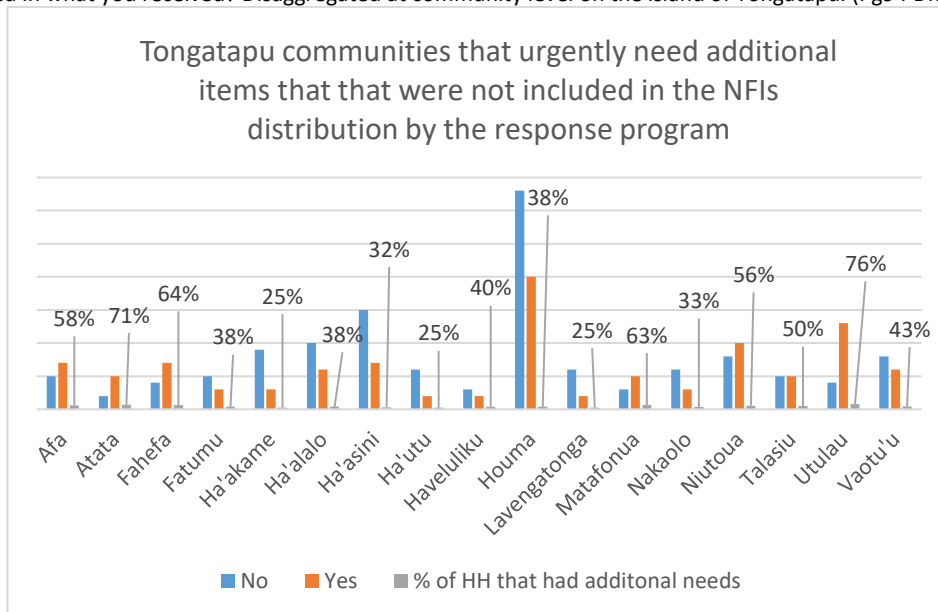
Figure 11: Overall results of Question 16: Were there any additional items that you urgently needed at the time of distribution that were not included in what you received? (Pg.9 PDM survey)



When breaking the results down to the community level on Tongatapu island, 7 out of the 17 communities had 50% of respondents or above state that they had urgent additional needs that were not met by the response program. As the additional needs were mostly centred around building materials it can be assumed that the shelter distributions were what the community needed. However, for around a third of the HH all of their shelter needs were not fulfilled. This not only impacts their ability to recovery it also leaves them vulnerable to future cyclone and other natural hazards.

It is recommended that these gaps are detected immediately after or during distribution so they can be addressed during the implementation phase of the program.

Figure 12: Question 16: Were there any additional items that you urgently needed at the time of distribution that were not included in what you received? Disaggregated at community level on the island of Tongatapu. (Pg9 PDM survey)

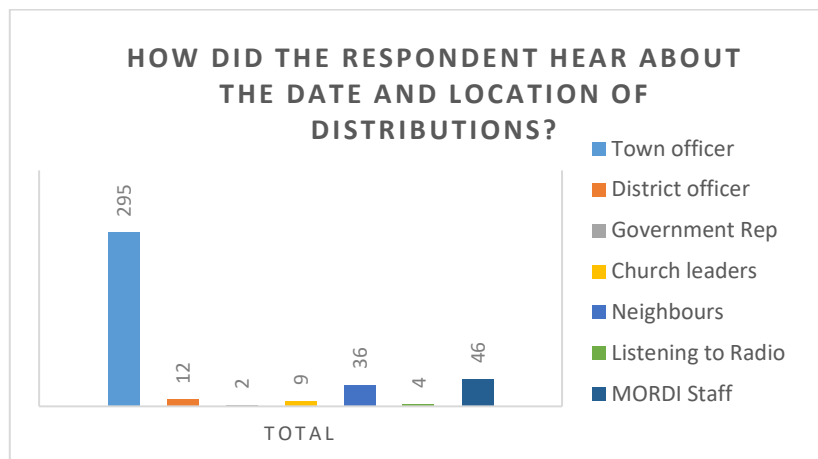


5.4 Targeting of the distributions

To measure the effectiveness of the targeting of the distribution of NFIs the PDM looked at the timing, location, communication of information regarding distribution, and how long people waited at the distribution site before receiving their goods.

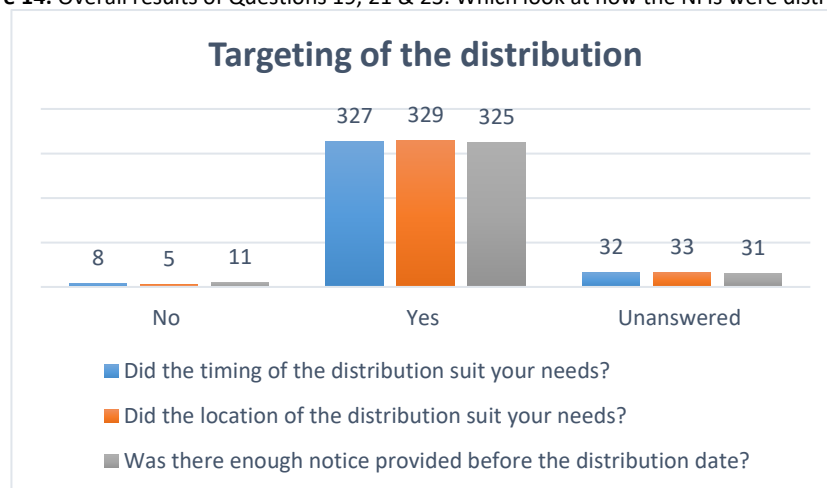
The results reveal that the main line of communication used by the program team to inform the communities of the location and date of the upcoming distribution was the Town Officer with 80% of respondents, see Figure 13 below. When breaking down the results to community level, the findings are echoed, all communities relied more heavily on their Town Officer to inform them of the distribution date and location than any other informant.

Figure 13: Overall results of Question 18: How did you hear about the date and location of distribution? (Pg.10 PDM survey)



Based on the results in Figure 14 it can be said that, the location of the distribution sites, the timing that the distribution was held in each location and the amount of notice provided was satisfactory for the vast majority of respondents regardless of their community.

Figure 14: Overall results of Questions 19, 21 & 23. Which look at how the NFIs were distributed.



89% of respondents stated that the timing of the distributions suited their HH. Only 2% reporting that the timing of the distribution did not suit them with the remaining 9% of respondents not answering this question.

For the 8 HH representatives (2males/6 females) that stated the timing did not suit them they cited reasons such as not being home when the distribution occurred so NFIs were left on the door step, not receiving enough items and unfair distributions. As these 8 HH were spread across the two islands and 7 different communities there does not seem to be a specific community or distribution that led to these complaints.

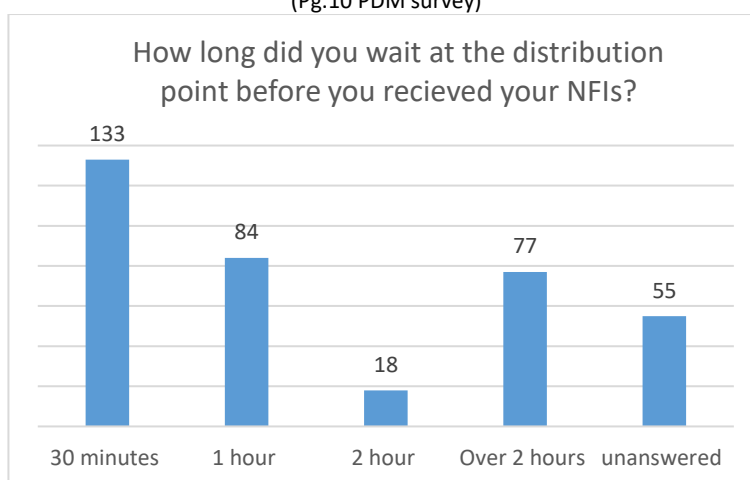
The distributions were mainly completed within each target community. For shelter NFIs, the distribution team delivered to the HH level so the team could support the HH with their repairs upon receiving their NFIs. Thus, it is not surprising that 90% of HH that were surveyed stated that the location of the distributions suited them.

The 5 respondents that were unhappy with the distribution site explained that this was due to reasons such as, not being correctly informed of when the distribution was occurring and unfair distribution due to the Town Officer's involvement. As the 5 respondents were spread across 5 different communities, 3 on 'Eua Island and 2 on Tongatapu Island, there does not seem to be a particular distribution site that has caused these results.

Overall, 89% of HH that were surveyed stated that the amount of notice given before the distribution date was enough time for them to make arrangements to collect their items. This positive result is consistent when looking at the two islands individually with 87% on 'Eua and 89% on Tongatapu were happy with the amount of notice given ahead of the distributions. When disaggregated by sex, 90% of males and 84% of female respondents were satisfied with the notice given.

82% of HH surveyed (76% of female and 85% of male respondents) personally collected their NFIs from the distribution site on behalf of their HH. Of those, 39% waited only 30 minutes or under, 27% waited around 1 hour, 22% waited over 2 hours and 5 % waited more 2 hours.

Figure 15: Overall results of Question 25: How long did you wait at the distribution point before you received your NFIs? (Pg.10 PDM survey)



Based on the positive answers above and that the majority of distribution were conducted at HH level it unsurprising that 85% of the HH surveyed thought the distribution method was either 'very good' or 'good', and only 7% of the respondents rated the distribution method as reasonable, poor or very poor. Of the respondents that rated the distribution method poorly they explained this was due to long wait times, not receiving all the items that they needed and unfair distributions.

5.5 Impact of the distributions

The results reveal that of the HH that were surveyed the overwhelming majority believe that the NFIs that were distributed were usefulness, relevant, timely and essential to their HH ongoing recovery from the disaster. The results are as follows; 97% of HH representatives 'strongly agreed' or 'agreed' that the items that were distributed were useful to their HH and essential to their recovery after the disaster. In addition, 96% of HH thought the items distributed were relevant to their needs after the disaster and were distributed at the right time.

Figure 16: The below frequency table contains the overall results of questions 28, 30, 32 & 34 which focuses on measuring the impact of the NFIs that were distributed to each HH.

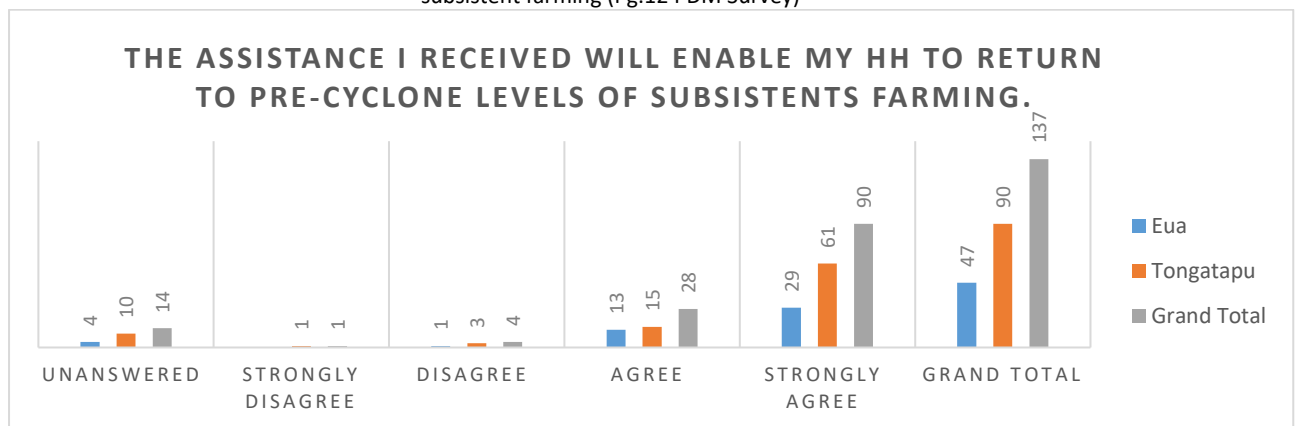
Impact of the distributed items	Strongly agree	Agree	Disagree	Strongly disagree	unanswered	Grand Total
Usefulness for the HH	290	65	5	1	6	367
Essential to the HH recovery	294	63	3	1	6	367

Relevance to the HH needs	288	65	6	1	7	367
Timely	283	71	4	0	9	367

Another way the PDM survey has looked at the impact of the distributions is to see if the beneficiaries believe that the assistance they received has enabled them to return to pre-disaster state. For this the results are as follows;

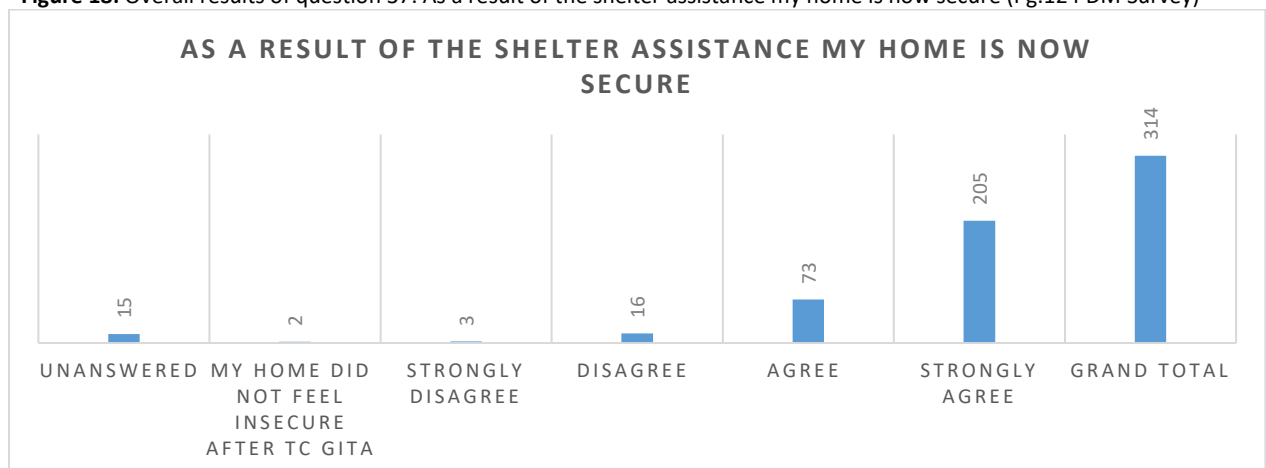
Of the 137 HH that received seedling distributions, 36% of respondents strongly agreed and 15% agreed that the FSL support allowed them to return pre cyclone subsistent levels. Only 2 respondents disagreed or strongly disagreed with the statement and 10% of respondents that received FSL supported did not answer this question, see Figure 17 below.

Figure 17: Overall results of question 35: The assistance I received will enable my HH to return to pre-cyclone levels of subsistent farming (Pg.12 PDM Survey)



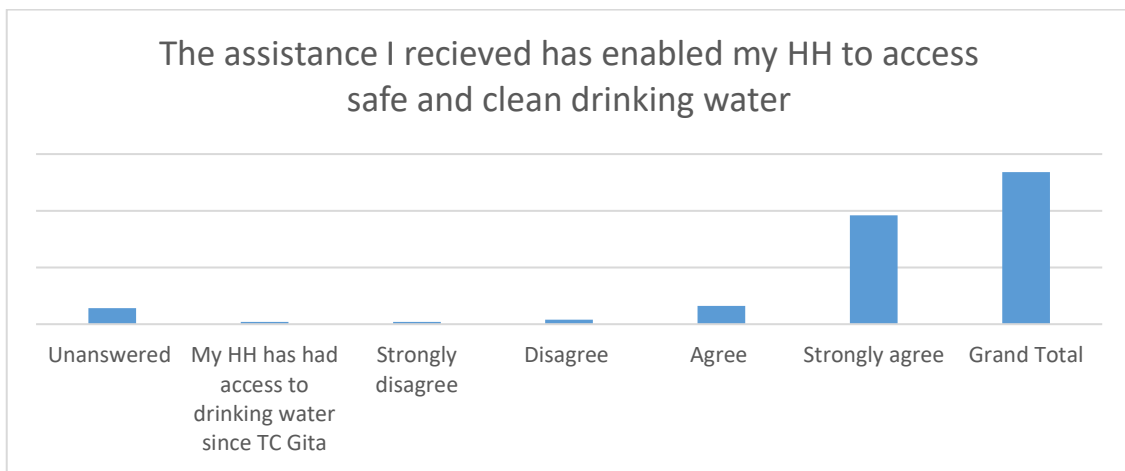
89% of the HH that were surveyed and received shelter distributions either 'strongly agreed' or 'agreed' that their home is now secure as a result of the assistance. Only 6% of people surveyed either strongly disagreed or disagreed.

Figure 18: Overall results of question 37: As a result of the shelter assistance my home is now secure (Pg.12 PDM Survey)



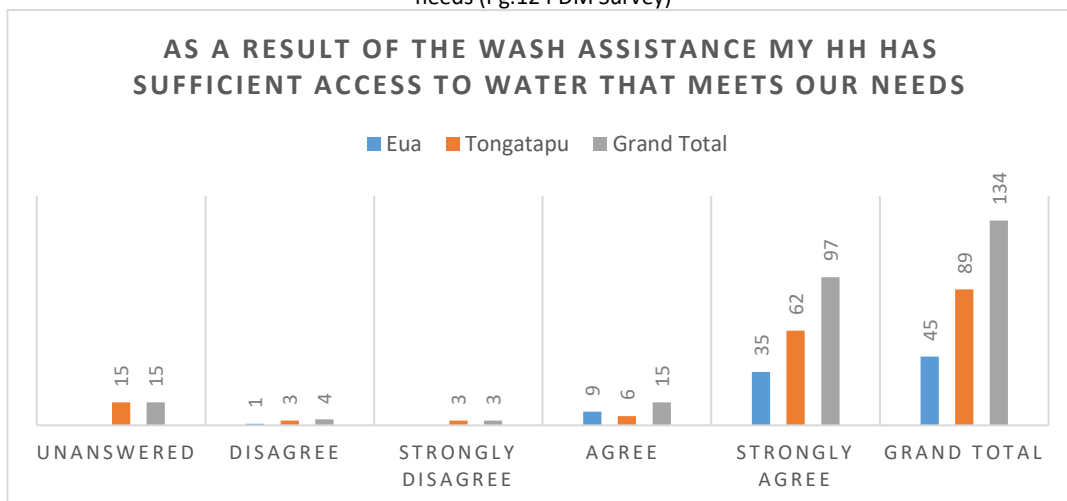
72% of respondents that received WASH distributions 'strongly agreed' that as a result of the assistance their HH now has access to clean drinking water. Only 4% of respondents strongly disagreed or disagreed with this statement.

Figure 19: Overall results of question 39: The assistance I received has enabled my HH to access safe and clean drinking water (Pg.12 PDM Survey)



84% of HH 'agreed' or 'strongly agreed' that the WASH assistance that they received has resulted in their HH having sufficient access to water that meets their needs. Only 5% that received the distribution 'disagreed' or 'strongly disagreed' and do not have sufficient access to water for their HH needs.

Figure 19: Overall results of question 40: As a result of the assistance I have sufficient access to water that meets my HH's needs (Pg.12 PDM Survey)

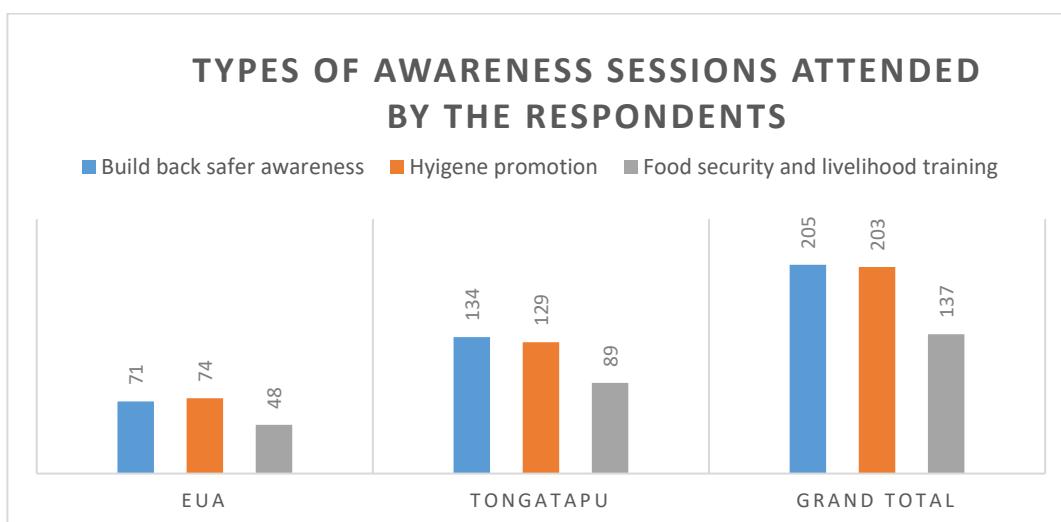


6.0 Awareness Program

6.1 Details of the awareness program

To complement the distributions of Shelter, FSL and WASH materials the response program also conducted awareness sessions and training programs in each of the 32 communities across the 2 islands reaching a total of 3,518 (1,769men/ 1,749 women).

Figure 20: Types of awareness session attended by the respondents by location



Hygiene promotion (HP) awareness sessions were conducted at the same time as the Build Back Safer (BBS) awareness session as it is understood that linking shelter and WASH activities makes for a more effective and holistic approach. This approach meant that everyone in the community, regardless of what types of distributions their HH had received could attend the BBS and HP awareness sessions. Thus, the numbers of respondents in the PDM that received HP awareness for example, does not match up with the amount of respondents that received WASH materials. The amount of people that benefited from the awareness program is a lot higher.

As the program partners were activity members of the Tonga WASH cluster and the Shelter cluster the awareness activities targeted whole communities and involved cluster approved training materials.

6.2 Hygiene Promotion (HP) Awareness

The HP section of the awareness session focused on increasing hand-washing, reducing disease transmission and improving overall hygiene practices. Through community consultations and a baseline survey the HP awareness sessions were tailored to match each community's needs and take into account their prior knowledge in the areas of HP and water resource management.

The main training materials that were used were the Community Water Resource Management guide and the MORDI/CARE Hygiene Promotion Guide that brings together all the essential HP training materials and guides the implementing team on which modules will be useful depending on the communities' baseline knowledge. See Figure 20 which shows the different HP training modules found in the MORDI/CARE HP guide.

Figure 21: Training modules for Basic Hygiene Promotion Activities¹

Module	Title	Resources
Module 1	Introduction to good hygiene practice	F Diagram (hand washing)
Module 2	Good handwashing	Glitter Activity Tonga WASH Cluster 'Sanitation and Hygiene practice' guide ²
Module 3	Introduction to water treatment good water storage	Tonga WASH Cluster 'I am Sam' poster Tonga WASH Cluster water treatment leaflet
Module 4	Rainwater Collection & Storage Management	Tonga WASH Cluster Community Water Resource Management Guide Section 2*

¹ CARE/MORDI Hygiene Promotion Guidance

² Community Water Resource Management Guide, page 20

Based on the PDM survey results, it is evident that the retention of the hand washing messages was very high. Of the 203 HH surveyed that attended a HP awareness session, only 4 respondents could not name any of the hand washing key messages. The top three key messages that were recalled by the respondents were 'wash your hands after using the toilet' with 88%, 'wash your hands before and after eating' with 78% and 'wash your hands before and after preparing food' with 71%. The key message that had the lowest retention rate was 'wash your hands after coughing on your hands' with only 22% of people recalling this key message.

However, the evidence of retention of the key messages regarding the maintenance of essential water collection and storage equipment such as water tanks and guttering was slightly lower. When asked 'how often should you clean your tank?', 47% respondents stated this should be done 'once a year', 22% of people left this question unanswered, 16% of people stated the 'tank should never be cleaned out' and 9% selected 'once every 5 years'. This suggests that though the majority of respondents selected the correct answer the communities would benefit from some additional awareness sessions or training on this topic.

When looking at 'how often should you clean out you guttering', 51% selected the correct answer 'once a year', 21% of people did not answer this questions and 15% of people did not think that their gutters need regular cleaning. Of the remaining 12%, half of those respondents thought 'once every 5 years' would be enough and other half stated that they did not know the answer to this question.

The very last question in the PDM asks the respondent what are the biggest barriers to good hygiene practices in their community. Of the 365 HH surveyed that answered this question, the largest barriers were a lack of knowledge and laziness with 52% and 51% respectively. 20% also thought a lack of money was a barrier to good hygiene. However, only 3% of people listed a 'lack of soap' as a barrier to good hygiene in their community.

6.3 Build Back Safer Awareness

The Build Back Safer (BBS) initiative and its awareness materials were developed and endorsed by the Tonga Shelter cluster and as the agencies within this partnership are active members of the cluster the BBS awareness sessions were incorporated into their response program.

The BBS sessions were ran in every community and were particularly targeting HH that had received shelter materials. In each community there was an initial session that was conducted by the program implementation team and then to make sure the community members had continued support community roving teams were established in each community. They comprised of a community builder and a social mobiliser who received technical hands-on construction training. The roving team supported each family to rebuild more safely and ensure the BBS practices were followed in each community.

Of the 314 HH respondents that stated they received shelter NFIs only 205 respondents recall attending a BBS awareness session and/or receiving BBS support from the community roving teams. Thus, it seems that not every HH that received Shelter distribution received BBS awareness but as the survey does not include a question around informal support received by the community roving teams it could be assumed that the respondents that said yes to 'BBS' only when they attended a formalised training from an external source and have not included the support received from their community's trained roving team.

To measure the effectiveness of the approach to BBS the respondents were asked a series of questions that tested the respondents' knowledge of key aspects of BBS and how important they thought those aspects were when preparing and protecting their HH. Of the 205 people surveyed and that had received BBS awareness, 87% know what cyclone straps are and 72% of those people rated cyclone strapping as 'very important' and 20% rated it as 'important'. Only 1 HH representative rated them as unimportant and 7% had no opinion.

These positive results make sense when you look at the amount of respondents that use cyclone straps in their home. Of the people that had heard of the cyclone straps, 98% of those HH use cyclone straps in their own home.

84% of HH representatives that had received BBS awareness reported that they had heard of cross bracing before. When asked to rate the importance of the cross bracing to construct a secure structure 69% stated it is 'very important', 21% thought it was 'important' and only 1 respondent thought that it was 'not important'. The remaining 9% did not have an opinion.

When looking at the retention levels of the BBS awareness key messages, only 5 HH were not able to name any of the BBS key messages. The most recalled BBS messages were 'build a strong foundation' with 71%, 62% remembered 'be prepared' and 51% remembered 'use strong joints' as a key BBS message. The lowest scoring key message was 'site your house safely' with 40% of people recalling that key message.

Of the 314 HH that received shelter distributions, 64% of respondents stated that they feel very confident about their ability to rebuild their own home, 11% stated they feel somewhat confident and 24% of respondents did not feel confident. These results are positive but they also reinforce the importance of providing technical support and training to complement shelter distribution, as this response program has done, as not all HH will have the capacity to repair or rebuild their homes and will need support to use the materials that have been given to them. An elderly respondent during the PDM stated that though she was very grateful to receive the shelter NFIs through the response program, at the time of distributions what she needed most was "man power" to assist her in the rebuilding of her home.

6.4 Food Security and Livelihoods (FSL) Training

To accompany the seedling distributions, the program provided the affected communities with agriculture training sessions to increase the success rate of the seedlings to help the HH return to pre-cyclone subsistence levels.

To measure the effectiveness of this training the PDM only asked the respondents' one direct question and the results are as follows.

Of the HH representatives that had received FSL training (137 surveyed), 33% of people stated that they do use composting techniques and 23% of people did not use composting techniques. However, 42% did not answer this question, which is an abnormally high number so it is suspected that this could be due to a data entry error.

7.0 Conclusion

Based on the overwhelming positive results it can be said that the response program implemented by the MORDI, LLEE and CARE partnership was effective in supporting the affected population to recovery from the disaster and that the vast majority of beneficiaries were satisfied with the assistance they received.

According to the data the distributions and the awareness session that were conducted were what the beneficiaries needed and they were implemented in a way that was suited to the communities.

To more accurately and confidently measure the impact of the program the limitations listed in section 3 of this report would need to be addressed. Thus, it is recommended that future data collection is done using electronic software, more than one data collection tool is used and baseline data is collected as part of the monitoring exercise so the results can be effectively compared.

8.0 Annexes

Annex 1: PDM Questionnaire and Enumerators Guide