



POST - DISTRIBUTION MONITORING (PDM) REPORT

COVID-19 OPERATIONS FIJI (COF) PROJECT

February 2022

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Implemented by:



General Information

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Cover Picture:

ADRA Project Facilitator Eminoni Bobo distributes cash assistance in Veidogo Settlement outside of Suva City. The consent for photo use has been given.

Photo credit: Losalini Bolatagici.

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ACRONYMS

ADRA	Adventist Development and Relief Agency
BKL	Bula Ko Lau
CAN DO	Church Agencies Network Disaster Operations
CSO	Civil Society Organization
CWMH	Colonial War Memorial Hospital
DCOSS	District Council of Social Services
EiE	Education in Emergency
FSA	Fiji Salvation Army
FCOSS	Fiji Council of Social Services
HHs	Households
ICU	Intensive Care Unit
LDS	Latter-Day Saint
LPC	Lau Provincial Council
MERLI	Monitoring, Evaluation, Research Learning and Innovations
MOE	Ministry of Education
MOH	Ministry of Health
NDMO	National Disaster Management Office
NGO	Non-Government Organization
NZ	New Zealand
PPE	Personal Protective Equipment

INTRODUCTION

BACKGROUND

The COVID-19 pandemic in Fiji is part of the ongoing worldwide pandemic of coronavirus disease 2019 that has caused over 5 million excess deaths to date. The first case of the disease in Fiji was reported on 19 March 2020 in Lautoka.

Fiji, a small island nation with less than 1 million people, whose main source of income is based on tourism, was severely impacted by the closing of borders to tourism due to the COVID-19 pandemic. More than one third of the working population were forced out of work or have had their hours significantly reduced for over a year, and as a whole, the economy has taken a massive hit.

While the first outbreak was successfully contained, a second outbreak in April 2021 was unable to be contained following the breach of protocol at an isolation facility, resulting in the first community transmission and subsequently a spike of cases in the community.

The occupancy rates in health facilities and ICU beds, and the death rates soared drastically, stretching Fiji's health system and devastating the economy.

To compound this issue further, Fiji experienced a surge of COVID-19 cases on the main island and with the health system overwhelmed, it created a need for additional field hospitals and isolation centres, and created further negative impacts for families who were out of work, sick, in lock down, and who were unable to provide essential items, such as food and hygiene products, for their families.

PROJECT INFORMATION

On July 31, 2022, in the midst of the outbreak, ADRA Fiji began implementing the COVID-19 Operations Fiji (COF) Project, funded by the ADRA Global Network, Latter-Day Saint Charities, Tearfund New Zealand, and Sanitarium Food Health Company.

The project focused on reducing suffering, maintaining human dignity, and providing key messaging to assist with the reducing the spread of COVID-19 in the Central Divisions of Fiji; an area that was severely affected by this pandemic.

ADRA worked tirelessly to deliver the projects three outputs. Output 1 saw ADRA Fiji provided food kits and seeds to beneficiaries, and ran an awareness campaign on healthy eating and COVID-19 resilience. In Output 2 focussed on complementing the efforts by the Fiji Government to provided critical and timely support through the provision of beds for hospitals & isolation centres, provision of PPE for both healthcare workers and schools, and provision of multi-purpose cash transfers to beneficiaries identified in coordination with the NDMO, FCOSS, and local village leaders. To achieve Output 3, ADRA conducted health and vaccination campaigns and partnered with Empower Pacific to provide psychosocial support to affected households. The intervention was focused on the Central Division made up of the three major provinces of Rewa, Tailevu and Naitasiri.

OBJECTIVES

ADRA Fiji uses Post Distribution Monitoring (PDM) as a mechanism to collect beneficiary feedback on the quality, sufficiency, utilisation, and effectiveness of the assistance items they receive.

The underlying principle behind the process is linked to accountability to affected populations, as well as a commitment to improve the quality and relevance of support provided, and related services. Usually, the surveys that form the basis of the assessment are conducted soon after the distribution of items is completed, however COVID-19 travel restrictions and ongoing public health measures have made post- distribution monitoring more challenging. The current PDM survey and recommendations cover the project period from August 1 2021 up to February 1 2022.

The findings from this report will be used to improve any further response work required and take into consideration lessons learned from COVID-19's impact on the distribution process.

METHODOLOGY

DATA COLLECTION AND ANALYSIS

The PDM survey was conducted in the Central Division spreading out in the 3 major provinces of Naitasiri, Suva and Rewa. Considering the COVID-19 pandemic and its associated risks, the survey was mainly done through phone interviews where respondents covered were from 32 communities in the rural and urban centres. Phone numbers were randomly selected from the distribution lists. 7 of these communities were also visited by the team of 3 led by the MERLI Officer to conduct "face-to-face" interviews. The community focal point of contacts were also interviewed to verify some findings gathered during the interviews.

This PDM exercise was carried out between January 31st – February 5th, 2022 with assistance from other project leads and volunteers, the data gathered was consolidated, sorted and analysed by the MERLI officer using KoBo toolbox from February 17th – 25th, 2022.

Data was collected in-person by volunteers using KoBo toolbox, that was automatically uploaded onto the KoBo sever and downloaded as Microsoft Excel for analysis, which was undertaken by the MERLI officer. The volunteers were briefed on the questions, and how to carry out the data collection prior to the activity; qualitative data was also captured through pen and paper method.

As for CSOs, Government departments and partners that received the assistance for distribution to communities, questionnaires were sent to each organization by email and their responses were later analyzed.

A total of 204 households (sample of 5% of total beneficiary target) were interviewed (Naitasiri: 42%; Rewa: 53%; Tailevu: 1%; Others: 3%) in locations which were beneficiaries of food kits, multipurpose cash, seeds, and where health and vaccination promotion activities had occurred.



Photo: Data collectors conducting PDM in Qauia Settlement in Lami

SAMPLE SIZE

The PDM activity was based on 5% sample of the 3,000 target community members (including 5% women and vulnerable groups from the sample). The table below outlined the breakdown in the number of key informant's based on the 5% sample.

TABLE 1 SAMPLE SIZE

Key Informants	Beneficiaries	Sample Size
1. Food Kits Recipients	1,000	50
2. Multi-Purpose Cash Recipients	1,000	50
3. Seeds Recipients	500	25
4. Psychosocial Support Beneficiaries	500	25
5. Women	5 % of sample	
6. People with Disability	5 % of sample	

LIMITATIONS

Beneficiaries were responsive and supportive throughout the PDM process, however given the challenging operating context and minimal resources allocated to monitoring and evaluation, there are some limitations to the exercise. Limitations identified included:

Timeframe and Logistics

Due to limited resources, time and considering COVID-19 risks, the samples were sourced mostly from locations that had an available network. Locations that were further away and did not have phone reception (especially in the interior of Naitasiri and in the Lau Group) were not covered included in the PDM. As such, data will be reliant for the locations interviewed but may not necessarily reflect the view or experiences of the hard to reach places.

Respondent profile

A total of 204 people from beneficiary households completed the PDM survey for ADRA Fiji in which 60% were females. The remaining 45% are occupied by males while 1 % identified themselves as Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (SOGIESC).

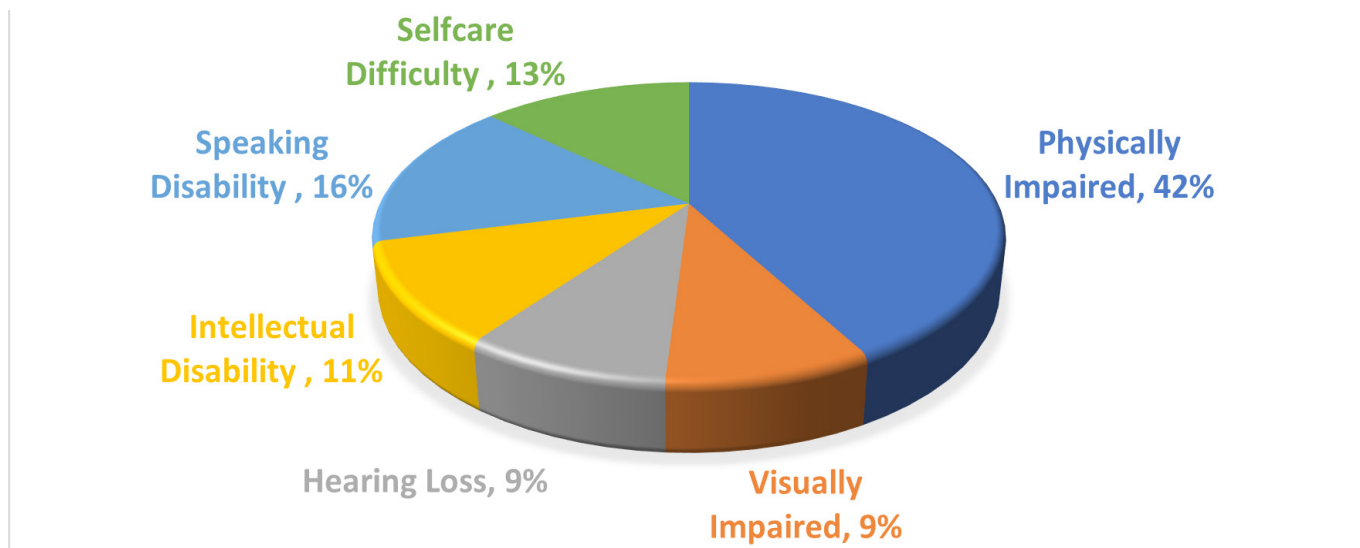
Vulnerable groups

25% of households surveyed had elderly household members, 2% persons with a disability, 3% lactating women, and 2% pregnant women. The remaining 68% did not have any family members belonging to any vulnerable groups.

Disabilities

For persons with a disability, 42% have a physical impairment, 9% are visually impaired, 9% have a hearing loss, 11% have an intellectual disability, 16% have a speaking disability, and 13% have difficulty with self-care and have to rely on others to help them.

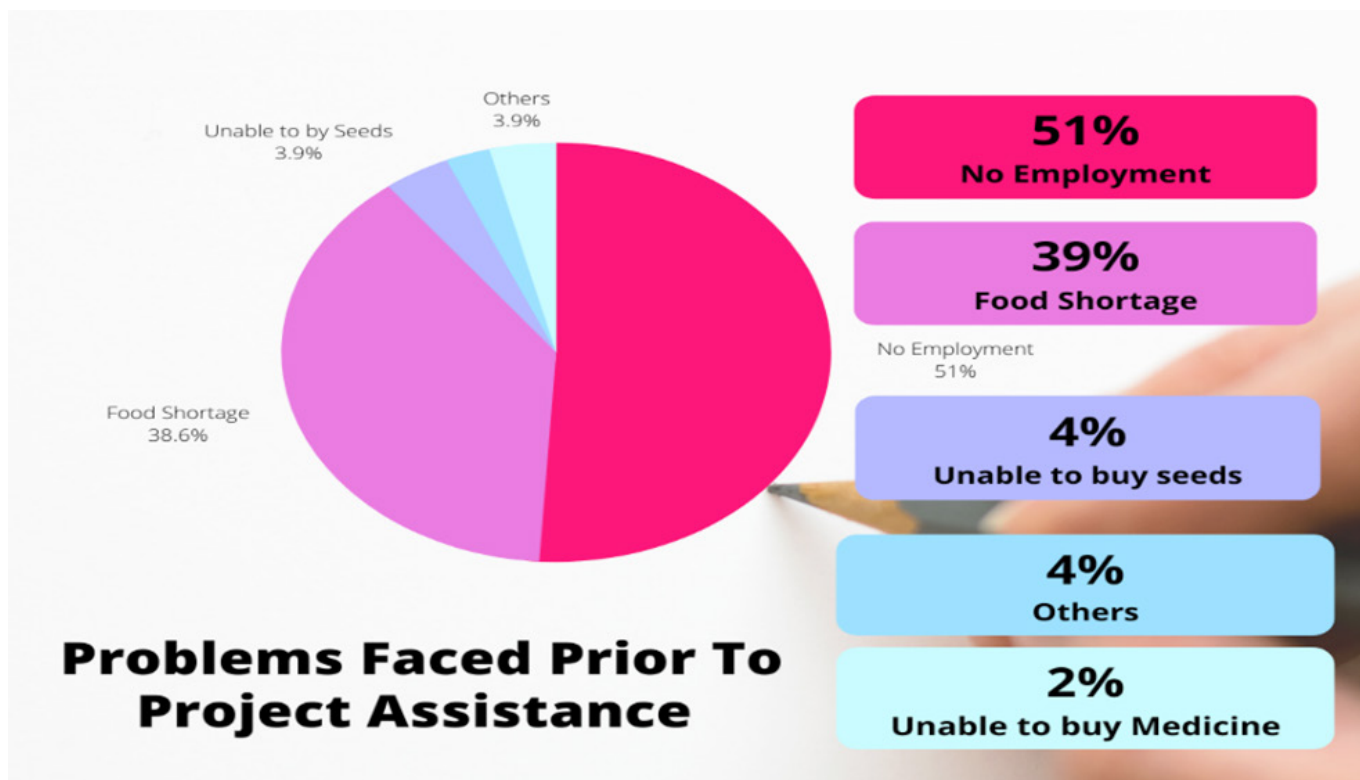
GRAPH 1 PERSON WITH DISABILITIES DATA



Disabilities

For persons with a disability, 42% have a physical impairment, 9% are visually impaired, 9% have a hearing loss, 11% have an intellectual disability, 16% have a speaking disability, and 13% have difficulty

GRAPH 2 PROBLEM FACED PRIOR TO PROJECT ASSISTANCE



Logical Framework

TABLE 2 LOGICAL FRAMEWORK

RESULTS CHAIN	INDICATORS	ACHIEVEMENTS	5% SAMPLE TARGET
Outcome 1. Provision of Food Security and Livelihood to COVID-19 high risk affected population.			
Output 1.1 Food Kits distribution	Target: 1000 Households	1089 HHs	50 HHs
Output 1.2 Awareness on the relationship between healthy eating and COVID-19 Resilience	Target: 10 media programs	35 programs	-
Output 1.3 Seeds distributed as part of coping strategies	Target: 500 Households	550 HHs	25 HHs
Outcome 2: Critical and timely complementary support to government and communities to address C19			
Output 2.1 Beds provided to meet increasing patient and isolation numbers	Handover to NDMO Target: 100 beds (46 from COF, 54 funded by another project)	100 beds	-
Output 2.2 Provision of PPEs	Target: 550 people	121,959 people	26 People
Output 2.3 Multipurpose cash distributed	Target: 1000	692 HHs	50 HHs
Outcome 3: Promote for well-informed positive attitudes towards Vaccination and Timely Attention to personal health amongst Target Population			
Output 3.1 Vaccination awareness campaigns carried out	Target: 20 communities	92 media programs	-
Output 3.2 Timely health attention campaign carried out	Target: 20 media programs	48 media programs	-
Output 3.3 Psychosocial support to affected households	Target: 500 people	511 people	25 people

KEY FINDINGS

Timeliness & Effectiveness

Generally, 98% of people surveyed indicated that they were satisfied with the service provided while 2 % chose not to answer the question.

Considering that the distributions were mostly held during the COVID-19 Lockdown period, when movements into communities were restricted due to the high number of community transmissions, 58% of those surveyed responded that they had their relief items brought to their homes by the distribution team, 3% received theirs in their villages while 2% had to walk to the distribution sites within their community. The remaining 37% could not remember or did not know how their household members received the assistance.

"We were laid off during the COVID-19 pandemic and my wife was 2 months pregnant at that time. We were finding it difficult to survive but we thank ADRA Fiji for assistance since it helped us during this time of need."

~ Beneficiary from Nabua, who is a sole breadwinner ~

When asked whether they spent money to reach the distribution sites, 85% said no while the remainder did not respond to the question.

"As a positive case, we were isolated at home for 14 days and help only came once from government. As a sole breadwinner for a family of 7, I was then laid off from my work for 3 months, so I really appreciate the assistance from ADRA that helped to put food on the table."

~ Beneficiary from Lami~

Accountability

Respondents were also asked if they had any concerns on the distribution process by the ADRA Staff or the local authorities involved in the distribution. If they felt disadvantaged, belittled, or if they thought the process was unfair did they raise questions or complaints. The majority (99%) of respondents had no issues with the services

"I am thankful. Thank God and ADRA for the assistance provided."

Beneficiary from Kilikali Settlement in Nepani.

rendered and the remaining percentage did not respond to the question. Responders were also asked whether they received any ill treatment by the distribution staff, cheated out of something, experienced long waiting times, inappropriate conditions and site locations, or theft. 100% of the respondents chose none of the above, indicating their satisfaction to the services rendered. Unfortunately, only 4.4% of respondents were aware of the selection process and criteria, this is an area to improve on for future distributions. Based on the information received, those that were aware of

the selection process were the recipients that directly received their assistance from ADRA. Recommendation for future distribution is to have our distributing arms in the community be briefed on the importance of informing the recipients of the selection criteria.

Relevance

Information/data obtained from the respondents suggested that the majority of those assisted had their livelihoods greatly impacted. 49% of the households had no regular source of income and were dependent on odd jobs such as construction site workers, house help, and cleaning for a living. 36% of people had permanent jobs, but hours/wages were reduced due to COVID-19. 25 % relied on casual employment where they were paid according to the amount of work they do. 13% depended on the cash sales from their canteens, vegetable market, and/or handicraft while 2% depended on assistance from families overseas.

"Not only my family was affected by the COVID-19 pandemic but whole of my community. We were laid-off from work people were finding it difficult to survive but when the food assistance arrived, it brought us joy. Even I was not there during the first distribution, so I thought that I won't be able to get our ration but on the next day I got a call that my ration has arrived. ADRA Fiji made a huge impact in our community and especially my family."

Beneficiary from Wailoku.

When asked if the items that they received were relevant to their needs at the time of the distribution, 99% agreed that it was relevant, whereas the remaining 1% did not know if the items were relevant or not.

The respondents were also asked whether they were satisfied with the items provided as assistance by ADRA Fiji in which 98% indicated their satisfaction while 2% did not respond to the question.

Outcome 1: PROVISION OF FOOD SECURITY & LIVELIHOOD SUPPORT

1.1 Food Kits Distribution

Fiji Food Kits was prepared in accordance with the NDMO standard list: Flour 2x 4 kg, Rice 2x 4 kg, Sugar 2x 2 kg, Split Peas 2 kg, Tuna 8 tins (170g), Biscuits 5 pk x375 gram, and Cooking Oil 1x 500ml.

Of the total respondents, 47% were food kit recipients, with the food kits targeting lockdown areas and households who were under home isolation because of COVID-19. The respondents were asked whether the food assistance was able to meet the basic need of the households according to their priorities. The majority (80%) of respondents were satisfied with all the items in the food kit, 18% showed satisfaction with most of the items while 2% were only happy with some of the items.

Quality of Food Kits

A general question was asked if they were satisfied with the food kit items in which 99% of the respondents indicated they were satisfied with items and no changes should be made while 1% suggested that some changes could be made. Suggestions received included adding items such as yeast and baking power to the list so they could to be used with the flour. 3% of the food kit recipients chose not to respond to the question.

Sufficiency of Food kit contents

A total of 59% of the respondents indicated that they were suffering from food shortages before they received assistance from ADRA Fiji. In an effort to improve future distributions, ADRA asked a question to determine how long the food kits lasted those who received them.

A total of 43% of the respondents said the food kits lasted them 1-2 weeks, 33% said the food items lasted for 2-3 weeks, while 17 % said the food items were utilized for 3-4 weeks for small household units. However, 6% of the respondents, who were identified as households with 10 and more members, had the items consumed in less than a week.

"The assistance made a difference for my family. My daughter was working and tested positive for COVID-19 and was laid off straight away. So, when the assistance arrived, we were thankful since we were going through a hard time in trying to put food on the table."

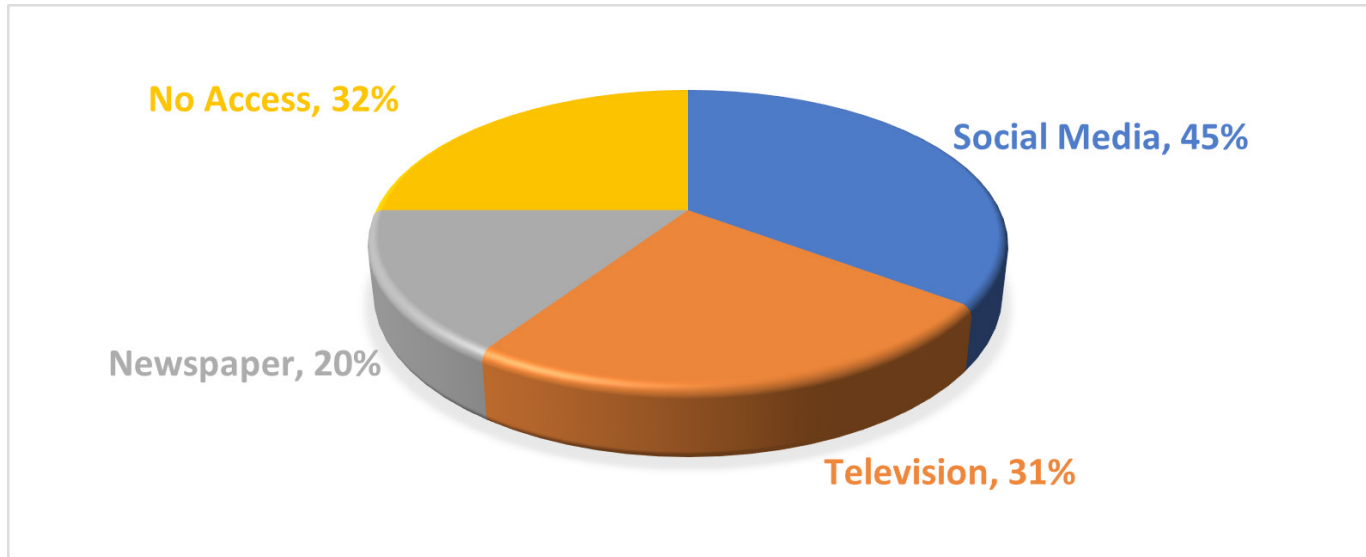
*Beneficiary from a family of 7 in
Rawai*

1.2 Healthy Eating Awareness

The majority of viewers watched the Healthy Eating and COVID-19 resilience campaign on social media such as Facebook and Twitter (45%).

When asked how this campaign had influenced their diet, a high number of people said the campaign was a reminder to be mindful of their diet during the lockdown period when people were forced to stay home. Some revealed that it was also interesting to find out through newspaper articles and campaigns, which were also shared on social media, that eating healthy food boosts the immune system thus it lessens the chance of contracting the virus.

GRAPH 3 HEALTHY EATING AWARENESS REACH



Respondents were able to select multiple responses, thus the percentages total more than 100%. For example, a respondent saw the advertisement on television and also access it on social media. Likewise, a few saw the awareness on all medium used so they ticked all relevant boxes.



Aisea, 59, had been enjoying harvesting his cucumbers for one month when the PDM visited his Naqali home in Naitasiri. He said his family was also benefiting from the eggplant harvest as well as the cabbages which they also distributed to other households in the village.

1.3 SEEDS DISTRIBUTED AS PART OF COPING MECHANESIM

Seeds & “Grow your own food” Manual

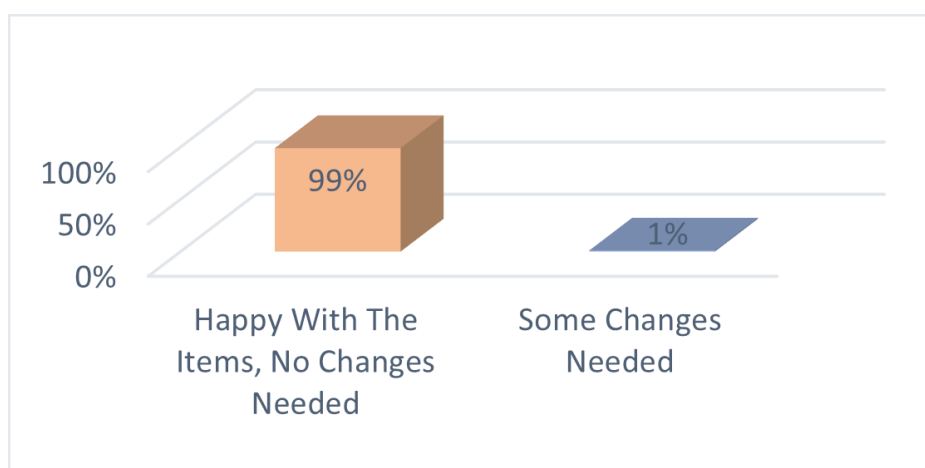
As part of the food security and livelihood support to the affected population in the Central Division, ADRA distributed seeds and a “Grow Your Own Food” manual to 500 households to help them grow their own food in their backyard gardens.

The seed package included: 3 pkt (10g) tomato, 1 pkt (10g) cucumber, 1 pkt (10g) lettuce, 1 pkt (10g) coriander, 2 pkt (10g) Bok choy cabbage, 2 pkts (10g) long bean, 1 pkt (10g) eggplant, and 1 Agriculture Manual.

Seed recipients were asked whether they were happy with the assistance received. The majority (97%) of the respondents said yes, 1% suggested some changes/improvements could be made, and the remaining 2% did not answer the question. Suggestions for improvements included: getting more seeds however, it was not clear whether the recipient was suggesting an increasing in the quantity of seeds or an increase in the variety of vegetables.

“Yes, the assistance made a difference for my family. Since we were unemployed, the vegetables harvested was a source of income and also for our daily consumption.”
Beneficiary from Davuilevu Housing

GRAPH 4 SEED AND GOOD AGRICULTURE PRACTICES ASSISTANCE



OUTCOME 2: CRITICAL & TIMELY COMPLEMENTARY SUPPORT

2.1 Beds Provided to Meet Increasing Patient and Isolation Numbers

As the number of cases of COVID-19 escalated, an increasing number of people required hospitalisation and/or isolation thus temporary Care Facilities were set up to meet the emerging needs. The Government requested for assistance through NDMO for beds as it could not cater for the increasing number of cases for isolation.

According to the NDMO, they had difficulties in upscaling community isolation facilities with quality beds prior to the project support. The assistance received was appropriate to their needs.

Regarding the process of distribution by ADRA Fiji, NDMO says they had no concerns at all as the beds were delivered to their warehouse in Suva and they were happy with the way ADRA Fiji conducted the handover process.

The donation of 100 beds and mattresses (54 of which were purchased using World Vision funds under a separate project) from ADRA Fiji, according to NDMO, complemented Governments ongoing initiative to better equip community isolation facilities and Government is thankful to the support provided by ADRA Fiji.

2.2 Provision of PPEs

PPE items included face shield, masks, sanitisers, and gowns. ADRA Fiji handed over PPE kits to 4 organizations – 2 Government ministries (Ministry of Health and Ministry of Education) and 2 civil society organizations, (Fiji Council of Social Services and Bula ko Lau committee), who distributed these kits on behalf of ADRA Fiji to the frontline workers in harder to reach communities during the border restrictions at the height of COVID-19 2nd Wave and 3rd Wave. The target was to give 550 PPE kits to be distributed to frontline health workers and community outreach responders.

Responding to questions regarding the distribution, FCOSS Director Vani Catanasiga said that prior to the projects support, they were unable to provide PPE to members in their various communities due to limited stock which was being used by staff based in their head office. The provision of PPE's provided an additional level of safety measures during their community response.

Timeliness and Relevance

FCOSS members or DCOSS members lead the COVID-19 response at the district levels and were already active in mobilising communities when the project started, however, as explained by FCOSS, they were reliant on donations of PPEs which at the time were limited. The assistance was appropriate as it provided essential protection items to DCOSS, helping to protect both the staff and the communities they

COVID-19 caused a lot of fear, anxiety, stress, and depression among the Fiji population. The provision of PPE support from ADRA allowed the safe return of staff and students.
MoE Senior Officer

were assisting.

According to the MOE, one of the major problems faced when the Government decided to re-open schools after months of closure, was the lack of PPE items to support students for their safe return. Schools had reached out to the ministry for assistance in this regard. With ADRA's support, the MOE received isolation Gowns, Face Masks, Hand Sanitizers (1 litre and 500ml) and Face Shields., allowing teachers and students to return safely to the classroom.

Effectiveness

FCOSS stated that the PPE received were distributed to their community responders outside of the Central Division and assistance reached as far as Kadavu, Lau Group, Lomaiviti, Western and Northern Division.

FCOSS received 250 kits from ADRA and have distributed them across four division to community responders. The PPE helped community and volunteer responders to continue their support to communities in the middle of the second wave of COVID-19, a cyclone and several floods.

FCOSS was satisfied with the services provided by the staff of ADRA and appreciates the support rendered to them.

The MOE also revealed that the assistance received was timely and helpful, allowing the students to continue their education in the classroom without fear and in a safe and conducive environment.

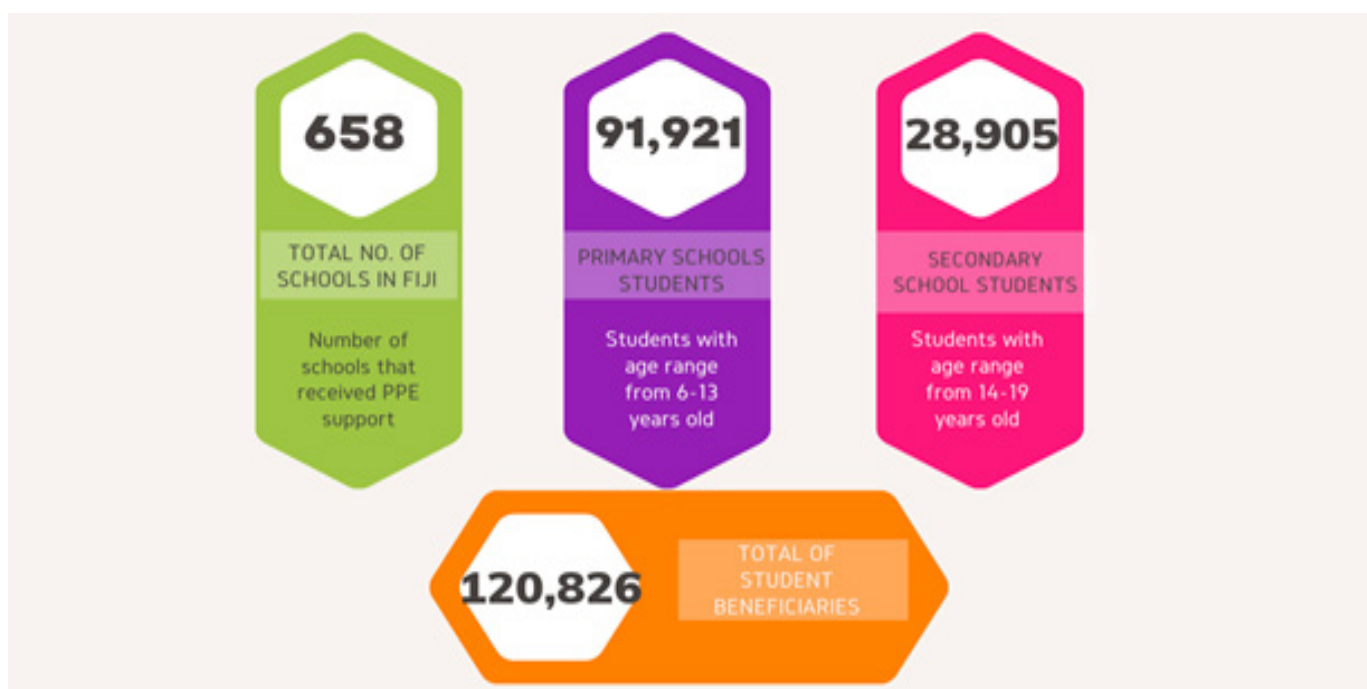
With COVID-19 regarded as a highly contagious disease, MoE stated that the PPE supplies support from ADRA allowed students to have relevant and necessary health and hygiene items in schools, ensuring the safety of the students, teachers, and the members of the overall community.

CHALLENGE

The distribution process was well planned, and MoE was satisfied with the service provided by ADRA Fiji. However, the Ministry highlighted that the change of the schedule for handover was a challenge for them. It was believed to have been caused by the wholesale company that supplied the PPE.

Moreover, the Ministry is thankful to ADRA for the enormous support rendered to the children in Fiji in facilitating PPE items for the safe re-opening of schools.

GRAPH 4 EDUCATION PPE BENEFICIARIES



2.3 Multi-purpose Cash Distributed

Cash assistance was distributed to communities to help them address COVID-19. Based on the data collected, it was clear that most of the respondents had lost their source of income due to the pandemic. 39% of respondents received multi-purpose cash.

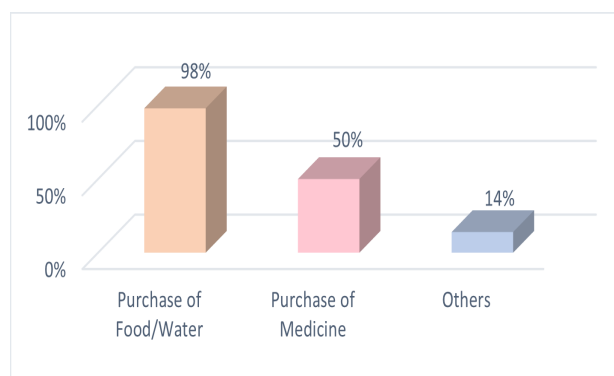
When asked what problems they faced prior to the project support, 81% of respondents who received MPCT assistance had 'No Employment', 39% faced food shortages, 5% were not able to buy medicine and 1% of respondents selected 'Other' than the listed their problems. One of the reasons explained under 'Others' included not being able to provide for the needs of a disabled mother

QUOTE: "My husband was unemployed due to COVID-19. He used to work at a construction company, so the money was really needed for food especially for the children."

Recipient from a family of 6 in Sakoca, Tacirua.

Respondents were asked how the multi-purpose cash had helped to fulfil their needs. 95% of respondents purchased food and drinks, 14% purchased medicine, and 51% used the money for 'other needs'. Respondents were able to select multiple responses, thus the percentages total more than 100%. For example, a respondent used his \$100 not only to buy food but also to buy medicine and others. Responses to the 'other needs' option included buying diapers and milk for the kids, assist in paying bills and rent, buying adult diapers, purchasing a kerosene stove, and others said they used it to pay for their credit from the community canteens.

GRAPH 5 HOW RECIPIENTS USED THE MPTC



OUTCOME 3: PROMOTE WELL INFORMED POSITIVE ATTITUDES TOWARDS VACCINATION AND TIMELY ATTENTION TO PERSONAL HEALTH AMONG THE TARGET POPULATION

TIMELY ATTENTION TO PERSONAL HEALTH AMONGST TARGETED POPULATION

Three COVID-19 related awareness campaigns were carried out during the project period focusing on COVID-19 vaccination, Timely Health Attention, and Healthy Eating Awareness. The final awareness was related to Outcome 1 of the project – Provision of Food Security and Livelihood to COVID-19 high risk affected population, however the PDM, collectively assessed the reach and impact of the campaigns. In terms of reach, 45% accessed these campaigns on social media, 31% watched the awareness on television, while 40 % read it in the newspapers. The high number of social media reach could be attributed to the fact that campaigns on television and newspapers were also shared on social media. The percentage varies which indicates that some accessed the campaigns through more than one medium.

It was also interesting to note that 32% did not see these campaigns. This could be related to the fact that these vulnerable households do not own television and/or android phones. For those with a phone, they may not have had sufficient funds to subscribe for internet services.

3.1 Vaccination Awareness

Most of the recipients agreed that the various campaigns they came across on social media had assisted them in their decision to get vaccinated.

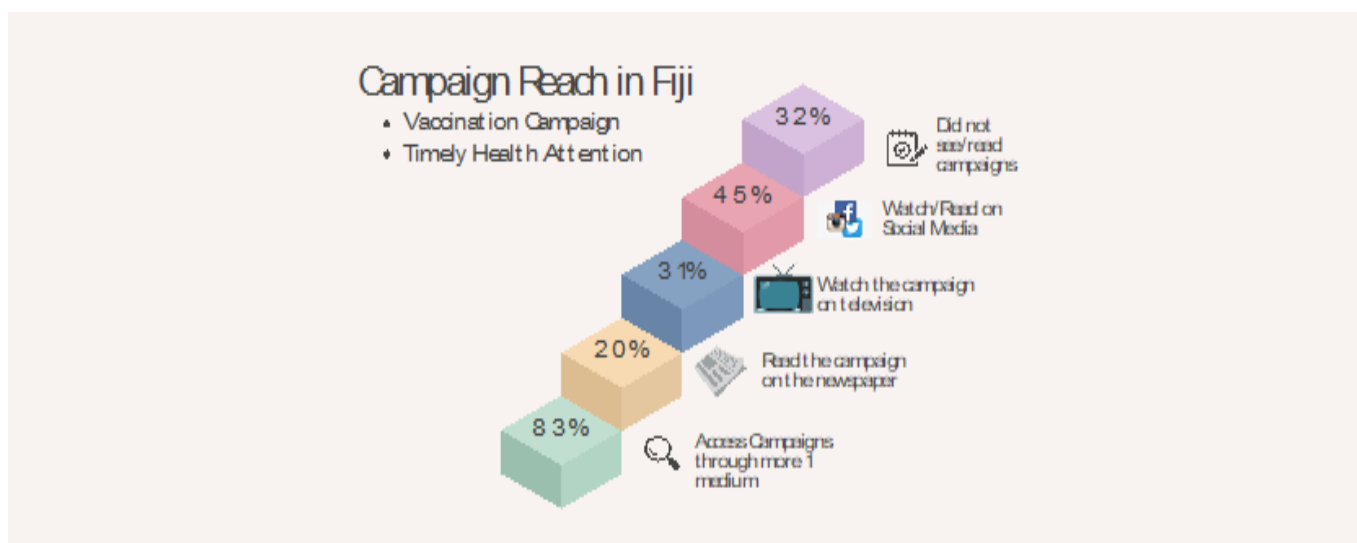
As the Government had a 100% vaccination rate target, the awareness carried out helped in the decision making of the people and helped Government to achieve its target vaccinated population.

“My parents were reluctant to get vaccinated but seeing your advertisements on the newspapers which shows you are supporting the vaccination campaign, changed their minds. Coming from a faith-based organisation such as ADRA was credible.”
A man from Khalsa Rd, Valelevu

3.2 Timely Health Attention

Reminding people on the importance of getting medical attention on time to prevent worsened condition was the key message behind this campaign. Of the 83% percent that accessed this campaign through the newspaper, television and online campaign, the majority said that the campaign was a bit late as it happened after the peak COVID-19 period. However, the campaign was tailored to link timely health attention to any sickness whether it is COVID-19, communicable disease, or non-communication disease.

GRAPH 6 CAMPAIGN REACH IN FIJI



3.3 Psychosocial Support to Affected Households

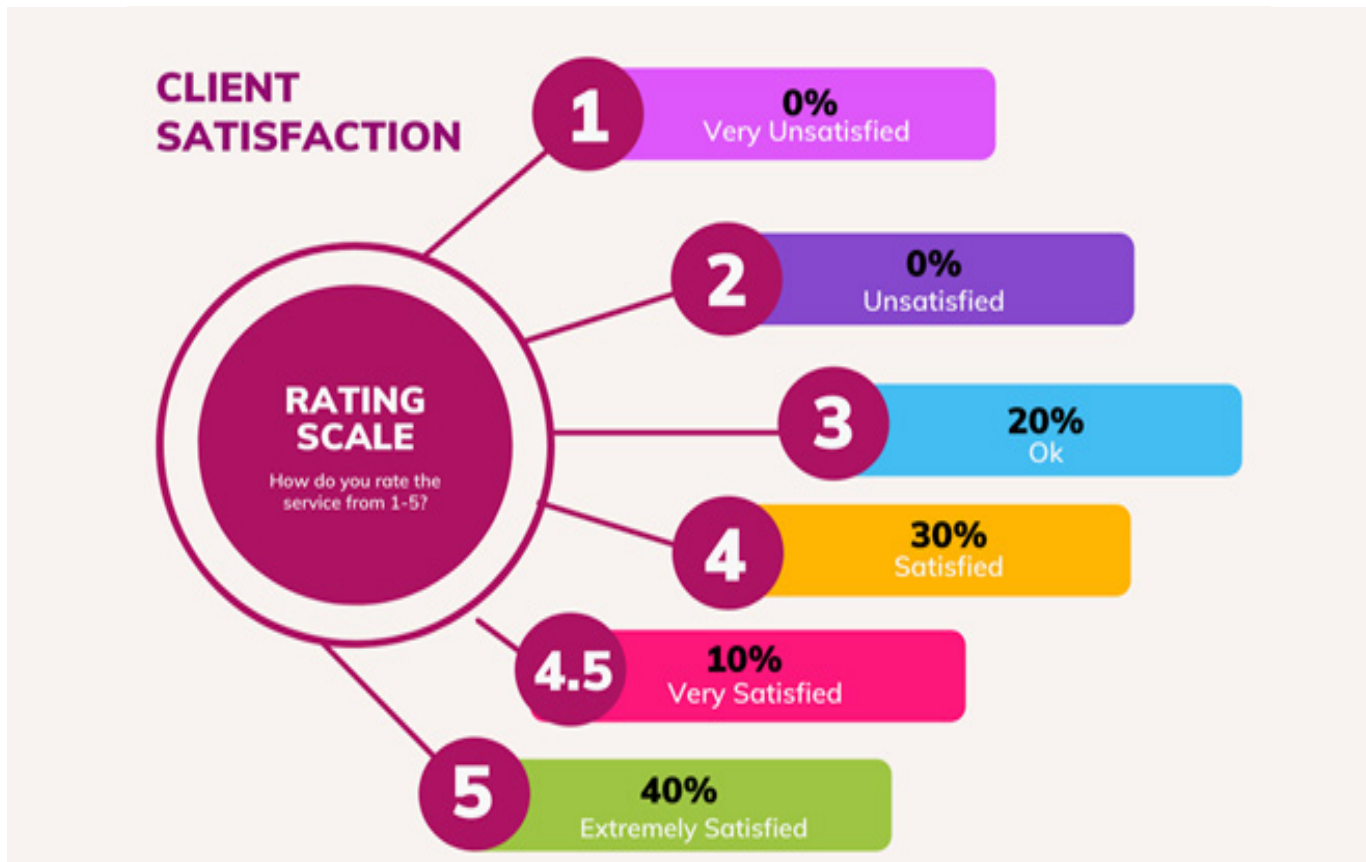
All psychosocial support respondents were frontline workers who were in isolation at the time they received the support from Empower Pacific. 50 % were female and 50% were male beneficiaries. Of these, 62% were from the age of 36-55 while 38% were aged between 18-35 years.

All respondents were pleased with the services rendered and when asked to rate the services, none of them rated the support received below 3.

“The COVID-19 pandemic was already stressing us out and it was more stressful moving from one quarantine facility to another. Basically, I was mentally stressed, and I am grateful to Empower Pacific for empowering us and helping us to cope.”
Nurse from Samabula

Most of the respondents who commented about the services indicated that having Empower Pacific calling in to check up on them gave them a feeling of being “cared” about.

GRAPH 7 CLIENT SATISFACTION



DISCUSSION

Overall, ADRA Fiji, through the COF project has extended its reach to where help was needed the most. While the distribution targeted the central division, based on the evolving needs and the Governments COVID-19 response priorities, the COF project also expanded to the western division and eastern division. The Government and CSO partners, particularly members of the CAN DO were key in partners in distributing items to communities in the western and eastern divisions. The implementation of the COF project was able to achieve its intended purposes of reducing suffering, maintain human dignity, and assist in the containment of the COVID-19 pandemic, as is evident from the responses received to the PDM.

Despite many hurdles that could have been major hindrances to the implementation of this project, the strong partnership that ADRA has at national, sub-national and community level led to the project success. ADRA worked in coordination and had a successful collaboration with the MoE, MoH, NDMO, Commissioner Central, FCOS, BLK, Empower Pacific, Church partners and Community Leaders. The established relationship with media outlets also allowed the awareness messages and campaigns to have a wide reach.

Although Fiji started returning to a new 'life as normal' before the conclusion of project activities, it is noted that there are long term social and economic impacts from the pandemic that will take time to recover from.

The support provided by ADRA was overwhelmingly appreciated and has helped to provide for immediate needs as the affected population slowly heads towards recovery.



RECOMMENDATIONS

The following recommendations should be considered for future emergency response activities:

1. The “Vegetable seeds and manual” package should be included as part of the food kit. The food kit is to cater for the immediate needs while the seeds to provide food security as they recover.
2. The size of a households should be consideration for all activities that target households. E.g. households with more than 10 people and/or with 3 children under 5 etc. could receive a hybrid response that includes both cash assistance and food kit, this would allow them to purchase additional supplies.
3. Food kit item feedback will be passed on to the food cluster and NDMO for their consideration and adoption in future responses.
4. Consider including printed awareness messaging with food kits and cash envelopes.
5. Continue to closely monitor the timely sharing of information in a coordinated and collaborative approach to ensure response activities are conducted within a reasonable time frame as often partners and government stakeholders have competing priorities to provide clean and verified beneficiary data.
6. Implementing partners and stakeholders will be engaged in a lesson learnt workshop, to capture and document both good and bad lessons from the COF response. Recommendations will be further extrapolated and documented for future responses.
7. Beneficiary selection criteria should be made known to communities. ADRA will work closely with FCOSS, DCOSS, and Government departments in future response to ensure transparency in this regard.

ANNEX 1

Post-Distribution Monitoring Survey

COF 19 PROJECT – PDM Tool - FINAL

Interviewee & HH information

1. Name of Interviewee
2. Respondent's age*
 - Under 18
 - 18 - 35 years
 - 36-55 years
 - 56+ years
3. Gender*
 - Female
 - Male
 - SOGIESC
 - Prefer not to say
4. Village / Organisation
5. How many people live with you in your house?
6. Family Demographics – Males
 - Males 0-5 years
 - Males 6-18 years
 - Males 19-64 years
 - Males 65+ years
7. Family Demographics – Females
 - Females 0-5 years
 - Females 6-18 years
 - Females 19-64 years
 - Female 65+ years
8. Pregnant women Please ensure you have also counted them in the age categories above
9. Breasfeeding/Lactating women Please ensure you have also counted them in the age categories above
10. Family Demographics – SOGIESC
 - SOGIESC 0-5 years
 - SOGIESC 6-18 years
 - SOGIESC 19-64 years
 - SOGIESC 65+ years

11. Does anyone in your house experience the following: Select all that apply

- Difficulty seeing, even if wearing glasses
- Difficulty hearing, even if using a hearing aid
- Difficulty walking or climbing steps
- Difficulty remembering or concentrating
- Difficulty with self-care, such as washing all over or dressing
- Difficulty communicating, for example understanding or being understood (in their first language)

Washington Group Questions

Income

12. How many members of your household are working?

13. What are your main sources of income currently?

- Permanent work (part-time or full-time)
- Paid casual employment
- Cash sales (e.g. from selling handicrafts, produce, or artworks)
- Remittances from family overseas
- Other

Life before project & Project assistance type

14. What assistance did you receive from ADRA Fiji?

- Food kit
Seeds + 'Grow Your Own Food' manual
- Multi-purpose cash
- COVID-19 awareness / health eating awareness messaging
- PPE
Hospital beds

15. What problems did you face prior to the projects support?

- No employment
- Food shortages
- Unable to buy medicines
- Unable to buy seeds / equipment to grow my own food
- Other

16. Beneficiary selection is done by the DCOSS/NDMO representative in your area, were you aware of the process and the criteria for being selected?

Yes No

17. How has the multi-purpose cash helped to fulfill your needs?

- Purchased food / water
- Purchased medicine
- Purchased farming tools
- Helped start / expand a small business
- Paid loans
- Other

18. How did you see / read the awareness materials? Select all that apply

- Television
- Newspaper
- Social Media

19. Was the overall assistance you received appropriate to your needs?

- Yes
- Somewhat
- Not at all

20. Did you receive assistance from any other agency?

- Yes No

Distribution

21. Where did the distribution take place?

- Items were given to me at my home
- In my village
- In a neighbouring village
- Other

22. How long did it take to reach the distribution site from your home?

- Less than 5 minutes
- 5-10 minutes
- 10-30 minutes
- More than 1 hour

23. Did you have to spend money to reach the distribution site?

- Yes No

24. Did you have any concerns on the distribution process by the ADRA staff or local authorities involved in the distribution? E.g. did you feel disadvantaged, belittled, thought the process was unfair, etc.

- Yes No

CFRM

25. Have you or any member of your HH experienced any of the following? This should be project related

- Ill treatment by our staff personnel
- Cheating
- Lack of facilities for at risk community members
- Long waiting time
- Inappropriate conditions
- Inappropriate site locations
- Theft
- None of the above

26. Please specify how the constraint/s you selected in the last question have prevented you or a member of your family from receiving assistance at all?

27. Are you satisfied with the services / items provided to you by the ADRA staff / volunteers?

Yes No

Complaint & Feedback

28. What difference did the support of the project make to your life or the lives of others in your community?

29. Is there any other comments that you would like to tell us about the assistance.

Thank you for your time today!





ADRA

