

FORM: PDM WASH _ HOUSEHOLD DISTRIBUTION

DATE OF MONITORING VISIT (DD/MM/YR): ___/___/___		MONITOR NAME:		HH No. ___
A. PRELIMINARY INFORMATION				
A.1. Governorate Name:		A.2. District Name:		
A.3. Sub-district Name:		A.4. Camp OR Village Name:	Camp: _____ Village: _____	
A.5. Implementing Partner Organisation:		A.6. Date of distribution (DD/MM/YR)	___/___/___	
A.7. Items delivered to the home OR collected from distribution point?:	<input type="checkbox"/> Delivered to the home <input type="checkbox"/> Collected from distribution point <input type="checkbox"/> Other (Specify): _____			
MONITOR INSTRUCTIONS				
ALL sections:	<ul style="list-style-type: none"> Interview a household member aged 18 or more. ALL answers are <u>anonymous and confidential</u> – we are interviewing many households across all IP sites and no one will know which household said what. 			
B. BENEFICIARY HOUSEHOLD INFORMATION				
A.2. Household Head Sex?:	<input type="checkbox"/> Female <input type="checkbox"/> Male	A.3. Household Head Age (in completed years)?:	___ Years	
A.4. Household displacement status?:	<input type="checkbox"/> IDP <input type="checkbox"/> Non-IDP	A.5. Household is hosting IDPs?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A.6. Primary breadwinner is currently living with HH?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	A.7. Number of household members with EITHER injury AND/OR disability AND/OR severe chronic illness AND/OR Aged 60 or over?:	_____ Number	
C. DISTRIBUTION				
C.1. Which items did you receive during the distribution?	Item material number	Ask: Number received?	Ask: If received, what did you do with the items?	
Family Hygiene Kit	SL004609	_____ Kit	<input type="checkbox"/> Used <input type="checkbox"/> Sold <input type="checkbox"/> Shared with other family <input type="checkbox"/> Gave away <input type="checkbox"/> Exchanged for other items	
<i>If Family Hygiene Kit, which items were received?</i>				
Soap not foam not allergic, 125 g bar		_____ Bar	<input type="checkbox"/> Used <input type="checkbox"/> Sold <input type="checkbox"/> Shared with other family <input type="checkbox"/> Gave away <input type="checkbox"/> Exchanged for other items	
Sanitary napkins, bag of 10		_____ Bag	<input type="checkbox"/> Used <input type="checkbox"/> Sold <input type="checkbox"/> Shared with other family <input type="checkbox"/> Gave away <input type="checkbox"/> Exchanged for other items	
Soap, powder, laundry, 3.5		_____ Bag	<input type="checkbox"/> Used <input type="checkbox"/> Sold <input type="checkbox"/> Shared with other family <input type="checkbox"/> Gave away <input type="checkbox"/> Exchanged for other items	
Detergent for cleaning dishes, 750 mL		_____ Bottle	<input type="checkbox"/> Used <input type="checkbox"/> Sold <input type="checkbox"/> Shared with other family <input type="checkbox"/> Gave away <input type="checkbox"/> Exchanged for other items	
Disinfection solution for cleaning shelters, toilets... (Dettol, 1 L)		_____ Bottle	<input type="checkbox"/> Used <input type="checkbox"/> Sold <input type="checkbox"/> Shared with other family <input type="checkbox"/> Gave away <input type="checkbox"/> Exchanged for other items	
Jerry can, 20 L		_____ Can	<input type="checkbox"/> Used <input type="checkbox"/> Sold <input type="checkbox"/> Shared with other family <input type="checkbox"/> Gave away <input type="checkbox"/> Exchanged for other items	
Diapers, baby (size S, M, L)		_____ Bag	<input type="checkbox"/> Used <input type="checkbox"/> Sold <input type="checkbox"/> Shared with other family <input type="checkbox"/> Gave away <input type="checkbox"/> Exchanged for other items	
Water cont,PVC/PE,collapsible,10l,1m tst (jerry can)	S0005839	_____ Can	<input type="checkbox"/> Used <input type="checkbox"/> Sold <input type="checkbox"/> Shared with other family <input type="checkbox"/> Gave away <input type="checkbox"/> Exchanged for other items	
Water-cont,LDPE,10l,1urify1ible.,w/o logo (jerry can)	S5007311	_____ Can	<input type="checkbox"/> Used <input type="checkbox"/> Sold <input type="checkbox"/> Shared with other family <input type="checkbox"/> Gave away <input type="checkbox"/> Exchanged for other items	
Bucket,HDPE,with lid,14 litre	S5007315	_____ Bucket	<input type="checkbox"/> Used <input type="checkbox"/> Sold <input type="checkbox"/> Shared with other family <input type="checkbox"/> Gave away <input type="checkbox"/> Exchanged for other items	

Soap, toilet, bar, approximately 110g, wrapped	S0552000	_____ Bar	<input type="checkbox"/> Used <input type="checkbox"/> Gave away	<input type="checkbox"/> Sold <input type="checkbox"/> Exchanged for other items	<input type="checkbox"/> Shared with other family
Baby Hygiene Kit	SL000460	_____ Kit	<input type="checkbox"/> Used <input type="checkbox"/> Gave away	<input type="checkbox"/> Sold <input type="checkbox"/> Exchanged for other items	<input type="checkbox"/> Shared with other family
Water Purify. (NaDCC) 33mg tabs/PAC-50	S1588355	_____ Pack	<input type="checkbox"/> Used <input type="checkbox"/> Gave away	<input type="checkbox"/> Sold <input type="checkbox"/> Exchanged for other items	<input type="checkbox"/> Shared with other family
Water purif. (NaDCC) 33mg tabs/BOX-10000	S0003240	_____ Box	<input type="checkbox"/> Used <input type="checkbox"/> Gave away	<input type="checkbox"/> Sold <input type="checkbox"/> Exchanged for other items	<input type="checkbox"/> Shared with other family
Tarpaulin, reinforc., plastic, sheet	N/A	_____ Sheet	<input type="checkbox"/> Used <input type="checkbox"/> Gave away	<input type="checkbox"/> Sold <input type="checkbox"/> Exchanged for other items	<input type="checkbox"/> Shared with other family
Blankets	N/A	_____ Blanket	<input type="checkbox"/> Used <input type="checkbox"/> Gave away	<input type="checkbox"/> Sold <input type="checkbox"/> Exchanged for other items	<input type="checkbox"/> Shared with other family

C.2. If any items were NOT useful, please specify which items and why:

C.3. Would any other hygiene items (that you did not receive) been more useful? No Yes, specify: _____

C.4. When you were called for the distribution, what information were you provided? (Select all that apply):

Day/time of distribution Location Word of mouth
 Types of items to be received Number of items to be received
 Other (Specify): _____

C.5. How long before the distribution day were you informed of the distribution? (Select one)

Same day The day before 2 days or more before

C.6. Did you need any other information that you did not receive? No Yes, specify: _____

C.7. Did you have any problems accessing the distribution?

Distribution point too far away Distribution point unsafe
 Road to distribution point unsafe No problems
 Other (Specify): _____


C.8. Did you have to pay any money to receive the items distributed? No Yes, How much (SYP)? _____
Who asked for money?: _____

C.9. Who went to the distribution point?

Household head
 Female aged 18 or more Female aged less than 18 Male aged 18 or more
 Male aged less than 18

C.10. Do you know if any selection criteria were used to decide who would receive items?

No Yes,
 IF Yes, please specify criteria used: _____
 IF Yes, please explain if you think these criteria is helping us reach the people most in need: _____

 C.12. On a scale from 1 to 5 – where 1 is very badly and 5 is extremely well, how do you feel you were treated by distribution staff?

1) Very badly, explain: _____
 2) Badly, explain: _____
 3) K 4) Very well 5) Extremely well

D. MONITOR COMMENTS