

FORM: MONITORING WASH _ HOUSEHOLD DISTRIBUTION

DATE OF DISTRIBUTION (DD/MM/YR): ___/___/___ MONITOR NAME: _____

A. PRELIMINARY INFORMATION

A.1. Governorate Name:		A.3. Sub-district Name:	
A.2. District Name:		A.4. Camp OR Village Name:	Camp: _____ Village: _____
A.5. Implementing Partner Organisation:			

*****MONITOR INSTRUCTIONS*****

ALL Sections: Use your own, direct observation (look around) to fill the form – do not interview anyone.

B. DISTRIBUTION

B.1. Items being distributed	Item material number	Number of units per beneficiary family	
Basic family water kit,10 families,v2012	S9901150	_____ Kits TO _____ Families	<input type="checkbox"/> Not distributed
<i>If Basic family water kit was divided and distributed to individual families, please enter number of units per family:</i>			
Soap,toilet,bar,approximately 110g,wrapped		_____ Bar	<input type="checkbox"/> Not distributed
Water-cont,LDPE,10l,1urify1ible.,w/o logo (jerry can)		_____ Can	<input type="checkbox"/> Not distributed
Bucket,HDPE,with lid,14 litre		_____ Bucket	<input type="checkbox"/> Not distributed
Water 1urify.(NaDCC) 33mg tabs/PAC-50		_____ Pack	<input type="checkbox"/> Not distributed
Water cont,PVC/PE,collapsible,10l,1m tst (jerry can)	S0005839	_____ Can	<input type="checkbox"/> Not distributed
Water-cont,LDPE,10l,1urify1ible.,w/o logo (jerry can)	S5007311	_____ Can	<input type="checkbox"/> Not distributed
Baby Hygiene Kit (Diapers, Rash cream, Soap)	SL000460	_____ Kit	<input type="checkbox"/> Not distributed
Family Hygiene Kit	SL004609	_____ Kit	<input type="checkbox"/> Not distributed
Water purify.(NaDCC) 33mg tabs/PAC-50	S1588355	_____ Pack	<input type="checkbox"/> Not distributed
Water purif.(NaDCC) 33mg tabs/BOX-10000	S0003240	_____ Box	<input type="checkbox"/> Not distributed
Tarpaulin,reinforc.,plastic,sheet	N/A	_____ Sheet	<input type="checkbox"/> Not distributed
Blankets	N/A	_____ Blanket	<input type="checkbox"/> Not distributed
B.2. For how long are beneficiaries waiting before they receive the items?		<input type="checkbox"/> <30 minutes <input type="checkbox"/> 30 minutes < 1 hour <input type="checkbox"/> 1 hour<2 hours <input type="checkbox"/> 2 hours +	
B.3. Are beneficiaries treated with respect by distribution staff?		<input type="checkbox"/> Yes <input type="checkbox"/> No – If No, Specify:	
B.4. Is the distribution location accessible to everyone?		<input type="checkbox"/> Yes <input type="checkbox"/> No – If no, Specify <u>which</u> people cannot access and <u>why</u> :	
B.5. Is the distribution location safe for everyone?		<input type="checkbox"/> Yes <input type="checkbox"/> No – If no, Specify <u>which</u> people it is not safe for and <u>why</u> :	
B.6. Is there enough seating available for elderly, disabled, pregnant women, people carrying small children?		<input type="checkbox"/> Yes <input type="checkbox"/> Not enough seating <input type="checkbox"/> No seating at all	
B.7. Is information provided to beneficiaries about the process they need follow during the distribution?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
B.8. Do beneficiaries show registration cards AND/OR sign for receipt of items?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

C. MONITOR COMMENTS

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