

ESK Post Distribution Monitoring (PDM)

Message to Interviewee:

- The purpose of this interview is to obtain information about the cluster partners Emergency Shelter (ES) distributions programs to understand whether the cluster is addressing the needs of vulnerable people.
- You have been selected to participate in this interview randomly from the list of beneficiaries who have received ES. The participation in this assessment is voluntary and you can choose not to take part.
- Your information and the data will be obtained from you are considered as confidential. The information will be used to prepare reports, but will not include any specific names.
- You will not gain any material benefit from agreeing to conduct this interview also you will not receive any extra assistance, than you would otherwise have already received.
- We would appreciate if you may provide us with the most accurate answers that you can.

Guidance for the interview:

- This assessment to be completed after at less a month from the distribution date.
- The selection of the beneficiaries received ES assistance for this interview shall ensure the equal participation of women and men.
- The partners who have conducted the ES distributions for certain beneficiaries cannot undertake this assessment for the same beneficiaries and it should be conducted by other partners.
- This assessment shall not be considered to evaluate the performance of the organization who distributed the ES rather than it is a tool to inform the cluster programming and help on better planning of cluster responses.

I _____ (Name of Interviewer) and I work for _____ (Organization name) confirm that the message to interviewee was convey clearly, the interviewee agreed to participate in this assessment voluntarily and the guidance for the interview was ensured in this assessment.

Signature of the Interviewer:



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Interview Data

A.1 Name of Interviewer: _____ **A.2** Date of Interview (mm/dd/yy): ____/____/____
A.3 Name of organization: _____ **A.4** Interviewer contact number: _____
A.5 Gender: (Check one) Male Female **A.6** Interviewer email address: _____.

A.7 Location of interview: _____
Governorate District Sub district/Village Site

Interviewee Data

B.1 Name: _____
First Name Middle Name Family Name

B.2 Gender: (Check one)
 Male
 Female

B.3 Age: _____ Years

B.4 Head of Household: (Check one)
 Male Female Child
 Other (Specify: _____)

B.5 Marital Status: (Check one)
 Single Married Widowed Divorced Separated Other (Specify: _____)

B.6 Number of family members: _____

Gender	0-17 years	18- 60 years	Over 60 years	Total
Male				
Female				

B.7 How long has the family been at this location? (Choose one)
 Less than a month Between 1 to 3 months Between 3 to 6 months
 6 months to a year Over a year

B.8 Place of origin: _____
Governorate District Sub district/Village Site

B.9 Where do you live at the present time? (Choose one)
 Individual home (non-hosted) With host family Under Tent
 Planned camp or settlement Self-settled camp or settlement Collective center
 In open or public space Under Tarpaulins or other materials Public Building
 Rented house (How much is the monthly rent rate? _____ YR) Other: _____

Emergency Shelter (ES) Data

C.1 Date of receiving ES assistance (mm/dd/yy): ____/____/____.
C.2 Name of agency distributed the items? _____.

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No.	Items	C.3 Quantity received	C.4 Quality Please indicate as : 1. Good 2. Average 3. Poor	C.5 How useful is the item? Please indicate as 1. Yes, useful 2. No, not useful
1.	Plastic Sheet			
2.	Saw			
3.	Hammer			
4.	Pickaxe			
5.	Sisal Rope			
6.	Nylon Rope			
7.	Nails Box			
8.	Wooden Plate			
9.	Wooden Pole (Timber)			
10.	Metal Pegs			
11.	Utility Knife			
C.6 What are the other Emergence Shelter Items would you have preferred, which you did not receive with the package? 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____				
C.7 What items were not enough? 1. _____ 3. _____ 5. _____ 2. _____ 4. _____ 6. _____				
C.8: Who received the items: <input type="checkbox"/> Myself <input type="checkbox"/> Family member <input type="checkbox"/> Relative <input type="checkbox"/> Area leader\Tribe leader <input type="checkbox"/> Other (Specify: _____)				
C.9 What did you do with items received? (Check one or more that apply) <input type="checkbox"/> Used for Living <input type="checkbox"/> Use for Storage <input type="checkbox"/> Unused <input type="checkbox"/> Sold <input type="checkbox"/> Exchanged <input type="checkbox"/> Other (Specify: _____)				
Alternative use of ES				
D.2 If items Sold or Exchanged then for: (Check all that apply) <input type="checkbox"/> Rent <input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Medical <input type="checkbox"/> Education <input type="checkbox"/> Cash <input type="checkbox"/> NFIs <input type="checkbox"/> Clothes <input type="checkbox"/> Qat <input type="checkbox"/> Travel <input type="checkbox"/> Others (Specify: _____)				
D.3 If the items were sold or Exchanged, who made the decision: (Check all that apply) <input type="checkbox"/> You <input type="checkbox"/> Your spouse <input type="checkbox"/> Other (Specify: _____)				
Distribution Methodology and Challenges				
E.1 Did you have to pay to be put on the distribution list? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know		E.2 Were you told what items do you prefer to receive before the distribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know		
E.3 Were you told what items you would receive before the distribution? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know		E.4 Were you explained the reasons for which you or other beneficiaries were selected to receive ES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know		
E.5 Distribution method was well-organized? <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Bad <input type="checkbox"/> I do not know		E.6 How long it took you to wait and receive the items in the distribution day? _____ hours.		

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<p>E.7 Were there any problems during the distribution time and with the distribution site?</p> <p><input type="checkbox"/> Men (describe: _____)</p> <p><input type="checkbox"/> Women (describe: _____)</p> <p><input type="checkbox"/> Under age (describe: _____)</p> <p><input type="checkbox"/> Elderly (describe: _____)</p> <p><input type="checkbox"/> Disabled (describe: _____)</p>	<p>E.8 Did you faced any problems after the collection of items?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please specify:</p> <p>_____</p> <p>_____.</p>
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F.1 Any other comments and suggestions

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