

NFI Post Distribution Monitoring (PDM)

Message to Interviewee:

- The purpose of this interview is to obtain information about the cluster partners NFIs distributions programs to the cluster to understand whether they are implementing programs properly and whether we are addressing the needs of vulnerable people.
- You have been selected to participate in this interview randomly from the list of beneficiaries who have received Non-Food Items. 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 providing 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 Non-Food Items for this interview shall ensure the equal participation of women and men.
- The partners who have conducted the NFIs distribution 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 evaluation the performance of the organization who distributed the NFIs 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) <input type="checkbox"/> Male <input type="checkbox"/> Female		A.6 Interviewer email address: _____.		
<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Governorate District Sub district/Village Site </div> A.7 Location of interview: _____				
Interviewee Data				
B.1 Name: _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> First Name Middle Name Family Name </div>			B.2 Gender: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
B.3 Age: _____ Years		B.4 Head of Household: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Child <input type="checkbox"/> Other (Specify: _____)		
B.5 Marital Status: (Check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> 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) <input type="checkbox"/> Less than a month <input type="checkbox"/> Between 1 to 3 months <input type="checkbox"/> Between 3 to 6 months <input type="checkbox"/> 6 months to a year <input type="checkbox"/> Over a year				
<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Governorate District Sub district/Village Site </div> B.8 Place of origin: _____				
B. 9 Where do you live at the present time? (Choose one) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Individual home (non-hosted)</div> <div style="width: 33%;"><input type="checkbox"/> With host family</div> <div style="width: 33%;"><input type="checkbox"/> Under Tent</div> <div style="width: 33%;"><input type="checkbox"/> Planned camp or settlement</div> <div style="width: 33%;"><input type="checkbox"/> Self-settled camp or settlement</div> <div style="width: 33%;"><input type="checkbox"/> Collective center</div> <div style="width: 33%;"><input type="checkbox"/> In open or public space</div> <div style="width: 33%;"><input type="checkbox"/> Under Tarpaulins or other materials</div> <div style="width: 33%;"><input type="checkbox"/> Public Building</div> <div style="width: 33%;"><input type="checkbox"/> Rented house (How much is the monthly rent rate? _____ YR)</div> <div style="width: 33%;"><input type="checkbox"/> Other: _____</div> </div>				
Non-Food Items (NFIs) Data				
C.1 Date of receiving Non-Food Items (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	C.6 Actual use of items Please indicate as: 1. Kept 2. Sold 3. Exchanged 4. Destroyed 5. Other (Specify)
1.	Blankets				
2.	Mattresses				
3.	Kitchen Sets				
4.	Water Buckets				
5.	Sleeping Mats				
C.7 What are the other Non-Food Items would you have preferred, which you did not receive with the package? 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____					
C.8 What items were not enough? 1. _____ 3. _____ 5. _____ 2. _____ 4. _____ 6. _____					
C9: 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: _____)					
Alternative use of NFIs					
D.1 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"/> Shelter <input type="checkbox"/> Clothes <input type="checkbox"/> Qat <input type="checkbox"/> Travel <input type="checkbox"/> Others (Specify: _____)					
D2. If the items were sold, 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 NFIs? <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.		
E.7 Were there any problems during the distribution time and with the distribution site? <input type="checkbox"/> Men (describe: _____) <input type="checkbox"/> Women (describe: _____) <input type="checkbox"/> Under age (describe: _____) <input type="checkbox"/> Elderly (describe: _____) <input type="checkbox"/> Disabled (describe: _____)			E.8 Did you faced any problems after the collection of items? <input type="checkbox"/> Yes (Specify: _____) <input type="checkbox"/> No		
			E.9 Any other comments and suggestions? _____ _____ _____		