

POST DISTRIBUTION MONITORING (PDM) FORM-CASH AND VOUCHER ASSISTANCE

Plan International

Use this form only if digital platform Kobo/ Poi mapper is not accessible. This form is to be administered 2 weeks within the cash distribution and should be contextualized based on the modality of support

A. Personal Information

ID Number (if available):		Size of HH:	
prefecture:		Number of children below 5	
Sub prefecture:		Date of interview:	
Settlement:		Name of enumerator:	
Sex of respondent:	<input type="checkbox"/> Male <input type="checkbox"/> female		
Age			

A1. What best describes your household status?

<input type="checkbox"/> IDP <input type="checkbox"/> Having a girl or boy under 18 separated or unaccompanied <i>Is the girl pregnant?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> HH headed by female <i>If HH is headed by a female, describe the status</i> Pregnant <input type="checkbox"/> Lactating mothers <input type="checkbox"/>	<input type="checkbox"/> Local population affected by the crisis <input type="checkbox"/> Families with a sick or old member Sick <input type="checkbox"/> old <input type="checkbox"/> <input type="checkbox"/> Family having a member with disability
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A2. How long have you been in this Location?

<input type="checkbox"/> <1 month	<input type="checkbox"/> 1 -3 months	<input type="checkbox"/> 4-6 months
<input type="checkbox"/> 6 -12 months	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> Above 2 years

A3. Is there a person living in your household with the following conditions? (Eating in the same pot –probe)

	1. Yes	2. No	Number
Physical disability			
Mental disability			
Chronic illness/ Serious medical condition			
Pregnant & Lactating Women			
Elderly person over the age of 65			
Hosting an unaccompanied child			
People belonging to specific castes, religions, ethnic groups, indigenous groups (based on the local context)			
Malnourished Child/Child under nutrition treatment?			
Survivors of child labour, child marriage and sexual violence and exploitation			
Out-of-schools girls, boys, adolescents and unregistered children			

A4. How many people are currently living in your household, eating from the same pot –Break down by sex and age, and disability?

Age (years)	Male	Female
0-5		
6-12		
13-17		
18-24		
25-34		
35-44		
45-54		
55-64		
65-74		
75-84		
85-94		
95-105		
Total		

A5. What is your household’s usual livelihood strategy?

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Wage labour	
<input type="checkbox"/> Others. Please specify		

A6. How did you find the training sessions?

<input type="checkbox"/> Useful	<input type="checkbox"/> Not useful	<input type="checkbox"/> Cannot say
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A7. How will you apply the acquired training knowledge and skills in future?

B. Collection of Cash

B1. Please tell us what type of people were selected to benefit from the cash distribution, and how?

B2. Do you think the right beneficiaries were selected?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If no, why?
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B3. Have you felt other members of the community not happy on receiving the cash?

<input type="checkbox"/> 1 – Yes	<input type="checkbox"/> 2 – No	<input type="checkbox"/> 3 – Do not know
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If yes, why? _____.

B4. Who identified and selected the beneficiaries?

B5. Did Plan International staff well explain to you about the amounts to be given to you, time of distribution and any condition of its use?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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B6. Did you have to pay anybody including Plan International staff to receive the money?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, how much and to whom?
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B7. How much total cash did you receive? _____.

B8. Were you explained fully about complaint and feedback mechanism? Did you lodge any complaint and receive its feedback?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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B9. How many hours did you take to travel to the cash distribution site?

<input type="checkbox"/> Less than 30 minutes	<input type="checkbox"/> 30 minutes to 1 hour	<input type="checkbox"/> 1 hour to 1.5 hours
<input type="checkbox"/> 1.5 hours to 2 hours	<input type="checkbox"/> 2 hours to 2.5 hours	<input type="checkbox"/> More than 2.5 hours

B10. How long did you have to wait at the distribution site to get cash?

<input type="checkbox"/> Less than 30 minutes	<input type="checkbox"/> 30 minutes to 1 hour	<input type="checkbox"/> 1 hour to 1.5 hours
<input type="checkbox"/> 1.5 hours to 2 hours	<input type="checkbox"/> 2 hours to 2.5 hours	<input type="checkbox"/> More than 2.5 hours

B11. Please rate how acceptable the length of time you spent travelling to collect cash.

<input type="checkbox"/> 1 – Unacceptable	<input type="checkbox"/> 2 – Acceptable	<input type="checkbox"/> 3 – Cannot say
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B12. Please rate how sufficient the cash is in covering your household's basic food needs.

<input type="checkbox"/> 1 – Insufficient	<input type="checkbox"/> 2 – Sufficient	<input type="checkbox"/> 3 – Cannot say
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If 1, why? _____.

B13. Was this the amount you expected? Yes No

If no, why? _____.

B14. How long ago did you receive your last cash transfer?

<input type="checkbox"/> Less than a week	<input type="checkbox"/> 1 to 2 weeks	<input type="checkbox"/> 2 to 3 weeks
<input type="checkbox"/> 3 to 4 weeks	<input type="checkbox"/> More than 4 weeks	

B15. How much did you spend on transport to and from the distribution site? _____.

B16. Please rate how safe and secure did you feel at the cash distribution site.

<input type="checkbox"/> 1 – Unsafe	<input type="checkbox"/> 2 – Safe	<input type="checkbox"/> 3 – Cannot say
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If 1, why? _____.

B17. Did you experience any problems with getting the correct cash denominations? Yes No

If yes, why? _____.

B18. Did you experience any problems with sending another family member to collect the money?

<input type="checkbox"/> 1 – Yes	<input type="checkbox"/> 2 – No	<input type="checkbox"/> 3 – Cannot say
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If yes, why? _____.

B19. Please rate overall how easy it is for you to collect your cash.

<input type="checkbox"/> 1 – Very difficult	<input type="checkbox"/> 2 – Difficult	<input type="checkbox"/> 3 – Undecided	<input type="checkbox"/> 4 – Easy	<input type="checkbox"/> 5 – Very easy
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If 1 or 2, why? _____.

B20. Do you feel there an increase of prices imposed by traders and shop owners as a result of the cash distributions? If yes, please rate how much impact was the increase to your household.

<input type="checkbox"/> 1 – Very high	<input type="checkbox"/> 2 – High	<input type="checkbox"/> 3 – Undecided	<input type="checkbox"/> 4 – Low	<input type="checkbox"/> 5 – Very low	<input type="checkbox"/> N/A – No increase
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If 1 or 2, why? _____.

B21. Were there any conflicts in your household over who should control the cash? If yes, please elaborate.

B21. Who in your household had access to the cash support?

B22. Who decides most of the time the way the cash support to be used?

B23. Was there any dispute or conflict in your community because of the cash distribution? If yes, please elaborate.

B24. What do you think are the most important impact of cash transfer on households here?

For men	For women	For girls	For boys	For youth

B25. What are the most important cash transfer impacts at the community level? Ex: Women/girls education; nutrition results for children and the family

For men	For women	For girls (e.g. education)	For boys	For youth

B25. Do you think the cash transfer support helped to empowerment and resilience of (adolescent) girls and women in particular? If yes, how? What about the people with disabilities particularly girls and women?

B25. Do you have any suggestions for us to improve our work?

C. Use of Cash and Market Behaviour

C1. How much of the last cash distribution was used for each item?

a. Food		i. Transport	
b. Gift/share		j. Rent or shelter	
c. Livestock		k. Agriculture inputs	
d. Business investment		l. Household items	
e. Water		m. Firewood	
f. Medical		n. Clothes / shoes	
g. School fees		o. Saved / in hand	
h. Debt repayment		p. Other: _____	

C2. Were you be able to utilize part of the money for the productive assets (such as livestock, agriculture, vocational training, small business, VSLA etc)?

<input type="checkbox"/> 1 – Yes	<input type="checkbox"/> 2 – No	<input type="checkbox"/> 3 – Cannot say
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If yes, what kind of assets and how much? _____

C3. Did you spend the money equally to meet the needs of your girls and boys?

<input type="checkbox"/> 1 – Yes	<input type="checkbox"/> 2 – No	<input type="checkbox"/> 3 – Cannot say
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If no, what was the reason? _____

C4. Did you also spend part of your money on activities such as alcohol, gambling, disco?

If yes, how much _____

END OF QUESTIONNAIRE