

POST DISTRIBUTION MONITORING (PDM) SURVEY

UNHCR Cash Based Intervention Program. Cox's Bazar

Key for UNHCR staff:

All questions are select one, and the response options can be read out, unless indicated.

A. Interview Details

(to be completed before starting the interview)

A1. Date:	
A2. Enumerator Name:	<input type="checkbox"/> Enumerator 1 <input type="checkbox"/> Enumerator 2 <input type="checkbox"/> Enumerator 3 <input type="checkbox"/> Enumerator 4 <input type="checkbox"/> Enumerator 5
A3. Village/Camp settlement:	<input type="checkbox"/> Zone 5 <input type="checkbox"/> Zone 6 <input type="checkbox"/> Other (please specify) _____
A4. GPS Coordinates (optional):	
A5. UNHCR POC Identification number:	
A6. Is the person registered to receive the cash from UNHCR, or another member of their household over the age of 14, available for this survey?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A6a. If No, end the interview and select the next household. "Thank you for your time. We need to speak to the person registered to receive the cash from UNHCR or another member of their household."	

B. Interviewee details and household demographics

Instruction for enumerator: Introduction to read before starting the interview	<p>Hello, my name is (Enumerator) and I am working for UNHCR. We would like to ask you a few questions about the work of UNHCR. The answers to these questions will help to understand if there is anything UNHCR can do to improve how we work and what we do.</p> <p>Your participation is voluntary and you can choose not to answer any or of the questions.</p> <p>Your answers will not be used to determine if you or anyone in your household is eligible for assistance (or resettlement). Everything you tell us will be treated in confidence, and will be combined with the answers that other people provide. Refusal to participate in this survey will also not affect your assistance.</p> <p>The survey will take about 30 minutes, and I will be recording your responses using this tablet.</p>
B1. Do you agree to continue with this survey? (Select one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
B2. What is your sex? (Select one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
B3. What is your age? (Select one)	<input type="checkbox"/> 6-12 yrs <input type="checkbox"/> 13-17yrs <input type="checkbox"/> 18-24 yrs <input type="checkbox"/> 25-59 yrs


	<input type="checkbox"/> 60yrs +																								
B4. What is your marital status? (Select one)	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow / Widower <input type="checkbox"/> Separated <input type="checkbox"/> Divorced																								
B5. Are you the head of your household? (Select one)	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
B5a. If no: What is the sex of the head of household? (Select one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other																								
B5b. If no: What is your relation to the Head of your household? (Select one)	<input type="checkbox"/> Spouse <input type="checkbox"/> Daughter / son <input type="checkbox"/> Mother/Father <input type="checkbox"/> Other family relation <input type="checkbox"/> Not related																								
B6. Are you the person who received the cash assistance from UNHCR? (Select one)	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
B7. How many people are living in your household at present? <i>NOTE: By "household" we mean people who sleep under the same roof and take meals together at least four days a week.</i>	<table border="1"> <thead> <tr> <th></th><th># of Male</th><th># of Female</th></tr> </thead> <tbody> <tr><td>0-5</td><td></td><td></td></tr> <tr><td>6-12yrs</td><td></td><td></td></tr> <tr><td>13-17yrs</td><td></td><td></td></tr> <tr><td>18-24yrs</td><td></td><td></td></tr> <tr><td>25-59yrs</td><td></td><td></td></tr> <tr><td>60yrs +</td><td></td><td></td></tr> <tr><td>Total</td><td></td><td></td></tr> </tbody> </table>		# of Male	# of Female	0-5			6-12yrs			13-17yrs			18-24yrs			25-59yrs			60yrs +			Total		
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B8. How many pregnant or lactating women live in your household at present?																									
B9. How many chronically ill people are living in your household at present?																									
B10. How many persons with a disability (physical or mental) are living in your household at present?																									

C. Receiving and spending the cash assistance (basic facts)

C1. In the last 4 weeks what other assistance has your household received from other organizations? (Tick all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Food (either in kind or through e-vouchers, WFP included) <input type="checkbox"/> Cash for Work <input type="checkbox"/> Non-food items (NFI) <input type="checkbox"/> Other (specify)
C2. How much cash did your household receive from UNHCR at the last distribution? <i>Instructions for enumerators: This is asking for the monetary value of the last distribution of cash assistance received. Clarify with respondent that we are asking about the most recent cash received from UNHCR</i>	BDT _____
C3. Did you receive the cash from UNHCR on the day you were expecting it? (Select one)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
C4. Did the person receiving the cash need help to withdraw or spend the cash assistance? (Select one)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
C4a. If yes: Why did they need help? (Select one)	<input type="checkbox"/> Limited mobility / due to disability or sickness <input type="checkbox"/> Dangerous to walk alone <input type="checkbox"/> Items too heavy to carry <input type="checkbox"/> Other (specify) _____

C4b. If yes: Who gave help? <i>(Select one or more than one if applicable)</i>	<input type="checkbox"/> Family Member <input type="checkbox"/> Acquaintance (friend, neighbour etc.) <input type="checkbox"/> Distant relative <input type="checkbox"/> Stranger (e.g. person passing by on the street) <input type="checkbox"/> Member of agency staff <input type="checkbox"/> Other
C4c. IF Yes: Did they need to pay any money for this help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
C5. Where did you go to spend MOST of the cash? <i>(Select one)</i>	<input type="checkbox"/> Inside your camp <input type="checkbox"/> Outside the camp in of bigger shops bordering the camp <input type="checkbox"/> Inside & Outside of the Camp <input type="checkbox"/> Don't know
C6. Who in your household decided how the cash assistance should be spent? <i>(Select one or more than one if applicable)</i>	<input type="checkbox"/> The male head of household <input type="checkbox"/> The female head of household <input type="checkbox"/> Your Father or Father-in-law <input type="checkbox"/> Your Mother or Mother-in-law <input type="checkbox"/> The whole household together <input type="checkbox"/> Other
C7. Was there any disagreement on use of the cash assistance? <i>(Select one)</i>	<input type="checkbox"/> Yes - we disagreed a lot <input type="checkbox"/> Some - we discussed but came to an agreement <input type="checkbox"/> No - there was no disagreement
C8. What other sources of income or support has your household received or used in the last 4 weeks? <i>(Tick all the apply)</i> <i>Instructions for enumerators: This is in addition to the support from UNHCR. Do not select 'NGOs/agencies' if the respondent is only receiving support from UNHCR.</i>	<input type="checkbox"/> Income generating activities e.g. any business or activities generating money <input type="checkbox"/> Savings <input type="checkbox"/> Remittances <input type="checkbox"/> Support from friends / family (locally) <input type="checkbox"/> Loans (debt or credit) <input type="checkbox"/> NGOs/agencies – giving cash support <input type="checkbox"/> NGOs/agencies – giving material support <input type="checkbox"/> NGOs/agencies – through Cash for Work <input type="checkbox"/> Other

D. Risks and problems: Did people face problems with the CBI? Did the CBI put POCs at additional risk?

D1. Did you feel unsafe or at risk: <i>Instructions for enumerators: This question is asking if people did not feel safe at any point. 'Yes' means they felt at risk and did not feel safe.</i>	
D1a. Going to withdraw the money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D1b. Keeping the money at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D1c. Going to spend the money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D1d. Did anything else make you feel unsafe or at risk of harm related to the cash assistance? IF Yes, to any of the above: Why did you not feel safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D2. Did you experience any of these problems receiving/withdrawing or spending the cash from UNHCR?	 Decide on the top 5 problems, these may be technical issues or others that are important to ask about for the context, POCs, and CBI type. The problems may be linked to withdrawing, keeping or spending the cash. <u>The focus and wording of the problems below should be adapted for the context.</u> Please note that the head of the household was the one formally authorized to withdraw the payment

D2a. The head of the household is not available to withdraw or access the money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
D2b. Forgotten FC card or Token?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
D2c. Needed to pay money or do favors in order to withdraw or spend cash?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
If YES: Who did you need to give money or favors to?	
D2d. Did you experience any other problems withdrawing or spending the cash from UNHCR?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
D2e. If Yes: what problems did you face?	

E. Markets and prices: Can POCs find what they need, and at a price they can afford, in the markets?

E1. Were you able to find the items/services you needed in the market? <i>(Select one)</i> <i>Instructions for enumerators: This is asking if items were available to buy, not if they were affordable.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Mostly <input type="checkbox"/> No <input type="checkbox"/> Don't know
E1a. If Mostly or No: What items/services were not available?	
E2. Were you able to find the right <u>quality</u> of items/services in the market? <i>(Select one)</i> <i>Instructions for enumerators: Quality also includes if preferred brands were available.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Mostly <input type="checkbox"/> No <input type="checkbox"/> Don't know
E2a. If Mostly or No: What items/services were not available in sufficient <u>quality</u>?	
E3. In camp 5 OR camp 6 – do you have observed an increase in the price of any items/services in the last 4 weeks? <i>(Select one)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Don't know If yes, The following ones:

F. Expenditure: What did people spend the money on?

F1. Of the cash you have received from UNHCR, how much have you spent already?	<input type="checkbox"/> All <input type="checkbox"/> More than half <input type="checkbox"/> Half <input type="checkbox"/> Less than half <input type="checkbox"/> Don't know	
F2. Of the cash from UNHCR spent so far, what did you spend it on? <i>(Tick all that apply)</i> In modifying the response options consider the components used to calculate the transfer value so that you can compare what people report spending the cash on with what was planned. <i>Instructions for enumerators: ask people to identify the top three, and then ask them how much of the cash assistance they spent on each of these.</i>	HOUSEHOLD NEEDS - ITEMS / SERVICES	F3. How much was spent on the top three items/services
	<input type="checkbox"/> Food	
	<input type="checkbox"/> Water	
	<input type="checkbox"/> Hygiene items	
	<input type="checkbox"/> Health costs (including medicines)	
	<input type="checkbox"/> Rent	
	<input type="checkbox"/> Building work (e.g. rehabilitation, extension, materials)	
	<input type="checkbox"/> Firewood / Fuel for cooking or heating	
	<input type="checkbox"/> Clothes / shoes	
	<input type="checkbox"/> Phone calling credit	
	<input type="checkbox"/> Assets (e.g. tools, equipment)	

<input type="checkbox"/> Education (e.g. school fees, uniform, books).	
<input type="checkbox"/> Transport	
<input type="checkbox"/> Debt repayment	
<input type="checkbox"/> Saved some money	
<input type="checkbox"/> Gave some to other family members / relatives / friends	
<input type="checkbox"/> Other (Specify) _____	

G. Medium-Term Outcomes: What changes is the cash assistance contributing to in POC households?

G1. In the past 4 weeks has your household needed to:

Instructions for enumerators: Read aloud each strategy, and record 'yes' if the household has needed to do this in the last 4 weeks.

a. Stop a child from attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Sell livelihood/productive assets in order to buy food or basic goods? (e.g. gold, sewing machine, tools, jewelry)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Ask for money from strangers (begging)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Send household members under the age of 14 to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Send a member of the household to work outside the camps? (here we mean those taken out of the WHOLE camps area, such as by smugglers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Engage in activities for money or items that you feel puts you or other members of your household at risk of harm? (e.g. illegal activities, survival sex, drug dealing etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Skip paying rent / debt repayments to meet other needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Take out new loans or borrowed money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Reduce expenditure hygiene items, water, baby items, health, or education in order to meet household food needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Sell assistance (Core Relief Items, Comprised Rice Husks, Food items, Hygiene Kits) to supplement family needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. OTHER	

G2. Since the time you have received the payment from UNHCR, to what extent has the cash helped you in meeting the basic needs of your household? (Like food, water, hygiene kits, health costs, rent, household items, firewood, etc.)

- ☐ All
☐ Half
☐ A little
☐ Not at all
☐ Don't know

PLEASE EXPLAIN more if needed:

H. Accountability to Affected Populations

H1. How did you hear about UNHCR cash assistance?
(Select one)

- ☐ Mass meetings
☐ Via relatives, neighbours, friends
☐ Via local leaders
☐ UNHCR/NGOs staff
☐ When visiting Help desk, reception
☐ Other (specify) _____

H2. Is there any other information you would like to know about the cash assistance?
(Tick all that apply)

- ☐ Eligibility for cash assistance
☐ Distribution date, time and location
☐ How spend cash assistance
☐ How to give complaints and feedback to agencies
☐ What assistance is coming next
☐ Other (specify) _____

	<input type="checkbox"/> None (Don't want any additional information)
H3. Do you know how you can report complaints and feedback on the cash assistance from UNHCR? <i>(Select one)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
H4. (If answer is YES to H3) Do you feel comfortable and safe in reporting complaints and feedback on cash assistance to UNHCR? <i>(Select one)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No / not entirely
H5. If the assistance could be started again would you prefer: <i>(Select one)</i>	<input type="checkbox"/> Cash <input type="checkbox"/> Items (food or non-food items) <input type="checkbox"/> Combination <input type="checkbox"/> Other (please specify)

Thank you for your time in answering these questions.