

# PDM Assessment Questionnaire

Cox's Bazar Bangladesh

"My name is ---- [say your name] ----- and I am working with ---- [say organisation] ----- . We are conducting an assessment on the effectiveness of assistance provided to you. This interview cannot be considered guarantee for any direct or indirect support to you or your community, but the information you provide will help us to improve the delivery of assistance. We would like to ask you some questions about the assistance you received. Your identity will be kept strictly confidential and personal information will not be shown to others unless your prior approval is obtained. Your participation is voluntary and you can chose not to answer the questions or stop the interview at any time. **Refusal to participate or answer any of the questions will not affect your access to assistance or services."**

Interviewer	A1	Site/Camp Name	:	(dropdown of Camp locations)
	A3	Date of Interview	:	(This section will be prepopulated automatically in electronic Kobo form. No need for the users to fill in this section.)
	A4	Name of Interviewer	:	(FREE Text)

Interviewee	B1	Family Counting Number (Barcode Scan)	:	
	B2	Age (Select age group)	:	<input type="checkbox"/> < 14 Years <input type="checkbox"/> Between 14 – 18 years <input type="checkbox"/> Between 18 – 59 years <input type="checkbox"/> 60 + years
	B3	Sex (Select One)	:	<input type="radio"/> Male <input type="radio"/> Female
	B4	Head of Household (Select One)	:	<input type="radio"/> Yes <input type="radio"/> No
	B5	Marital Status	:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
	B6	Specific needs	:	<input type="checkbox"/> None <input type="checkbox"/> Disable <input type="checkbox"/> serious medical condition <input type="checkbox"/> chronic medical condition <input type="checkbox"/> other specific needs (specify)

Assistance Distribution Information	ASSISTANCE DISTRIBUTION INFORMATION							
	C Which types of assistance your family had received?							
	<input type="checkbox"/> CRH	<input type="checkbox"/> CRI	<input type="checkbox"/> Shelter Kit	<input type="checkbox"/> WASH Hygiene Kit	<input type="checkbox"/> Clothing			
	D. Compressed Rice Husk (CRH)							
	D1 Last distribution date/month		: (dd/mm/yyyy)					
	D2 Name of agency distributed		: (dropdown of Partners)					
	D3 Items	D4 Quantity (According to Partner)	D5 Quantity Received (According to Interviewee)	D6 Quantity Sufficient • Yes • No	D7 Quality 1. Very poor 2. Poor 3. Average 4. Good 5. Very good	D8 Usefulness 1. Not useful at all 2. not useful 3. Average 4. Useful 5. Very useful	D9 Actual Use (Use, Keep, Sold <sup>1</sup> , Stolen, Exchanged <sup>1</sup> , Gifted <sup>2</sup> )  Multiple Selection      Selling Price/Unit in BDT	
	CRH							
	E. Core Relief Item (CRI)							
	E1 Last distribution date/month		: (dd/mm/yyyy)					
E2 Name of agency distributed		: (dropdown of Partners)						
E3 Items	E4 Quantity	E5 Quantity Received	E6 Quantity Sufficient	E7 Quality	E8 Usefulness	E9 Actual Use (Use, Keep, Sold <sup>1</sup> , Stolen, Exchanged <sup>1</sup> , Gifted <sup>2</sup> )		
Jerry Can (1 pc)								
Kitchen Set (1 pc)								
Solar Lamp (1 pc)								
Blanket (5 pcs)								
Plastic Sheets (1 pc)								

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Bucket (1 pc)							
Sleeping Mat (5 pcs)							

## F. SHELTER KIT (including monsoon kits)

F1 Last distribution date/month :

(dd/mm/yyyy)

F2 Name of Agency Distributed :

(dropdown of Partners)

F3 Items	F4 Quantity	F5 Quantity Received	F6 Quantity Sufficient	F7 Quality	F8 Usefulness	F9 Actual Use	
	(According to Partner)	(According to Interviewee)	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>	1. Very poor 2. Poor 3. Average 4. Good 5. Very good	1. Not useful at all 2. Not useful 3. Average 4. Useful 5. Very useful	Multiple Selection	Selling Price/Unit in BDT
Rope (60 m)							
Tarpaulin (2 pcs)							
Bamboo - Borak (4 pcs)							
Bamboo - Mulli (60 pcs)							
Sand Bag (20 bgs)							
Tool Kit (1 kit / families)							
Wire (Kg)							

F10 Have you requested for support from shelter agency for building the shelter?

☐

Yes

☐

No

F10.1 If Yes, Did you get the support?

☐

Yes

☐

No

If No, Why?

## G. WASH HYGIENE KIT (including female hygiene kit)

G1 Last distribution date/month :

(dd/mm/yyyy)

G2 Name of Agency Distributed :

(dropdown of Partners)

G3 Items	G4 Quantity	G5 Quantity Received	G6 Quantity Sufficient	G7 Quality	G8 Usefulness	G9 Actual Use	
						(Use, Keep, Sold <sup>1</sup> , Stolen, Exchanged <sup>1</sup> , Gifted <sup>2</sup> )	
Detergent powder (2 pks)							
Bathing soap (5 pcs)							
Laundry soap (10 pcs)							
Jerry Can (4 pcs)							
Toxin free jug (1 pc)							
Plastic Mug (5 pcs)							
Disposable nappies (1 pkt)							
Non disposable sanitary cloth (6 pcs)							
Local towel (2 pcs)							
Nail Cutter (1 pc)							

## I. Alternative use of Assistance

I 1 <sup>1</sup>If items Sold or Exchanged them for: (Check all that apply)

- |                                      |                                      |                                  |   |                               |
|--------------------------------------|--------------------------------------|----------------------------------|---|-------------------------------|
| <input type="checkbox"/> Money       | <input type="checkbox"/> Food*       | <input type="checkbox"/> Water   | <input type="checkbox"/> Medical                | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Education   | <input type="checkbox"/> Shelter     | <input type="checkbox"/> Clothes | <input type="checkbox"/> Household Items        | <input type="checkbox"/> Debt |
| <input type="checkbox"/> Seeds/Tools | <input type="checkbox"/> Trade Items | <input type="checkbox"/> Fuel    | <input type="checkbox"/> Marriage/Birth/Funeral |                               |

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- ☐ Travel ☐ Payment to receive other assistances / services  
☐ Hiring / paying someone to support family members with specific needs  
☐ Other, specify \_\_\_\_\_

I 1.1 \*If food, Please select

- ☐ Cereals ☐ Meat ☐ Milk ☐ Legumes Vegetable s ☐ Oil  
☐ Other, specify \_\_\_\_\_ ☐ Fruits

I 2 <sup>2</sup>If items gifted, please explain

To whom? \_\_\_\_\_ Reason \_\_\_\_\_

## J. Distribution Methodology

J1	Did you have to pay (or ask someone as a favour) to be put on the distribution list?	<input type="radio"/> Yes <input type="radio"/> No	If Yes	How much? To whom?	<b>Options:</b> Mahji, UN Staff, NGO Staff, Govt Staff, Neighbour, Army Staff, Don't want to answer, Other (Specify)
J2	Did you have to pay (or ask someone as a favour) to receive the item(s)?	<input type="radio"/> Yes <input type="radio"/> No	If Yes	How much? To whom?	<b>Options:</b> Mahji, UN Staff, NGO Staff, Govt Staff, Neighbour, Army Staff, Don't want to answer, Other (Specify)
J3	Did you have to pay (or ask a non-family member as a favour) to collect and transport the Assistance to/from the Distribution Point?	<input type="radio"/> Yes <input type="radio"/> No	If Yes	How Much payment? Why?	<b>Options:</b> Mobility Issues, Distance, Single headed households, too heavy.
J4	Were you told what items you would receive before the distribution?	<input type="radio"/> Yes <input type="radio"/> No	If Yes	By whom? How?	_____
J5	Were you told what items you would receive during the distribution?	<input type="radio"/> Yes <input type="radio"/> No	If Yes	By whom? How?	_____
J6	Time waiting from start of distribution to receive (in hours)	_____			
J7	If the assistance could be started again would you prefer: (Select one)	<input type="radio"/> Cash <input type="radio"/> Non Food Items	<input type="radio"/> A Combination (Cash + NFI) <input type="radio"/> Other, specify _____		
J8	Distribution well organized?	<input type="radio"/> Very Dissatisfied <input type="radio"/> Satisfied	<input type="radio"/> Dissatisfied <input type="radio"/> Very Satisfied	<input type="radio"/> Average	If low, why?
J9	Any problem(s) during distribution?	<input type="radio"/> Yes <input type="radio"/> No			
<b>Describe</b> _____					
J10	If Yes, Have you made a complaint?	<input type="radio"/> Yes <input type="radio"/> No	If Yes	How? How many times?	<b>Options:</b> Information point, NGO staff, UN staff, hotline, feedback letterbox, other (specify)
J11	Any problem(s) after distribution?	<input type="radio"/> Yes <input type="radio"/> No			
<b>Describe</b> _____					
J12	If Yes, Have you made a complaint?	<input type="radio"/> Yes <input type="radio"/> No	If Yes	How? How many times?	<b>Options:</b> Information point, NGO staff, UN staff, hotline, feedback letterbox, other (specify)
J11	Are there any specific item you prefer?	_____			
J12	Do you want to tell anything about distribution to UNHCR?	_____			

NOTE: Sections I and J will be repeated during data collection for each assistance type.