**POST-DISTRIBUTION MONITORING // GUIDANCE NOTE**

This guidance note presents the process of undertaking a post-distribution monitoring process throughout the assistance provided to people in Armenia affected by conflict escalation between Armenia and Azerbaijan in September 2022 to meet their basic urgent needs. It includes practical tips intended for the ARCS to implement the PDM and a questionnaire survey.

**Objectives:**

In September – December 2022, with the support of IFRC the ARCS assisted around 7,600 people affected by the conflict escalation between Armenia and Azerbaijan in September 2022. The assistance was provided in the form of food, WASH supplies, shelter items, information (risk communication) and MHPSS.

1. **To improve the programming:** ARCS aims to deliver assistance that is responsive to the preferences of vulnerable people. The PDM aims to assess whether the assistance was appropriate or whether alternative aid should have been provided. This is assessed by asking the recipients about the quality of the assistance and to verify the actual use of the items.
2. **To improve ARCS selection and distribution processes:** ARCS aims to assess whether people feel that the selection was fair and that the distribution was well organized. This is assessed, for instance, by checking whether people received appropriate information and how long they had to wait.
3. **To strengthen Community Engagement & Accountability (CEA):** ARCS aims to understand to what extent affected community members feel they could participate in the response, received the information they needed and were able to share their feedback, including complaints. This includes to check whether the agreed number and type of assistance were distributed to the right people and whether any diversion of aid has taken place.
4. **To identify and prevent protection risks:** ARCS aims to assess whether the distributions created any protection risks for community members, for example, related to stolen items or security incidents during or after the selection and distribution process.

**What resources do you need to do a Post-Distribution Monitoring?**

* At least 5 days for the training
* Around xx volunteers
* The questionaire survey printed for each volunteer to practice
* 10 days for data collection, depending on your target
* Around xx tablets with Kobo installed
* Electricity to charge the tablets
* Internet access to upload the results on Kobo at the end
* xx experienced field coordinators to guide the team
* Enough funds to cover the training costs, volunteer per diems, transportation, accommodation and other potential costs

**Methods**

The PDM consists of **face-to-face surveys** with  
households that received assistance. The PDM methodology envisions to survey a statistically significant sample of the total of xx households. The interviews are carried out by xx ARCS volunteers, who are trained to use data collection tools (Kobo Toolbox). They work in teams of two: one volunteer with strong skills should be paired with a less experienced volunteer. One volunteer is responsible for asking the questions while the other registers the answers on the device.

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| **PDM SURVEY** | | | | | |
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| **1 PRELIMINARY OBSERVATION / INTRODUCTION** | | | | | |
|  | **NOTE:** Before starting this survey, please verify through observation and conversation that this household was included in the distribution of essential household items by ARCS in September through December 2022. Only conduct the survey if the household was included.  **Standard statement to interviewee at beginning of every survey:** Our names are \_\_\_\_\_ and we are volunteers with ARCS. The purpose of this interview is to obtain information about the assistance provided by the ARCS and your current needs. It helps us understand whether we are implementing our program properly and whether we are addressing the local needs. The interview will take about 1 hour. It is voluntary, and you can choose not to take part. The information that you give will be confidential. The information will be used to prepare reports but will not include any specific names. There will be no way to identify that you gave this information. You will gain no material benefit from agreeing to conduct this interview. You will not receive any extra assistance, than what you would otherwise have received. Please provide the most accurate answer that you can. | | | | |
| **1.1.** | **Date of the interview (dd/mm/yyyy)** | |  | | |
| **1.2.** | **Phone ID** | |  | | |
| **1.3.** | **Data entered by** | |  | | |
| **1.4.** | **Country** | |  | | |
| **1.5.** | **Marz** | |  | | |
| **1.6.** | **Is the respondent the head of the household** | | Yes  No | | |
| **1.7.** | **HH Composition** | | | | |
| **1.7.1** | **How many people in your HH are** | | **A=** Children under 5y  **B=** Children 6 to 17y  **C=** Adult Male/Adult Female (18-65)  **D=** Elderly >65y | | |
| **1.7.2** | **Does your HH have any of the following vulnerabilities?** | | 1. A family member with disability 2. Chronically ill family member 3. Pregnant or lactating woman 4. Single parent family | | |
| **1.8.** | **1.8.1.** | **Age of the respondent** | | | **A** = 18-29  **B** = 30-39  **C** = 40-49  **D** = 50-59  **E** = Over 60 |
|  | **1.8.2.** | **Sex** | | | 1. Man 2. Woman 3. Unknown/Other |
| **1.9** | **Do you currently live in a locality different from the one you used to reside before the conflict escalation of September 2022?** | | **A =** Yes  **B =** No | | |
| **1.10** | **Where do you live now?** | | **A** = My own home  **B** = Rental Home  **C** = Friends/relatives  **D** = Shared housing with other people (not my family)  **E** = I do not have a housing (live in the street)  **F** = Hotel  **G** = Other (please, specify) | | |
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| **2 SELECTION PROCESS** | | | | | |
|  | **NOTE:** Explain that the following set of questions is about the registration process in September – December 2022 not about the actual distribution | | | | |
| **2.1.** | **Who selected you to be included in this distribution of assistance?** | | 1. Community Leader 2. ARCS Volunteer/Staff 3. Local authorities 4. Friends/Relatives 5. Other (please, specify) 6. I do not know | | |
| **2.2.** | **Did you have to pay to be included on the list?** | | 1. Yes 2. No | | |
| **2.3.** | **If yes, to whom?** | |  | | |
| **2.4.** | **Can you name the main reason for why you were selected?** | | 1. My household has recently been forced to move from our home due to the conflict escalation in September 2022 2. I am hosting people who have been displaced due to the conflict escalation in September 2022 3. My properties were damaged as a result of the conflict escalation in September 2022, my family was not displaced 4. My household was displaced but recently returned to our home in the conflict-affected area 5. My household has highly vulnerable people 6. We have a large family 7. The community leader is my friend/relative 8. I paid the community leader 9. One of the ARCS volunteers is my friend/relative 10. I do not know 11. Other (please, specify) | | |
| **2.3.** | **Are you satisfied with the selection procedures for this distribution?** | | 1. Yes 2. No | | |
| **2.4** | **If no, why?**  **(select all that apply** | | **A** = The selection criteria were not clear **B** = The community was not allowed to participate in the selection process **C** = People with high needs were left out **D** = People with low needs were included on the list **E** = People who were not affected by the conflict escalation were included on the list **G** = Other (please specify) | | |
| **3 DISTRIBUTION PROCESS** | | | | | |
| **3.1.** | **When were you informed**  **about the date of the**  **distribution?** | | * 1. On the distribution day  1. 1 day before the distribution 2. 2-4 days before the distribution 3. 5-7 days before the distribution 4. >7 days before the distribution | | |
| **3.2.** | **Who informed**  **you?** | | **A=**Community  **B**=ARCS  **C**=Friend  **D**=Local Authority  **D**=Other | | |
| **3.3.** | **Were you given enough information on how to use**  **the products you received?** | | * 1. Yes  1. No |  | |
| **3.4.** | **How well was the distribution well organized?** | | * 1. Very bad  1. Bad 2. Average 3. Good 4. Very good 5. Don’t want to answer | | |
| **3.5.** | **Time waiting from arrival until items**  **received?** | | **A=**< 1 hour  **B**= 1 to 2 hours  **C**= More than 2 hours | | |
| **3.6.** | **How did you transport the items to your shelter?** | | 1. Transported the items myself or with my family 2. ARCS volunteers/staff helped me transport the items 3. Community members helped me transport the items 4. I paid someone to transport the items for me 5. Other (please specify) | | |
| **3.7.** | **Were there any security problems during and/or after the distribution?** | | **\_\_Y**  **\_\_N** | If yes, select all that took place: **A** = People were pushing during and/or after the day of distribution **B** = People were fighting during and/or after the day of distribution **C** = People stole items during and/or after the day of distribution **D** = People threatened me or my family during and/or after the day of the distribution **E** = Other security problems (please, specify) | |
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| **4 SATISFACTION WITH THE ITEMS RECEIVED** | | | | | |
| **4.1** | **Which relief items did your family receive? (check all that apply)** | | A = Food  B = Hygiene Items  C = Bed Linen  D = Other | | |
| **4.1A FOOD** | | | | | |
| **4.1.1A Please, evaluate the food items received** | | | **What do you think of the quality of each food item you received?**   1. Poor 2. Average 3. Good | | |
| **4.1.2A How much did your household need this item?** | | | 1. Very much 2. More or less 3. Not at all | | |
| **4.1.3A To your knowledge, did the food parcel include the essential items for every member of your family? (Men and women, adults/children/babies)** | | | 1. Yes 2. No | | |
| **4.1.4A Did your HH receive individual food parcel for each family member?** | | | 1. Yes 2. No | | |
| **4.1.5A If yes, did all parcels contain the same items?** | | | 1. Yes 2. No | | |
| **4.1.6A How long did the received food supplies last?** | | | **A** = Less than a week  **B** = 2 Weeks  **C** = 3 Weeks  **D** = 4 Weeks   1. More than a month | | |
| **4.1B Hygiene Supplies** | | | | | |
| **4.1.1B** **Please, evaluate the hygiene items received** | | | **What do you think of the quality** **of each hygiene item you received?**   1. Poor 2. Average 3. Good | | |
| **4.1.2B How much did your household need this item?** | | | 1. Very much 2. More or less 3. Not at all | | |
| **4.1.3B To your knowledge, did the hygiene supplies parcel include the essential items for every member of your family? (Men and women, adults/children/babies)** | | | 1. Yes 2. No | | |
| **4.1.4B Did your HH receive individual hygiene parcel for each family member?** | | | 1. Yes 2. No | | |
| **4.1.5B If yes, did all parcels contain the same items?** | | | 1. Yes 2. No | | |
| **4.1.5B How long did the received hygiene supplies last?** | | | **A** = Less than a week  **B** = 2 Weeks  **C** = 3 Weeks  **D** = 4 Weeks  **E** = More than a month | | |
| **4.1C Shelter Supplies** | | | | | |
| **4.1.1C Please, evaluate bed linen received** | | | **What do you think of the quality of bed linen you received?**   1. Poor 2. Average 3. Good | | |
| **4.1.2C How much did your household need this item?** | | | 1. Very Much 2. More or less 3. Not at all | | |
| **4.1.3C Did your HH receive individual bed linen parcel for each family member?** | | | 1. Yes 2. No | | |
| **4.1.4C If yes, did all parcels contain the same items?** | | | 1. Yes 2. No | | |
| **4.2 Would you have preferred to receive a different type of assistance instead? (Please select all that apply)** | | | **A** = Yes  **B** = No | | |
| **4.3 If yes to 4.2, please, specify the preferred type of assistance** | | | **A** = Cash  **B** = Food **C** = Emergency shelter **D** = Water  **E** = Medical items **F** = Hygiene supplies **G** = Sanitation support **H** = Other | | |
| **4.4 Did you sell or exchange any of the items you received?** | | | 1. Yes 2. No | | |
| **4.5 If yes, what did you sell or exchange it for?** | | | **A** =Food **B** = Rent **C** = Medical items **D** = Shelter **E** = Clothes **F** = Other household items  **G** = Other: \_\_\_\_\_\_ | | |
| **4.6. Did any items get stolen?** | | | Yes  No | | |
| **5 Risk Communication (health prevention for CD and NCD)** | | | | | |
| **5.1 Did you receive any information from ARCS about protecting your health from communicable and non-communicable diseases?** | | | \_\_ Y  \_\_ N | | |
| **5.2 If yes, in which form?** | | | **A** = Printed materials  **B** = An ARCS staff or volunteer told me about it  **C =** Text message  **D =** Social Media  **E =** Television  **F** = Other (please, specify) | | |
| **5.3 (If yes) how much did you need this information?** | | | 1. Very much 2. More or less 3. Not at all | | |
| **5.4 (If yes) can you recall 2 topics on which you received information?** | | |  | | |
| 1. **Overall Satisfaction with ARCS** | | | | | |
| **6.1.** | **How satisfied are you with all the services that ARCS provides in your area?** | | 1. Very Satisfied 2. Somewhat Satisfied 3. Not Satisfied | | |
| **6.2.** | **Do you know how to give feedback or complaints to ARCS?** | | **Yes**  **No** | | |
| **6.3.** | **If yes, how?** | | **A** = Using the online feedback form **B** = At the complaints desk on the day of distribution  **C** = Through the ARCS hotline **D** = Through face-to-face contact with ARCS staff/volunteers **E** = Through face-to-face contact with ARCS volunteers living in my community **F** = Other reason: \_\_\_\_\_\_ | | |
| **6.4.** | **Do you feel ARCS listens and responds to your feedback?** | | **Yes**  **No** | | |
| **6.5** | **Overall, how satisfied are you with the behavior of the staff and volunteers of ARCS?** | | 1. Very Satisfied 2. Somewhat Satisfied 3. Not Satisfied | | |

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| **Livelihoods SURVEY** | | | | | | | |
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| 1. **GENERAL PRIORITIES AND ACCESS TO BASIC NEEDS** | | | | | | | |
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| **1.1** | | **Please, name three top priority needs of your household at the moment** | | **A** = Food  **B** = Water supply  **C** = Shelter repair  **D =** Rent  **E** = Heating Supplies  **F** = Hygiene Supplies  **G** = Seasonal Clothing  **H** = Education for children  **I** = Medicines  **G** = Access to healthcare  **K** = MHPSS  **L =** Information  **M** = Productive assets  **N =** Other (please, specify) | | | |
| 1. **EFFECTS OF THE CONFLICT ESCALATION ON THE LIVELIHOODS** | | | | | | | |
| **2.1.** | | **What were the main sources of income of your HH before the conflict escalation of September 2022? (up to three answers)** | 1. Agriculture 2. Livestock 3. Fishery 4. Regular Employment in the public sector 5. Regular Employment in the private sector 6. Regular Employment in the non-profit sector 7. Own business (trade) 8. Own business (services) 9. Remittances from abroad 10. Government assistance 11. Informal Work 12. Rent from real estate 13. None 14. Other (please, specify) | | | |
| **2.2.** | | **What are the main sources of income of your HH now? (up to three answers)** | 1. Agriculture 2. Livestock 3. Fishery 4. Regular Employment in the public sector 5. Regular Employment in the private sector 6. Regular Employment in the non-profit sector 7. Own business (trade) 8. Own business (services) 9. Remittances from abroad 10. Government assistance 11. Informal Work 12. Rent from real estate 13. None 14. Other (please, specify) | | | |
|  | |  |  | | | |
| **2.4.** | | **How many household members currently earn income for the household?** | | Number of HH members \_\_\_\_\_ | | | |
| **2.5.** | | **Have your HH’s livelihoods (sources of income) been affected by the conflict escalation in September 2022** | 1. Yes 2. No | | | |
| **2.6.** | | **If yes, how? (select up to three answers)** | 1. Loss of job 2. Reduced working hours 3. Reduced Salaries 4. Loss of productive assets (e.g livestock, farmland) 5. Reduced demand for goods/services 6. Loss of employees 7. Increased prices for livelihoods inputs 8. Livelihoods inputs are no longer available 9. I have closed my business or activity 10. Increased Sales/Income 11. Other | | | |
| **2.7.** | | **Compared to the pre-escalation period how much did the income of your HH change?** | **A** = Increased Significantly (>30%)  **B** = Somewhat Increased (5-25%)  **C** = Slightly Increased (<5%)  **D** = Not changed  **E** = Decreased Significantly (>30%)  **F** = Somewhat decreased (5-30%)  **G** = Slightly decreased (<5%)  **H** = My HH lost all of its income | | | |
| **2.8.** | | **What was the approximate monthly income of your HH before the escalation?** | 1. 0 – 55,000 2. 55,000 – 100,000 3. 100,001 -150,000 4. 150,001 – 200,000 5. 200,001 – 300,000 6. 300,001 – 400,000 7. 400,001 – 500,000 8. More than 500,000 | | | |
| **2.9.** | | **What is the approximate monthly income of your HH at the moment?** | 1. 0 – 55,000 2. 55000 – 100,000 3. 100,001 -150,000 4. 150,001 – 200,000 5. 200,001 – 300,000 6. 300,001 – 400,000 7. 400,001 – 500,000 8. More than 500,000 | | | |
| **2.10.** | | **Did your HH experience a shortage of food before the escalation of September 2022?** | **Yes**  **No** | | | |
| **2.11.** | | **Is your HH currently facing a shortage of food?** | **Yes**  **No** | | | |
| **2.12.** | | **During the past 30 days, were there days when your household had to employ one of the following strategies (to cope with the lack of food or money)? (select up to three answers)** | **A =** Rely on less expensive or lower quality food  **B =** Borrow food or rely on help from relative(s) or friend(s)  **C =** Limit portion size at meals  **D =** Restrict consumption by adults for small children to eat  **E =** Reduce number of meals eaten in a day  **F =** Reduce the expenses on other non-food essentials (e.g. medicines, seasonal clothing, heating)  **G =** Sold personal property (house, land, car, household items)  **H =** Sold productive assets (livestock, business/agricultural equipment  **I =** Labor migration of a family member  **J =** Children under 15 had to work to contribute to the family’s income  **K =** Borrowed money from a bank or a microfinance institution  **L =** Borrowed money from relatives or friends  **M** = Used savings  **N =** My HH did not use any coping strategies  **O =** Other | | | |
| 1. **RECOVERY STRATEGIES** | | | | | | | |
| **3.1** | | **Do you have any plans for restarting/recovering your livelihoods (sources of income)?** | **Yes**  **No** | | Ask if the answer to Q1.5 is E, F, G, H | |
| **3.2** | | **If yes to Q3.1, do you plan to restart the same activity you were doing?** | **Yes**  **No (give reasons why?)** | |  | |
| **3.3** | | **If yes to Q3.1, how do you plan to do it? (up to three answers)** | | **A =** Take a loan from bank or a microfinance institution  **B =** Borrow money from relatives or friends  **C** = Apply for state assistance programs  **D** = Apply for the assistance programs of NGOs  **E** = Sale of personal properties (house, land, car, household items)  **I** = Labour migration of a family member  **F** = Look for a full-time job  **F** = Other (please, specify) | | | |
| **3.4** | **If no to Q3.1, why? (up to three answers)** | | 1. Threat of the renewed conflict 2. I do not have access to funds to restart/recover my livelihoods 3. I do not have the productive assets to restart/recover my livelihoods 4. Illness/medical condition 5. I plan to move to another location 6. Other (please, specify) | | | |
| **3.5** | | **What kind of support do you require to restart/recover your livelihoods? (up to three answers)** | | 1. Cash for livelihoods recovery 2. Vouchers to purchase productive assets 3. In-kind support for productive assets 4. Technical assistance 5. Training and capacity development 6. Other (please, specify) | | | |
| **3.6** | | **Are you aware of any state or non-state support programs for livelihood recovery relevant to your needs?** | | 1. Yes 2. No | | | |
| **3.7** | | **If yes, can you name them?** | |  | | | |
| 1. **Closing** | | | | | | | |
| **4.1.** | | **Do you have any comments, ideas for improvement or anything else you would like to mention to ARCS?** |  | | | |