

AFG Post-Distribution Monitoring (PDM) Survey

A. Location details (to be completed before starting the interview)

A1. DATE	*
yyyy-mm-dd	
.....	
A1A. INTERVIEW MODALITY	*
<input type="radio"/> In-person <input type="radio"/> Phone Call	
A1AA:PDM TEMPLATE	*
<input type="radio"/> Regular	
<input type="radio"/> COVID-19	
A1B. CASH ASSISTANCE TYPE	*
<input type="radio"/> Basic Needs (multipurpose) <input type="radio"/> Voluntary Return (Volrep) <input type="radio"/> Education	
<input type="radio"/> Energy (Solar) <input type="radio"/> Shelter <input type="radio"/> Livelihoods	
<input type="radio"/> Protection (C-19) <input type="radio"/> Winterization <input type="radio"/> Rent	
<input type="radio"/> Shelter Repair <input type="radio"/> Latrines <input type="radio"/> Persons with Specific Needs	
<input type="radio"/> Other (specify)	
A1C. OTHER(SPECIFY):	
.....	
A1D. DELIVERY MODALITY	*
<input type="radio"/> Over the counter / Cash through agent / direct cash <input type="radio"/> Mobile Money	
<input type="radio"/> Bank Transfer <input type="radio"/> Prepaid cards <input type="radio"/> E-token	

A2. ENUMERATOR 1 NAME/ID	*
<hr/>	
ENUMERATOR 2 NAME/ID	
<hr/>	
A2A. INTERPRETER NAME/ID	
<hr/>	
A2B. COUNTRY OF INTERVIEW	*
<input type="radio"/> Afghanistan	
<hr/>	
A2C. REGION	
<div><input type="radio"/> Central</div> <div><input type="radio"/> Central Highlands</div> <div><input type="radio"/> North</div> <div><input type="radio"/> Northeast</div> <div><input type="radio"/> West</div> <div><input type="radio"/> South</div> <div><input type="radio"/> Southeast</div> <div><input type="radio"/> East</div>	
<hr/>	
A3. PROVINCE	
<hr/>	
A3A. DISTRICT	
<hr/>	
A4. VILLAGE	*
<hr/>	
A5. ADDRESS	*
<hr/>	

A6. GPS COORDINATES

latitude (x.y °)

.....

longitude (x.y °)

.....

altitude (m)

.....

accuracy (m)

.....



A7. IS THE PERSON REGISTERED TO RECEIVE THE CASH FROM UNHCR, OR ANOTHER MEMBER OF THEIR HOUSEHOLD
OVER THE AGE OF 18, AVAILABLE FOR THIS SURVEY?

*

☐ Yes

☐ No

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

» Instructions for enumerator: to be read before starting the interview

YOUR PARTICIPATION IS VOLUNTARY AND YOU CAN CHOOSE NOT TO ANSWER ANY OR OF THE QUESTIONS.

HELLO, MY NAME IS {ENUMERATOR_NAME} AND I AM WORKING WITH [STATE NAME OF ORGANIZATION] 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.

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.

THE SURVEY WILL TAKE ABOUT 30 MINUTES, AND I WILL BE RECORDING YOUR RESPONSES USING THIS TABLET/COMPUTER.

B1. DO YOU AGREE TO CONTINUE WITH THIS SURVEY?

*

☐

Yes

☐

No

IF NO, THANK YOU FOR YOUR TIME.

End the survey.

Demographics

UNIQUE IDENTIFIER (NATIONAL ID / VRF NUMBER / UNHCR PROGRAMME SPECIFIC TOKEN NUMBER/ RATION CARD/WFP SCOPE)

*

B1B. ARE YOU REGISTERED WITH UNHCR?

☐

Yes

☐

No

B2. ID NUMBER (NATIONAL ID / VRF NUMBER / UNHCR PROGRAMME TOKEN NUMBER/ RATION CARD/WFP SCOPE)

*

B3. WHAT IS YOUR TELEPHONE NUMBER?

*

☐

Primary

☐

Other 1

☐

Other 2

☐

Not Applicable

PRIMARY NO.

Mobile number should only contain 9 digits and first number should be 7

OTHER CONTACT NO. 1

*

Mobile number should only contain 9 digits and first number should be 7

OTHER CONTACT NO. 2

*

Mobile number should only contain 9 digits and first number should be 7

B4. WHAT IS YOUR SEX?

*

- ☐ Male
- ☐ Female
- ☐ Other

B5. WHAT IS YOUR AGE?

*

- ☐ 17 or younger
- ☐ 18-35 yrs
- ☐ 36-59 yrs
- ☐ 60 yrs +

B6. ARE YOU THE PERSON REGISTERED TO RECEIVE THE CASH ASSISTANCE FROM UNHCR?

*

- ☐ Yes
- ☐ No

B6A. IF NO: WHAT IS THE SEX THE PERSON REGISTERED TO RECEIVE THE CASH ASSISTANCE FROM UNHCR?

- ☐ Male
- ☐ Female
- ☐ Other

B6B. IF NO: WHAT IS YOUR RELATION TO THE PERSON REGISTERED TO RECEIVE THE CASH ASSISTANCE FROM UNHCR?

- ☐ Spouse
- ☐ Daughter / Son
- ☐ Mother / Father
- ☐ Other family relation
- ☐ Not related, other

B7. HOW MANY PEOPLE ARE LIVING IN YOUR HOUSEHOLD AT PRESENT?

» No of Males

0 - 4 YEARS

5 - 17 YEARS

18 - 59 YEARS

60+ YEARS

» No. of Females

0 - 4 YEARS

5- 17 YEARS

18 - 59 YEARS

60+ YEARS

» Confirmation

CONFIRM IF THE INFORMATION BELOW IS CORRECT

TOTAL MALE =

TOTAL FEMALE =

TOTAL HOUSEHOLD MEMBERS =

» Reproductive Age

NOTE: QUESTION B8 IS ASKING ABOUT THE NUMBER OF GIRLS AND WOMEN OF REPRODUCTIVE AGE.

B8. HOW MANY GIRLS AND WOMEN BETWEEN 15-45 YEARS OLD LIVE IN YOUR HOUSEHOLD AT PRESENT?

*

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

C1. HOW MUCH CASH DID YOUR HOUSEHOLD RECEIVE FROM UNHCR AT THE LAST DISTRIBUTION? *

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.

C2. WAS THIS THE AMOUNT YOU WERE EXPECTING TO RECEIVE? *

- ☐ Yes
- ☐ No
- ☐ Don't Know

C3. DID YOU RECEIVE THE CASH FROM UNHCR ON THE DAY YOU WERE EXPECTING IT? *

- ☐ Yes
- ☐ No
- ☐ Don't Know

C4. DID THE DESIGNATED CASH COLLECTOR NEED HELP TO WITHDRAW OR SPEND THE CASH ASSISTANCE? *

- ☐ Yes
- ☐ No
- ☐ Don't Know

C4A. IF YES, WHY DID THEY NEED HELP?

- ☐ Limited mobility
- ☐ Did not know how to use the card
- ☐ Items too heavy to carry
- ☐ Place of withdrawal of cash not accessible
- ☐ No money to pay transport to withdraw/spend the cash
- ☐ Can not read instructions to withdraw money
- ☐ Language barriers
- ☐ No time
- ☐ Don't know
- ☐ Other (Specify)

C4A1. OTHER (SPECIFY)

.....

C4B. IF YES, WHO GAVE HELP?

- ☐ Family Member
- ☐ Acquaintance (friend, neighbour etc.)
- ☐ Distant relative
- ☐ Stranger (e.g. person passing by on the street)
- ☐ Member of agency staff
- ☐ Post Office staff / Bank agent / trader
- ☐ Caregiver
- ☐ Other
- ☐ Don't recall

C4C. IF YES, DID THEY NEED TO PAY ANY MONEY FOR THIS HELP?

*

- ☐ Yes
- ☐ No
- ☐ Don't Know

C5. IN GENERAL, TO WHAT EXTENT WERE YOU SATISFIED WITH THE PROCESS OF RECEIVING YOUR CASH ASSISTANCE?

- ☐ very satisfied, nothing could have been better
- ☐ Satisfied
- ☐ Somewhat satisfied, but could have been better
- ☐ Unsatisfied
- ☐ Very unsatisfied

C6. WHERE DID YOU GO TO SPEND THE CASH

- ☐ Local Market
- ☐ Local Shop
- ☐ Supermarket
- ☐ Wholesalers
- ☐ School
- ☐ Landlord (rent)
- ☐ Hospital / Pharmacy / Health facility
- ☐ Other

C7. HOW LONG DID IT TAKE YOU TO REACH THE PLACE YOU SPENT THE CASH?

- ☐ Less than 15 minutes
- ☐ 15-30 minutes
- ☐ 30-45 minutes
- ☐ 45 - 60 minutes
- ☐ More than one hour
- ☐ Don't Know

C8. HOW MUCH DID IT COST YOU TO GO AND COME BACK TO THE PLACE YOU SPENT THE CASH?

- ☐ Less than 500 AFN
- ☐ 501 - 1000 AFN
- ☐ 1001 - 2000 AFN
- ☐ more than 2001 AFN
- ☐ Don't Know

C9. DID YOU SELL ANY OF THE VOUCHERS

- ☐ Yes
- ☐ No
- ☐ Don't Know

C10. WHO IS IN POSSESSION OF YOUR ATM CARD / SIM CARD AT PRESENT?

if the interview is taking place in the household, ask to see the card to verify if it is with the person.

- ☐ Named Person (on UNHCR distribution list)
- ☐ Another household member
- ☐ Another family member (outside the household)
- ☐ A friend
- ☐ A trader
- ☐ Community Leader
- ☐ Other

OTHER (SPECIFY)

C10A. FOR ENUMERATOR: DID YOU SEE THE ATM CARD / SIM CARD

Do not ask this question. For enumerator to respond. Adapt this question based on where the interview is taking place and if it is expected that the ATM card / SIM would be with the respondent at the place of the interview

- ☐ Yes
- ☐ No

C11. WHO IN YOUR HOUSEHOLD DECIDED HOW THE CASH ASSISTANCE SHOULD BE SPENT?

*

The reference person is the person entitled to cash assistance, not necessarily the interviewee

- ☐ Male head of household
- ☐ Female head of household
- ☐ Other head of household
- ☐ Both spouses / parents
- ☐ Your Father or Father-in-law
- ☐ Your Mother or Mother-in-law
- ☐ The whole household together
- ☐ Other

C12. WAS THERE ANY DISAGREEMENT ON USE OF THE CASH ASSISTANCE?

*

- ☐ Yes
- ☐ Some
- ☐ No

C13. WHAT OTHER SOURCES OF INCOME OR SUPPORT HAS YOUR HOUSEHOLD RECEIVED OR USED IN THE LAST 4 WEEKS?

*

Tick all that apply. This is in addition to the support from UNHCR. Do not select NGOs / agencies if the respondent is only receiving support from UNHCR.

- ☐ Formal income generating activities e.g any business or activities generating money or salary
- ☐ Informal income generating activities e.g. casual / seasonal labour
- ☐ Remittances
- ☐ Support from friends / family (locally)
- ☐ Loans (debit or credit)
- ☐ NGOs / agencies - giving cash support
- ☐ NGOs / agencies - giving material support
- ☐ NGOs / agencies - giving other support
- ☐ Other
- ☐ None

» D. Risks and problems

D1. DID YOU FEEL UNSAFE OR AT RISK:

D1A. GOING TO WITHDRAW OR GET THE MONEY? *

- ☐ Yes
- ☐ No
- ☐ Don't Know

D1AA. IF YES, ARE THE REASONS RELATED TO COVID? *

- ☐ Yes
- ☐ No

D1B. KEEPING THE MONEY AT HOME? *

- ☐ Yes
- ☐ No
- ☐ Don't Know

D1C. GOING TO SPEND THE MONEY? *

- ☐ Yes
- ☐ No
- ☐ Don't Know

D1D. DID ANYTHING ELSE MAKE YOU FEEL UNSAFE OR AT RISK OF HARM RELATED TO THE CASH ASSISTANCE?

*

- ☐ Yes
- ☐ No
- ☐ Don't Know

D1E. IF YES, TO ANY OF THE ABOVE: WHY DID YOU NOT FEEL SAFE?

D2. DID YOU EXPERIENCE ANY OF THESE PROBLEMS RECEIVING / WITHDRAWING OR SPENDING THE CASH FROM UNHCR?

D2A. THE DESIGNATED COLLECTOR WAS NOT AVAILABLE TO WITHDRAW OR ACCESS THE MONEY?

*

- ☐ Yes
- ☐ No
- ☐ Don't Know

D2B. WRONG PIN CODE OR FORGOTTEN PIN CODE OR COULD NOT ENTER PIN CODE YOURSELF?

*

- ☐ Yes
- ☐ No
- ☐ Don't Know

D2C. POOR SERVICE AT THE BANK / POST OFFICE / SERVICE PROVIDER WHEN WITHDRAWING THE MONEY

*

read out relevant service provider depending on delivery mechanism used.

- ☐ Yes
- ☐ No
- ☐ Don't Know

D2CA. IF YES, WHAT TYPE OF POOR SERVICE DID YOU EXPERIENCE?

D2D. MARKET / SHOP / TRADER / WHOLESALERS REFUSED TO SERVE YOU? *

- ☐ Yes
- ☐ No
- ☐ Don't Know

D2E. NEEDED TO PAY MONEY OR DO FAVOURS IN ORDER TO WITHDRAW OR SPEND CASH? *

- ☐ Yes
- ☐ No
- ☐ Don't Know

D2EA. IF YES, WHO DID YOU NEED TO GIVE MONEY OR FAVOURS TO?

- ☐ Another household member
- ☐ Another family member (outside the household)
- ☐ Friend
- ☐ Community leader
- ☐ Stranger
- ☐ Bank / mobile money / FSP agent
- ☐ Shopkeeper
- ☐ Other

D2F. COVID RELATED MOVEMENT RESTRICTIONS AFFECTING WITHDRAWAL OF MONEY?

*

- ☐ Yes
- ☐ No
- ☐ Don't Know

D2G. COVID RELATED MOVEMENT RESTRICTIONS AFFECTING SPENDING OF MONEY?

- ☐ Yes
- ☐ No
- ☐ Don't Know

D2H. DIFFICULTY WITHDRAWING OR SPENDING MONEY BECAUSE HOUSEHOLD CONTRACTED COVID?

*

- ☐ Yes
- ☐ No
- ☐ Don't Know

D2I. DID YOU EXPERIENCE ANY OTHER PROBLEMS WITHDRAWING OR SPENDING THE CASH FROM UNHCR?

*

- ☐ Yes
- ☐ No
- ☐ Don't Know

D2IA. IF YES, WHAT PROBLEMS DID YOU FACE?

.....

E. Markets and prices

E1. WERE YOU ABLE TO FIND THE ITEMS/SERVICES YOU NEEDED IN THE MARKET? *

This is asking if items where available to buy, not if they were affordable.

- ☐ Yes
- ☐ Mostly
- ☐ No
- ☐ Don't know

E1A. IF MOSTLY OR NO, WHAT ITEMS/SERVICES WERE NOT AVAILABLE?

E2. WERE YOU ABLE TO FIND THE RIGHT QUALITY OF ITEMS/SERVICES IN THE MARKET? *

Quality also includes if preferred brands were available.

- ☐ Yes
- ☐ Mostly
- ☐ No
- ☐ Don't know

E2A. IF MOSTLY OR NO, WHAT ITEMS/SERVICES WERE NOT AVAILABLE IN SUFFICIENT QUALITY?

E3. HAS THERE BEEN ANY INCREASE IN THE PRICE OF ANY ITEMS/ SERVICES IN THE LAST 4 WEEKS?

*

- ☐ Yes
- ☐ No
- ☐ Don't Know

E3A. IF YES, WHAT ITEMS/SERVICES HAVE INCREASED IN PRICE?

.....

F1. OF THE CASH YOU HAVE RECEIVED FROM UNHCR, HOW MUCH HAVE YOU SPENT ALREADY? *

This question is asking about the last distribution of cash from UNHCR, not all cash received from UNHCR.

- ☐ All
- ☐ More than half
- ☐ Half
- ☐ Less than half
- ☐ Don't know

F2. WHAT DID YOU SPEND THE UNHCR CASH ON? *

Read out each option. (Tick all that apply)

- ☐ Food
- ☐ Water
- ☐ Hygiene items
- ☐ Health costs (including medicines)
- ☐ Rent
- ☐ Shelter repair (e.g. rehabilitation, extension, materials)
- ☐ Household items (e.g. blankets, mattress etc)
- ☐ Firewood / Fuel for cooking or heating
- ☐ Clothes / shoes
- ☐ Utilities and bills (e.g. electricity, water bills, Phone & credit)
- ☐ Assets for a livelihood activity (e.g seeds, tools, farming, fishing, petty trade etc)
- ☐ Education (e.g. school fees, uniform, books)
- ☐ Entertainment (including alcohol and cigarettes)
- ☐ Transport
- ☐ Debt repayment
- ☐ Saved some money

- ☐ Gave some to other family members / relatives / friends
- ☐ Legal Assistance / documents
- ☐ Other COVID related expenses (Specify)
- ☐ Other

F2A. OTHER SPECIFY:

» Top Items

F3. OF THESE ITEMS/SERVICES WHICH DID YOU SPEND THE MOST MONEY ON, RANKED IN ORDER OF IMPORTANCE?

1ST CHOICE

*

2ND CHOICE

*

3RD CHOICE

4TH CHOICE

5TH CHOICE

» » Expenditure Confirmation

CONFIRM IF THE REPORTED INFORMATION BELOW MAKES SENSE. IF NOT, CHECK DETAILS WITH THE RESPONDENT AND CORRECT THE DATA ENTERED.

AMOUNT RECEIVED (FROM UNHCR AT THE LAST DISTRIBUTION) =

AMOUNT SPENT =

F4. DID YOU SAVE ANY OF THE MONEY?

- ☐ Yes
- ☐ No
- ☐ Don't Know

F4A. IF YES, DID YOU SAVE ANY OF THE MONEY ON YOUR ACCOUNT?

- ☐ Yes
- ☐ No
- ☐ Don't Know

G. Outcomes

G1.TO WHAT EXTENT HAS THE CASH ASSISTANCE FORM UNHCR:

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

G1A. IMPROVED YOUR LIVING CONDITIONS?

*

- ☐ Significantly
- ☐ Moderately
- ☐ Slightly
- ☐ Not at all

G1B. REDUCED FEELINGS OF STRESS?

*

- ☐ Significantly
- ☐ Moderately
- ☐ Slightly
- ☐ Not at all

G1C. REDUCED THE FINANCIAL BURDEN OF YOUR HOUSEHOLD?

*

- ☐ Significantly
- ☐ Moderately
- ☐ Slightly
- ☐ Not at all

G2. OVERALL, TO WHAT EXTENT ARE YOU CURRENTLY ABLE TO MEET THE MOST PRESSING NEEDS OF YOUR HOUSEHOLD?

*

- ☐ All
- ☐ More than half (but not all)
- ☐ Half
- ☐ Less than half
- ☐ Not at all
- ☐ Don't know

G2A. IF HALF, A LITTLE OR NOT AT ALL: WHICH OF YOUR HOUSEHOLD'S MOST PRESSING NEEDS CAN YOU NOT AFFORD?

*

- ☐ Food
- ☐ Water
- ☐ Hygiene items
- ☐ Health costs (including medicines)
- ☐ Rent
- ☐ Shelter repair (e.g. rehabilitation, extension, materials)
- ☐ Household items (e.g. blankets, mattress etc)
- ☐ Firewood / Fuel for cooking or heating
- ☐ Clothes / shoes
- ☐ Utilities and bills (e.g. electricity, water bills, Phone & credit)
- ☐ Assets for a livelihood activity (e.g seeds, tools, farming, fishing, petty trade etc)
- ☐ Education (e.g. school fees, uniform, books)
- ☐ Entertainment (including alcohol and cigarettes)
- ☐ Transport
- ☐ Debt repayment
- ☐ Saved some money
- ☐ Gave some to other family members / relatives / friends
- ☐ Legal Assistance / documents
- ☐ Other COVID related expenses (Specify)
- ☐ Other

G3. 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?

☐ Yes

☐ No

B. SELL LIVELIHOOD/PRODUCTIVE ASSETS IN ORDER TO BUY FOOD OR BASIC GOODS? (E.G. SOLD ITEMS SUCH AS A CAR, MOTORBIKE, PLOUGH, SEWING MACHINE, TOOLS, SEED STOCK, LIVESTOCK, PRODUCTIVE LAND)

☐ Yes

☐ No

C. ASK FOR MONEY FROM STRANGERS (BEGGING)?

☐ Yes

☐ No

D. MOVE TO A POORER QUALITY SHELTER?

☐ Yes

☐ No

E. SEND HOUSEHOLD MEMBERS UNDER THE AGE OF 16 TO WORK?

☐ Yes

☐ No

F. SEND A MEMBER OF THE HOUSEHOLD TO WORK FAR AWAY?

☐ Yes

☐ No

G. 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, EARLY MARRIAGE, JOINING ARMED GROUPS ETC.)

(e.g. illegal activities, survival sex, drug dealing etc)

☐ Yes

☐ No

H. SKIP PAYING RENT /DEBT REPAYMENTS TO MEET OTHER NEEDS?

☐ Yes

☐ No

I. TAKE OUT NEW LOANS OR BORROWED MONEY?

☐ Yes

☐ No

J. REDUCE EXPENDITURE ON HYGIENE ITEMS, WATER, BABY ITEMS, HEALTH, OR EDUCATION IN ORDER TO MEET HOUSEHOLD FOOD NEEDS?

☐ Yes

☐ No

» **G4. In the past 7 days, if there have been times when you did not have enough food or did not have enough money to buy food, how often has your household had to:**

G4A. RELY ON LESS PREFERRED AND LESS EXPENSIVE FOODS?

G4B. BORROW FOOD, OR RELY ON HELP FROM A FRIEND OR RELATIVE?

G4C. LIMIT PORTION SIZE AT MEALTIMES?

G4D. RESTRICT CONSUMPTION BY ADULTS IN ORDER FOR SMALL CHILDREN TO EAT?

G4E. REDUCE NUMBER OF MEALS EATEN IN A DAY?

H. Longer - term Outcomes

H1. AS A RESULT OF THE CASH ASSISTANCE DO YOU, OR ANOTHER MEMBER OF YOUR HOUSEHOLD:

H1A. HAVE A BANK ACCOUNT OR MOBILE MONEY ACCOUNT OR OTHER OFFICIAL ACCOUNT

- ☐ Yes
- ☐ No
- ☐ Don't Know

H1B. HAVE THE ITEMS (PRODUCTIVE / LIVELIHOOD ASSETS) YOU NEED IN ORDER TO EARN A LIVING?

- ☐ Yes
- ☐ No
- ☐ Don't Know

H1C. HAVE ACCESS TO LOANS, MICRO-CREDIT?

- ☐ Yes
- ☐ No
- ☐ Don't Know

I. Accountability to Affected Persons

I1. HOW DID YOU HEAR ABOUT UNHCR CASH ASSISTANCE? *

- ☐ Community/Mass meeting
- ☐ Via relatives, neighbors, friends
- ☐ Via local leaders
- ☐ UNHCR/NGOs staff
- ☐ Text (SMS) Message
- ☐ Social media (Facebook, twitter, WhatsApp)
- ☐ Leaflets or other written material
- ☐ Other

I1A. OTHER (SPECIFY)

I2. 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 to spend the cash assistance
- ☐ How to give complaints and feedback to agencies
- ☐ What assistance is coming next
- ☐ Other
- ☐ None (Don't want any additional information)

I2A. OTHER (SPECIFY)

I3. DO YOU KNOW HOW YOU CAN REPORT COMPLAINTS AND FEEDBACK ON THE CASH ASSISTANCE FROM UNHCR? *

☐ Yes

☐ No

I3A. HOW COULD YOU REPORT COMPLAINTS AND FEEDBACK?

☐ Via local leaders

☐ Via community leaders / workers

☐ Infoline / Hotline

☐ Complaints desk

☐ Complaints and suggestion box

☐ Other (specify)

☐ Don't know

I3AA.OTHER SPECIFY

I4. IF THE ASSISTANCE COULD BE STARTED AGAIN WOULD YOU PREFER: *

☐ Cash

☐ Items (food or non-food items)

☐ Combination of cash and items

☐ Other

I4A. OTHER (SPECIFY)

15. DO YOU KNOW OF HOUSEHOLDS IN NEED OF ASSISTANCE WHO WERE NOT INCLUDED IN UNHCR CASH ASSISTANCE?

- ☐ Yes, a lot
- ☐ Yes, a few
- ☐ Not really
- ☐ Not at all
- ☐ Don't know
- ☐ No answer

15A. IF YES, WHAT ARE THE PROFILES OF THOSE PEOPLE IN NEED WHO ARE NOT INCLUDED IN UNHCR CASH ASSISTANCE?

- ☐ Humanitarian status (e.g. refugee, IDP, returnee)
- ☐ Specific protection needs (e.g. disability, age, medical condition, protection risk)
- ☐ Socio-economic status (e.g. poor, unable to meet basic needs)
- ☐ Household head profile (female, older person, or child headed)
- ☐ Family size (single household, large families)
- ☐ Age profile (child, youth, older person)
- ☐ Gender profile (women, girl, man, boy)
- ☐ Land ownership

15B. IF OTHER, PLEASE SPECIFY

I6. IN YOUR OPINION, HOW CAN UNHCR IMPROVE ITS CASH PROGRAM?

- ☐ More information about cash program
- ☐ Improving services with FSP
- ☐ Faster response to complaints and feedback/ Improving communication with UNHCR/ Partner
- ☐ Increase the amount of cash
- ☐ Providing cash assistance to more people who are in need
- ☐ Better access to other forms of assistance in addition to cash
- ☐ Increased opportunities for educational/ vocational training
- ☐ Other (please specify)

I6A.IF OTHER, PLEASE SPECIFY

THANK YOU FOR YOUR TIME.

End the survey.

THANK YOU FOR YOUR TIME IN ANSWERING THESE QUESTIONS.
