**Post-distribution Monitoring Form for AWD, Myanmar**

**Note to readers - reminder:**

*Reminder on the procedures for carrying out post-distribution surveys:*

*Partners are expected to carry out monitoring and evaluation confirming the proper use and relevance of the kits distributed to 15% of households that received the kits within a period of 15 to 30 days after distribution. The results should be shared with the relevant authorities and partners, on a regular monthly basis in order to inform about the situation and the adjustments required if necessary.*

**IMPORTANT.** Please be aware of any disabilities the respondent might present. This questionnaire is made to be read out loud and the person should provide an answer. If the respondent is not able to do so, make sure you have at least one alternative like one copy of the printed questionnaire so the person can read it or the questionnaire printed in big letters. Don't discard a person as a possible responder due to some kind of disability.

Before starting the transmission form, the team should explain well and with respect what type of questions you are going to ask and the objective of the visit, keep in mind that conducting this form can be stigmatizing due to the character of the disease. If you feel the person is not feeling safe or that you could pose a threat to that person due to the context, please do not proceed with the transmission form.

Be respectful, respect gender norms in the area, don’t exclude anyone due to ethnic, disability or others.

**\*To read to the person, the text is to be used as a guide\***

**Hello my name is\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am coming from \_\_\_\_\_\_\_\_\_\_\_\_\_organization. We are here because you or a member of your family is showing symptoms of AWD. We would like to ask you some questions to understand how you or your family member got infected. This form will collect information about your personal details and from your recent movement and habits. Your participation is voluntary. If you agree to participate, please understand that you may refuse to answer any questions or withdraw from the form at any time without giving a reason. The information you provide will be kept confidential and used only for public health purposes and never being publicly disclosed with any sensitive details.**

**You consent to continue with the form?**

**Yes/No**

**(if the person says No, stop the interview)**

**Survey sheet after distributions**

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| **General information (data to be filled in before the visit)** | | | |
| Investigator: | Date: | | |
| Region/State:  District:  Township/ward/village/camp: | *GPS coordinates (if applies)* | | |
| Longitude | Latitude | |
|  |  | |
| Kit Distribution Date: \_\_\_/\_\_\_\_/2024  Place of distribution of the kit:   * Home □ * Clinic □ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * ORP □ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Other (to be specified): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Kit distributed:  Full\*: yes □ no □  \* (200 aquatabs, 1 bucket, 12 soaps, 5 ORS)  If no, specify the quantity of:  Aquatab: \_\_\_\_\_\_\_\_\_ tablets  Soaps: \_\_\_\_\_\_\_\_\_\_ unit  ORS: \_\_\_\_\_\_\_\_\_\_\_\_\_ sachets  Bucket: \_\_\_\_\_\_\_\_\_\_\_\_ unit | | |
| **Respondent** | | | |
| Full name:  Name of the father:  Shelter number (if applies):  Room number(if applies): | Age: | | Gender: F □ M □ |
| Was the person being interviewed, present during the distribution:  yes □ no□ | Number of people living in the house:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_persons  Including \_\_\_\_\_\_\_\_\_\_\_\_ children under 5 years old | | |
| Link to the head of household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Did you receive a kit at the household or hospital?  Household □ Hospital□  Items received by the household/hospital at the time of distribution:  Aquatab: \_\_\_\_\_\_\_\_\_ tablets | Soap: \_\_\_\_\_\_\_\_\_\_ unit  ORS: \_\_\_\_\_\_\_\_\_\_\_\_\_ sachets  Bucket with faucet: \_\_\_\_\_\_\_\_\_\_\_\_ unit  Bucket without tap: \_\_\_\_\_\_\_\_\_\_\_\_ unit | | |
| Do you have any items left over that are distributed in stock / that you have kept at home? yes □ no□  If not, why?   * Fully used consumables (soap, aquatab, ORS) □ * Damaged bucket □ * Resold * Disposed of items. Specify which:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Items present during the visit:  Aquatab: \_\_\_\_\_\_\_\_\_ tablets  Soap: \_\_\_\_\_\_\_\_\_\_ unit  ORS: \_\_\_\_\_\_\_\_\_\_\_\_\_ sachets  Bucket: \_\_\_\_\_\_\_\_\_\_\_\_ unit  Bucket without tap: \_\_\_\_\_\_\_\_\_\_\_\_ unit | | |

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| **Disinfection** |
| Was your home disinfected during the team visit: yes □ no□  If No, they came another day?  yes □ no□  If No, they gave you disinfectant to do it yourself?  yes □ no□  If Yes, which locations:   * Exterior of the house □ * Interior of the house □ * Latrine □ * Other (to be specified):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Water Treatment Products** |
| * Measurement of Residual Chlorine in the container containing drinking water: * \_\_\_\_\_\_\_\_mg/l * If a private connection or a fire hydrant, also measure residual chlorine at the tap of the house or fire hydrant: * \_\_\_\_\_\_\_\_mg/l * □ No water available in the household when the interviewer comes |

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| How did you treat the water before the distribution of kits?   * No □ * Cloth Filter □ * Water filter (ceramic, multi layer…) * Boiling □ * Chlorine (aquatab) □ * Other (to be specified):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | How did you treat water today?   * No □ * Cloth Filter □ * Water filter (ceramic, multi layer…) * Boiling □ * Chlorine (aquatab) □ * Other (to be specified):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you use the product given to you during distribution? yes □ no□  If so, how do you use it? | If not, why?   * I don't have any more □ * I don't like the taste/smell□ * I don't know how to use the product□ * Other |

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| **Drinking water storage** | | |
| How is drinking water stored today?   * Bucket (distributed during the cordon sanitaire) * Bucket (other origin) * Jerry cans * Other (to be specified):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How was drinking water stored before?   * Bucket with □ faucet * Bucket without tap□ * Jerry cans □ * Canary □ * Other (to be specified):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Is the container:   * Covered yes □ no□ * Clean yes □ no□ * Placed on the floor yes □ no□ * Used for transport and storage yes □ no □     If a bucket has been distributed but is not used for drinking water, can you tell us why:   * It is used for another purpose□ * It was sold □ * It is broken□ * Other (to be specified):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Know** | | |
| Have you been told at what key times of the day to use the soap distributed for handwashing?  yes □ no□  If so, when?   * Before eating□ * After using the latrine □ * After cleaning your child□ * Before preparing food□ * Before breastfeeding□ * Don't know □ * Other:............................................. | COMMENTS:   * Is there a place for washing your hands? yes □ no□ * Is there soap available for washing my hands? yes □ no□ | |
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| **Oral Rehydration Solution** | | |
| Have you been told how to use the ORS?  yes □ no□ | If so, what information was given?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Sensitization** | | |
| Do you remember/recall the messages shared by the teams?  yes □ no□ | | Can you enumerate them?   * Consuming treated water□ * Do not defecate in the open □ * Wash your hands with soap at key moments□ * How to do funerals□ * What to do if you have diarrhea□ * Other (to be specified):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |