

## 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

General information (data to be filled in before the visit)		
Investigator:	Date:	
Region/State:	<i>GPS coordinates (if applies)</i>	
District:		
Township/ward/village/camp:	Longitude	Latitude
Kit Distribution Date: ___/___/2024	Kit distributed:	
Place of distribution of the kit:	Full*: yes <input type="checkbox"/> no <input type="checkbox"/>	
<ul style="list-style-type: none"> <li>- Home <input type="checkbox"/></li> <li>- Clinic <input type="checkbox"/> Name: _____</li> <li>- ORP <input type="checkbox"/> Name: _____</li> <li>- Other (to be specified): _____</li> <li>_____</li> </ul>	* (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:	Age:	Gender: F <input type="checkbox"/> M <input type="checkbox"/>
Name of the father:		
Shelter number (if applies):		
Room number(if applies):		
Was the person being interviewed, present during the distribution:	Number of people living in the house:	
yes <input type="checkbox"/> no <input type="checkbox"/>	_____ persons	
	Including _____ children under 5 years old	
Link to the head of household: _____		
Did you receive a kit at the household or hospital?	Soap: _____ unit	
Household <input type="checkbox"/> Hospital <input type="checkbox"/>	ORS: _____ sachets	
Items received by the household/hospital at the time of distribution:	Bucket with faucet: _____ unit	
Aquatab: _____ tablets	Bucket without tap: _____ unit	
Do you have any items left over that are distributed in stock / that you have kept at home? yes <input type="checkbox"/> no <input type="checkbox"/>	Items present during the visit:	
If not, why?	Aquatab: _____ tablets	
<ul style="list-style-type: none"> <li>- Fully used consumables (soap, aquatab, ORS) <input type="checkbox"/></li> <li>- Damaged bucket <input type="checkbox"/></li> <li>- Resold</li> <li>- Disposed of items. Specify which: _____</li> <li>_____</li> </ul>	Soap: _____ unit	
	ORS: _____ sachets	
	Bucket: _____ unit	
	Bucket without tap: _____ unit	

## 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

<p>How did you treat the water before the distribution of kits?</p> <ul style="list-style-type: none"> <li>- No <input type="checkbox"/></li> <li>- Cloth Filter <input type="checkbox"/></li> <li>- Water filter (ceramic, multi layer...)</li> <li>- Boiling <input type="checkbox"/></li> <li>- Chlorine (aquatab) <input type="checkbox"/></li> <li>- Other (to be specified): _____</li> </ul>	<p>How did you treat water today?</p> <ul style="list-style-type: none"> <li>- No <input type="checkbox"/></li> <li>- Cloth Filter <input type="checkbox"/></li> <li>- Water filter (ceramic, multi layer...)</li> <li>- Boiling <input type="checkbox"/></li> <li>- Chlorine (aquatab) <input type="checkbox"/></li> <li>- Other (to be specified): _____</li> </ul>
<p>Do you use the product given to you during distribution? yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If so, how do you use it?</p>	<p>If not, why?</p> <ul style="list-style-type: none"> <li>- I don't have any more <input type="checkbox"/></li> <li>- I don't like the taste/smell <input type="checkbox"/></li> <li>- I don't know how to use the product <input type="checkbox"/></li> <li>- Other</li> </ul>

### Drinking water storage

<p>How is drinking water stored today?</p> <ul style="list-style-type: none"> <li>- Bucket (distributed during the cordon sanitaire)</li> <li>- Bucket (other origin)</li> <li>- Jerry cans</li> <li>- Other (to be specified): _____</li> </ul> <p>How was drinking water stored before?</p> <ul style="list-style-type: none"> <li>- Bucket with <input type="checkbox"/> faucet</li> <li>- Bucket without tap <input type="checkbox"/></li> <li>- Jerry cans <input type="checkbox"/></li> <li>- Canary <input type="checkbox"/></li> <li>- Other (to be specified): _____</li> </ul>	<p>Is the container:</p> <ul style="list-style-type: none"> <li>- Covered yes <input type="checkbox"/> no <input type="checkbox"/></li> <li>- Clean yes <input type="checkbox"/> no <input type="checkbox"/></li> <li>- Placed on the floor yes <input type="checkbox"/> no <input type="checkbox"/></li> <li>- Used for transport and storage yes <input type="checkbox"/> no <input type="checkbox"/></li> </ul>  <p>If a bucket has been distributed but is not used for drinking water, can you tell us why:</p> <ul style="list-style-type: none"> <li>- It is used for another purpose <input type="checkbox"/></li> <li>- It was sold <input type="checkbox"/></li> <li>- It is broken <input type="checkbox"/></li> <li>- Other (to be specified): _____</li> </ul>
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### Know

<p>Have you been told at what key times of the day to use the soap distributed for handwashing? yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If so, when?</p> <ul style="list-style-type: none"> <li>- Before eating <input type="checkbox"/></li> <li>- After using the latrine <input type="checkbox"/></li> <li>- After cleaning your child <input type="checkbox"/></li> <li>- Before preparing food <input type="checkbox"/></li> <li>- Before breastfeeding <input type="checkbox"/></li> <li>- Don't know <input type="checkbox"/></li> <li>- Other:.....</li> </ul>	<p>COMMENTS:</p> <ul style="list-style-type: none"> <li>- Is there a place for washing your hands? yes <input type="checkbox"/> no <input type="checkbox"/></li> <li>- Is there soap available for washing my hands? yes <input type="checkbox"/> no <input type="checkbox"/></li> </ul> 
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### Oral Rehydration Solution

<p>Have you been told how to use the ORS? yes <input type="checkbox"/> no <input type="checkbox"/></p>	<p>If so, what information was given? _____</p>
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### Sensitization

<p>Do you remember/recall the messages shared by the teams? yes <input type="checkbox"/> no <input type="checkbox"/></p>	<p>Can you enumerate them?</p> <ul style="list-style-type: none"> <li>- Consuming treated water <input type="checkbox"/></li> <li>- Do not defecate in the open <input type="checkbox"/></li> <li>- Wash your hands with soap at key moments <input type="checkbox"/></li> <li>- How to do funerals <input type="checkbox"/></li> <li>- What to do if you have diarrhea <input type="checkbox"/></li> <li>- Other (to be specified):</li> </ul>
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