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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Distribution Site Name/#:** | |  | | | | **Date:** |  |
| **Location of site:** |  | | | | **Date of last site visit:** | |  |
| **Project Name:** |  | | | | **Type of program:** | |  |
| **Is this a (circle one):** | regular visit / follow-up visit | | | |  | |  |
| **Name of person(s) in charge of distribution:** | | |  | | | | |
| **Name of person(s) authorized to receive food:** | | | |  | | | |

**A. Assess every statement below** (For every “No” assessment, provide an explanation in Section C.)

|  |  | **YES** | **NO** | **N/A** |
| --- | --- | --- | --- | --- |
|  | **General inspection** (before distribution begins) |  |  |  |
| 1. | The truck(s) and the distribution staff arrived at the distribution site on time. | 🞏 | 🞏 | 🞏 |
| 2. | Commodities were counted in the presence of the transporter, recipient representatives, and distribution staff member, as applicable. **(Describe who was present in Section C below.)** | 🞏 | 🞏 | 🞏 |
| 3. | The quantities of commodities actually received (per off-loading tally sheets) equal the quantities on the corresponding **waybill(s**). | 🞏 | 🞏 | 🞏 |
| 4. | The site has the necessary reconstitution materials for handling torn or leaking bags or tins. | 🞏 | 🞏 | 🞏 |
| 5. | The quantities of commodities actually received (per off-loading tally sheets) equal the quantities on the corresponding **distribution plan**. | 🞏 | 🞏 | 🞏 |
| 6. | The physical quality of the commodity is good. (Verify with inspection, and interviews with those responsible for receiving commodities at site.) | 🞏 | 🞏 | 🞏 |
| 7. | Commodity bags and tins are properly filled to their stated weight. (Verified with random sample weighing.) | 🞏 | 🞏 | 🞏 |
| 8. | Weighing scales are available and accurate. | 🞏 | 🞏 | 🞏 |
| 9. | Scoops are available and accurate. | 🞏 | 🞏 | 🞏 |
| 10. | Distribution staff are easily identifiable (for example, with hat or shirt). | 🞏 | 🞏 | 🞏 |
| 11. | USAID (and, if applicable, organization) logos are clearly posted per BS/MP. | 🞏 | 🞏 | 🞏 |
| 12. | Ration size is clearly posted in a manner that recipients can understand. | 🞏 | 🞏 | 🞏 |
| 13. | There are adequate drinking water, sanitation, and first-aid facilities for recipients. | 🞏 | 🞏 | 🞏 |
|  | **Distribution activities** (during distribution) |  |  |  |
| 14. | The distribution of commodities started on time. | 🞏 | 🞏 | 🞏 |
| 15. | Staff or volunteers are ensuring security and crowd control. | 🞏 | 🞏 | 🞏 |
| 16. | Local authorities, community representatives, and community group leaders are participating in distribution management. **(Describe who in Section C below.)** | 🞏 | 🞏 | 🞏 |
| 17. | Distribution staff inspect recipient ration cards for validity, and verify recipient eligibility. | 🞏 | 🞏 | 🞏 |
| 18. | Distributers measure and distribute rations per standard procedures. | 🞏 | 🞏 | 🞏 |
| 19. | There are NO military personnel involved in the distribution of commodities. | 🞏 | 🞏 | 🞏 |
| 20. | Recipients have containers to carry their rations. | 🞏 | 🞏 | 🞏 |
| 21. | Distribution staff verify recipients’ receipt of rations. | 🞏 | 🞏 | 🞏 |
| 22. | Recipients acknowledge receipt of rations with a signature or thumb print. | 🞏 | 🞏 | 🞏 |
| 23. | There is a functioning feedback system and a complaints mechanism to record recipient issues. | 🞏 | 🞏 | 🞏 |
|  | **Post-distribution activities** (after all commodities are distributed) | 🞏 | 🞏 | 🞏 |
| 24. | All empty bags / tins are examined to ensure that they are completely empty. | 🞏 | 🞏 | 🞏 |
| 25. | Empty bags/tins are disposed of in the manner agreed upon with USAID.  **(Explain how they are disposed of in Section C below.)** | 🞏 | 🞏 | 🞏 |
| 26. | Distribution list totals are reconciled to recipient receipt acknowledgement sheets. **(Attach sheets to this questionnaire.)** | 🞏 | 🞏 | 🞏 |
| 27. | A list is prepared with the names and ration/ID card numbers of all recipients on the distribution list who did not appear (for follow-up during post-distribution monitoring to determine the reasons they failed to appear). | 🞏 | 🞏 | 🞏 |
| 28. | Any commodities suspected or found unfit during the distribution were properly accounted for. **(Explain how they were accounted for in Section C below.)** |  |  |  |
| 29. | A physical count is taken of all remaining commodities, and the count is recorded. | 🞏 | 🞏 | 🞏 |
| 30. | Remaining commodity is returned/transferred/handed over according to documented standard procedures. **(Describe procedures in Section C below.)** | 🞏 | 🞏 | 🞏 |

**B. Distribution summary**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | (commodity name) | | (commodity name) | | (commodity name) | |
|  |  | **Units** | **kgs** | **Units** | **kgs** | **Units** | **kgs** |
| **A.** | Total quantity of commodity planned for distribution |  |  |  |  |  |  |
| **B.** | Total quantity of commodity distributed |  |  |  |  |  |  |
| **C.** | Percentage difference between lines **A** and **B** (explain difference in **Section C** below) |  |  |  |  |  |  |
| **D.** | Total number of recipients planned to receive rations |  |  |  |  |  |  |
| **E.** | Total number of recipients who received rations |  |  |  |  |  |  |
| **F.** | Percentage difference between lines **D** and **E** (explain difference in **Section C** below) |  |  |  |  |  |  |
| **G.** | Approved ration size per recipient |  |  |  |  |  |  |
| **H.** | Average ration size per recipient (line **B**/line **E**) |  |  |  |  |  |  |
| **I.** | Percentage difference between lines **G** and **H** (explain difference in **Section C** below) |  |  |  |  |  |  |

**C. Provide an explanation for all “NO’ assessments above** (attach additional sheets if necessary).

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| --- | --- | --- | --- | --- |
| **Statement number** | **Explanation/comments/recommendations** | | | |
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|  | | **Name** |  | **Signature** |
| Monitor: | |  |  |  |
| Team Leader: | |  |  |  |
| Witness: | |  |  |  |

**D. Exit survey / food basket monitoring** (Place details, by ration card number, on separate sheet if necessary.)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ration Card Number** (verify number is on distribution list) | **Difference between ration size measurement and stated ration size.** | | | | How did recipient learn about the time and date of this distribution? | Is recipient aware of his/her rations entitlement? | Is recipient aware of the donor of distributed commodities? | If ration is different from last distribution, does recipient understand why? | Did anyone ask recipient to pay/contribute (in cash or in kind) to receive ration? | Can recipient correctly state eligibility criteria? | How long did recipient wait in the queue to receive ration? | Other (e.g., “Do you know how to prepare food?”) |
| (commodity name) | (commodity name) | (commodity name) | (commodity name) |
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