Yemen Food Security and Agriculture Cluster

CROP SEEDS/KITS DISTRIBUTION

Post Distribution Monitoring through Household Interviews

Governorate:		**District:**	
Sub District:		Village:	
Org. Name:		Enumerator Name:	
Date:		Project name:	
1. INTRODUCTION AND CONSENT			
Hello, my name is _____, I am from _____; and I would like to collect information on your household's experience with our Agriculture program in _____(District). Are you the principal Crop seeds and tools recipient?			
Thank you for the opportunity to speak with you. We are from _____. We are conducting a survey with randomly selected program households to learn more about our vegetable seeds and tools distribution process. We intend to use the information to improve any issues with our programming. The questions will take about 10-15 minutes to complete. Your participation is voluntary. If you agree to participate, you can choose to stop at any time or skip any questions you do not want to answer. There will be no compensation for participating in this survey. If you do not agree to			

participate, it will not affect your status in the program or the services you are currently receiving. Any personal information, such as names and ID numbers, that you share will be kept confidential and only a limited number of _____(insert partner name) staff will have access to it. We intend to share the resulting analysis, which will not include personal information, with our donors and partners to help improve programs. Let me know if you have any questions about this. **Note: Pause to answer any respondent questions.** If you have additional questions, complaints or feedback to provide after this, you can also contact our CARM hotline. **Note: provide information about CARM hotline for the partner.**

Q No	Question	Response Options
1.1	Do you agree to be interviewed?	1-Yes 2- No

Q No	Question	Response Options
1.2	Are you the principal recipient of crop seeds and tools?	1-Yes 2- No
1.3	Are you the alternate principal recipient of crop seeds and tools?	1-Yes 2- No

2. HOUSEHOLD INFORMATION/ CHARACTERISTICS

Q No	Question	Response Options
2.1	Household head Name:	Name:
2.2	Household head age	[----------] years
2.3	Household head gender	1- Male 2- Female
2.4		

	If the respondent is not the HH head, what is the relationship to Head of Household	1 – Spouse 2 – Son/Daughter 3 – Other (specify): _____
2.5	If the respondent is not the HH head, provide the respondent name.	
2.6	Total number of household members	Male: Female:
2.7	Number of Active/productive members (those who involved in agricultural production)	Male: Female:

3. CROP SEEDS RECEIVED: (TYPE, QUALITY, ACCESS & CHALLENGES)

Q No	Question	Response Options
3.1	Date received the inputs	Date
3.2	Did you receive crop/vegetable seeds from the organization (Name the organization)?	1- Yes 2- No
3.3	What types of crop/vegetable seeds did you receive?	sorghum millet maize wheat barley lentils cowpea seame tomato onion okra cucumber hot pepper mallow zucchini Other: (specify)

Q No	Question	Response Options
3.4	Were the crop/vegetable seeds distributed at the right time (According to Season)?	1- Yes 2- No 3- Don't know
3.4.a		

	If no, when would be the right time/months to receive crop/ vegetable seeds?	1- January 2- February 3- March 4- April 5- May 6- June 7- July 8- August 9- September 10- October 11- November 12- December

Q No	Question	Response Options
3.5	Were you informed in advance about the distribution?	1- Yes 2- No
3.5.a	If yes, by whom?	1- Partner staff 2- Community Representative 3-Others

Q No	Question	Response Options
3.6	Were you informed of what you were entitled to receive?	1- Yes 2- No
3.7	Did you receive all the crop/vegetable seeds that you were supposed to receive?	1- Yes 2- No
3.7.a	If no, why?	
3.8	For each type of crop/vegetable seeds, what quantity did you receive (specify the unit-if package is in tins or packets, describe the quantity per package)?	

Q No	Question	Response Options
3.9	Are you satisfied with the type of crop/vegetable seeds received?	1- Yes 2- No
3.9.a	If not, which type would you have preferred?	

Q No	Question	Response Options

3.10	Are you satisfied with quantity of crop/vegetable seeds received?	1- Yes 2- No
3.10.a	If not, what quantity would you have preferred?	

Q No	Question	Response Options
3.11	How is the quality of the seeds?	1. Good 2. Satisfactory 3. Poor
3.12	How long (far) did it take you to reach the distribution center (point) for the seed and tools? (tick √)	<1hr 1-2hrs >2hrs

Q No	Question	Response Options
3.13	Was everything set up when you arrived, or did you have to wait around while things were set up?	1. Set up when arrived 2. Had to wait around 3.Don't know/Can't remember
3.14	How long does it take to get the seeds and tools (queuing time)?	<1hr 1-2hrs >2hrs

Q No	Question	Response Options
3.15	Did anyone ask/tell you to give them some or all of inputs you received at the fair/distribution?	1- Yes 2- No 3- Don't know
3.16	Did you face any security challenges/threat along the way to receive seeds/tools?	1- Yes 2- No
3.16.a	If yes, what challenges did you face?	1. Harassment 2. Theft 3. Insecurity 4. Robbery 5. Felt unwell during distribution 6. Other: (Specify)

3.17	Did you feel safe at the seed/tool distribution site?	1- Yes 2- No
3.17.a	If not, why did you feel unsafe?	1. Treated unfairly 2. Violent crowd 3. A lot of procedures prior to distribution 4. Others (Specify)
3.18	Did partner staff conduct themselves appropriately during seed distribution?	1- Yes 2- No
3.18.a	If “no”, what have they done in an inappropriate manner?	Please specify
3.19	Did you have to pay anyone or give favors to anyone to receive seeds/tools?	1- Yes 2- No
3.19.a	If "yes", to whom did you pay?	1. Implementing partner XXX field staff 2. Local Authorities 3. Chiefs, Traditional Authorities 4. Community committees
3.20	What did you pay as a favor?	1. Part of seeds 2. Part of tools 3. Cash

Q No	Question	Response Options
3.21	Do you know of any individuals or households who are not in need, but were selected for this program anyway?	1- Yes 2- No 3- Don’t know
3.22	Overall, do you think that the beneficiary selection criteria of this program were fair?	1- Yes 2- No
3.22.a	If no, why?	

4. USE OF SEEDS

Q No	Question	Response Options
4.1	How did you use (or plan to use) the seeds you received? (many answers possible)	1-Sow 2-Store 3- Sell 4- Exchange 5- Share 6- Other
4.2	What is the total area planted (or to be planted) with crops this year (in acres)?	

Q No	Question	Response Options
4.3	What was the total area planted last year (in acres)?	
4.4	Did the seeds you planted germinate well?	1- Yes 2- No
4.4.a	How is the germination of the seeds you planted	1. More than half germinated 2. Half germinated 3. Less than half germinated 4. Seeds did not germinate
4.5.	If the respondent answered as "poor", why?	1. Poor Quality Seeds 2. Poor Quality Tools 3. Wrong timing seasonally

Q No	Question	Response Options
4.6	Did you receive any awareness training on how to use the received seeds and the good agricultural practices?	Yes No

5. TOOLS RECEIVED

Q No	Question	Response Options
5.1	Did you receive tools from the project?	1- Yes 2- No
5.1.a	For each type of tool, how many did you receive?	Hoe Rake Spade Chain Link-Fencing wire Water Tank Irrigation kits Others (Please specify)

Q No	Question	Response Options
5.2	Were the tools available on time?	1- Yes 2- No

Q No	Question	Response Options
5.3	Are you satisfied with the type of tools received?	1- Yes 2- No

Q No	Question	Response Options
5.3.a	If not, which type would you have preferred?	

6. OTHER SEEDS AND TOOLS

Q No	Question	Response Options
6.1	Did you collect seeds and tools through other means?	1- Yes 2- No

Q No	Question	Response Options
6.1.a	If yes, how?	1- Own Production 2- Purchase 3- Gift 4- Exchange

Q No	Question	Response Options
6.2	How do the seeds/tools received from other sources compare in quality and usefulness?	

7. GENDER, AND CHILD PROTECTION

Q No	Question	Response Options
7.1	Who was responsible in your family for collecting seeds/ tools	Man Woman

Q No	Question	Response Options
7.2	Were women able to collect and access the distributed seeds/tools safely and without restrictions?	Yes No
7.2.a	If no, (Specify)	

Q No	Question	Response Options
7.3	Did you feel that ____ (Implementing partner name) staff, members of the community treated you with respect during the activities?	1. Yes, completely 2. Mostly yes 3. Not really 4. Not at all 5. Don't Know 6. Prefer not to answer
7.3.a	If you feel comfortable, could you please share when and where the staff did not treat you with respect? We would like to improve next time.	

Q No	Question	Response Options
7.4	Are you satisfied with the assistance provided?	1. Yes, completely 2. Mostly yes 3. Not really 4. Not at all 5. Don't Know 6. Prefer not to answer

Q No	Question	Response Options
7.5	Do you know of people needing assistance who were excluded from the assistance provided?	1. Yes, a lot 2. Yes, a few 3. No, not really 4. No, not at all
7.5.a	If yes, who was mainly excluded?	1. Child Headed HH 2. Female Headed HH 3. Family member with disability 4. Family member with chronic disease 5. Elderly headed household 6. Minority Groups 7. Other
7.5.b	If other, please specify	

8. COMMUNITY ACCOUNTABILITY REPORTING MECHANISM (OR) GRM FEEDBACK MECHANISM

	Question	Response Options
8.1	What is your perception of ____ (partner name) team members' conduct during distribution?	1. Very Positive 2. Positive 3. Neutral 4. Negative 5. Very Negative
8.1.a	If negative, how would you describe ____ (partner name) team members?	

Q No	Question	Response Options

8.2	Do you know how to submit a complaint to Partner?	1-Yes 2-No
8.3	What feedback and response mechanisms do you know about?	1. In person talk 2. Suggestion boxes 3. Phone/ Toll-free number 4. SMS 5. Help desk 6. Partner staff 7. Local Authorities 8. Chiefs/Traditional Authorities

Q No	Question	Response Options
8.4	Would you feel safe using any of the feedback channels?	1-Yes 2-No
8.4.a	If no, which feedback channel(s) seems unsafe?	1. In person talk 2. Suggestion boxes 3. Phone/ Toll-free number 4. SMS 5. Help desk 6. Partner staff 7. Local Authorities 8. Chiefs/Traditional Authorities
8.4.b	If one (or more) of the feedback channels seems unsafe, why?	

Q No	Question	Response Options
8.5	Have you received any feedback of what you reported for?	1-Yes 2-No

Q No	Question	Response Options
8.6	Are you satisfied with the system of complaints and feedback provided by _____ (partner name)?	1. Yes, completely 2. Mostly yes 3. Not really 4. Not at all 5. Don't Know 6. No answer

9. CONCLUSION AND RECCOMENDATIONS

Q No	Question	Response Options
9.1	Overall, how do you rate the distribution process?	1. Unsatisfactory 2. Needs improvement 3. Satisfactory 4. Excellent

Q No	Question	Response Options
9.2	To whom did you contact if you have any concerns or complaints about the distribution of crop seeds and tools?	

Q No	Question	Response Options
9.3	Do you have any complaints regarding the distribution process? If yes, please specify	

Q No	Question	Response Options
9.4	Any comments/observations:	

Thank you for completing the Crop Seeds and Tools post-distribution monitoring survey, the information you've provided will help us to learn from and improve our services. If you have any further questions or concerns, please contact our hotlines