

**NFI and Emergency Shelter  
DISTRIBUTION REPORT**  
*Field with (\*) is mandatory*

**1. General Information\***

Report Date:	Distribution Date(s):
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**2. Location Information**

State*			
LGA*			
Ward*			
Location Name*			
GPS Coordinates	Latitude:	Longitude:	
Site/settlement Type*	Informal Camp <input type="checkbox"/>	Formal Camp <input type="checkbox"/>	Spontaneous Settlement <input type="checkbox"/>
	Host Community <input type="checkbox"/>	Other (Specify) _____ <input type="checkbox"/>	
SS I.D Code			
Displacement Type*	Conflict affected <input type="checkbox"/>	Disaster affected <input type="checkbox"/>	Other (Specify) _____ <input type="checkbox"/>

**3. Team Details\***

Name	Organisation	Title	Contacts: Email/Mobile/Sat Phone

**4. Beneficiary Numbers: Breakdown by population and Support Type\***  
*(please provide ONLY actual data collected from the distribution list, not estimations)*

**NON-FOOD ITEMS (NFI)**

<b>Population Type:</b>	<i>PLEASE USE THIS AREA to fill in type of community etc.</i>							
<b>HOUSEHOLDS</b>	<b>INDIVIDUALS</b>							
<b>TOTAL</b>	<b>TOTAL</b>		<b>0 – 18 years</b>		<b>19 – 59 years</b>		<b>60 + years</b>	
	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>

**EMERGENCY SHELTER**

<b>Population Type:</b>	<i>PLEASE USE THIS AREA to fill in type of community etc.</i>			
<b>HOUSEHOLDS</b>	<b>INDIVIDUALS</b>			
<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>

	M	F	M	F	M	F	M	F

**Beneficiary Numbers: Breakdown by Location\***

*If the distribution took place in multiple locations and/or the beneficiaries had multiple places of origin, please complete this table indicating the number of beneficiaries per location and/or place of origin.*

#	Ward	Location	Total Number of Households	Individuals	
				Total	
1				Total	
				Total Female	
				Total Male	
2				Total	
				Total Female	
				Total Male	
3				Total	
				Total Female	
				Total Male	

**5. Stock Distributed\***

Procuring organization and warehouse from which stock was sourced

*PLEASE USE THIS AREA to fill in procuring agency and warehouse locaiton.*

#	Type of Item	Specification	Size	Other
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				

#	Quantity of each item distributed <i>per household</i> <i>- specify variations by household size</i>	Total quantity of each item distributed in the response
1		
2		

3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		

**6. Summary of Distribution\***

- Where was the distribution held and how was it organised?
- What and how were beneficiaries informed? **CRM** activated?
- How was equal access ensured for men, women, girls and boys?
- How was order/security maintained during the distribution?
- Please include photos where possible. Ask for permission

Explain what role the following people had in the process: local authorities, partners, humanitarian officers, volunteers, beneficiaries, etc.

**7. Changes from assessment recommendations\***

If there were any changes to the original plan, please explain what changes occurred and why they were necessary.

**8. Targeting criteria\***

- Who finally received and **why**? Did the group to be targeted change in any way between the initial assessment and those who received on distribution day?

**9. Challenges and lessons learned**

Did you face any major challenges, and/or learn any useful lessons?

**10. Recommended next steps\***

*Should any further action be taken in the area by the Shelter and NFI Sector, or other actors?*

**11. Anecdotes, Stories, Photos**

*Please share any interesting or illustrative stories of people's experiences, responses, and needs; and photos*

**Please submit to [shelter.ccm.nigeria@gmail.com](mailto:shelter.ccm.nigeria@gmail.com)**