

Annex 4 - Shelter Monitoring Form 2018

12/09/2018	Shelter Monitoring Form
Shelter Monitoring Form	
PLEASE DON'T USE INTERNET EXPLORER. USE ANY OTHER MODERN BROWSER, PREFERABLY CHROME OR FIREFOX	
A. SURVEY DETAILS	
A.1 DATE OF THE VISIT * yyyy-mm-dd	A.2 CODE OF THE VISIT *
A.3 ORGANIZATION * <input type="radio"/> UNHCR <input type="radio"/> People in Need (PIN) <input type="radio"/> Norwegian Refugee Council (NRC) <input type="radio"/> Center for Social Development "Most" (Bridge) <input type="radio"/> Donbas Development Centre (DDC) <input type="radio"/> Proliska <input type="radio"/> Right to Protection (R2P) <input type="radio"/> Slavic Heart <input type="radio"/> Youth Organization Maximal <input type="radio"/> Other organization	
A.3.1 OTHER ORGANIZATION * 	
A.4 OFFICE * <input type="radio"/> Sloviansk <input type="radio"/> Sieverodonetsk <input type="radio"/> Mariupol <input type="radio"/> Kharkiv <input type="radio"/> Donetsk <input type="radio"/> Luhansk <input type="radio"/> Kyiv	
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A.5 NAME AND SURNAME OF ENUMERATOR *

A.6 FUNCTIONAL AREA OF THE ENUMERATOR *

- ☐ Shelter
☐ Protection
☐ Programme
☐ Field
☐ Information Management
☐ Other

A.6.1 OTHER FUNCTIONAL AREA *

PLEASE PRESS "+" IF YOU NEED TO ADD DETAILS ABOUT OTHER SURVEYOR PARTICIPATING IN A MISSION. IF BLOCK FOR ADDING DETAILS ABOUT OTHER SURVEYOR WAS ADDED ACCIDENTALLY, YOU MAY USE "-" TO DELETE IT.

B. LOCATION

B.1 WHAT IS THE REGION OF THE REPAIRED SHELTER? *

- ☐ Donetsk oblast ☐ Luhanska oblast

B.1.1 IS IT IN GCA OR NGCA? *

- ☐ GCA ☐ NGCA

B.1.2 WHAT IS THE RAYON OF THE REPAIRED SHELTER? *

B.1.3 WHAT IS THE SETTLEMENT OF THE REPAIRED SHELTER? *

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B.2 WHAT IS THE ADDRESS OF THE REPAIRED SHELTER? *

Format: Street Name, Street Type (Street/Prospekt/Boulevard/Spusk/Tupik/Road/Pereyulok), House Number

B.3 GPS COORDINATES OF THE REPAIRED SHELTER *

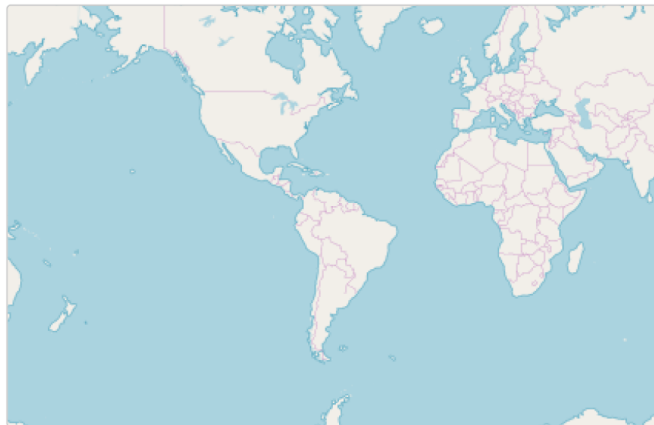
Please ensure to have GPS turned on

latitude (x,y °)

longitude (x,y °)

altitude (m)

accuracy (m)



C. BENEFICIARY'S INFO

C.1 NAME AND SURNAME OF BENEFICIARY *

TECHNICAL ASSESSMENT

D.1 PLEASE SELECT THE TYPE OF THE BUILDING *

- ☐ Private/Individual
- ☐ Multi-storey building (Light repair)

D.2 PLEASE SELECT A REPAIRS TYPE: *

- ☐ Light repair
- ☐ Medium repair
- ☐ Heavy repair
- ☐ Reconstruction
- ☐ Other

D.2.1 OTHER TYPE OF REPAIRS *

D.3 DID THE PARTNER MAKE THE COST ANALYSIS AVAILABLE PRIOR TO THE VISIT? *

- ☒ Yes ☐ No

D.3.1 PLEASE SPECIFY

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D.4 WHAT IS THE TOTAL VALUE OF THE MATERIAL SUPPLIED BY UNHCR? <i>in US\$</i>	
D.5 WHAT IS THE TOTAL VALUE OF THE MATERIAL PROCURED BY THE PARTNER? <i>in US\$</i>	
D.6 WHAT IS THE TOTAL COST OF THE LABOUR PAID BY THE PROJECT? <i>in US\$</i>	
D.7 TOTAL: NAN	
D.8 WAS THE LIST OF SUPPLIED MATERIALS AND PROVIDED LABOUR AVAILABLE AND DULY SHARED BY PARTNER PRIOR TO THE VISIT? <div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
D.9 IS THE LIST OF SUPPLIED MATERIALS AND PROVIDED LABOUR ATTACHED TO THIS REPORT? <div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
D.10 ARE REPAIRS CONSISTENT WITH THE LIST OF SUPPLIED MATERIALS? <div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
D.11 ARE REPAIRS EXECUTED AS PER THE LOCALLY-ACCEPTED STANDARDS? <div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
D.12 REPAIRED SHELTER (GENERIC PICTURE) <i>Use your smartphone to take/upload a picture of the repaired shelter. Please, do not attach high resolution photo.</i> Click here to upload file. (< 10MB)	
QUALITY ASSESSMENT/ SATISFACTION LEVEL	
E.1 IS BENEFICIARY SATISFIED WITH THE EXTENT AND QUALITY OF THE REPAIRS? <div> <input checked="" type="radio"/> Satisfied with quality and extent of repairs <input type="radio"/> Not satisfied with quality <input type="radio"/> Not satisfied with extent <input type="radio"/> Not satisfied at all </div>	
E.2 DID THE BENEFICIARY'S FAMILY HAVE THE CHANCE TO DISCUSS AND AGREE IN THE TYPE OF REPAIR WORKS? <div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
E.3 DID THE REPAIRS COVER ALL THE DAMAGES SUFFERED BY THE HOUSE? <div> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
E.3.1 PLEASE PROVIDE EXPLANATIONS	

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<p>E.4 ARE THE REPAIRS IN COMPLIANCE WITH THE CLUSTER'S STANDARDS AND GUIDELINES? *</p> <p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>																						
<p>E.4.1 PLEASE PROVIDE EXPLANATIONS</p> <hr/>																						
<p>E.5 DID PARTNER ENGINEERS REGULARLY FOLLOW THE REPAIR WORKS AND PROVIDE TECHNICAL SUPPORT? *</p> <p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>																						
<p>E.6 HAVE THE BENEFICIARY HH RECEIVE THE LIST OF THE DELIVERED MATERIAL AND OF THE LABOUR? *</p> <p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>																						
<p>E.6.1 PLEASE PROVIDE EXPLANATIONS</p> <hr/>																						
<p>E.7 HAVE THE MONITORING TEAM DULY SHARED WITH PARTNER FINDINGS AND REMARKS FROM THE VISIT? *</p> <p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>																						
<p>REPAIRED SHELTER (PICTURE) - DETAILS</p> <p><i>Use your smartphone to take/upload a picture of the repaired shelter. Please, do not attach high resolution photo.</i></p> <p>Click here to upload file. (< 10MB)</p> <hr/>																						
<p>E.8 OTHER COMMENTS / OBSERVATIONS</p> <p><i>Please type in this field any other important information on the repairs.</i></p> <hr/>																						
<p>PROTECTION PART: BENEFICIAR INFO</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">HH COMPOSIT</th> <th style="width: 35%;">MALE</th> <th style="width: 35%;">FEMALE</th> </tr> </thead> <tbody> <tr> <td><i>Please make sure to put info about beneficiary as well</i></td> <td></td> <td></td> </tr> <tr> <td>0-4</td> <td></td> <td></td> </tr> <tr> <td>5-11</td> <td></td> <td></td> </tr> <tr> <td>12-17</td> <td></td> <td></td> </tr> <tr> <td>18-59</td> <td></td> <td></td> </tr> <tr> <td>60+</td> <td></td> <td></td> </tr> </tbody> </table>		HH COMPOSIT	MALE	FEMALE	<i>Please make sure to put info about beneficiary as well</i>			0-4			5-11			12-17			18-59			60+		
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<p>PROTECTION PART: SELECTION AND VULNERABILITY CRITERIA</p>																						
<p>G.1 BENEF HH WAS SELECTED THROUGH JOINT COMMITTEE *</p> <p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>																						

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G.1.1 PLEASE SPECIFY WHY NOT SELECTED THROUGH JOINT COMMITTEE *	
G.2 PROFILE OF BENEF HH WAS SHARED BY PARTNER PRIOR TO THE VISIT * <input checked="" type="radio"/> Yes <input type="radio"/> No	
G.3 PROFILE OF BENEFICIARY HH MATCHES THE ASSESSMENT * <input checked="" type="radio"/> Yes <input type="radio"/> No	
G.3.1 PLEASE SPECIFY WHY BENEFICIARY HH DOESN'T MATCH THE ASSESSMENT <hr/>	
G.4 BENEF HH BELONG TO ANY OF THE TARGET GROUPS IN THE SOPS * <i>Area near the LoC: 20km on both sides of the line of contact (UNHCR Zone 1)</i> <input type="radio"/> Returnees <input type="radio"/> Conflict-affected <input type="radio"/> IDPs along the LoC <input type="radio"/> IDPs not along the LoC <input type="radio"/> No	
G.4.1 PLEASE SPECIFY WHY BENEFICIARY DOES NOT BELONG TO ANY OF THE TARGET GROUPS IN THE SOPS * <hr/>	
G.5 BENEF HH HAD THE CAPACITY OR THE FINANCIAL MEANS TO REPAIR THE HOUSE BY THEMSELVES * <input type="radio"/> Yes <input checked="" type="radio"/> No	
G.6 BENEF HH PRESENTS AT LEAST ONE OF THE VULNERABILITIES LISTED IN THE SOPS * <i>Please make sure to avoid selection of option "no" with any other options in the list.</i> <input type="checkbox"/> Marginalized from society <input type="checkbox"/> Single parent /caregiver <input type="checkbox"/> Serious medical condition <input type="checkbox"/> Three or more children (under 18) <input type="checkbox"/> Disability <input type="checkbox"/> Older person (60+) <input type="checkbox"/> SGBV Survivor <input type="checkbox"/> No	
PROTECTION PART: SAFETY	
H.1 IS THERE A MILITARY PRESENCE IN THE NEIGHBORHOOD? * <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	
H.2 ARE THERE MINES/UXOS IN THE NEIGHBORHOOD? * <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	
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H.3 WERE ANY HOUSES IN THIS NEIGHBORHOOD DAMAGED BY THE HOSTILITIES IN THE LAST 3 MONTHS?	*
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	
H.4 HOW OFTEN THERE HAS BEEN SHELLING IN THE LAST 3 MONTHS?	*
<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Year ago	
H.5 HAS YOUR HOUSE BEEN DAMAGED BY THE HOSTILITIES SINCE THE REPAIR WAS CONDUCTED?	*
<input type="radio"/> Yes <input type="radio"/> No	
H.6 HOW SAFE DO YOU FEEL LIVING IN YOUR HOUSE?	*
<input type="radio"/> I feel safe <input type="radio"/> I don't feel safe <input type="radio"/> I'm not sure	
H.7 SHOULD THE SITUATION AGGRAVATE, ARE YOU PLANNING TO RELOCATE?	*
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	
H.8 WERE THE "LIKELIHOOD OF FUTURE SHELLING" AND THE "STRATEGIC MILITARY IMPORTANCE" OF THE NEIGHBORHOOD PROPERLY ASSESSED? (this question TO BE ANSWERED BY THE ASSESSMENT TEAM IN CONSULTATION WITH THE SECURITY ADVISOR IN THE AREA)	*
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know	
PROTECTION PART: ACCESS TO BASIC SERVICES	
J.1 ACCESS TO HH BASIC SERVICES	
J.1.1 DO YOU HAVE ACCESS TO HEATING?	*
<input checked="" type="radio"/> Yes <input type="radio"/> No	
J.1.2 DO YOU HAVE ACCESS TO ELECTRICITY?	*
<input checked="" type="radio"/> Yes <input type="radio"/> No	
J.1.3 DO YOU HAVE ACCESS TO RUNNING WATER?	*
<input checked="" type="radio"/> Yes <input type="radio"/> No	
J.2 ACCESS TO INDIVIDUAL BASIC NEEDS	
J.2.1 DO YOU HAVE ACCESS TO MEDICAL SERVICES?	*
<input checked="" type="radio"/> Yes <input type="radio"/> No	
J.2.2 DO YOU HAVE ACCESS TO PENSION?	*
<input checked="" type="radio"/> Yes <input type="radio"/> No	
J.2.3 DO YOU HAVE ACCESS TO SCHOOL?	*
<input checked="" type="radio"/> Yes <input type="radio"/> No	
J.2.3 DO YOU HAVE ACCESS TO SHOP TO PURCHASE BASIC NEEDS?	*
<input checked="" type="radio"/> Yes <input type="radio"/> No	
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PROTECTION PART: SUSTAINABILITY OF THE INTERVENTION

K.1 WHERE DID YOU LIVE BEFORE THE REPAIRS TOOK PLACE? *

- ☐ With family / friends
- ☐ In a rented house / apartment
- ☐ In the damaged house
- ☐ In an outbuilding / shed in the property
- ☐ Other (specify)

K.1.2 PLEASE SPECIFY OTHER PLACE WHERE YOU LIVED *

K.2 WHERE DO YOU LIVE NOW? *

- ☐ In the repaired house ☐ Elsewhere

K.2.1 IF YOU LIVE "ELSEWHERE, WHY? *

select all that apply

- ☐ Risks related to hostilities ☐ Incompleteness of repair ☐ Lack of employment / essential services
- ☐ Lack of utilities (specify) ☐ Other (specify)

K.2.1.1 PLEASE SPECIFY "INCOMPLETENESS OF REPAIR" *

K.2.1.2 PLEASE SPECIFY LACK OF UTILITIES *

select all that apply

- ☐ Heating
- ☐ Electricity
- ☐ Running water

K.2.1.2.1 PLEASE SPECIFY OTHER "LACK UTILITIES" *

K.2.1.3 PLEASE SPECIFY "OTHER" FOR WHY YOU LIVE ELSEWHERE *

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<p>K.3 WHAT ARE YOUR HOUSEHOLD'S SOURCES OF INCOME? (SELECT ALL THAT APPLY)? *</p> <p><input type="checkbox"/> Salary</p> <p><input type="checkbox"/> Agriculture / Self-employment</p> <p><input type="checkbox"/> Humanitarian assistance</p> <p><input type="checkbox"/> Family/friends support</p> <p><input type="checkbox"/> Social benefits</p> <p><input type="checkbox"/> Savings</p> <p><input type="checkbox"/> Pension</p> <p><input type="checkbox"/> No response</p> <p><input type="checkbox"/> Other (please specify)</p>	
<p>K.3.1 PLEASE SPECIFY OTHER SOURCE OF INCOME *</p> <p>.....</p>	
<p>L.1 OTHER COMMENTS / IMPORTANT INFORMATION.</p> <p>.....</p>	

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