

## 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**

<p>A.1 DATE OF THE VISIT <span style="float: right;">*</span></p> <p>yyyy-mm-dd</p>	<p>A.2 CODE OF THE VISIT <span style="float: right;">*</span></p>
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A.3 ORGANIZATION \*

- UNHCR
- People in Need (PIN)
- Norwegian Refugee Council (NRC)
- Center for Social Development "Most" (Bridge)
- Donbas Development Centre (DDC)
- Proliska
- Right to Protection (R2P)
- Slavic Heart
- Youth Organization Maximal
- Other organization

A.3.1 OTHER ORGANIZATION \*

A.4 OFFICE \*

- Sloviansk
- Sieverodonetsk
- Mariupol
- Kharkiv
- Donetsk
- Luhansk
- 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? \*

- Donetska 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*

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B.3 GPS COORDINATES OF THE REPAIRED SHELTER \*

*Please ensure to have GPS turned on*

latitude (x,y °)

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longitude (x,y °)

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altitude (m)

---

accuracy (m)

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**C. BENEFICIARY'S INFO**

C.1 NAME AND SURNAME OF BENEFICIARY \*

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**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 \*

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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?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
D.9 IS THE LIST OF SUPPLIED MATERIALS AND PROVIDED LABOUR ATTACHED TO THIS REPORT?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
D.10 ARE REPAIRS CONSISTENT WITH THE LIST OF SUPPLIED MATERIALS?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
D.11 ARE REPAIRS EXECUTED AS PER THE LOCALLY-ACCEPTED STANDARDS?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
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)	
<b>QUALITY ASSESSMENT/ SATISFACTION LEVEL</b>	
E.1 IS BENEFICIARY SATISFIED WITH THE EXTENT AND QUALITY OF THE REPAIRS?	
<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	
E.2 DID THE BENEFICIARY'S FAMILY HAVE THE CHANCE TO DISCUSS AND AGREE IN THE TYPE OF REPAIR WORKS?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
E.3 DID THE REPAIRS COVER ALL THE DAMAGES SUFFERED BY THE HOUSE?	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
E.3.1 PLEASE PROVIDE EXPLANATIONS	
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E.4 ARE THE REPAIRS IN COMPLIANCE WITH THE CLUSTER'S STANDARDS AND GUIDELINES? \*

Yes  No

E.4.1 PLEASE PROVIDE EXPLANATIONS

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E.5 DID PARTNER ENGINEERS REGULARLY FOLLOW THE REPAIR WORKS AND PROVIDE TECHNICAL SUPPORT? \*

Yes  No

E.6 HAVE THE BENEFICIARY HH RECEIVE THE LIST OF THE DELIVERED MATERIAL AND OF THE LABOUR? \*

Yes  No

E.6.1 PLEASE PROVIDE EXPLANATIONS

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E.7 HAVE THE MONITORING TEAM DULY SHARED WITH PARTNER FINDINGS AND REMARKS FROM THE VISIT? \*

Yes  No

REPAIRED SHELTER (PICTURE) - DETAILS

*Use your smartphone to take/upload a picture of the repaired shelter. Please, do not attach high resolution photo.*

Click here to upload file. (< 10MB)

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E.8 OTHER COMMENTS / OBSERVATIONS

*Please type in this field any other important information on the repairs.*

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**PROTECTION PART: BENEFICIAR INFO**

HH COMPOSIT	MALE	FEMALE
<i>Please make sure to put info about beneficiary as well</i>		
<b>0-4</b>		
<b>5-11</b>		
<b>12-17</b>		
<b>18-59</b>		
<b>60+</b>		

**PROTECTION PART: SELECTION AND VULNERABILITY CRITERIA**

G.1 BENEF HH WAS SELECTED THROUGH JOINT COMMITTEE \*

Yes  No

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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	
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 *	
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	
<b>PROTECTION PART: SAFETY</b>	
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?		*	
<i>(this question TO BE ANSWERED BY THE ASSESSMENT TEAM IN CONSULTATION WITH THE SECURITY ADVISOR IN THE AREA)</i>			
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know	
<b>PROTECTION PART: ACCESS TO BASIC SERVICES</b>			
<b>J.1 ACCESS TO HH BASIC SERVICES</b>			
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		
<b>J.2 ACCESS TO INDIVIDUAL BASIC NEEDS</b>			
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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K.3 WHAT ARE YOUR HOUSEHOLD'S SOURCES OF INCOME? (SELECT ALL THAT APPLY)? \*

- Salary
- Agriculture / Self-employment
- Humanitarian assistance
- Family/friends support
- Social benefits
- Savings
- Pension
- No response
- Other (please specify)

K.3.1 PLEASE SPECIFY OTHER SOURCE OF INCOME \*

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L.1 OTHER COMMENTS / IMPORTANT INFORMATION.

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