

Annex 4 - Shelter Monitoring Form 2019

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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"/> 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"/> 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"/> Donetsk <input type="radio"/> Luhansk <input type="radio"/> Kyiv	A.5 NAME AND SURNAME OF ENUMERATOR *
A.6 FUNCTIONAL AREA OF THE ENUMERATOR * <input type="radio"/> Shelter <input type="radio"/> Protection <input type="radio"/> Programme <input type="radio"/> Field <input type="radio"/> Information Management <input type="radio"/> 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.	

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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? *

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<https://enketo.unhcr.org/x/qbQ4CoBO>

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<p>D.1 PLEASE SELECT THE TYPE OF THE BUILDING *</p> <p><input type="radio"/> Private/Individual</p> <p><input type="radio"/> Multi-storey / multi-apartment buildings</p>	
<p>D.2 PLEASE SELECT A REPAIRS TYPE: *</p> <p><input type="radio"/> Light repair</p> <p><input type="radio"/> Medium repair</p> <p><input type="radio"/> Heavy repair</p> <p><input type="radio"/> Reconstruction</p> <p><input type="radio"/> Other</p>	<p>D.2.1 OTHER TYPE OF REPAIRS *</p> <p>.....</p>
<p>D.3 PLEASE SELECT THE MODALITY OF THE REPAIRS *</p> <p><input type="radio"/> Cash</p> <p><input type="radio"/> Inkind</p> <p><input type="radio"/> Mixed</p>	
<p>D.4 DID THE PARTNER (OR CONTRACTOR) MAKE THE COST ANALYSIS AVAILABLE PRIOR TO THE VISIT? *</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p>D.4.1 PLEASE SPECIFY</p> <p>.....</p>	
<p>D.5 WHAT IS THE TOTAL VALUE OF THE MATERIAL SUPPLIED BY UNHCR? *</p> <p><i>in US\$</i></p> <p>.....</p>	
<p>D.6 WHAT IS THE TOTAL VALUE OF THE MATERIAL PROCURED BY THE PARTNER (OR THE BENEFICIARY)? *</p> <p><i>in US\$</i></p> <p>.....</p>	
<p>D.7 WHAT IS THE TOTAL COST OF THE LABOUR PAID BY THE PROJECT? *</p> <p><i>in US\$</i></p> <p>.....</p>	
<p>TOTAL: NAN</p>	
<p>D.8 WAS THE LIST OF SUPPLIED MATERIALS AND PROVIDED LABOUR (BOQ) AVAILABLE AND DULY SHARED BY PARTNER PRIOR TO THE VISIT? *</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	

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D.9 IS THE LIST OF SUPPLIED MATERIALS AND PROVIDED LABOUR (BOQ) ATTACHED TO THIS REPORT?	*
<input checked="" type="radio"/> Yes <input type="radio"/> No	
D.10 DO THE PROCURED MATERIALS COMPLY WITH THE BOQ?	*
<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. (< 5MB)	

QUALITY ASSESSMENT/ SATISFACTION LEVEL

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.2 WHO EXECUTED THE WORKS?	*
<input type="radio"/> Beneficiary alone/ with help of friends and family <input type="radio"/> Unpaid volunteers <input type="radio"/> Brigades / contractor	
WAS IT DIFFICULT FOR BENEFICIARY TO DO A REPAIRS BY HIM/HERSELF?	*
<input type="radio"/> Yes <input type="radio"/> No	
WAS IT DIFFICULT FOR THE BENEFICIARY TO FIND THE WORKERS?	*
<input type="radio"/> Yes <input type="radio"/> No	

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IF YES, PLEASE EXPLAIN WHY? *	
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	
E.4 ARE THE REPAIRS IN COMPLIANCE WITH THE CLUSTER'S STANDARDS AND GUIDELINES? *	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
E.4.1 PLEASE PROVIDE EXPLANATIONS	
E.5 DID PARTNER (OR CONTRACTOR) ENGINEERS REGULARLY FOLLOW THE REPAIR WORKS AND PROVIDE TECHNICAL SUPPORT? *	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
E.6 HAVE THE BENEFICIARY HH RECEIVED THE BOQ FROM THE IMPLEMENTING PARTNER (OR CONTRACTOR)? *	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
E.6.1 PLEASE PROVIDE EXPLANATIONS	E.6 WHO PURCHASED SUPPLEMENTARY MATERIALS * <input type="radio"/> The beneficiary him/herself <input type="radio"/> Relatives or friends who help the beneficiary <input type="radio"/> The brigades or volunteer workers <input type="radio"/> The implementing partner <input type="radio"/> No supplementary materials purchased
E.6.1 WAS IT DIFFICULT TO PURCHASE THE MATERIALS? *	E.6.1.1 WHY IT WAS DIFFICULT? PLEASE EXPLAIN. *
<input type="radio"/> Yes <input type="radio"/> No	
E.7 HAVE THE MONITORING TEAM DULY SHARED FINDINGS AND REMARKS FROM THE VISIT WITH PARTNER (OR CONTRACTOR)? *	
<input checked="" type="radio"/> Yes <input type="radio"/> 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. (< 5MB)	

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E.8 OTHER COMMENTS / OBSERVATIONS

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

PROTECTION PART: BENEFICIAR INFO

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

PROTECTION PART: SELECTION AND VULNERABILITY CRITERIA

G.1 BENEF HH WAS SELECTED THROUGH JOINT COMMITTEE	*
<input checked="" type="radio"/> Yes <input type="radio"/> No	
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	

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<p>G.4 BENEF HH BELONG TO ANY OF THE TARGET GROUPS IN THE SOPS *</p> <p><i>Area near the LoC: 20km on both sides of the line of contact (UNHCR Zone 1)</i></p> <p><input type="radio"/> Returnees</p> <p><input type="radio"/> Conflict-affected</p> <p><input type="radio"/> IDPs along the LoC</p> <p><input type="radio"/> No</p>	<p>G.4.1 PLEASE SPECIFY WHY BENEFICIARY DOES NOT BELONG TO ANY OF THE TARGET GROUPS IN THE SOPS *</p>
<p>G.5 BENEF HH HAD THE CAPACITY OR THE FINANCIAL MEANS TO REPAIR THE HOUSE BY THEMSELVES *</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>	
<p>G.6 BENEF HH PRESENTS AT LEAST ONE OF THE VULNERABILITIES LISTED IN THE SOPS *</p> <p><i>Please make sure to avoid selection of option "no" with any other options in the list.</i></p> <p><input type="checkbox"/> Marginalized from society</p> <p><input type="checkbox"/> Single parent /caregiver</p> <p><input type="checkbox"/> Serious medical condition</p> <p><input type="checkbox"/> Three or more children (under 18)</p> <p><input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Older person (60+)</p> <p><input type="checkbox"/> SGBV Survivor</p> <p><input type="checkbox"/> No</p>	

PROTECTION PART: SAFETY

<p>H.1 IS THERE A MILITARY PRESENCE IN THE NEIGHBORHOOD? *</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know</p>
<p>H.2 ARE THERE MINES/UXOS IN THE NEIGHBORHOOD? *</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know</p>
<p>H.3 WERE ANY HOUSES IN THIS NEIGHBORHOOD DAMAGED BY THE HOSTILITIES IN THE LAST 3 MONTHS? *</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know</p>
<p>H.4 HOW OFTEN THERE HAS BEEN SHELLING IN THE LAST 3 MONTHS? *</p> <p><input type="radio"/> Daily</p> <p><input type="radio"/> Weekly</p> <p><input type="radio"/> Monthly</p> <p><input type="radio"/> Year ago</p>

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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	

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 CLEAN 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 EDUCATION FACILITY?	*
<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	

PROTECTION PART: SUSTAINABILITY OF THE INTERVENTION
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<p>K.1 WHERE DID YOU LIVE BEFORE THE REPAIRS TOOK PLACE? *</p> <p><input type="radio"/> With family / friends</p> <p><input type="radio"/> In a rented house / apartment</p> <p><input type="radio"/> In the damaged house</p> <p><input type="radio"/> In an outbuilding / shed in the property</p> <p><input type="radio"/> Other (specify)</p>	<p>K.1.2 PLEASE SPECIFY OTHER PLACE WHERE YOU LIVED *</p> <p>.....</p>
<p>K.2 WHERE DO YOU LIVE NOW? *</p> <p><input type="radio"/> In the repaired house <input type="radio"/> Elsewhere</p>	
<p>K.2.1 IF YOU LIVE "ELSEWHERE, WHY? *</p> <p><i>select all that apply</i></p> <p><input type="checkbox"/> Risks related to hostilities <input type="checkbox"/> Incompleteness of repair <input type="checkbox"/> Lack of employment / essential services</p> <p><input type="checkbox"/> Lack of utilities (specify) <input type="checkbox"/> Other (specify)</p>	
<p>K.2.1.1 PLEASE SPECIFY "INCOMPLETENESS OF REPAIR" *</p> <p>.....</p>	<p>K.2.1.2 PLEASE SPECIFY LACK OF UTILITIES *</p> <p><i>select all that apply</i></p> <p><input type="checkbox"/> Heating</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Clean water</p>
<p>K.2.1.2.1 PLEASE SPECIFY OTHER "LACK UTILITIES" *</p> <p>.....</p>	<p>K.2.1.3 PLEASE SPECIFY "OTHER" FOR WHY YOU LIVE ELSEWHERE *</p> <p>.....</p>
<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>

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L.1 OTHER COMMENTS / IMPORTANT INFORMATION.

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