



SHELTER NEEDS ASSESSMENT : Household Survey Form

Name of Surveyor: _____

Date of survey: ___/___/

Form No.: _____

Hello, my name is _____. I am coming from the International Organization for Migration (IOM). I would like to take a few minutes of your time, if it is fine with you. This is for the purpose of an assessment in order to collect some information. This interview is not related to any material gain and is not going to influence your chances of receiving any assistance. You have the right to participate or not participate.

1. Household Information					
1.1 Name of Respondent: _____ _____	1.1A Name of Head of Household (if different): _____ _____	1.2 Age of HOH:		1.3 Gender of HOH	Male <input type="checkbox"/> Female <input type="checkbox"/>
1.4 Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widow <input type="checkbox"/>	
State:		LGA:		Ward:	
Village:		Contact:		Is the House registered?	Yes / No
1.5 GPS Coordinates:		Longitude:		Latitude:	
1.6 How many people live in your household?			# Male: _____	# Female: _____	
1.7 How many family units live in your household?			# Total: _____		
1.8 What is the age of those currently living in the household?				1.9 Displacement Profile:	
Under 1 year: # Male: ____ # Female: ____				<input type="checkbox"/> IDP	
1 - 5 years: # Male: ____ # Female: ____				<input type="checkbox"/> Returnee	
6 - 12 years: # Male: ____ # Female: ____				<input type="checkbox"/> Not displaced	
13 -18 years: # Male: ____ # Female: ____				<input type="checkbox"/> Other _____	
19 - 39years: # Male: ____ # Female: ____					
40 - 60 years: # Male: ____ # Female: ____					
Over 60 years: # Male: ____ # Female: ____					
1.10 Are you a single-headed household (i.e. widow)				<input type="checkbox"/> No	If Yes,
				<input type="checkbox"/> Yes	<input type="checkbox"/> Female <input type="checkbox"/> Male
1.11 How many pregnant or lactating women are there in the household?				# Pregnant: ____	
				# Lactating: ____	



1.12 How many people are there with physical or mental impairment?		# Male: _____ # Female: _____	
1.13 How long has the family been at this location? <input type="checkbox"/> Less than a Month <input type="checkbox"/> Between 1 to 3 months <input type="checkbox"/> Between 3 to 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> Over 1 year (If over 1 year, specify: _____)			
1.14 How long do you intend to stay in this place? <input type="checkbox"/> Less than a Month <input type="checkbox"/> Between 1 to 3 months <input type="checkbox"/> Between 3 to 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> Over 1 year			
1.13 Source of Income: What were the sources of income for your household prior to insurgency? <i>Answers:</i>	1.13A Who is the income earner? A: Male B: Female C: Both D: None	1.13B NGN per month 1: 0-20,000 2: 20,000-40,000 3: 40,000-75,000 4: 75,000-100,000 5: Above 100,000 6: No Answer	1.13C Were these affected by insurgency of BH? 1 Not affected 2: Slightly affected 3: Highly affected (50%+ decrease) 4: Don't know

2. Property and Land ownership		
2.1 What is the type of property ownership or rights held by the affected household over the house? <input type="checkbox"/> Private ownership <input type="checkbox"/> Private co-ownership <input type="checkbox"/> Renting <input type="checkbox"/> Sharer <input type="checkbox"/> Caretaker <input type="checkbox"/> Occupying without consent <input type="checkbox"/> Other _____	2.2 If owner, do you have official document proving shelter ownership? (or other documents, such as electricity bills, water bills, etc. showing proof of ownership) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available If No/ Not available, specify why _____	2.3 If renting, what form of rental agreement do you have: <input type="checkbox"/> Formal rental agreement <input type="checkbox"/> Verbal/Informal agreement <input type="checkbox"/> Other: _____ 2.3A Specify amount of monthly rental: NGN _____



<p>2.4 If sharing, who are you sharing with:</p> <input type="checkbox"/> Relatives <input type="checkbox"/> Friends <input type="checkbox"/> Neighbors <input type="checkbox"/> Other: _____	<p>2.5 Do you own the land which the affected house was built on prior to the conflict?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>2.6 Do you have documentation for the land?</p> <input type="checkbox"/> Yes (formal) <input type="checkbox"/> No, it was lost in the conflict (formal) <input type="checkbox"/> No, never had formal documentation (informal) <input type="checkbox"/> Other _____
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2.7 Are you currently living in the house that you used to live in before the insurgency?
 Yes No (If yes, go to 2.8)

2.7A If no, what type of shelter are you currently living in? (tick one only)

<input type="checkbox"/> Masonry Building (Blocks/ bricks)	<input type="checkbox"/> Traditional House (Adobe / Mud brick)
<input type="checkbox"/> Emergency/ Transitional Shelter by an agency	<input type="checkbox"/> Makeshift (Thatch house with collected materials)
<input type="checkbox"/> In open / public space	<input type="checkbox"/> Other _____
<input type="checkbox"/> Tent	

2.7B If no, where is your original house?

<input type="checkbox"/> Nearby (within walking distance)	<input type="checkbox"/> In the same LGA, but different Ward
<input type="checkbox"/> In the same ward (but not walking distance)	
<input type="checkbox"/> In a different LGA, but within the state	<input type="checkbox"/> In a different State

2.8 Observation about the housing condition: (skip to 3 if in tent / open public space)

<p>FLOOR</p> <input type="checkbox"/> Compact Mud <input type="checkbox"/> Concrete <input type="checkbox"/> No floor <input type="checkbox"/> Other _____	<p>FRAME</p> <input type="checkbox"/> Timber <input type="checkbox"/> Pole <input type="checkbox"/> Brick Column <input type="checkbox"/> Concrete Column <input type="checkbox"/> Other _____	<p>WALL</p> <input type="checkbox"/> Grass /Thatch <input type="checkbox"/> Bamboo / reed <input type="checkbox"/> Mat (Zana) <input type="checkbox"/> Mud brick / Mud <input type="checkbox"/> Burnt brick <input type="checkbox"/> Cement block <input type="checkbox"/> Plastic sheet <input type="checkbox"/> Timber <input type="checkbox"/> Other _____	<p>ROOF</p> <input type="checkbox"/> Iron/ Zinc sheets <input type="checkbox"/> Aluminium roofing sheets <input type="checkbox"/> Plastic sheet <input type="checkbox"/> Grass /Thatch <input type="checkbox"/> Concrete slab roof <input type="checkbox"/> Other _____
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3. Housing Condition
 (skip section 3 if living in a tent / makeshift house/ transitional shelter/ emergency shelter and the original house is not nearby)



Category 0: No damage <input type="checkbox"/>			
Category 1: Light Damage (Livable)	<input type="checkbox"/> Bullet holes on the external walls but not penetrated inside <input type="checkbox"/> Damage to glass or locks on windows and doors <input type="checkbox"/> Light fire damage evident <input type="checkbox"/> Hairline cracks in very few walls. Fall of small pieces of plaster only <input type="checkbox"/> Fall of loose stones from upper wall in very few cases	Category 2: Medium to Light Damage (Needs minimum repair, but livable) <i>(In additional to the previous category)</i>	<input type="checkbox"/> Bullet holes penetrated walls <input type="checkbox"/> Doors and/or windows need to be replaced <input type="checkbox"/> Toilets and wash areas unusable <input type="checkbox"/> Damage to brick work or wall 10% <input type="checkbox"/> Damage to flooring and plastering 10% <input type="checkbox"/> Fire damage evident <input type="checkbox"/> Cracks in many walls. <input type="checkbox"/> Rafters exiting but roofing sheet partially uprooted
Category 3 Medium-heavy damages – Repair need before being usable for living <i>(In additional to the previous category)</i>	<input type="checkbox"/> Damage to brick work or wall 25% <input type="checkbox"/> Damage to flooring and plastering around 25% <input type="checkbox"/> Significant fire damage evident <input type="checkbox"/> Any structural damage <input type="checkbox"/> Large and extensive cracks in most walls <input type="checkbox"/> Rafters exiting but without roofing sheet	Category 4 Heavy/ completely damaged – To rebuild <i>(In additional to the previous category)</i>	<input type="checkbox"/> Partially or completely collapsed roof (no rafters/ no sheet/ or collapsed concrete slab roof) <input type="checkbox"/> Severe damage to flooring/ walls (50% or more)
Total Land Area: _____ m2 Covered Area: _____ m2	Existing latrines: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many _____ Kitchen Exists: Yes <input type="checkbox"/> No <input type="checkbox"/>	Roof Damaged: Yes <input type="checkbox"/> No <input type="checkbox"/> % of Roof Damage: _____%	
Total no. of rooms:	No. of habitable Rooms:	No. of completely damaged rooms:	No. of Partially damaged rooms:
Availability of Land and Usable Shelter Material Under the Ownership of the HH: <input type="checkbox"/> Available land <input type="checkbox"/> Wall Materials (Bricks/blcks) <input type="checkbox"/> Roofing Materials (zinc / al sheets) <input type="checkbox"/> Timber <input type="checkbox"/> Joinery <input type="checkbox"/> Cement <input type="checkbox"/> Tools			



4. OTHERS

4.1A Where do you collect drinking water from? _____

4.1B Where do you collect water for domestic chores? _____

4.1C How long does it take you to reach the water source? _____ mins

4.2A Have you received any assistance from any humanitarian agency? Yes No

If yes, please specify _____

4.3A Is there any functioning market nearby? Yes No

4.3B If yes, how do you access the market? By foot By motorcycle By bicycle By trucks/ car / pick ups By Keke By donkeys By boat Others _____

4.3C How long does it take you to reach the market? _____ mins / _____ hours / _____ days

4.3D Are there construction materials available in the market? Yes No

If yes, what are those? _____

4.4A Are there any skilled / semi-skilled labour (masons / carpenters) available in the community? Yes No

4.4B How many do you think there are in your neighbourhood? _____ carpenters, _____ masons

4.4C What is the daily rate for a mason _____ NGN

4.4D What is the daily rate for a carpenter _____ NGN

4.5A Are there any financial institution / agent in the area? Yes No

If yes, please specify _____

Additional remarks by the Surveyor: