

**NFI and Emergency Shelter  
ASSESSMENT / VERIFICATION REPORT**

*Field with (\*) is mandatory*

**1. General Information**

	Type of Activities*
Alert Date*:	<b>ASSESSMENT</b> (please tick) <input type="checkbox"/>
Assessment/Verification Date*:	<b>VERIFICATION</b> (please tick) <input type="checkbox"/>
Report Date*:	

**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 <i>if known</i>	
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. Summary of Population Type / Numbers**

<b>A. Estimated total population resident in area</b>	
- Reference principle source	
<b>B. Number of IDPs/Returnees/Host Community*</b>	
New Arrivals [in location < 3 months]	<input type="checkbox"/> _____ HHs _____ Individuals
IDPs [in location > 3 months]	<input type="checkbox"/> _____ HHs _____ Individuals
Returnees (IDPs & Refugees) [in location < 2 years]	<input type="checkbox"/> _____ HHs _____ Individuals
Host Communities [in location > 2 years]	<input type="checkbox"/> _____ HHs _____ Individuals
Others – Specify _____	<input type="checkbox"/> _____ HHs _____ Individuals
<b>Please include brief narrative on following</b> - Reference all sources – Can be multiple - If returnee, in transit or final destination? Organised or spontaneous? - Do any rapid registration list/s already exist? Made by whom? Is it available?	

**C. Total number in need of shelter/NFI assistance\***

New Arrivals	[in location < 3 months]	<input type="checkbox"/>	_____ HHs	_____ Individuals
IDPs	[in location > 3 months]	<input type="checkbox"/>	_____ HHs	_____ Individuals
Returnees (IDPs & Refugees)	[in location < 2 years]	<input type="checkbox"/>	_____ HHs	_____ Individuals
Host Communities	[in location > 2 years]	<input type="checkbox"/>	_____ HHs	_____ Individuals
Others – Specify _____		<input type="checkbox"/>	_____ HHs	_____ Individuals

**Please include brief narrative on following**  
 - Are the above figures verified?

**5. Location Information for Origin of Displaced Persons**
**Location [1]**

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	

**Location [2]**

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	

**Location [3]**

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	

## RECOMMENDATIONS

*If emergency shelter and/or NFI distribution is recommended:*

<b>Define targeting criteria</b> - Need/vulnerability (if vulnerability, define vulnerability categories)	
<b>Specify items to be distributed</b> - Type of NFI/ES kits - Number of NFI kits (please specify quantity of each type) - Specify if quantity of items distributed will vary by household size	<b>Type of Kit</b> - Type of NFI/ES kits
	<b>NFI</b> RRM <input type="checkbox"/> Basic <input type="checkbox"/> Improved <input type="checkbox"/>

	<b>Shelter</b>	
	E-shelter Kit	<input type="checkbox"/>
	Shelter Reinforcement Kit	<input type="checkbox"/>
		Bama Shelter <input type="checkbox"/>
<b>Number of kits</b>		
<ul style="list-style-type: none"> <li>- Number of NFI kits (please specify quantity of each type)</li> <li>- Please specify, underneath, if quantity of items distributed will vary by household size</li> </ul>		
Type 1 _____		# Kits _____
Type 2 _____		# Kits _____
Type 3 _____		# Kits _____
<b>Modality of Response</b>		
<ul style="list-style-type: none"> <li>- Specify the modality of response and the justification for that choice.</li> </ul>	In-Kind	<input type="checkbox"/>
	Cash (Hard or E-cash)	<input type="checkbox"/>
	Voucher (Paper or e-voucher)	<input type="checkbox"/>
<b>Justification</b>		
<ul style="list-style-type: none"> <li>- Please provide the justification for the selection of type of kits and the modality of response (you can include photos, graphs and any information that is relevant)</li> </ul>		
<b>Key considerations for distribution</b>		
<ul style="list-style-type: none"> <li>- E.g. location, access, logistics, security and protection concerns, push/pull, stakeholders/partners to work with</li> </ul>		
If emergency shelter and/or NFI distribution is <b>not</b> recommended:		
<b>Summarise reasons and propose next steps, if any</b>		
<ul style="list-style-type: none"> <li>- E.g. referral to other clusters</li> </ul>		
<b>Immediate next steps</b>	<b>Timeline</b>	<b>Who is responsible</b>
<b>Please submit to <a href="mailto:shelter.ccm.nigeria@gmail.com">shelter.ccm.nigeria@gmail.com</a></b>		

**Shelter assessment / Site assessment questionnaires for technical questions**



201708\_Site Assessment Form - 170310\_Collective Assessment Form - 2017.03\_HH level Shelter Rapid Assessment Form

**List of IDP sites and locations in host communities (as of December 2017)**



DTM Rd XX  
Nigeria\_Site and Loc