

Shelter/NFI Need Assessment Form

House damages assessment of Bara Khyber Agency Returnees



Shelter Cluster Pakistan
ShelterCluster.org
Coordinating Humanitarian Shelter

(A) HoH Information							
Name of HOH:				Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Book No: KHY-001
Age of HOH:				Martial Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widow <input type="checkbox"/> Divorced <input type="checkbox"/>
W/O, D/O,S/O:				Hoh Reg No:			Form No: 001-01
HOH CNIC:				Hoh VRF No:			Team No:
Tribes:				Village:			Contact #:

Total No of families living in the house:							Owned House <input type="checkbox"/>
	VRF#	Men	Women	Boys	Girls	Total Ind.	Rented House <input type="checkbox"/>
Family 1							
Family 2							
Family 3							
Family 4							
Family 5							
Family 6							

Source of income	Avg family Income/ month	Income generating assets under ownership of family
Employed <input type="checkbox"/>	PKR Less than 5000 <input type="checkbox"/>	1
Business owner <input type="checkbox"/>	PKR 5000 to 10000 <input type="checkbox"/>	2
Skilled Labor <input type="checkbox"/>	PKR 10000 to 20000 <input type="checkbox"/>	3
Un - Skilled Labor <input type="checkbox"/>	PKR 20000 to 30000 <input type="checkbox"/>	4
	PKR 30000 and above <input type="checkbox"/>	5

Vulnerability	Chronically Ill	Phy Disability	Mental Disability	Females HoH	Old Age 60+	Remarks
HoH's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
any family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	

(B) Housing Information

Total Area	(sq.feet)	House Condition			
Covered Area	(sq.feet)	Parada Wall Damaged	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Length of the damaged Parada Wall (RFT) <input type="text"/>
Construction Type:	Kacha <input type="checkbox"/>	Latrine exist	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Kitchen exist Yes <input type="checkbox"/>
	Pacca <input type="checkbox"/>	Total No of Rooms			Completely Damaged rooms <input type="text"/>
	Kacha Semi Pacca <input type="checkbox"/>	Partially Damaged rooms			Live able rooms <input type="text"/>

Current Living condition in case of (Physically Disabled OR Completely Damaged house)			
(A): Living in same damaged rooms <input type="checkbox"/>	(D): Living in Rented accommodation <input type="checkbox"/>		
(B): Living In Tent pitched inside the damaged house <input type="checkbox"/>	(E) Living with Relatives <input type="checkbox"/>		
(C): Living in other temporary arrangement inside the damaged house <input type="checkbox"/>	(F) Other <input type="text"/>		
No of Rooms accopied by the family: <input type="text"/>	Rooms	Per Room occupancy: <input type="text"/>	individuals

(C) Availability of Land & Useable shelter material under the ownership of HoH

Land available <input type="checkbox"/>	Roofing materials <input type="checkbox"/>	Wall materials <input type="checkbox"/>	Wooden logs <input type="checkbox"/>	Joinery <input type="checkbox"/>
HoH / Family is agreed to use the available materials in the upcoming shelter assistance as a part of their share: Yes <input type="checkbox"/> No <input type="checkbox"/>				
HoH / Family is agreed to provide Skilled labour in the upcoming shelter assistance as a part of their share: Yes <input type="checkbox"/> No <input type="checkbox"/>				
HoH / Family is agreed to provide UnSkilled labour in the upcoming shelter assistance as a part of their share: Yes <input type="checkbox"/> No <input type="checkbox"/>				

(D) Top 3 Priority Needs of NFIs

SLEEPING MAT <input type="checkbox"/>	MOSQUITO NET <input type="checkbox"/>	KITCHEN SET <input type="checkbox"/>
BLANKET <input type="checkbox"/>	PLASTIC BUCKET <input type="checkbox"/>	SOAP <input type="checkbox"/>
PLASTIC SHEET <input type="checkbox"/>	JERRYCAN <input type="checkbox"/>	SANITARY CLOTH <input type="checkbox"/>

(E) Recommendations for Shelter assistance

Recommended assistance for (Phase 1)				Recommended assistance for (Phase 2)			
Items	Count	Unit	Quantity	Remarks	Assistance Type	Count	Unit
Tent	Yes <input type="checkbox"/>	No <input type="checkbox"/>			Complete room	Room	
Tool kit	Yes <input type="checkbox"/>	No <input type="checkbox"/>			Roofing materials	Set	
NFIs	Yes <input type="checkbox"/>	No <input type="checkbox"/>			Wall materials	CFT	
Criteria No. for NFIs					Joinery	Set	

Overall observation / remarks of the survey team:					

Name:	Social Organizer	Field Engineer	Govt/ FDMA Representative	Community Representative	Beneficiary Sign/ Thumb
Signature					

Note for survey team: It is mandatory to take atleast 3 pictures of each assessment which show the scale of damages.