

## Appendix C: Rapid Household Survey form

### Shelter Needs Assessment Rapid Household Survey

Location [Name Village / GPS Position] \_\_\_\_\_

Field Officer \_\_\_\_\_

Monitoring Date \_\_\_\_\_

DD / MM / YY \_\_\_\_\_

Head of Household					
Name			Father's name		
Contact Num.			HH Total		
			# Families in HH		
Composition of HH					
GENDER/AGE	Children <5y	Children (5-15y)	Adolescents (16-18y)	Adults (18-49y)	Elderly (≥ 50y)
Male					
Female					
Number of bread winner(s) (currently working and above 16 years)					
Construction skills available within the household			Carpentry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Masonry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Stone cutting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Tinsmith	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Land Ownership					
Do you own land or have a leasing agreement with a land owner? If no, skip to "Additional Vulnerability" section					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the shelter reconstruction location flood prone?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the flooding frequency (number of flood episode per year)					
Is the shelter reconstruction location erosion prone?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the erosion frequency (number of erosion episode per year)					
Do you have access to alternative safer land for shelter reconstruction?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Vulnerability:					
Elderly head HH	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physically Disabled HH		<input type="checkbox"/> Yes <input type="checkbox"/> No	#
Female Head HH	<input type="checkbox"/> Yes <input type="checkbox"/> No	Breastfeeding Women HH*		<input type="checkbox"/> Yes <input type="checkbox"/> No	#
Child head HH	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chronically ill HH		<input type="checkbox"/> Yes <input type="checkbox"/> No	#
Host Family	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant women		<input type="checkbox"/> Yes <input type="checkbox"/> No	#
Latrine available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Main water source (after the disaster)		<input type="checkbox"/> Working/Undamaged hand pump or tapstand <input type="checkbox"/> River/Canal/Damaged well or tapstand	
* Including Women headed HHs with children under 2 who should be breastfed		Distance to water source in minutes			
Disaster assessment:					
Number of deaths in hh					
Number of injured in hh					
What is the state of the household?		Completely destroyed or immediate risk of collapse/ Partially Destroyed/ Unharmed			
What is the current accommodation?		Emergency shelter/ Own house/ Hosted by another family/ Rented house / In open area			
If rented: Amount of rent monthly					
Car/Truck	Owned	Lost		NFI's lost (circle)	NFI's owned (circle)
Horses/Camels	Owned	Lost		Kitchen utensils	Kitchen utensils
Donkey	Owned	Lost		Hygiene items	Hygiene items
Cattle/Goats/Sheep	Owned	Lost		School material	School material
Chicken	Owned	Lost		Blankets	Blankets
Number of Rainfed Jeribs	Owned	Destroyed		Water containers	Water containers
Number of Irrigated Jeribs	Owned	Destroyed			
Beneficiaries' priorities					
Please enlist the first three priorities for the HH	1 _____				
	2 _____				
	3 _____				
Signature of the Interviewee					