

Annex A: House hold survey (English and Arabic)



SHELTER AND VULNERABILITY ASSESSMENT FORM

I. Team Information

a. Shelter ID : _____	Date: ____ / ____ / 201__
b. Team ID : _____	1. Leader : _____ Signature: _____ 2. Member 1: _____ Signature: _____ 3. Member 2: _____ Signature: _____

II. Geographical Information

1. Province: _____	2. City/Village: _____
3. Street: _____	4. Nearest Point of interest: _____
5. GPS ref #: _____	
6. GPS Mark # : _____	7. Map Ref#: _____
8. Longitude: _____	9. Latitude: _____
10. Cam Ref #: _____	11. Picture ref #: Front: _____ _001 Damage: _____ _002 Damage : _____ _003 Damage: _____ _004

TECHNICAL ASSESSMENT

1) Building Type:

1.1) Type of building house is located in (see descriptions on the right):

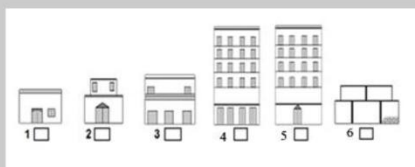


Image description:

- 1 – Individual house without fence
- 2 – Individual house with fence
- 3 – Individual house with shops
- 4 - Big building with shops (apartment block)
- 5 - Big building (apartment block)
- 6 – Building/ house under construction

1.2) Type of property:		<input type="checkbox"/> Private <input type="checkbox"/> Public building <input type="checkbox"/> Other _____
1.3) Location of the shelter within building (to be checked only if in question 1.1) it has been chosen the answer 3, 4, 5 or 6):		<input type="checkbox"/> Ground Floor <input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Third Floor <input type="checkbox"/> Fourth Floor <input type="checkbox"/> Fifth Floor <input type="checkbox"/> Sixth Floor <input type="checkbox"/> Seventh Floor <input type="checkbox"/> Other _____
1.4) Area of the inhabited shelter by HH (squared meters):		<input type="checkbox"/> 10 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 150 <input type="checkbox"/> More than 150
2. Damages of the House:		
2.1) When was the shelter damaged?		<input type="checkbox"/> Before Feb 2011 <input type="checkbox"/> Feb-March <input type="checkbox"/> March-April <input type="checkbox"/> April-May <input type="checkbox"/> May-June <input type="checkbox"/> June-July <input type="checkbox"/> July-August <input type="checkbox"/> August-Sept <input type="checkbox"/> Sept-Oct <input type="checkbox"/> Since October 2011 <input type="checkbox"/> Unknown
2.2) Please give brief description of reason for damage:		<input type="checkbox"/> Used as a shelter for displaced persons <input type="checkbox"/> Occupied by armed forces <input type="checkbox"/> Vandalism/Theft <input type="checkbox"/> Shelling <input type="checkbox"/> Burning/fire <input type="checkbox"/> Other _____
2.3) Please tick the corresponding level of damage in the <u>left tick</u> box, and tick relevant boxes to indicate the type of damages in the <u>right tick</u> boxes.	Category 1 <input type="checkbox"/> <u>Light damages – Livable</u>	<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"/> Electrical fixtures (localized damage, to sockets, plugs, lamps etc.) <input type="checkbox"/> Light fire damage evident

	Category 2 <input type="checkbox"/> <i>(In additional to the previous category)</i> <u>Medium to light damage – Livable</u>	<input type="checkbox"/> Bullet holes penetrated walls <input type="checkbox"/> Doors and/or windows need to be replaced <input type="checkbox"/> Electrical terminal boxes and wires (damage to system throughout house) <input type="checkbox"/> Water leakage system (water pipes, water tanks and water pumps) <input type="checkbox"/> Toilets and wash areas unusable <input type="checkbox"/> Damage to brick work or wall lining up to 20 m2 <input type="checkbox"/> Damage to ceramic, ground tiles, decorations up to 20 m2 <input type="checkbox"/> Fire damage evident
	Category 3 <input type="checkbox"/> <i>(In additional to the previous category)</i> <u>Medium-heavy damages – Repair need before being usable for living</u>	<input type="checkbox"/> Damage to brick work or wall lining more than 20 m2 <input type="checkbox"/> Damage to ceramic, ground tiles, decorations more than 20 m2 <input type="checkbox"/> Significant fire damage evident <input type="checkbox"/> Any structural damage related to beams and columns
	Category 4 <input type="checkbox"/> <i>(In additional to the previous category)</i> <u>Heavy/completely damaged – To rebuild</u>	<input type="checkbox"/> Partially or completely collapsed roof <input type="checkbox"/> Any structural damage related to foundation <input type="checkbox"/> Cracks in walls indicating foundation damage
2.4) Has any of the house furniture/equipment been damaged, destroyed or stolen during the conflict?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give approximate percentage of furniture/equipment damaged _____</i>	
2.5) Is electricity available in the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.5 a) If No, is caused by:	<input type="checkbox"/> Damaged internal network <input type="checkbox"/> Damaged public network supply	
2.6) Is running water available in the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.7) Is water provided to the shelter	<input type="checkbox"/> By public supply <input type="checkbox"/> By private wells	
2.8) Is there evidence of UXOs/ERWs in the shelter or nearby area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2.8. a) If Yes, where?	<input type="checkbox"/> Inside Shelter <input type="checkbox"/> Outside Shelter (within the fence) <input type="checkbox"/> Nearby area (approximate distance: _____ meters)
2.9. b) If Yes, please describe	_____ _____ _____

PROFILE AND VULNERABILITY ASSESSMENT

1) Profile of Legal Owner of Property

Family Name	_____	Family Book Number ID: _____
First Name	_____	
Has the owner provided with the official document of the shelter ownership?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Info <input type="checkbox"/> Widow HH <input type="checkbox"/> Disabled HH <input type="checkbox"/> Elderly HH <input type="checkbox"/> Single headed HH
If not living in the shelter, where is s/he living now?	<input type="checkbox"/> Internally displaced <input type="checkbox"/> Second owned house <input type="checkbox"/> Hosted by relatives <input type="checkbox"/> Unknown	Address or Contact info: _____ _____

2) Profile of Resident (if not above owner)

Family Name	_____	Family Book Number ID: _____
First Name	_____	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Info <input type="checkbox"/> Widow HH <input type="checkbox"/> Disabled HH <input type="checkbox"/> Elderly HH <input type="checkbox"/> Single headed HH
Where is the family from originally?	<input type="checkbox"/> The current city/ village <input type="checkbox"/> Other region (Shabya): _____ <input type="checkbox"/> The same region (Shabya) <input type="checkbox"/> Abroad <input type="checkbox"/> Unknown	

3) If not at all occupied

3.1) Why is the house not occupied?	<input type="checkbox"/> House too damaged <input type="checkbox"/> Economic reasons <input type="checkbox"/> Security reasons <input type="checkbox"/> Other (please describe) _____
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4) House Residency

4.1) If <i>occupied</i> , please provide type of residency/ housing right related to the HH:	<input type="checkbox"/> Owned <input type="checkbox"/> Rented
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		<input type="checkbox"/> Occupied with owner's permission <input type="checkbox"/> Occupied with permission along temporary government	
4.2) Profile of resident:		<input type="checkbox"/> Resident <input type="checkbox"/> Internally displaced persons <input type="checkbox"/> Recently returned from displacement <input type="checkbox"/> Foreign nationals	
4.3) Since the conflict has the family been displaced?		<input type="checkbox"/> No <input type="checkbox"/> Once <input type="checkbox"/> More than once (please provide approximate number _____)	
4.3 a) If Yes, where?	<input type="checkbox"/> The current city/ village <input type="checkbox"/> The same region (Shabya) <input type="checkbox"/> Other region (Shabya): _____ <input type="checkbox"/> Abroad <input type="checkbox"/> Unknown		
4.4) Total number of people staying in the house?	Total Number of Persons		
	Number of Women		
	Number of Children (under 5 years old)		
	Number of Children (between 6 and 18 years old)		
	Number of elderly (above 60)		
	Number of persons with physical disabilities		
5) Economic status of house resident			
	Before Conflict	After Conflict	
5.1) What is the main source of income before/after the conflict?	<input type="checkbox"/> Relatives <input type="checkbox"/> Government job <input type="checkbox"/> Private sector employee <input type="checkbox"/> Self employment <input type="checkbox"/> Social Support <input type="checkbox"/> Savings <input type="checkbox"/> No income <input type="checkbox"/> Other: _____	<input type="checkbox"/> Relatives <input type="checkbox"/> Government job <input type="checkbox"/> Private sector employee <input type="checkbox"/> Self employment <input type="checkbox"/> Social Support <input type="checkbox"/> Savings <input type="checkbox"/> No income <input type="checkbox"/> Other: _____	

	_____	_____
5.2) Does the HH income cover the family basic needs?	<input type="checkbox"/> Completely <input type="checkbox"/> Sufficiently <input type="checkbox"/> Partially <input type="checkbox"/> Not at all	<input type="checkbox"/> Completely <input type="checkbox"/> Sufficiently <input type="checkbox"/> Partially <input type="checkbox"/> Not at all

6)Assistance to the HH

6.1) Is the family in need of assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES	
6.1 a) What kind of support is needed?	<input type="checkbox"/> Food <input type="checkbox"/> Shelter NFIs <input type="checkbox"/> Hygiene Kits <input type="checkbox"/> Technical <input type="checkbox"/> Financial <input type="checkbox"/> Material <input type="checkbox"/> Temporary shelter <input type="checkbox"/> Other: _____
6.1 b) What kind of support can the residents provide?	<input type="checkbox"/> Materials to repair/rebuild <input type="checkbox"/> Labour support to repair/rebuild <input type="checkbox"/> Financial support to repair/rebuild <input type="checkbox"/> Other: _____

6.2) Has there already been support provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES	
6.2 a) What kind of support was provided?	<input type="checkbox"/> Food <input type="checkbox"/> Shelter NFIs <input type="checkbox"/> Hygiene Kits <input type="checkbox"/> Technical <input type="checkbox"/> Financial <input type="checkbox"/> Building Material <input type="checkbox"/> Temporary shelter <input type="checkbox"/> Other: _____
6.2 b) Who provided such support?	<input type="checkbox"/> Local authorities <input type="checkbox"/> Own funds <input type="checkbox"/> Private individuals <input type="checkbox"/> Local charity associations <input type="checkbox"/> Local NGOs <input type="checkbox"/> International NGOs / UN / Donors <input type="checkbox"/> Other: _____
7) Additional Services and Risks	
7.1) Does the household have regular access to food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2) Does the household have regular access to drinking water such as bottled water, water tanks, filtered water, boiled water, purified water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3) Is the household exposed to low levels of sanitation (e.g dysfunctional sewage system)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4) Is the household at risk because of the level of damage in house?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5) Is the household under threat of eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.6) Is the household at risk of UXOs/ERWs in the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.7) Does other external conflict place security risk for the family?	<input type="checkbox"/> Yes <input type="checkbox"/> No



SHELTER AND VULNERABILITY ASSESSMENT FORM

I. Team Information

a. Shelter ID : _____	Date: ____ / ____ / 201__						
b. Team ID : _____	<table style="width: 100%;"> <tr> <td style="width: 60%;">1. Leader : _____</td> <td style="width: 40%;">Signature: _____</td> </tr> <tr> <td>2. Member 1: _____</td> <td>Signature: _____</td> </tr> <tr> <td>3. Member 2: _____</td> <td>Signature: _____</td> </tr> </table>	1. Leader : _____	Signature: _____	2. Member 1: _____	Signature: _____	3. Member 2: _____	Signature: _____
1. Leader : _____	Signature: _____						
2. Member 1: _____	Signature: _____						
3. Member 2: _____	Signature: _____						

II. Geographical Information

1. Province: _____	2. City/Village: _____									
3. Street: _____	4. Nearest Point of interest: _____									
5. GPS ref #: _____	6. GPS Mark # : _____	7. Map Ref#: _____								
8. Longitude: _____	9. Latitude: _____									
10. Cam Ref #: _____	11. Picture ref #: <table style="width: 100%; margin-top: 10px;"> <tr><td style="width: 60%;">Front:</td><td style="width: 40%;">_001</td></tr> <tr><td>Damage:</td><td>_002</td></tr> <tr><td>Damage :</td><td>_003</td></tr> <tr><td>Damage:</td><td>_004</td></tr> </table>		Front:	_001	Damage:	_002	Damage :	_003	Damage:	_004
Front:	_001									
Damage:	_002									
Damage :	_003									
Damage:	_004									

TECHNICAL ASSESSMENT

1) Building Type:

1.1) Type of building house is located in (see descriptions on the right):

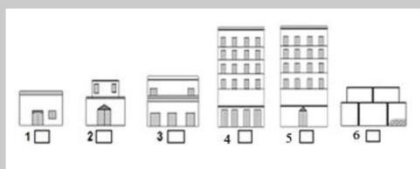


Image description:

- 1 – Individual house without fence
- 2 – Individual house with fence
- 3 – Individual house with shops
- 4 - Big building with shops (apartment block)
- 5 - Big building (apartment block)
- 6 – Building/ house under construction

1.2) Type of property:		<input type="checkbox"/> Private <input type="checkbox"/> Public building <input type="checkbox"/> Other _____
1.3) Location of the shelter within building (to be checked only if in question 1.1) it has been chosen the answer 3, 4, 5 or 6):		<input type="checkbox"/> Ground Floor <input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Third Floor <input type="checkbox"/> Fourth Floor <input type="checkbox"/> Fifth Floor <input type="checkbox"/> Sixth Floor <input type="checkbox"/> Seventh Floor <input type="checkbox"/> Other _____
1.4) Area of the inhabited shelter by HH (squared meters):		<input type="checkbox"/> 10 to 50 <input type="checkbox"/> 50 to 100 <input type="checkbox"/> 100 to 150 <input type="checkbox"/> More than 150
2. Damages of the House:		
2.1) When was the shelter damaged?		<input type="checkbox"/> Before Feb 2011 <input type="checkbox"/> Feb-March <input type="checkbox"/> March-April <input type="checkbox"/> April-May <input type="checkbox"/> May-June <input type="checkbox"/> June-July <input type="checkbox"/> July-August <input type="checkbox"/> August-Sept <input type="checkbox"/> Sept-Oct <input type="checkbox"/> Since October 2011 <input type="checkbox"/> Unknown
2.2) Please give brief description of reason for damage:		<input type="checkbox"/> Used as a shelter for displaced persons <input type="checkbox"/> Occupied by armed forces <input type="checkbox"/> Vandalism/Theft <input type="checkbox"/> Shelling <input type="checkbox"/> Burning/fire <input type="checkbox"/> Other _____
2.3) Please tick the corresponding level of damage in the <u>left tick</u> box, and tick relevant boxes to indicate the type of damages in the <u>right tick</u> boxes.	Category 1 <input type="checkbox"/> <u>Light damages – Livable</u>	<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"/> Electrical fixtures (localized damage, to sockets, plugs, lamps etc.) <input type="checkbox"/> Light fire damage evident

	Category 2 <input type="checkbox"/> <i>(In additional to the previous category)</i> <u>Medium to light damage – Livable</u>	<input type="checkbox"/> Bullet holes penetrated walls <input type="checkbox"/> Doors and/or windows need to be replaced <input type="checkbox"/> Electrical terminal boxes and wires (damage to system throughout house) <input type="checkbox"/> Water leakage system (water pipes, water tanks and water pumps) <input type="checkbox"/> Toilets and wash areas unusable <input type="checkbox"/> Damage to brick work or wall lining up to 20 m2 <input type="checkbox"/> Damage to ceramic, ground tiles, decorations up to 20 m2 <input type="checkbox"/> Fire damage evident
	Category 3 <input type="checkbox"/> <i>(In additional to the previous category)</i> <u>Medium-heavy damages – Repair need before being usable for living</u>	<input type="checkbox"/> Damage to brick work or wall lining more than 20 m2 <input type="checkbox"/> Damage to ceramic, ground tiles, decorations more than 20 m2 <input type="checkbox"/> Significant fire damage evident <input type="checkbox"/> Any structural damage related to beams and columns
	Category 4 <input type="checkbox"/> <i>(In additional to the previous category)</i> <u>Heavy/completely damaged – To rebuild</u>	<input type="checkbox"/> Partially or completely collapsed roof <input type="checkbox"/> Any structural damage related to foundation <input type="checkbox"/> Cracks in walls indicating foundation damage
2.4) Has any of the house furniture/equipment been damaged, destroyed or stolen during the conflict?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please give approximate percentage of furniture/equipment damaged _____</i>	
2.5) Is electricity available in the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.5 a) If No, is caused by:	<input type="checkbox"/> Damaged internal network <input type="checkbox"/> Damaged public network supply	
2.6) Is running water available in the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.7) Is water provided to the shelter	<input type="checkbox"/> By public supply <input type="checkbox"/> By private wells	
2.8) Is there evidence of UXOs/ERWs in the shelter or nearby area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2.8. a) If Yes, where?	<input type="checkbox"/> Inside Shelter <input type="checkbox"/> Outside Shelter (within the fence) <input type="checkbox"/> Nearby area (approximate distance: _____ meters)
2.9. b) If Yes, please describe	_____ _____ _____

PROFILE AND VULNERABILITY ASSESSMENT

1) Profile of Legal Owner of Property

Family Name	<input type="text"/>	Family Book Number ID:	<input type="text"/>
First Name	<input type="text"/>		
Has the owner provided with the official document of the shelter ownership?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Info	<input type="checkbox"/> Widow HH <input type="checkbox"/> Disabled HH <input type="checkbox"/> Elderly HH <input type="checkbox"/> Single headed HH
If not living in the shelter, where is s/he living now?	<input type="checkbox"/> Internally displaced <input type="checkbox"/> Second owned house <input type="checkbox"/> Hosted by relatives <input type="checkbox"/> Unknown		Address or Contact info: <input type="text"/> <input type="text"/>

2) Profile of Resident (if not above owner)

Family Name	<input type="text"/>	Family Book Number ID:	<input type="text"/>
First Name	<input type="text"/>		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Info	<input type="checkbox"/> Widow HH <input type="checkbox"/> Disabled HH <input type="checkbox"/> Elderly HH <input type="checkbox"/> Single headed HH
Where is the family from originally?	<input type="checkbox"/> The current city/ village <input type="checkbox"/> Other region (Shabya): <input type="checkbox"/> The same region (Shabya) _____ <input type="checkbox"/> Abroad <input type="checkbox"/> Unknown		

3) If not at all occupied

3.1) Why is the house not occupied?	<input type="checkbox"/> House too damaged <input type="checkbox"/> Economic reasons <input type="checkbox"/> Security reasons <input type="checkbox"/> Other (please describe) _____
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4) House Residency

4.1) If <i>occupied</i> , please provide type of residency/ housing right related to the HH:	<input type="checkbox"/> Owned <input type="checkbox"/> Rented
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		<input type="checkbox"/> Occupied with owner's permission <input type="checkbox"/> Occupied with permission along temporary government	
4.2) Profile of resident:		<input type="checkbox"/> Resident <input type="checkbox"/> Internally displaced persons <input type="checkbox"/> Recently returned from displacement <input type="checkbox"/> Foreign nationals	
4.3) Since the conflict has the family been displaced?		<input type="checkbox"/> No <input type="checkbox"/> Once <input type="checkbox"/> More than once (please provide approximate number_____)	
4.3 a) If Yes, where?	<input type="checkbox"/> The current city/ village <input type="checkbox"/> The same region (Shabya) <input type="checkbox"/> Other region (Shabya): _____ <input type="checkbox"/> Abroad <input type="checkbox"/> Unknown		
4.4) Total number of people staying in the house?		Total Number of Persons	
		Number of Women	
		Number of Children (under 5 years old)	
		Number of Children (between 6 and 18 years old)	
		Number of elderly (above 60)	
		Number of persons with physical disabilities	
5) Economic status of house resident			
	Before Conflict	After Conflict	
5.1) What is the main source of income before/after the conflict?	<input type="checkbox"/> Relatives	<input type="checkbox"/> Relatives	
	<input type="checkbox"/> Government job	<input type="checkbox"/> Government job	
	<input type="checkbox"/> Private sector employee	<input type="checkbox"/> Private sector employee	
	<input type="checkbox"/> Self employment	<input type="checkbox"/> Self employment	
	<input type="checkbox"/> Social Support	<input type="checkbox"/> Social Support	
	<input type="checkbox"/> Savings	<input type="checkbox"/> Savings	
	<input type="checkbox"/> No income	<input type="checkbox"/> No income	
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	

	_____	_____
5.2) Does the HH income cover the family basic needs?	<input type="checkbox"/> Completely <input type="checkbox"/> Sufficiently <input type="checkbox"/> Partially <input type="checkbox"/> Not at all	<input type="checkbox"/> Completely <input type="checkbox"/> Sufficiently <input type="checkbox"/> Partially <input type="checkbox"/> Not at all

6)Assistance to the HH

6.1) Is the family in need of assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES	
6.1 a) What kind of support is needed?	<input type="checkbox"/> Food <input type="checkbox"/> Shelter NFIs <input type="checkbox"/> Hygiene Kits <input type="checkbox"/> Technical <input type="checkbox"/> Financial <input type="checkbox"/> Material <input type="checkbox"/> Temporary shelter <input type="checkbox"/> Other:_____
6.1 b) What kind of support can the residents provide?	<input type="checkbox"/> Materials to repair/rebuild <input type="checkbox"/> Labour support to repair/rebuild <input type="checkbox"/> Financial support to repair/rebuild <input type="checkbox"/> Other:_____

6.2) Has there already been support provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES	
6.2 a) What kind of support was provided?	<input type="checkbox"/> Food <input type="checkbox"/> Shelter NFIs <input type="checkbox"/> Hygiene Kits <input type="checkbox"/> Technical <input type="checkbox"/> Financial <input type="checkbox"/> Building Material <input type="checkbox"/> Temporary shelter <input type="checkbox"/> Other: _____
6.2 b) Who provided such support?	<input type="checkbox"/> Local authorities <input type="checkbox"/> Own funds <input type="checkbox"/> Private individuals <input type="checkbox"/> Local charity associations <input type="checkbox"/> Local NGOs <input type="checkbox"/> International NGOs / UN / Donors <input type="checkbox"/> Other: _____
7) Additional Services and Risks	
7.1) Does the household have regular access to food?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2) Does the household have regular access to drinking water such as bottled water, water tanks, filtered water, boiled water, purified water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3) Is the household exposed to low levels of sanitation (e.g dysfunctional sewage system)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4) Is the household at risk because of the level of damage in house?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5) Is the household under threat of eviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.6) Is the household at risk of UXOs/ERWs in the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.7) Does other external conflict place security risk for the family?	<input type="checkbox"/> Yes <input type="checkbox"/> No