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Palestinian Community Assistance Program (PCAP)



Housing Baseline Survey Report

CHF International

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Glossary

IR	Intermediate Result
M&E	Monitoring and Evaluation
PCAP	Palestinian Community Assistance Program
PMP	Performance Monitoring Plan
PREP	Palestinian Reintegration and Enhancement Program

I. Project Background

A. About the PCAP Project

The Palestinian Community Assistance Program (PCAP) is a three-year, \$100 million dollar program implemented under a Cooperative Agreement with the USAID West Bank and Gaza mission. Mercy Corps acts as the prime, with Catholic Relief Services (CRS) and CHF International as sub-recipients, and other sub-grants planned through an RFA mechanism. CHF's portion of PCAP has a budget of \$15 million to implement the following activities:

- Rehabilitation or construction of 20 community infrastructure projects to augment the provision of basic services throughout Gaza (under IR 1.1)
- Rehabilitation of 400 conflict-damaged homes (sole implementer under IR 1.2)
- Provision of 2,000 agricultural production kits (urban gardening, poultry production, and rabbit production), including training and extension services (under IR 2.1)
- Technical and management capacity building for contractors (under IR 2.4)

As a part of the implementation of each objective, CHF has a mandate to conduct outcome-level surveys for key indicators for Intermediate Results (IRs) 1.1, 1.2, and 2.1.

Under IR 1.2, CHF aims to improve the quality of housing among conflict-affected¹ households in the Gaza Strip. This intervention is considered a pilot program marks the first time that a USAID implementing partner is attempting to complete major housing rehabilitations—although the UN and many other agencies have been involved in housing rehabilitation for some time, USAID precautions to ensure that construction materials used have all entered legally necessitates different procurement and logistical arrangements. CHF's original target was to conduct major housing rehabilitations for 400 houses, but this target was later reduced to 300 due to funding constraints in the second year. In addition, CHF requested approval to complete 1,066 more limited rehabilitations that focused on providing doors and windows; 1,152 such rehabilitations were subsequently completed.

B. About the Housing Baseline

The final Performance Monitoring Plan (PMP) that was approved for 2011 did not include an outcome-level indicator for housing activities. However, CHF planned to measure the indicator “percent of targeted HH reporting increased physical and social well-being” for major housing rehabilitations only, and developed a tool to be used for the measurement of this indicator along with a data quality protocol. In late September 2011, USAID contacted Mercy Corps to make revisions to the PMP for the purpose of ensuring that there was adequate data to feed into USAID's own reporting for the Foreign Assistance planning and reporting mechanisms within USAID. At that time, all agencies noted the absence of an outcome-level indicator for housing, and at CHF's recommendation the indicator that the team had internally been planning to measure for housing was formally added to the PMP, including creating targets for the second year. CHF subsequently shared the tool with Mercy Corps's M&E team (November 2011), and explained the planned methodology described below.

II. Methodology

A. Objectives and Approach

CHF had previously implemented “windows and doors” rehabilitations under the previously-funded Palestinian Reintegration and Enhancement Program (PREP).² Although the actual rehabilitations were

¹ “Conflict affected” is defined as both households whose houses suffered physical damage as a result of the Israeli-Palestinian conflict, and as households who have been otherwise affected (including economically), and so are unable to rehabilitate or complete their homes.

² PREP was implemented by CHF as a part of ARD/TetraTech Inc.'s Civic Engagement Program (CEP) in 2010-2011.

limited in scope, CHF anecdotally learned from beneficiaries about the kind of impacts that rehabilitation work had on their lives. Common comments were:

- Increased privacy for parents
- Improved environment for children to study
- Increased sense of security (as without doors and windows it is easy for animals such as stray cats, mice, stray dogs, rats, insects, and snakes as well as intruders to enter the house)
- Decreased levels of cold and damp in the household (with some households linking this to a decrease in illness among household members)
- Improved social interaction among household members (more time spent as a family and decreased conflict)
- Improved social interactions with friends and family from outside the household (more comfortable receiving guests)

Comments such as these were the starting point for CHF in the development of an outcome survey tool. In addition, CHF reviewed similar interventions from other contexts (both from other developing countries, as well as more developed contexts such as the United States and Australia), and came up with two more points that the team believed could be addressed:

- Changes in the sanitation and hygiene within the home
- Changes in people's levels of anxiety

CHF designed the survey tool found in Annex 1 of this report to capture the views of beneficiaries on these topics. CHF asked beneficiaries directly about their views on some points, but also included questions dealing with proxy indicators for physical and social comfort (such as the frequency of different types of social interactions).

B. Evaluation Process

Because of the relatively small sample universe (only 300 households after the revisions to the indicator target), CHF decided to forgo a sample-based survey and instead opt for a census approach. Another reason that CHF preferred a census for this survey was that USAID was not able to provide the vetting results³ for the final 100 housing beneficiaries by early January 2012 as was originally planned, meaning that only 200 of the 300 households to be benefitted were known at the time of the baseline survey. There are some socio-economic differences between the first 100 beneficiaries and the final 200, in that the final 200 beneficiaries display higher levels of socio-economic need, while the first 100 are more exclusively conflict-damaged homes.

Data collection for the baseline survey took place in two phases, with the first 100 surveys being conducted in November 2011, and the second 100 done in January 2012. The surveys were done in person by CHF's team of five Social Workers as funding constraints meant that CHF did not have the funds to hire external enumerators. Although the same survey will be used for the baseline and endline survey, two questions (questions 1 and 3) were not asked during the baseline as they are designed to measure the views of the beneficiaries about the completed rehabilitation works.

The survey was completed with 195 beneficiaries; 5 of the cases were awaiting a technical review⁴ to ensure that CHF would be able to work with them, and so could not be included. For the survey, CHF targeted a senior household member—either the household head or spouse of the household head (if applicable). Out of the 195 surveys completed, 130 (66.7 percent) were completed with female household members, while 65 (33.3 percent) were completed with male household members. In

³ The USAID WBG local mission implements the Partner Vetting System, and requires vetting for any household that receives more than \$5,000 in cash and in-kind support. All of the final 100 housing beneficiaries required vetting, and were sent to USAID in November/December 2011. USAID experienced some delays in receiving these results due to changes in their internal processes.

⁴ Because there was a significant time gap between the identification of the first 100 cases and when CHF was able to begin work, CHF has formed a beneficiary review committee that reviews beneficiaries who might have experienced changes and could no longer meet the socio-economic and technical criteria of the project.

approximately 50 percent of the surveys completed, the person being interviewed solicited input from other available household members, such as older sons or daughters or grandparents.

The data was entered into a database designed by CHF's Database Manager (with an ASP.net platform) by the data entry staff (who are also members of the M&E team), and cleaned by the Database Manager. CHF first derived governorate-level simple frequencies, and then used this information to determine what additional statistical analysis was required.

C. Limitations and Lessons Learned

By far the largest limitation identified in the baseline survey exercise is that the de-facto government of Gaza discourages agencies from conducting randomized household surveys, especially in the Khan Younis area. For this reason, as well as to avoid raising expectations among households that did not meet the criteria to benefit, CHF and Mercy Corps agreed that any outcome-level surveys for PCAP would be confined to the targeted beneficiaries. This meant that the baseline could not be conducted until all the beneficiaries had been identified; vetting results for the second group of 100 beneficiaries were not received until December 2011, which is why they were only surveyed in January 2012. The final group of 100 beneficiaries could not be included at all because CHF requires the vetting results to confirm that beneficiaries are eligible before finalizing the list.

One limitation that the team encountered during the data collection was that although this survey is the baseline for major housing rehabilitations, a number of the households (91 out of 200) had already benefitted from the windows and doors only rehabilitations. During the first surveys, the Social Workers noted that some beneficiaries were confused about the questions because of the work that had already been conducted. They raised this point to the CHF Monitoring, Evaluation, and Communications Officer, and the Social Workers received additional training on how to present the current situation (i.e. that certain works had indeed already been completed and more were planned) to ensure that the interviewees properly understood the questions. However, it is likely that the households answered certain questions differently because of the timing of the survey; in the future it would be advisable to conduct the baseline survey before any work was done to more accurately determine changes in their level of comfort.

A final limitation encountered by the team is the dearth of secondary data sources related to the impact of housing programs, including people's priorities and satisfaction levels related to housing. CHF worked with the UN shelter cluster group and a number of related agencies, and did not find very much secondary data that could be used to substantiate the findings of this report. The one exception was a study on housing done by the American Friends Service Committee, which looked at the impact of overcrowding in houses throughout Gaza. The results of this report (which is currently only available in Arabic) have been used to assist with the analysis of the baseline results, and to substantiate several hypothesis related to the impact of housing that are presented in the "Findings and Conclusions" section of this report.

III. Analysis

A. Report on indicator “percent of targeted households reporting increased physical and social well-being”

Housing conditions among those targeted by CHF are shockingly poor given the relative development of the Gaza Strip in other areas. In most cases, homes lack for windows, doors, flooring, concrete ceiling, furniture, and sometimes even sanitation systems and electrical lines. Households can’t control the hygiene of their homes due to the lack of flooring; in some cases, the family lives on a sandy floor where dust and sand spread everywhere in the house (even inside clothes, mattresses, and kitchen tools). CHF has noted numerous anecdotal complaints that these factors are affecting their psychological comfort, health (especially in the wet winter months), and that the level of security (due to the lack of doors and windows) makes them feel that their houses are not secure. In general, the people surveyed demonstrated a low level of satisfaction with their current housing, with the percentage of terribly unsatisfied people exceeding 50 percent in all the areas, except for the two areas related to the relationships among family members and people other than family.

	Extremely satisfied		Mostly satisfied		satisfied		Mostly unsatisfied		Terribly unsatisfied	
	N	%	N	%	N	%	N	%	N	%
Comfort of your home	3	1.54%	8	4.10%	8	4.10%	18	9.23%	158	81.03%
Quality of shelter provided by home (i.e. keeps out dust, debris, animals, will not fall down)	3	1.54%	6	3.08%	16	8.21%	22	11.28%	148	75.90%
Home is hygienic (i.e. easily cleaned from dust, debris, flood sewage water)	2	1.03%	8	4.10%	11	5.64%	28	14.36%	146	74.87%
Home is healthy (Protect children from cold, infection, rooms are exposed to sun, air flows inside home)	7	3.59%	13	6.67%	19	9.74%	18	9.23%	138	70.77%
Privacy at home	24	12.31%	10	5.13%	25	12.82%	34	17.44%	102	52.31%
Safety/security in general	4	2.05%	10	5.13%	37	18.97%	41	21.03%	103	52.82%
Close relationships with family	60	30.77%	24	12.31%	52	26.67%	28	14.36%	31	15.90%
Close relationship with people other than family	46	23.59%	33	16.92%	60	30.77%	29	14.87%	27	13.85%
General level of happiness/well-being	4	2.05%	6	3.08%	20	10.26%	36	18.46%	129	66.15%
Overall average	—	8.72%	—	3.08%	—	10.26%	—	18.46%	—	66.15%

Table 1: Frequency and percentages of satisfaction among housing beneficiaries

For the analysis of the baseline for the indicator, “percent of targeted HH reporting increased physical and social well-being”, CHF decided to develop an overall satisfaction score for each beneficiary, rather than simply using the frequencies reported in the table above. Points were assigned to the five possible answers as follows:

- Extremely satisfied (5 points)
- Mostly satisfied (4 points)
- Satisfied (3 points)
- Mostly unsatisfied (2 points)
- Terribly unsatisfied (1 point)

As beneficiaries gave their satisfaction with each of the nine different elements listed above and five was the highest possible score per element, the maximum score for one beneficiary was 45 points (9 elements x 5 points maximum = 45 points as the highest possible score). A cutoff of 18 was defined as the cutoff between “satisfied” and “unsatisfied”, as this is the value if beneficiaries answered all questions as

being “mostly” unsatisfied (9 elements scored x 2 points for each “mostly unsatisfied” answer= 18). The text box below provides an example of how CHF scored the responses from each beneficiary.

The following hypothetical example explains how CHF has calculated the satisfaction level of each beneficiary. The answers given in this example are not meant to represent common responses:

	Beneficiary Answer	Number of points awarded
Comfort of your home	Mostly unsatisfied	2
Quality of shelter provided by home (i.e. keeps out dust, debris, animals, will not fall down)	Terribly unsatisfied	1
Home is hygienic (i.e. easily cleaned from dust, debris, flood sewage water)	Terribly unsatisfied	1
Home is healthy (Protect children from cold, infection, rooms are exposed to sun, air flows inside home)	Terribly unsatisfied	1
Privacy at home	Terribly unsatisfied	1
Safety/security in general	Satisfied	3
Close relationships with family	Mostly satisfied	4
Close relationship with people other than family	Satisfied	3
General level of happiness/well-being	Mostly unsatisfied	2
Total score		18; this beneficiary would be considered satisfied as the score is 18 or above.

Figure 1: Hypothetical example of the multi-dimensional scoring on overall level of satisfaction with housing

Using this methodology, at the time of the baseline, only 2.05 percent reported being extremely satisfied, while 10.77 percent of households were scored as being “mostly satisfied.” The highest percentage of people were scored as being mostly unsatisfied as a whole, with 50.77 percent of households scoring in this range. When divided into the two categories of unsatisfied (less than 18) and satisfied (18 and over), only 41.02 percent of households scored as satisfied. One of the reasons why so many households scores as satisfied as a whole was because of their relatively high satisfaction about their relationships with family and friends, as shown in Table 1.

Overall Beneficiary Satisfaction Scores	Frequency	Percentage
Extremely satisfied (scores 38-45)	4	2.05%
Mostly Satisfied (scores 27-37)	21	10.77%
Satisfied (scores 18-26)	55	28.21%
Mostly unsatisfied (scores 10-17)	99	50.77%
Terribly unsatisfied (scores 0-9)	16	8.21%
Total	195	100%

Table 2: Frequency and percentage of satisfaction scores

	Frequency	Percentage
Unsatisfied (Score <18)	115	58.98%
Satisfied (Score >18)	80	41.02%

Table 3: Baseline results for physical and social well-being (derived from Table 2)

As shown in Table 4 below, people surveyed reported very high rates of anxiety during the day, with almost half (47.92 percent) of those surveyed reporting that they are almost always anxious, which

correlates with the very low levels of satisfaction that people reported with their overall level of happiness and wellbeing (see Table 1 above).

Indicator	Frequency	Percentage
Almost always	92	47.92%
Usually	73	38.02%
Sometimes	23	11.98%
Not usually	3	1.56%
Almost never	1	0.52%

Table 4: Rates of worry/anxiety felt during the day

B. Activities in the Home

More than half of those surveyed (57.59 percent) reported that they host or invite people to their homes less than once a month, with less than 20 percent of households stating that they hosted people in their homes at least once per week. Although results were better when people were asked about time spent interacting with household members, still only slightly more than half (51.8 percent) reported spending time interacting with other household members at least once per week, and 31.28 percent reported that such interactions occurred less than once a month.

Surveyed people reported quite a high percentage for spending leisure/ relaxation time with family members in the same building at least once a week (60.63 percent), while 24.87 percent spend it with members out of the house once a month; this is likely because in many cases, extended families live together in the same building (i.e. a father build multistory building for his married sons who live with their families and will meet in the building courtyard). The shortage in places for relaxation and the high cost of refreshment could also be another factor influencing people to spend leisure time where they live. When people were asked about talking to close friends, they reported higher percentages for those who talk to friends at least once a week (58.97 percent) than those who talk to friends less than once (24.62 percent); this could be because when extended families live together in the same building, they consider the other family members as close friends, and can easily communicate with them because of the proximity. There was quite big difference when people were asked about seeing family members with whom they don't live: 43.59 percent reported that they see those family members at least once a week, while 56.41 percent see them at least once a month, which could be due to high transportation cost.

	Daily		Several times per week		Once a week		Once a month		Less than once per month	
	N	%	N	%	N	%	N	%	N	%
How often do you host or invite people to your home?	1	0.52%	9	4.71%	23	12.04%	48	25.13%	110	57.59%
How often do you engage in activities in your home for leisure/relaxation where household members interact with one another (i.e. not watching TV or cooking together, but actually communicating)?	27	13.85%	36	18.46%	38	19.49%	33	16.92%	61	31.28%
How often do you spend leisure/relaxation time with family members with whom you live (in the same building)?	45	23.32%	43	22.28%	29	15.03%	28	14.51%	48	24.87%
How often do you talk with close friends?	29	14.87%	39	20.00%	47	24.10%	32	16.41%	48	24.62%
How often do you see family members with whom you do not live?	20	10.26%	29	14.87%	36	18.46%	58	29.74%	52	26.67%

Table 5: Frequency of activities in the home

C. Expectations for Rehabilitation Works and Basic Needs

CHF wanted to know more about people’s expectations from the rehabilitation works, as well as how they would prefer to receive assistance. From the table below, it is clear that the majority prefers for CHF or another organization to complete the rehabilitation works (86.15 percent), while the least preferred type of assistance is coupons (1.02 percent). Most of the interviewees clarified to enumerators that they aim for sustainable kinds of assistance, rather than unsustainable kinds, such as coupons.

How would you prefer to receive assistance?	N	%
Cash money	18	9.23%
Coupon	2	1.02%
Complete rehabilitation works	168	86.15%
Other	7	3.58%

Table 6: Responses for how people prefer to receive assistance

When people were asked about the kinds of changes they expected after the rehabilitation works, the most common responses were changes related to hygiene, security/safe, and confidence to welcome guests with percentages (20.48 percent, 19.19 percent and 17.53 percent respectively). These high percentages likely reflect the poor standard of living for the surveyed cases, and that they are hopeful that these areas to be improved. Similar responses were noted for privacy and more space at home: 9.41 percent and 7.20 percent. This could be because the poor housing conditions could have negative effect on the family relationships. The least reported responses were more work for household members (2.21 percent), less confident to receive guests (1.66 percent), less interaction between family members (0.18 percent) and worse relationships between family members (0.0 percent), which seems to indicate that surveyed people are not expecting negative effects for rehabilitation works.

What changes/ effects do you expect after rehabilitation?	N	Percentage	Percent of cases
No change reported	4	0.74%	2.05%
Got more privacy	51	9.41%	26.15%
More space at home, new rooms closed	51	9.41%	26.15%
Less interaction between family members /decreased time spent together	1	0.18%	0.51%
Better relationships between family members / less fighting between family members	39	7.20%	20.00%
Worse relationships between family members/increased fighting between family members (including women feeling less free)	0	0.00%	0.00%
More confident to receive guests	95	17.53%	48.72%
Less confident to receive guests	9	1.66%	4.62%
More hygienic	111	20.48%	56.92%
More work/chores for household members	12	2.21%	6.15%
More secure/ safe (well enclosed)	104	19.19%	53.33%
Other	65	11.99%	33.33%

Table 7: Expected changes after rehabilitation works

When asked about their basic needs, 2.56 percent of those surveyed reported that their home meets their needs, while 97.43 percent said that their house did not meeting their needs. People were then asked what their specific needs were, and were able to note as many choices as were applicable to them. It seems that food is manageable for surveyed people as only 2.93 percent reported that they need food; however, high demands were reported for furniture (34.54 percent) and equipment (34.99 percent). This could be because many cases (particularly from the first 100 houses) had their homes damaged during Cast Lead or subsequent conflicts and lost their furniture and kitchen equipment (mainly refrigerator, stove and washing machine). Cash assistance is not highly required by people, likely because that the

cash assistance provided by other NGOs is mostly not enough to buy furniture and equipment and they prioritize buying the children basic needs rather than home equipment.

If no, what are the types of your needs?	Frequency	Percentage	Percent of cases
Furniture	153	34.54%	78.46%
Equipment (such as refrigerator, stove, washing machine	155	34.99%	79.49%
Food	13	2.93%	6.67%
Cash assistance	19	4.29%	9.74%
Infrastructure facilities	74	16.70%	37.95%
Other	29	6.55%	14.87%

Table 8: Responses regarding most critical basic needs

IV. Findings and Conclusions

Although this was only the baseline survey, the results overwhelmingly showed that people are facing major problems—they are unhappy and worried most of the time. CHF staff reported hearing comments from beneficiaries such as “I don’t sleep at night because I keep thinking of my life, my future, I compare my living with other people and feel sorry about my children’s living.” It is clear that people are suffering, which is especially evident when looking at how frequently people reported to feeling worried or anxious during the day (with 47.92 percent reporting “almost always” feeling anxious). Clearly, there are many reasons why people might feel worried or anxious; however, CHF believes that one contributing factor is the poor quality of their living conditions and the subsequent problems this causes them. A comparison between the baseline and endline will test this hypothesis; however, a recent study conducted by the American Friends Service Committee, Islamic Relief, the Center for Development Study of Bir Zeit University, and Unitarian Universalist Service Committee produced some similar findings. This study, conducted in October 2011, looked at the impact of overcrowding on youth living in the neighborhoods of Al Zeitoun in Gaza and Al Atatra in Beit Lahia, using a combination of focus group discussions, key informant interviews, and case studies.⁵ This study (hereafter referred to as the “Quaker survey”) found that 78.8 percent of male youth surveyed and 89.5 percent of female youth reported feelings of depression, anxiety, and fear because of the overcrowding in their homes.⁶ During focus groups conducted as a part of the Quaker survey, female youth reported that the lack of separate rooms for males and females made them and their parents were anxious and worried about the privacy of girls in the home, and that girls who live with cousins or more distant family members have to wear head coverings constantly and cannot move freely in their homes.⁷

When discussing their rates of anxiety or worry during the day, many of CHF’s beneficiaries made statements that if they were not receiving assistance from CHF, they will never be able to improve their houses because they can hardly afford money to feed their families and pay for their children’s education. Because of this, many of the pure poverty cases (i.e. those who are considered conflict-affected for economic reasons, rather than those whose houses were damaged during Operation Cast Lead) have been living in poor houses for more than 10 years. Another factor that may result in feelings of worry or anxiety is that, as shown in Table 1, people don’t feel safe or secure. Comments made to enumerators indicate that particular concerns are worry about stray animals or thieves entering their houses at night, or that their house is so unstable that it may collapse with their family inside. Similarly, in the Quaker survey, 70 percent of surveyed female youth and 85.5 percent of male youth reported to feeling insecure.⁸

⁵American Friends Service Committee et. al, “The impact of housing congestion on the conditions and lives of youth in Gaza at houses partially damaged during war”, October 2011 (Arabic language version).

⁶Ibid, pages 14-16.

⁷Ibid, pages 14-16.

⁸Ibid, pages 14-16.

While there are many reasons why this would be the case, the conditions of housing are clearly a factor, based on the responses that people gave about their level of satisfaction about housing-related issues such as the level of comfort, quality of shelter, privacy, and hygiene. Based on anecdotal evidence, CHF believes that housing conditions are affecting the relationships between family members and people outside the family. While this can only be fully verified when the endline survey results are available, the Quaker survey similarly noted that high percentages of both male and female youth reported that the congested conditions in the home were resulting in a “loss of social relationships” (76.3 percent of male youth and 78.9 percent of female youth).⁹ Together with CHF’s baseline results, this appears to suggest that people may prefer to limit their relations to friends and relatives because of the poor conditions of their houses. However, there may be other reasons people are uncomfortable having guests, such as the poor refreshments that they can offer to guests, the fact that it is economically challenging for possible guests to bring gifts when they visit, or the high cost of transportation.

As noted, these are all hypotheses developed by CHF at this point as secondary data that would substantiate these theories is not available. These issues will be more deeply analyzed after the endline surveys have been conducted.

⁹ Ibid, pages 17-18.

V. Annex: Housing Outcome Survey Tool (Level of Physical and Social Comfort)

Instructions: This form should be completed for each household benefited from rehabilitation works, three months after rehabilitation; the social worker is responsible to complete this form with beneficiaries.

Date of survey: _____

General/Demographics

Type of rehabilitation	<input type="checkbox"/> Full	<input type="checkbox"/> Partial windows and doors	<input type="checkbox"/> Partial window glass only	<input type="checkbox"/> other
Age Group	<input type="checkbox"/> age ≤ 17 years	<input type="checkbox"/> age 18-25 years	<input type="checkbox"/> age ≥ 26 years	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Governorate/Municipality				

Introduction: The introduction should be read CLEARLY and EXACTLY by the social worker

“Good morning/afternoon. My name is, and I represent CHF International, which has implemented an infrastructure rehabilitation project in this house. We are conducting an evaluation survey. The information obtained from this survey will be used to measure the success of the implemented project. Your answers to this interview will not be released to anyone (i.e. confidential).

WAIT FOR A VERBAL RESPONSE and

If they said **YES**, thank them and begin

If they said **NO**, thank them and move on

Rehabilitation works:

1- Did rehabilitation works meet your expectation? (FINAL EVALUATION ONLY)

- Yes
 - Some what
 - Neutral
 - No
 - Not at all
 - Do you have any comments to support your answer
-

2- How would you prefer to receive assistance?

- Cash money
 - Coupon
 - Complete rehabilitation work
 - Other
-

3- Where you involved in material selection (painting colors, tiles, equipment,.. if applicable) ? (FINAL EVALUATION ONLY)

- Yes
 - Somewhat
 - Neutral
 - No
 - Not at all
 - Do you have any comments to support your answer
-

4- What changes/ effects do you expect after rehabilitation? (Do not read choices, mark all that apply)

- No change reported
 - Got more privacy
 - More space at home, new rooms closed
 - Less interaction between family members /decreased time spent together
 - Better relationships between family members / less fighting between family members
 - Worse relationships between family members/increased fighting between family members (including women feeling less free)
 - More confident to receive guests
 - Less confident to receive guests
 - More hygienic
 - More work/chores for household members
 - More secure/ safe (well closed)
 - Other
-

5- Does your home now, meet your basic needs? Yes No

If no, what are the types of your needs?

- Furniture
 - equipment
 - Food
 - Cash assistance
 - Infrastructure facilities
 - Other
-

Level of Satisfaction

6. How would you describe your current level of satisfaction with the following things (check one box per row).	Extremely satisfied	Mostly satisfied	satisfied	Mostly dissatisfied	Terribly unsatisfied
Comfort of your home					
Quality of shelter provided by home (i.e. keeps out dust, debris, animals, will not fall down)					
Home is hygienic (i.e. easily cleaned from dust, debris, flood sewage water)					
Home is healthy (Protect children from cold, infection, rooms are exposed to sun, air flows inside home)					
Privacy at home					
Safety/security in general					
Close relationships with family					
Close relationship with people other than family					
General level of happiness/well-being					

General Quality of Life

7. How often are you worried or feel anxious during the day?

- Almost always
- Usually
- Sometimes
- Not usually
- Almost never

Activities in the Home

8. How often do you do these activities	Daily	Several times per week	Once a week	Once a month	Less than once per month
How often do you host or invite people to your home?					
How often do you engage in activities in your home for leisure/relaxation where household members interact with one another (i.e. not watching TV or cooking together, but actually communicating)?					
How often do you spend leisure/relaxation time with family members with whom you live (in the same building)?					
How often do you talk with close friends?					
How often do you see family members with whom you do not live?					

Completed by: Name _____ Signature: _____ Date: _____
 Revised by: Name _____ Signature: _____ Date: _____

* Form should be verified by a CHF staff member other than social worker.