

Site Monitoring Tool (SMT)
Version 2 – DRAFT – February 2023



A METADATA		Name	Organization	Position
A_1	Site Manager	E-Mail	Skype/Teams/ Cell phone	
A_2	Date of submission (DD/MM/YY)	_/_/___		
A_3	Reporting period (select month)			
A_4	Data Sources <i>Select at least one type of sources used to fill the questionnaire.</i>	<input type="checkbox"/> Participatory Assessment (i.e. interviews) <input type="checkbox"/> SMC data (i.e. SMC service monitoring) <input type="checkbox"/> CCCM Partner / Sector specialist data <input type="checkbox"/> Meeting <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Registration data <input type="checkbox"/> Observation		
A_5	Site Manager consents to participate in this data collection, understands the objectives of the data collection and how the information is used, and has participated in the training If 'no' selected, Site Manager cannot fill the tool. Message <i>"Please reach out to the CCCM Cluster/REACH to arrange a training session and/or discuss why you do not want to participate in this data collection"</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
A_6	Site Manager confirms that all Key Informants that were involved in this data collection are above 18 years old, have provided their consent to participate and are aware about the objectives of the data collection and how the information will be used. If 'no' selected, Site Manager cannot fill the tool. Message <i>"Please ask consent from all your Key Informants before submitting this form"</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
B GENERAL SITE INFORMATION				
B_1	Hub (select one from drop-down list)			
B_2	Governorate (select one from drop-down list)			
B_3	District (select one from drop-down list)			
B_4	Sub-district (select one from drop-down list)			
B_5	Site name (select one from drop-down list)			
B_6	Is this a single or clustered site? (select one)	<input type="checkbox"/> Single site - Isolated site, functioning by its own and not linked to any other site <input type="checkbox"/> Clustered site - A group of sub-sites in the same geographic area that function as a community (using same services) OR are clustered together (but not using same services)		
B_7	Do you report on a main or subsite? <i>If "clustered site" selected under B_6, select one.</i>	<input type="checkbox"/> Main site <input type="checkbox"/> Main site and sub-sites <input type="checkbox"/> Sub-site		
B_8	Number of sub-sites reported on in this form <i>If "mainsite" selected under B_7</i>			
B_9	Name of subsites reported on in this form			
B_10	Type of settlement (select one)	<input type="checkbox"/> Planned camp <input type="checkbox"/> Self-settled Camp / Settlement <input type="checkbox"/> Reception and transit / Evacuation <input type="checkbox"/> Collective Centre <input type="checkbox"/> Dispersed location <input type="checkbox"/> Location <input type="checkbox"/> Don't know		
B_11	Degree of urbanization (select one)	<input type="checkbox"/> Urban <input type="checkbox"/> Town & semi dense area <input type="checkbox"/> Rural <input type="checkbox"/> Don't know		
B_12	Settlement attributes (select one)	<input type="checkbox"/> Concentrated <input type="checkbox"/> Dispersed <input type="checkbox"/> Don't know		
B_13	Site purpose (select one)	<input type="checkbox"/> Reception, transit and evacuation (up to 6 months) <input type="checkbox"/> Long-term accommodation (more than 6 months) <input type="checkbox"/> Don't know		
B_14	Site occupation date (MM/YY) (enter value)	_/_ _/_		
B_15	Land ownership (select one)	<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Disputed <input type="checkbox"/> Don't know		
B_16	Occupancy agreement (select one)	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> None <input type="checkbox"/> Don't know		

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B_17	Is the site in an isolated location compared to the nearest community? <i>(select one)</i>	<input type="checkbox"/> Site is located within a community <input type="checkbox"/> Site is located outside a community <input type="checkbox"/> Don't know																																				
C SITE MANAGEMENT & COORDINATION																																						
C_1	Site Management & Coordination (SMC) Agency	Confirm/update automatic fill based on CCCM Master List																																				
C_2	Adequate physical SMC office space available? <i>(select one)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially																																				
C_3	Is SMC team stationary or mobile? <i>(select one)</i>	<input type="checkbox"/> SMC team is stationary <input type="checkbox"/> SMC team is mobile																																				
C_4	How many days per week is SMC present in the site? <i>(insert value)</i>	_____ days per week																																				
C_5	No of Female / Male SMC Staff <i>(insert value)</i>	_____ Female SMC Staff _____ Male SMC Staff _____ Total Number of SMC Staff <input type="checkbox"/> Don't know																																				
C_6	SMC staff who have signed a Code of Conduct <i>(insert value)</i>	_____ SMC staff members <input type="checkbox"/> Don't know																																				
C_7	SMC staff who have completed adequate training related to their role <i>(insert value)</i>	_____ SMC staff members <input type="checkbox"/> Don't know																																				
C_8	Committees or Representatives present at the site (Select which site committees are present in this site and add the number of site resident committee members)	<table border="1"> <thead> <tr> <th>Committee</th> <th>Present</th> <th>Number of site resident committee members</th> </tr> </thead> <tbody> <tr> <td>Camp Management Committee</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</td> <td> <input type="checkbox"/> Female (optional): _____ <input type="checkbox"/> Male (optional): _____ <input type="checkbox"/> Total: _____ <input type="checkbox"/> Don't know </td> </tr> <tr> <td>Women's committee</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</td> <td> <input type="checkbox"/> Female (optional): _____ <input type="checkbox"/> Male (optional): _____ <input type="checkbox"/> Total: _____ <input type="checkbox"/> Don't know </td> </tr> <tr> <td>Elder committee</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</td> <td> <input type="checkbox"/> Female (optional): _____ <input type="checkbox"/> Male (optional): _____ <input type="checkbox"/> Total: _____ <input type="checkbox"/> Don't know </td> </tr> <tr> <td>WASH committee</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</td> <td> <input type="checkbox"/> Female (optional): _____ <input type="checkbox"/> Male (optional): _____ <input type="checkbox"/> Total: _____ <input type="checkbox"/> Don't know </td> </tr> <tr> <td>Health committee</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</td> <td> <input type="checkbox"/> Female (optional): _____ <input type="checkbox"/> Male (optional): _____ <input type="checkbox"/> Total: _____ <input type="checkbox"/> Don't know </td> </tr> <tr> <td>Education committee</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</td> <td> <input type="checkbox"/> Female (optional): _____ <input type="checkbox"/> Male (optional): _____ <input type="checkbox"/> Total: _____ <input type="checkbox"/> Don't know </td> </tr> <tr> <td>Food security & Agriculture committee</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</td> <td> <input type="checkbox"/> Female (optional): _____ <input type="checkbox"/> Male (optional): _____ <input type="checkbox"/> Total: _____ <input type="checkbox"/> Don't know </td> </tr> <tr> <td>Livelihoods & business committee</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</td> <td> <input type="checkbox"/> Female (optional): _____ <input type="checkbox"/> Male (optional): _____ <input type="checkbox"/> Total: _____ <input type="checkbox"/> Don't know </td> </tr> <tr> <td>Youth & Education committee</td> <td><input 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Livelihoods & business committee		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Female (optional): _____ <input type="checkbox"/> Male (optional): _____ <input type="checkbox"/> Total: _____ <input type="checkbox"/> Don't know																																			
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		Representative(s) for marginalized groups	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Female (optional): _____ <input type="checkbox"/> Male (optional): _____ <input type="checkbox"/> Total: _____ <input type="checkbox"/> Don't know
		Conflict resolution leaders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Female (optional): _____ <input type="checkbox"/> Male (optional): _____ <input type="checkbox"/> Total: _____ <input type="checkbox"/> Don't know
		No committees / representatives in site	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Female (optional): _____ <input type="checkbox"/> Male (optional): _____ <input type="checkbox"/> Total: _____ <input type="checkbox"/> Don't know
		<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Female (optional): _____ <input type="checkbox"/> Male (optional): _____ <input type="checkbox"/> Total: _____ <input type="checkbox"/> Don't know
C_10	In the last month, were committee meetings held as frequently as intended? (select one)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know		
C_11	CCCM activities available in site (select all applicable)	<input type="checkbox"/> Registration <input type="checkbox"/> De-registration <input type="checkbox"/> Relocation <input type="checkbox"/> Reintegration resolution <input type="checkbox"/> Return <input type="checkbox"/> Dispute <input type="checkbox"/> Law enforcement <input type="checkbox"/> Integration into host community <input type="checkbox"/> None		
C_12	Consultations with site residents about their needs has taken place in the last month to inform programme planning (select one)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		
C_13	If no, why did consultations with site residents not take place in the last month? (select all applicable)	<input type="checkbox"/> Site Management & Coordination (SMC) Team had no time to consult site residents <input type="checkbox"/> Site residents were consulted recently for program planning <input type="checkbox"/> Site residents did not engage in consultations <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know		
C_18	Functional complaint and feedback mechanism (CFM) available in site (select one) (If no, skip to C_23)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		
C_19	Type of complaint and feedback mechanism (CFM) in site (select all applicable) If "yes" selected in Question C_18.	<input type="checkbox"/> Phone line / SMS service / WhatsApp <input type="checkbox"/> In-person help desk <input type="checkbox"/> Email <input type="checkbox"/> Suggestion box <input type="checkbox"/> Other (please specify)		
C_20	In the past month, did you receive feedback/complaint through your CFM? If "yes" selected in C_18.	<input type="checkbox"/> Yes, complaints/feedback received in the past month <input type="checkbox"/> No complaint/feedback received in the past month <input type="checkbox"/> I don't know		
C_21	Number of feedback/complaints received in last month by type (enter value) If selected "Yes, complaint/feedback received in the past month" in Question C_20.	Positive feedback	Site resident complainants (anonymous): _____	Community committee complainants: _____
		Request for information	Site resident complainants (anonymous): _____	Community committee complainants: _____
		Request for assistance	Site resident complainants (anonymous): _____	Community committee complainants: _____
		Minor dissatisfaction	Site resident complainants (anonymous): _____	Community committee complainants: _____
		Major dissatisfaction	Site resident complainants (anonymous): _____	Community committee complainants: _____
		Major breaches including code of conduct	Site resident complainants (anonymous): _____	Community committee complainants: _____
		Total number of feedback/complaints received	Site resident complainants (anonymous): _____	Community committee complainants: _____
		Don't know		
C_22	Main areas for which complaints were received in	<input type="checkbox"/> RRM <input type="checkbox"/> Food distributions <input type="checkbox"/> Nutrition services <input type="checkbox"/> Health services		

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<p>C_23</p> <p>C_24</p> <p>C_25</p>	<p>the last month <i>(select all applicable)</i></p> <p><i>If selected "Yes, complaint/feedback received in the past month" in Question C_20.</i></p> <p>Number of feedback/complaints which have been resolved or escalated (ie. RES) and results fed back to the complainant within agreed timeframe in the last month <i>(enter value)</i></p> <p>Is an information board available in the site? <i>(select one)</i></p> <p>Number of information campaigns by service/assistance type conducted in the last month <i>(insert value)</i></p>	<p><input type="checkbox"/> Shelter assistance / maintenance</p> <p><input type="checkbox"/> NFI distributions <input type="checkbox"/> Protection services</p> <p><input type="checkbox"/> Education services <input type="checkbox"/> WASH services</p> <p><input type="checkbox"/> Cash distribution <input type="checkbox"/> Site Coordination & Management</p> <p><input type="checkbox"/> Security / Safety in site</p> <p><input type="checkbox"/> Feedback & Complaint Mechanism</p> <p><input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know</p> <table border="1" data-bbox="595 595 1137 763"> <tr> <td>Number of feedback/complaints resolved</td> <td>Site resident complainants (anonymous): ____</td> <td>Community committee complainants: ____</td> </tr> <tr> <td>Number feedback/complaints open (from this and previous reporting cycles)</td> <td>Site resident complainants (anonymous): ____</td> <td>Community committee complainants: ____</td> </tr> <tr> <td colspan="3">I don't know</td> </tr> </table> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Food: ____ <input type="checkbox"/> Water: ____</p> <p><input type="checkbox"/> Education: ____</p> <p><input type="checkbox"/> Cash assistance: ____ <input type="checkbox"/> Non-food items: ____</p> <p><input type="checkbox"/> Shelter/maintenance: ____ <input type="checkbox"/> Sanitation/hygiene services: ____</p> <p><input type="checkbox"/> Protection services: ____ <input type="checkbox"/> Nutrition services: ____</p> <p><input type="checkbox"/> Healthcare services: ____ <input type="checkbox"/> Livelihood services: ____</p> <p><input type="checkbox"/> COVID-19: ____ <input type="checkbox"/> CFM: ____</p> <p><input type="checkbox"/> None <input type="checkbox"/> Don't know (for each choice)</p> <p><input type="checkbox"/> Other (specify)</p>	Number of feedback/complaints resolved	Site resident complainants (anonymous): ____	Community committee complainants: ____	Number feedback/complaints open (from this and previous reporting cycles)	Site resident complainants (anonymous): ____	Community committee complainants: ____	I don't know		
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Number feedback/complaints open (from this and previous reporting cycles)	Site resident complainants (anonymous): ____	Community committee complainants: ____									
I don't know											
<p>D SITE ACCESS & SAFETY</p>											
<p>D_1</p> <p>D_2</p> <p>D_3</p> <p>D_4</p>	<p>Site accessibility in the past month (physical barriers) <i>(select all applicable)</i></p> <p>Access restrictions for humanitarian aid providers in/out the past month <i>(select one) (if no, skip to D_4)</i></p> <p>Reason for access restrictions for humanitarian aid providers past month <i>(select all applicable)</i></p> <p>Natural and endomorphic hazards to site in the past month <i>(select all applicable)</i></p> <p>Includes both the RISK and previous OCCURANCE of threats to the safety and security of the site.</p>	<p><input type="checkbox"/> No barriers (site fully accessible with functioning roads/pavements)</p> <p><input type="checkbox"/> Slightly restricted (roads/pavements in place, but damaged/hard to access)</p> <p><input type="checkbox"/> Very restricted (roads/pavements very damaged and/or inaccessible)</p> <p><input type="checkbox"/> Not accessible by road (no road/pavement)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know</p> <p><input type="checkbox"/> Insecurity <input type="checkbox"/> Government limitations (security clearance, show ID documents, proof of specific reason for movement, time restrictions)</p> <p><input type="checkbox"/> Infrastructure limitations <input type="checkbox"/> COVID-19 related restrictions</p> <p><input type="checkbox"/> Other (enter here) <input type="checkbox"/> I don't know</p> <p><input type="checkbox"/> Flooding <input type="checkbox"/> Heavy rain <input type="checkbox"/> Landslides <input type="checkbox"/> Drought</p> <p><input type="checkbox"/> Infectious diseases <input type="checkbox"/> Water contamination</p> <p><input type="checkbox"/> Windstorm <input type="checkbox"/> Wild animals</p> <p><input type="checkbox"/> Environmental pollution (dumpsite, oil factory, etc).</p> <p><input type="checkbox"/> Extreme heat (i.e. heat waves)</p> <p><input type="checkbox"/> Extreme cold (i.e. cold winters)</p> <p><input type="checkbox"/> Agricultural land degradation <input type="checkbox"/> None</p> <p><input type="checkbox"/> I don't know <input type="checkbox"/> Other (specify here)</p>									

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D_4.1	Safety / security threats to site in the past month <i>(select all applicable)</i> Includes both the RISK and previous OCCURRENCE of threats to the safety and security of the site.	<input type="checkbox"/> Conflict-related incidents (i.e. proximity to hostility areas, airstrikes, landmines, ERWs, UXOs) <input type="checkbox"/> Fire-related incidents (i.e. poor cooking practices, exposed/home-made electricity wiring, cigarettes, bushfires) <input type="checkbox"/> Forced eviction <input type="checkbox"/> Friction with host community <input type="checkbox"/> None <input type="checkbox"/> I don't know <input type="checkbox"/> Other (specify here)				
D_5	Has the site received an official eviction note? <i>If selected 'forced eviction' in D_4.1</i>	<input type="checkbox"/> Yes, it is logged in the Eviction Tracking Matrix <input type="checkbox"/> No, not yet				
D_5a	If yes, when was the official eviction note issued? (select one)	<input type="checkbox"/> Last 7 days <input type="checkbox"/> Last 15 days <input type="checkbox"/> Last month <input type="checkbox"/> More than one month ago				
D_6	What specific actors trying to evict the site residents? <i>If selected 'forced eviction' in D_4.1 (select all applicable)</i>	<input type="checkbox"/> Private owner <input type="checkbox"/> Local authorities <input type="checkbox"/> Military / security actors <input type="checkbox"/> Police (federal, governorate, or local) <input type="checkbox"/> Armed groups <input type="checkbox"/> Host community members <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Don't know <input type="checkbox"/> Other				
D_7	What are the main reasons the site is at risk of eviction? <i>If selected 'forced eviction' in D_4.1 (Select all applicable)</i>	<input type="checkbox"/> Lack of funds to pay rental costs / Disputes about rent (including payment) between landlord and tenant <input type="checkbox"/> Local community does not accept IDP community living in the area <input type="checkbox"/> Authorities requested IDP community to leave <input type="checkbox"/> Request to vacate from owner of building/land <input type="checkbox"/> No verbal/written rental agreement available <input type="checkbox"/> Disputed ownership of land <input type="checkbox"/> Don't know <input type="checkbox"/> Other				
D_8	In your opinion, how dangerous is the exposure to flooding in this site for people, shelter and infrastructure? <i>If selected 'flooding / rain' in D_4.1 (select one)</i>	1 – Low (no flooding events reported in the last two years) 2 – Medium (few flooding events reported in last two years with no/limited harm to people, shelter and infrastructure) 3 – High (multiple flooding events reported in the last two years with limited harm to people and infrastructure) 4 – Very high (multiple flooding events reported in the last two years with significant harm to people and infrastructure) <input type="checkbox"/> Don't know (no historical knowledge)				
D_9	In the past month, has flooding occurred in this site? <i>If selected 'flooding / rain' in D_4 (select one)</i>	<input type="checkbox"/> Yes (indicate number of floods) <input type="checkbox"/> No				
D_10	What was the impact of the flooding on people, shelter and infrastructure? If selected 'Yes' in D_9. (select one)	Type of damage	No damage /injuries	Limited damage / minor injuries	Medium damage / injuries	Excessive damage / critical injuries/death
		<input type="checkbox"/> Flood-related injuries/death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Damage to shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Damage to access roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Damage to critical infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D_11	Main sources of flooding If selected 'Yes' in D_9. (select all applicable)	<input type="checkbox"/> Blocked drains <input type="checkbox"/> Poor surface water drainage <input type="checkbox"/> Poor quality of the surrounding roads and related drainage systems <input type="checkbox"/> This community is in a particularly prone region <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify)				
D_12	Does this site have any flood contingency plans in place? <i>If selected '2, 3, or 4' in D_8. (select one)</i>	<input type="checkbox"/> Yes (please explain plans) <input type="checkbox"/> No				
D_13	In the past month, has fire occurred in this site? <i>If selected 'fire-related incidents in D_4.1 (select one)</i>	<input type="checkbox"/> Yes (indicate number of fires) <input type="checkbox"/> No				

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D_14	What was the impact of the fire on people, shelter and infrastructure? <i>If selected Yes in D_13. (select one)</i>	Type of damage	No damage/injuries	Limited damage / minor injuries	Medium damage / injuries	Excessive damage / critical injuries/death
		<input type="checkbox"/> Fire-related injuries/death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Damage to shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Damage to critical infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D_15	Source of fire If selected 'Yes' in D_13. (select all applicable)	<input type="checkbox"/> Unsafe cooking practices <input type="checkbox"/> Unsafe electrical wires <input type="checkbox"/> Don't know	<input type="checkbox"/> Cigarettes <input type="checkbox"/> Bushfires/Extreme heat <input type="checkbox"/> Other			
D_16	Fire safety measures (select all applicable)	<input type="checkbox"/> Fire points/equipment <input type="checkbox"/> Fire breaks (30m firebreak every 300m) <input type="checkbox"/> Escape routes <input type="checkbox"/> Safe storage of equipment	<input type="checkbox"/> Fire wardens <input type="checkbox"/> Fire safety training <input type="checkbox"/> None <input type="checkbox"/> Other (please specify)			
D_17	Are there any dangerous structures in the site? (select all applicable)	<input type="checkbox"/> Open holes <input type="checkbox"/> Debris <input type="checkbox"/> Falling wall <input type="checkbox"/> No dangerous structures present in the site	<input type="checkbox"/> Pits <input type="checkbox"/> Falling roof <input type="checkbox"/> Other (please specify)			

E DEMOGRAPHICS

E_1	Total number of site residents (insert value)	_____ Households	_____ Individuals	<input type="checkbox"/> I don't know		
E_2	Population groups in site other than IDPs (select all applicable)	<input type="checkbox"/> Refugees	<input type="checkbox"/> Migrants	<input type="checkbox"/> Host community members	<input type="checkbox"/> Marginalized groups <input type="checkbox"/> None	
E_3	Number of IDPs in site (enter values)	_____ Households	_____ Individuals	<input type="checkbox"/> I don't know		
E_4	Number of refugees in site (enter values)	_____ Households	_____ Individuals	<input type="checkbox"/> I don't know		
E_5	Number of migrants in site (enter values)	_____ Households	_____ Individuals	<input type="checkbox"/> I don't know		
E_6	Number of host community members in site (enter values)	_____ Households	_____ Individuals	<input type="checkbox"/> I don't know		
E_7	Number of people per age/gender currently living in the site (enter values)					

	Male	Female	Total	
0-5 years				<input type="checkbox"/> I don't know
6-17 years				<input type="checkbox"/> I don't know
18-35 years				<input type="checkbox"/> I don't know
36-64 years				<input type="checkbox"/> I don't know
65 + years				<input type="checkbox"/> I don't know
Total				<input type="checkbox"/> I don't know

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E_8	Number of people per high-risk group (enter values)	Total	Female (optional)	Male (optional)	Don't know	Prefer not to answer
	Number of child-headed households (0-17 years old) (enter value)				<input type="checkbox"/>	<input type="checkbox"/>
	Number of female-headed households (18+ years old) (enter value)				<input type="checkbox"/>	<input type="checkbox"/>
	Number of unaccompanied or/and separated children (0-17 years old) (enter value)				<input type="checkbox"/>	<input type="checkbox"/>
	Number of pregnant or lactating women (enter value)				<input type="checkbox"/>	<input type="checkbox"/>
	Number of persons with chronic diseases/serious medical conditions (people with immune-suppressing illnesses or taking immunosuppressants, people with chronic illnesses, e.g. diabetes, heart disease, chronic lung disease or moderate to severe asthma) (enter value)				<input type="checkbox"/>	<input type="checkbox"/>
	Number of marginalized persons (enter value)				<input type="checkbox"/>	<input type="checkbox"/>
	Number of persons with physical disabilities (enter value)				<input type="checkbox"/>	<input type="checkbox"/>
	Number of persons with conflict-related injuries (enter value)				<input type="checkbox"/>	<input type="checkbox"/>
	Number of persons with mental disabilities (enter value)				<input type="checkbox"/>	<input type="checkbox"/>
	Number of unaccompanied elderly persons (65+ years old)				<input type="checkbox"/>	<input type="checkbox"/>
	People under distress condition caused by event of emergency/displacement (F: M:)				<input type="checkbox"/>	<input type="checkbox"/>
E_9	Number of deaths on site in the last month (enter value)	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I don't know				
E_10	Reason for deaths (select multiple) <i>Only ask if there were any deaths in the past month (i.e. E_9 > 0)</i>	<input type="checkbox"/> Old age <input type="checkbox"/> Disease <input type="checkbox"/> Conflict injuries <input type="checkbox"/> Fire <input type="checkbox"/> Natural hazard <input type="checkbox"/> Car accident <input type="checkbox"/> Armed attack <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know				
E_11	Number of births on site in the last month (enter value)	<input type="checkbox"/> Births <input type="checkbox"/> I don't know				
E_12	Proportion of site residents registered (select one)	<input type="checkbox"/> All/almost all residents (86 – 100%) <input type="checkbox"/> Majority of residents (61 – 85%) <input type="checkbox"/> Half of residents (41 – 60%) <input type="checkbox"/> Some residents (16 – 40%) <input type="checkbox"/> No/almost no residents (0 – 15%) <input type="checkbox"/> I don't know				
E_13	Frequency of update of site resident registration (select one)	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Upon arrival on new IDPs in site <input type="checkbox"/> Other (please specify)				
E_14	Methodology to determine population demographics (select one)	<input type="checkbox"/> Counting (registration, head count, habitation count, beneficiary list, etc.) <input type="checkbox"/> Estimation (key informant, drive through/walk through, flow monitoring, etc.)				
E_15	Methodology to register site population (select all applicable)	<input type="checkbox"/> Paper list <input type="checkbox"/> Excel <input type="checkbox"/> Biometric data system <input type="checkbox"/> Using Kobo form <input type="checkbox"/> No registration system <input type="checkbox"/> Other (please specify)				
E_16	Source of population demographics (select one)	<input type="checkbox"/> Government authorities <input type="checkbox"/> NGO/UN Agency <input type="checkbox"/> SMC Team <input type="checkbox"/> Community representative <input type="checkbox"/> Other (please specify) <input type="checkbox"/> I don't know				
E_17	In the past month, were there any population groups that live outside the site, but receive assistance in the site? (select one)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know				
E_18	If yes, what population groups and how many individuals were receiving assistance? <i>Select all applicable and insert value, if "yes" in E_17.</i>	Population group		No of individuals assisted		
		<input type="checkbox"/> Host community members (out of site)				
		<input type="checkbox"/> IDPs (out of site)				
		<input type="checkbox"/> Refugees (out of site)				
		<input type="checkbox"/> Migrants (out of site)				
		<input type="checkbox"/> Marginalized groups (out of site)				
<input type="checkbox"/> Don't know						

Commented [CP1]: Potentially to be deleted. TBD with CCCM.

Commented [CP2]: Potentially to be deleted. TBD with CCCM.

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YEMEN

CCCM CLUSTER
دعم مجتمعات النازحين

F DISPLACEMENT							
F_1	Number of arrivals in past month (enter value)	_____ Total IDP Households _____ Individuals Female IDPs (optional) _____ Individuals Male IDPs (optional) <input type="checkbox"/> I don't know					
F_2	Number of site departures in the past month (enter values)	_____ IDP Households _____ IDP Individuals <input type="checkbox"/> I don't know					
F_3	Reason for departure (select multiple)	<input type="checkbox"/> Natural hazard impacting site <input type="checkbox"/> Security incident/conflict impacting sites <input type="checkbox"/> Site residents wishing to return to origin <input type="checkbox"/> Site residents wishing to find a new location <input type="checkbox"/> Eviction <input type="checkbox"/> Conflict with the host community / site residents <input type="checkbox"/> Other <input type="checkbox"/> I don't know					
F_4	Most common governorate/ district of IDP origin of newly arrived IDPs (select from drop-down list)	Governorate: _____ District: _____ <input type="checkbox"/> I don't know					
F_5	Second most common district of IDP origin of newly arrived IDPs (select from drop-down list)	Governorate: _____ District: _____ <input type="checkbox"/> I don't know					
F_6	Third most common district of IDP origin of newly arrived IDPs (select from drop-down list)	Governorate: _____ District: _____ <input type="checkbox"/> I don't know					
F_7	Most common reason newly arrived IDPs left place of origin (select multiple)	<input type="checkbox"/> Security concerns <input type="checkbox"/> Eviction from property <input type="checkbox"/> Natural disaster <input type="checkbox"/> House/livelihood assets destroyed/occupied <input type="checkbox"/> Lack of basic services <input type="checkbox"/> Lack of commodities <input type="checkbox"/> Lack of employment <input type="checkbox"/> Other (specify here) _____ <input type="checkbox"/> I don't know					
F_8	Most common intention for IDP site residents for next month (select one)	<input type="checkbox"/> Stay in site, voluntarily <input type="checkbox"/> Stay in site, involuntarily (no alternative) <input type="checkbox"/> Stay in site, but willing to return to area of origin when situation improves <input type="checkbox"/> Return to origin <input type="checkbox"/> Move elsewhere in Yemen <input type="checkbox"/> I don't know					
G SECTORAL OVERVIEW							
Shelter							
G_1	Number of shelters in the site (insert value)						
G_2	Average number of HH per shelter	To be calculated automatically (number of HH / number of shelters)					
G_3	Site capacity (select one)	<input type="checkbox"/> Overcrowded <input type="checkbox"/> At capacity <input type="checkbox"/> Available shelters (if selected, how many shelters) <input type="checkbox"/> Available land for extension (if selected, how many shelters) <input type="checkbox"/> Don't know					
G_4	Total number of shelters per type (insert value) Check: Total number is equal to G_1	<input type="checkbox"/> Public building (school, mosque, etc.): _____ <input type="checkbox"/> Makeshift shelter: _____ <input type="checkbox"/> Emergency shelter: _____ <input type="checkbox"/> Transitional shelter: _____ <input type="checkbox"/> Tent: _____ <input type="checkbox"/> Unfinished/vacant building: _____ <input type="checkbox"/> Open air (no shelter): _____ <input type="checkbox"/> Don't know					
G_5	What is the overall condition of the shelter (per type)?						
	Select one per option per shelter type	All/almost all shelters	Majority of shelters	Half of shelters	Few shelters	None/almost no shelters	I don't know
	In need of repair/maintenance (for emergency shelter, transitional shelter, buildings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In need of replacement (for emergency shelter, transitional shelter, makeshift shelter, tents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In need of rehabilitation/reconstruction (for public buildings, core housing/vacant building)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In need of extension/new shelter (overcrowded, new HHs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Commented [CP3]: Should this question be changed to
 - number of HH per shelter type OR
 - estimated percentage of HH per shelter type OR
 - Main three shelter types in sites (select top 3)

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G_6	Percentage of shelters with functional locks (select one)	<input type="checkbox"/> None (0%) <input type="checkbox"/> Few (1-25%) <input type="checkbox"/> About half (26 - 50%) <input type="checkbox"/> Most (51 - 75%) <input type="checkbox"/> Everyone (76 - 100%) <input type="checkbox"/> Don't know
G_7	Approximately what proportion of unrelated families/individuals are sharing one shelter? (select one)	<input type="checkbox"/> None (0%) <input type="checkbox"/> Few (1-25%) <input type="checkbox"/> About half (26 - 50%) <input type="checkbox"/> Most (51 - 75%) <input type="checkbox"/> Everyone (76 - 100%) <input type="checkbox"/> Don't know

NFIs		NFI type	All/almost all households	Majority of households	Half of households	Few households	None/at most no households	I don't know
G_8	Proportion of households having access to NFIs (select one per type)	Blankets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Mattress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Sleeping matt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Water containers/buckets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Oven/stoves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Fuel for cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Kitchen items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Hygiene items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Feminine hygiene items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Plastic sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Mosquito nets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solar lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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WASH			
Latrine & Showers			
G_9	Primary latrine types used by majority of the households in the site <i>(select all applicable, maximum three)</i>	<p>Improved</p> <input type="checkbox"/> Flush/ pour latrine to the open <input type="checkbox"/> Flush/ pour latrine to a tank/sewer system/pit <input type="checkbox"/> Pit VIP toilet <input type="checkbox"/> Pit latrine with a slab and platform	<p>Unimproved</p> <input type="checkbox"/> Open hole <input type="checkbox"/> Pit latrine without a slab or platform <input type="checkbox"/> Bucket toilet <input type="checkbox"/> Plastic bag <input type="checkbox"/> Hanging toilet/latrine <input type="checkbox"/> Open defecation
		<input type="checkbox"/> I don't know	
G_10	Primary shower types used by majority of the households in the site <i>(select all applicable, maximum two)</i>	<input type="checkbox"/> Private facility – for one family <input type="checkbox"/> Shared facility in shelter – for multiple families in one household <input type="checkbox"/> Shared public facilities <input type="checkbox"/> No showers <input type="checkbox"/> Other (please specify)	
		<input type="checkbox"/> I don't know	
G_11	Number of latrines & showers (insert value)	_____ Latrines	_____ Showers
G_12	Percentage of households with access to a functioning and clean latrine / shower in the last month? <i>(select one)</i>	<p>Latrines</p> <input type="checkbox"/> None (0%) <input type="checkbox"/> Few (1-25%) <input type="checkbox"/> About half (26 - 50%) <input type="checkbox"/> Most (51 - 75%) <input type="checkbox"/> Everyone (76 - 100%) <input type="checkbox"/> Don't know	<p>Showers</p> <input type="checkbox"/> None (0%) <input type="checkbox"/> Few (1-25%) <input type="checkbox"/> About half (26 - 50%) <input type="checkbox"/> Most (51 - 75%) <input type="checkbox"/> Everyone (76 - 100%) <input type="checkbox"/> Don't know
G_13	Percentage of sanitation facilities gender separated <i>(select one)</i>	<p>Latrines</p> <input type="checkbox"/> None (0%) <input type="checkbox"/> Few (1-25%) <input type="checkbox"/> About half (26 - 50%) <input type="checkbox"/> Most (51 - 75%) <input type="checkbox"/> Everyone (76 - 100%) <input type="checkbox"/> Don't know	<p>Showers</p> <input type="checkbox"/> None (0%) <input type="checkbox"/> Few (1-25%) <input type="checkbox"/> About half (26 - 50%) <input type="checkbox"/> Most (51 - 75%) <input type="checkbox"/> Everyone (76 - 100%) <input type="checkbox"/> Don't know
G_14	Percentage of sanitation facilities with functional locks on the inside <i>(select one)</i>	<p>Latrines</p> <input type="checkbox"/> None (0%) <input type="checkbox"/> Few (1-25%) <input type="checkbox"/> About half (26 - 50%) <input type="checkbox"/> Most (51 - 75%) <input type="checkbox"/> Everyone (76 - 100%) <input type="checkbox"/> Don't know	<p>Showers</p> <input type="checkbox"/> None (0%) <input type="checkbox"/> Few (1-25%) <input type="checkbox"/> About half (26 - 50%) <input type="checkbox"/> Most (51 - 75%) <input type="checkbox"/> Everyone (76 - 100%) <input type="checkbox"/> Don't know
G_15	Are public/shared latrines safely accessible for women and girls (including during the night)? <i>If answer "Shared facility in shelter – for multiple families in one household" or "Shared public facilities" in G_10.</i> <i>(select one)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
G_16	What proportion of the latrine types commonly used by the people on site are desludgable? <i>(select one)</i>	<input type="checkbox"/> None (0%) <input type="checkbox"/> Few (1-25%) <input type="checkbox"/> About half (26 - 50%) <input type="checkbox"/> Most (51 - 75%) <input type="checkbox"/> Everyone (76 - 100%) <input type="checkbox"/> Don't know	

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G_17	How frequently does desludging of latrines occur? <i>If answer in G_16 is Few, About half, most or everyone.</i>	<input type="checkbox"/> Once a month <input type="checkbox"/> Once every 1 to 3 months <input type="checkbox"/> Once every 4 to 6 months <input type="checkbox"/> Once every 7 months to 1 year <input type="checkbox"/> Once every 1 to 2 years <input type="checkbox"/> Once every more than 2 years <input type="checkbox"/> Don't know	
G Water			
G_18	Primary water source for all household purposes for majority of households in the site (drinking, cooking, bathing, washing) <i>(select all applicable, maximum three)</i>	Improved <input type="checkbox"/> Piped water to premise <input type="checkbox"/> Public tap <input type="checkbox"/> Borehole <input type="checkbox"/> Protected well <input type="checkbox"/> Protected spring <input type="checkbox"/> Protected rainwater tank <input type="checkbox"/> Bottled water <input type="checkbox"/> I don't know	Unimproved <input type="checkbox"/> Water Trucking <input type="checkbox"/> Unprotected well <input type="checkbox"/> Rainwater <input type="checkbox"/> Unprotected spring <input type="checkbox"/> Surface water (river, dam, lake, pond, stream, canal, reservoir) <input type="checkbox"/> None of the above, no direct water access
G_19	Number of water collection points accessible to site residents NOTE: Water collection points include all locations where water can be collected by site residents (points where water is located (could be directly from the source, piped, public tap etc.). Sum up all water points for all water sources selected in Question G_18. This is NOT the same as public taps! <i>(insert value)</i>	_____ water collection points	
G_20	Litres / person / day available through any primary water source in the site <i>(insert value)</i>	_____ litres / person / day	
G_21	Average time for MOST site residents to fetch water from closest water source with normal mode of transport (return) <i>(select one)</i>	<input type="checkbox"/> Water is located on the premises <input type="checkbox"/> Less than 5 minutes to fetch water and return <input type="checkbox"/> Between 5-15 minutes to fetch water and return <input type="checkbox"/> Between 16-30 minutes to fetch water and return <input type="checkbox"/> More than 31 minutes to fetch water and return	
G_22	Is the primary water source drinkable? (Select one) NOTE: Ask question for all answers selected in Q G_18.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
G_23	If not, what is the drinkable water source?		
G_24	Approximately what proportion of households in the site have a sufficient quantity of safe and clean water for drinking, cooking, bathing and washing in the last three month? (select one)	<input type="checkbox"/> None (0%) <input type="checkbox"/> Few (1-25%) <input type="checkbox"/> About half (26 - 50%) <input type="checkbox"/> Most (51 - 75%) <input type="checkbox"/> Everyone (76 - 100%) <input type="checkbox"/> Don't know	
G_25	Who is usually collecting water? <i>(select all applicable)</i>	<input type="checkbox"/> Women <input type="checkbox"/> Girls <input type="checkbox"/> Boys <input type="checkbox"/> Men <input type="checkbox"/> Don't know	
G_26	Presence of water maintenance committee <i>(select one)</i>	<input type="checkbox"/> Present and equipped with tools for maintenance <input type="checkbox"/> Present, but not equipped with tools for maintenance <input type="checkbox"/> Non-existent	
G Solid waste disposal			
G_27	Number of communal wastebins (insert value)	_____ communal wastebins	
G_28	How is solid waste mainly disposed of or managed by residents of this site? <i>(select all applicable)</i>	<input type="checkbox"/> Household pit <input type="checkbox"/> Communal pit <input type="checkbox"/> Bin in the household/streets <input type="checkbox"/> Designated open area <input type="checkbox"/> Undesignated open area (not managed, throwing in street) <input type="checkbox"/> Bury it <input type="checkbox"/> Burn it <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Don't know	

Commented [CP4]: Waiting for response from WASH Cluster to adjust answer options and receive definitions.

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G_29	How often is solid waste collected in the site? <i>(select one)</i> <i>If "household pit, communal pit, bin the household/streets, designated open area, undesignated open area, other" is chosen in G_14</i>	<input type="checkbox"/> Every day <input type="checkbox"/> Once a month <input type="checkbox"/> Never collected <input type="checkbox"/> Don't know <input type="checkbox"/> Once a week <input type="checkbox"/> Less than once a month <input type="checkbox"/> Other (please specify)
G_30	Who is collecting solid waste from the site? <i>(select all applicable)</i> <i>Hint: Private individuals include IDPs/residents/families/community/society.</i>	<input type="checkbox"/> Cash-for-Workers <input type="checkbox"/> Government staff <input type="checkbox"/> Other (please specify) <input type="checkbox"/> UN/NGO staff <input type="checkbox"/> Private individuals <input type="checkbox"/> No one <input type="checkbox"/> Don't know
G Health		
G_31	In the last month, what were the main health issues reported in the site? <i>(select all applicable)</i>	<input type="checkbox"/> Acute water diarrhea / Cholera <input type="checkbox"/> Malaria <input type="checkbox"/> Respiratory diseases <input type="checkbox"/> Women reproductive health issues <input type="checkbox"/> Don't know <input type="checkbox"/> None <input type="checkbox"/> COVID-19 <input type="checkbox"/> Skin diseases (Scabies, contagious rashes, measles, etc.) <input type="checkbox"/> Injuries/wounds <input type="checkbox"/> Malnutrition <input type="checkbox"/> No health issues reported <input type="checkbox"/> Other (please specify)
G_32	Average minutes for MOST site residents to reach a functional, accessible primary health facility with normal mode of local transport <i>(select one)</i>	<input type="checkbox"/> Static Health facility in site <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30-60 minutes <input type="checkbox"/> Don't know <input type="checkbox"/> Mobile Health facility in site <input type="checkbox"/> More than 60 minutes <input type="checkbox"/> No functional and accessible health care facility available / accessible
G_33	Average minutes for MOST site residents to reach a functional, accessible secondary health facility with normal mode of local transport <i>(select one)</i>	<input type="checkbox"/> Secondary Health facility in site <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30-60 minutes <input type="checkbox"/> Don't know <input type="checkbox"/> Mobile Secondary Health facility in site <input type="checkbox"/> More than 60 minutes <input type="checkbox"/> No functional and accessible health care facility available / accessible
G_34	Within or around this site, what types of health services are available? <i>(select all applicable)</i>	<ul style="list-style-type: none"> • Basic primary healthcare • Vaccinations • Child healthcare • Maternal healthcare • Nutrition counselling / services • HIV Counselling and testing • Mental health services • Sexual and reproductive healthcare • Physical and functional rehabilitation including provision of assistive and mobility devices • None of the above • Don't know • Other - please specify
G_35	What difficulties, if any, do people in the site most commonly encounter when attempting to access health services or treatment? <i>(select all applicable)</i>	<ul style="list-style-type: none"> • No issues (cannot select with any other option) • Unable to access medical services based on their clan identity • Cost of services and/or medicine is too high • No access to qualified health staff at the health facility • Problems with civil documents • Public health clinic does not provide referral • Public health clinic not open • The treatment centre is too far away • Cannot afford transportation to the facilities • Medical staff refuse treatment for some groups • Medical staff refuse treatment without any excuse • Medical staff disrespectful or rude • No medicine available at health facility/pharmacy • No treatment available for the disease at the health facility • Health services not accessible for people with difficulties in seeing, hearing, walking, communicating, self-caring and understanding (for reasons other than the language spoken) • Fear of harassment/violence on the way to Healthcare service/facility or at the Healthcare service/facility • Perceptions or beliefs of families/ community/ healthcare workers make it difficult/ impossible for them to go to Health care facilities • Don't know • Other - please specify
Food Security & Nutrition & Livelihoods		

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G_36	In the last month, what was the proportion of site residents able to access food? <i>(select one)</i>	<input type="checkbox"/> None (0%) <input type="checkbox"/> Few (1-25%) <input type="checkbox"/> About half (26 - 50%) <input type="checkbox"/> Most (51 - 75%) <input type="checkbox"/> Everyone (76 - 100%) <input type="checkbox"/> Don't know
G_37	In the last month, what were the main reasons why residents can't access food in the settlement? <i>If answer was "none, few, about half, most," in G_36. (select all applicable)</i>	<input type="checkbox"/> Security issues: Inability to travel to market, Insecurity at markets or points of food distribution <input type="checkbox"/> No land for cultivation or no livestock for animal husbandry <input type="checkbox"/> Natural causes: flooding, drought, locusts <input type="checkbox"/> Economic causes: Lack of money (i.e. limited income/livelihood/cash assistance), inability to access money (i.e. liquidity problems) <input type="checkbox"/> Social and cultural causes: due to age, gender, clan affiliation, disability <input type="checkbox"/> Functional market not available <input type="checkbox"/> Inability to access/refusal of government food aid <input type="checkbox"/> Inability to access/refusal of NGO food aid <input type="checkbox"/> Accessing aid but required to pay a proportion to gatekeeper leaving household hungry <input type="checkbox"/> Accessing aid but required to pay a proportion to landlord leaving household hungry <input type="checkbox"/> Perceptions or beliefs of families/community and humanitarian service providers and other actors make it difficult/impossible to access distribution /items <input type="checkbox"/> Fear of harassment/violence/abuse on the way to market or at the distribution site <input type="checkbox"/> Humanitarian aid is not enough <input type="checkbox"/> Other - please specify <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer
G_38	In the last month, how did site residents access food? <i>(select all applicable)</i>	<input type="checkbox"/> Market <input type="checkbox"/> Home-grown/produced <input type="checkbox"/> Food assistance from NGO <input type="checkbox"/> Food assistance from government actors <input type="checkbox"/> Gifts from family friends neighbours <input type="checkbox"/> Trade for labour <input checked="" type="checkbox"/> Debt <input type="checkbox"/> No food source available <input type="checkbox"/> Don't know <input type="checkbox"/> Other (please specify)
G_39	Number of distribution centres / areas in the site <i>(insert value)</i>	Integer
G_40	Do site residents face any challenges with pursuing livelihoods / earning a reasonable income? <i>(select all applicable: "No challenges faced", "Don't know" and "Prefer not to answer" cannot be selected with other choice)</i>	<input type="checkbox"/> Yes, local host community is not willing to hire site residents (i.e. ethnic, religious, racial discrimination) <input type="checkbox"/> Yes, no income / livelihood opportunities available in the site / area <input type="checkbox"/> Yes, income / livelihood opportunities available, but not able to earn a reasonable income <input type="checkbox"/> Other (please specify) <input type="checkbox"/> No challenges faced by site residents <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer
Protection		
G_41	Are site residents reporting lack of identification documents? <i>(enter value)</i>	Birth Certificates <input type="checkbox"/> Yes <input type="checkbox"/> No
		Personal Identify Cards <input type="checkbox"/> Yes <input type="checkbox"/> No
		Family Identity Cards <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> I don't know
G_42	What are the available functional communal spaces in the site? <i>(select all applicable)</i>	<input type="checkbox"/> Community centers <input type="checkbox"/> Women and Girls' Safe space <input type="checkbox"/> Youth centers / Child-friendly space <input type="checkbox"/> Other (please specify) <input type="checkbox"/> No available communal spaces
G_43	In the past month, did any protection incidents occur? <i>(select one)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
G_44	Which of the following incidents occurred in or near the site in the past month? <i>(select all applicable)</i> <i>If yes selected in G_43</i>	<input type="checkbox"/> Aerial bombardment <input type="checkbox"/> Forced eviction <input type="checkbox"/> Incidents due to UXO ("Unexploded ordnance") <input type="checkbox"/> Harassment against women/girls/boys <input type="checkbox"/> Incidents of child marriage <input type="checkbox"/> Safety and security incidents against women and girls in/outside of HH

Commented [CP5]: TBD to add 'begging' or 'charity'

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		<input type="checkbox"/> Incidents of domestic violence <input type="checkbox"/> Friction / Fight between community and surrounding host communities <input type="checkbox"/> Violence during aid distribution or on the way to the distribution point/service <input type="checkbox"/> Impediment to protection and humanitarian assistance <input type="checkbox"/> No incidents occurred <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other (please specify)																														
G_45	To whom were the incidents reported? <i>(optional question, select multiple)</i> If yes selected in G_43 and "No incidents occurred/prefer not to answer" was not selected in G_44.	<input type="checkbox"/> Security/police <input type="checkbox"/> Authorities in the site <input type="checkbox"/> Authorities outside of site <input type="checkbox"/> (I)NGOs <input type="checkbox"/> UN <input type="checkbox"/> Incidents were not reported																														
G_46	Where do site residents mainly seek support/help in case of protection incidents? (select all applicable)	<input type="checkbox"/> Tribe <input type="checkbox"/> Community leader <input type="checkbox"/> Government official / institution <input type="checkbox"/> Members of IDP community <input type="checkbox"/> Members of host community <input type="checkbox"/> Private lawyer <input type="checkbox"/> I don't know <input type="checkbox"/> Other (specify): <input type="checkbox"/> 'aail-al-har <input type="checkbox"/> Imam <input type="checkbox"/> Police <input type="checkbox"/> Members of returnee community <input type="checkbox"/> I/NGO or UN staff <input type="checkbox"/> No community protection available																														
G_47	Are the facilities/services at the site adequate/adapted so that persons with disabilities, including children and boys and girls at a very young age can easily access them? (select one)	<table border="1"> <thead> <tr> <th>Type of facility</th> <th>Persons with disabilities</th> <th>Boys</th> <th>Girls</th> <th>Women</th> </tr> </thead> <tbody> <tr> <td>Food / NFI Distribution points</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> </tr> <tr> <td>Shower</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> </tr> <tr> <td>Latrines</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> </tr> <tr> <td>Water points</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> </tr> <tr> <td>Other (please explain)</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know </td> </tr> </tbody> </table>	Type of facility	Persons with disabilities	Boys	Girls	Women	Food / NFI Distribution points	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Shower	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Latrines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Water points	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Other (please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
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G_48	Do site residents feel safe in the site / area? (select one)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know																														
G_49	If not, why not? (select all applicable)	<input type="checkbox"/> Violence inside/outside HH, especially against women and girls <input type="checkbox"/> Illegal, dangerous or exploitative working conditions <input type="checkbox"/> Risk of explosive hazards (mines, bombs, IEDs) <input type="checkbox"/> Fear of armed clashes (bombing, fighting) <input type="checkbox"/> Fear of armed actors (recruitment, violence, threats or harassment) <input type="checkbox"/> Fear of community/tribal groups (violence, threats, harassment related to ongoing dispute) <input type="checkbox"/> Negative behaviour by site residents/negative coping mechanisms, resulting in violence <input type="checkbox"/> Absence of non-government service providers <input type="checkbox"/> Social exclusion or discrimination <input type="checkbox"/> Fear of eviction <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (specify)																														
Education																																
G_51	Average minutes for MOST children of school age to reach a functional primary school with normal mode of local transport (select one)	<input type="checkbox"/> Primary school accessible in site <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30-60 minutes <input type="checkbox"/> More than 60 minutes <input type="checkbox"/> No functional primary school accessible for children in sites <input type="checkbox"/> Don't know																														
G_52	Average minutes for MOST children of school age to reach a functional secondary school with normal mode of local transport (select one)	<input type="checkbox"/> Secondary school accessible in site <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30-60 minutes <input type="checkbox"/> More than 60 minutes <input type="checkbox"/> No functional secondary school accessible for children in sites <input type="checkbox"/> Don't know																														

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G_53	Non-formal education for children in camp or nearby/accessible (i.e., catch-up, literacy and language classes) (select one)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		
G_54	Percentage of boys/girls attending primary / secondary school and non-formal education (insert value)	Primary school	Secondary school	Non-formal education
		_____ % Girls	_____ % Girls	_____ % Girls
		_____ % Boys	_____ % Boys	_____ % Boys
		I don't know	I don't know	I don't know
G_55	Top 3 reasons for boys and girls not attending school (select up to three)	<ul style="list-style-type: none"> • No barriers (cannot select with any other option) • Schools closed (for any reason) • Schools overcrowded • Security concerns of child travelling or being at school, including landmines • Distance to school too far / lack transportation • School fees and/or cost of materials • Child helping at home / farm • Child working outside home • Parents unaware of education opportunities available • Parents don't value education • Parents don't approve of curriculum • Cultural beliefs • Children psychologically distressed • Displacement due to conflict • Children lack documentation needed to register • Flooding / weather events • Children join/recruited by armed groups • Marriage and/or pregnancy • Menstruation and access to hygiene products • Language issues • Poor school infrastructure/facilities • Lack of qualified teaching staff • Insufficient WASH facilities in schools • Lack of male / female separation • Pupils turned away from school/refused access due to marginalized clan / IDP status • Pupils turned away from school due to difficulties in seeing, hearing, walking, communicating, understanding (for reasons other than the language spoken) • Pupils experience bullying, discrimination or racism from fellow pupils • Pupils experience bullying, discrimination or racism from teaching staff • Other - please specify • Don't know 		
Cash & Markets				
G_56	Average minutes for MOST site residents to reach a functional FOOD market place or grocery store with normal mode of local transport (travelling one way)? (Travel one way)	<input type="checkbox"/> Market available in site <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30-60 minutes <input type="checkbox"/> More than 60 minutes <input type="checkbox"/> No functional market available/accessible <input type="checkbox"/> Don't know		
G_57	Average minutes for MOST site residents to reach a functional market for NFIs and construction material with normal mode of local transport (travelling one way) (select one)	<input type="checkbox"/> Market available in site <input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> 30-60 minutes <input type="checkbox"/> More than 60 minutes <input type="checkbox"/> No functional market available/accessible <input type="checkbox"/> Don't know		
G_58	In the past month, were there any items that are not available OR not affordable at the market that site residents need? (select all applicable, Don't know cannot be selected with other answer options)	<input type="checkbox"/> Basic food items	<input type="checkbox"/> Not available <input type="checkbox"/> Not affordable <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Drinking water	<input type="checkbox"/> Not available <input type="checkbox"/> Not affordable <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Basic family items (e.g. mattress, blankets, kitchen utensils)	<input type="checkbox"/> Not available <input type="checkbox"/> Not affordable <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Tools, hardware and construction materials	<input type="checkbox"/> Not available <input type="checkbox"/> Not affordable <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Hygiene items	<input type="checkbox"/> Not available <input type="checkbox"/> Not affordable <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Feminine hygiene items	<input type="checkbox"/> Not available <input type="checkbox"/> Not affordable <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Basic medicine	<input type="checkbox"/> Not available <input type="checkbox"/> Not affordable <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Fuel	<input type="checkbox"/> Not available <input type="checkbox"/> Not affordable <input type="checkbox"/> Don't know	
		<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Not available <input type="checkbox"/> Not affordable <input type="checkbox"/> Don't know	
		<input type="checkbox"/> All core items are available and affordable		
G_59	In the past month, did site residents face any physical barriers to consistently accessing markets? (select all applicable)	<ol style="list-style-type: none"> 1. No, no barriers faced when accessing marketplace 2. Marketplace is too far away to access regularly 3. Insecurity or danger travelling to and from marketplace 4. Insecurity or danger at marketplace 5. Market shutdowns or curfews make access impossible 		

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		6. Damage to marketplace 7. Damage to roads leading to marketplace 8. Restrictions to leave the site/camp (i.e. checkpoints, ID necessary) 9. Landmines between the site and market place 10. Other (please specify) 11. Don't know
G_65	In the past month, did site residents face any social barriers to consistently accessing markets? (Select all applicable)	1. No, no social barriers faced when accessing marketplace 2. Transportation to marketplace is too expensive 3. Nobody to look after children or elderly while visiting marketplace 4. Local or traditional authorities restrict access/travel 5. Other household members restrict access/travel 6. Restrictions to leave the site/camp (i.e. checkpoints, ID necessary) 7. Discrimination/insecurity en route or at the market due to different ethnic/religious group of site residents 8. Other (please specify) 9. Don't know
G_66	In the last month, did site residents face any barriers to access sufficient cash required to purchase essential items? (select all applicable)	1. No problems faced 2. Do not have income (wage, remittance, cash assistance), hence no access to cash needed to afford these items. 3. Insecurity at cash distribution facility (such as money transfer agent or humanitarian cash distribution site). 4. Cash distribution facility (such as money transfer agent or humanitarian cash distribution site), is closed or has reduced opening hours. 5. Cash distribution facility (such as money transfer agent or humanitarian cash distribution site) has insufficient liquidity, so I could not cash-out my funds. 6. Transportation to cash distribution facility (such as money transfer agent or humanitarian cash distribution site) is unavailable or expensive. 7. Identification document was not accepted at cash distribution site (such as money transfer agent or humanitarian cash distribution site). 8. Vendors did not accept my voucher, prepaid card or credit card for purchasing. 9. Other (please specify) 10. Don't know

H INFRASTRUCTURE ACCESS

H_1	Main source of electricity in the site (select all applicable)	<input type="checkbox"/> Main network / Grid <input type="checkbox"/> Centralised generators <input type="checkbox"/> Mix of grid and generators <input type="checkbox"/> Generators privately owned <input type="checkbox"/> Solar panels <input type="checkbox"/> Batteries <input type="checkbox"/> No source of electricity <input type="checkbox"/> Other (please specify) <input type="checkbox"/> I don't know
H_2	In the last month on average, how many days / hours per day, was electricity available in the camp? (insert values)	_____ average hours per day _____ average days per month with access to electricity
H_3	What proportion of shelters in the camp have functional electrical connections? (select one)	<input type="checkbox"/> None (0%) <input type="checkbox"/> Few (1-25%) <input type="checkbox"/> About half (26 - 50%) <input type="checkbox"/> Most (51 - 75%) <input type="checkbox"/> Everyone (76 - 100%) <input type="checkbox"/> Don't know
H_4	Proportion of site residents with access to functional internet (select one)	<input type="checkbox"/> None (0%) <input type="checkbox"/> Few (1-25%) <input type="checkbox"/> About half (26 - 50%) <input type="checkbox"/> Most (51 - 75%) <input type="checkbox"/> Everyone (76 - 100%) <input type="checkbox"/> Don't know
H_5	Proportion of site residents with access to functional mobile/radio network (select one)	<input type="checkbox"/> None (0%) <input type="checkbox"/> Few (1-25%) <input type="checkbox"/> About half (26 - 50%) <input type="checkbox"/> Most (51 - 75%) <input type="checkbox"/> Everyone (76 - 100%) <input type="checkbox"/> Don't know

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SERVICE ACCESS & COMMUNITY NEEDS						
I_1	Service access: Proportion of households receiving the following types of assistance in last month (<i>select one</i>)					
	All/almost all households (86 – 100%)	Majority of households (61 – 85%)	Half of households (41 – 60%)	Some households (16 – 40%)	None/almost no households (0 – 15%)	I don't know
RRM distributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food distributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-food item distributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelter/maintenance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WASH services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste disposal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Livelihoods services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash distributions (multi-purpose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security / safety & DRR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I_2	Gaps & Needs: Proportion of households in need of the following types of assistance following service provision last month (<i>select one</i>)					
	All/almost all households (86 – 100%)	Majority of households (61 – 85%)	Half of households (41 – 60%)	Some households (16 – 40%)	None/almost no households (0 – 15%)	I don't know
RRM distributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food distributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-food item distributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelter/maintenance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WASH services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste disposal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Livelihoods services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash distributions (multi-purpose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security / safety & DRR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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I_3	Gap: Please select any priority items/services that were missing per sector in the past month (select multiple, maximum three)										
Protection services	<input type="checkbox"/> Legal assistance & documentation	<input type="checkbox"/> SGBV & Child Protection services	<input type="checkbox"/> Psychosocial services	<input type="checkbox"/> Provision of assistive devices & services	<input type="checkbox"/> Referrals for at-risk populations	<input type="checkbox"/> Cash for Protection	<input type="checkbox"/> Family tracing	<input type="checkbox"/> All of the above	<input type="checkbox"/> no gaps/everything is available	Other (please specify)	
RRM distributions	<input type="checkbox"/> Basic hygiene kit		<input type="checkbox"/> Transit kit		<input type="checkbox"/> Immediate Ready-to-Eat Rations (IRR)		<input type="checkbox"/> All of the above	<input type="checkbox"/> no gaps/everything is available	Other (please specify)		
Food distributions	<input type="checkbox"/> In-kind food assistance		<input type="checkbox"/> Cash for Food		<input type="checkbox"/> Protected distribution centre / area		<input type="checkbox"/> All of the above	<input type="checkbox"/> no gaps/everything is available	Other (please specify)		
Non-food item distributions	<input type="checkbox"/> Blankets /Mattresses	<input type="checkbox"/> Kitchen items & fuel	<input type="checkbox"/> Water containers and treatment materials	<input type="checkbox"/> Winterization items	<input type="checkbox"/> Summerization items	<input type="checkbox"/> Mosquito nets	<input type="checkbox"/> Clothes	<input type="checkbox"/> Cash for NFIs	<input type="checkbox"/> All of the above	<input type="checkbox"/> no gaps/everything is available	Other (please specify)
Nutrition services	<input type="checkbox"/> Nutrition counselling		<input type="checkbox"/> MUAC screening		<input type="checkbox"/> Distribution of therapeutic foods or nutritional supplements		<input type="checkbox"/> All of the above	<input type="checkbox"/> no gaps/everything is available	Other (please specify)		
Shelter/maintenance services	<input type="checkbox"/> Shelter maintenance / replacement	<input type="checkbox"/> Shelter rehabilitation	<input type="checkbox"/> In-kind assistance (i.e. ESK, tarpaulin, shelter kits, etc.)		<input type="checkbox"/> Cash for Rent	<input type="checkbox"/> Cash for Maintenance / Rehabilitation	<input type="checkbox"/> All of the above	<input type="checkbox"/> no gaps/everything is available	Other (please specify)		
Healthcare services	<input type="checkbox"/> Vaccinations	<input type="checkbox"/> Maternal care	<input type="checkbox"/> Medicines & medical equipment	<input type="checkbox"/> Sexual & reproductive healthcare	<input type="checkbox"/> Cash for healthcare services/transport/medicine	<input type="checkbox"/> Mental health services	<input type="checkbox"/> Physical & functional rehabilitation including provision of assistive and mobility devices	<input type="checkbox"/> All of the above	<input type="checkbox"/> no gaps/everything is available	Other (please specify)	
WASH services	<input type="checkbox"/> Hygiene promotion	<input type="checkbox"/> Provision /Sanitation maintenance/rehabilitation of WASH infrastructure (latrines, showers, handwashing facilities, showers)	<input type="checkbox"/> Water infrastructure construction/rehabilitation	<input type="checkbox"/> Drinking water	<input type="checkbox"/> Water for household purposes	<input type="checkbox"/> Hygiene items (jerry cans for storage/transport, soap, hygienic menstrual materials, filters, chlorine tablets, etc.)	<input type="checkbox"/> Cash for WASH	<input type="checkbox"/> All of the above	<input type="checkbox"/> no gaps/everything is available	Other (please specify)	
Waste disposal services	<input type="checkbox"/> Waster water network		<input type="checkbox"/> Garbage bins		<input type="checkbox"/> Waste collection services	<input type="checkbox"/> Dislodging	<input type="checkbox"/> All of the above	<input type="checkbox"/> no gaps/everything is available	Other (please specify)		
Education services	<input type="checkbox"/> Primary / secondary education services in site		<input type="checkbox"/> Non-formal education in site		<input type="checkbox"/> School supplies (i.e. school books, pens, etc.)	<input type="checkbox"/> Cash for education (i.e. school fees, school equipment)	<input type="checkbox"/> Rehabilitation/construction of class rooms	<input type="checkbox"/> All of the above	<input type="checkbox"/> no gaps/everything is available	Other (please specify)	

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Livelihoods services	<input type="checkbox"/> Livelihood skills training	<input type="checkbox"/> Cash to start/continue business	<input type="checkbox"/> In-kind assistance (i.e. tools for agriculture, etc.)	<input type="checkbox"/> Income-generating activities (i.e. CFW)	<input type="checkbox"/> All of the above	<input type="checkbox"/> No gaps/everything is available	Other (please specify)
Site maintenance	<input type="checkbox"/> Electricity network	<input type="checkbox"/> Radio/mobile network	<input type="checkbox"/> Internet access	<input type="checkbox"/> Environmental assessment/management	<input type="checkbox"/> All of the above	<input type="checkbox"/> No gaps/everything is available	Other (please specify)
Security / Safety & DRR	<input type="checkbox"/> Flood contingency plans	<input type="checkbox"/> Fire contingency plans & items (i.e. fire breaks, fire points)	<input type="checkbox"/> Security personnel	<input type="checkbox"/> Locks for shelter/latrines	<input type="checkbox"/> Evacuation plans	<input type="checkbox"/> All of the above	<input type="checkbox"/> No gaps/everything is available
I_4	3W: Service provider per sector in the past month						
Service type	I_4.1 Service available in the past month (select one)	I_4.2 Service provider available in the past month (select multiple) <i>If selected "Yes" in I_4.1</i>			UN/NGO name (select multiple from list) <i>If selected "yes" in I_4.2</i>	Frequency of service provision in the past month (select one) <i>If selected "Yes" in I_4.1</i>	
RRM distributions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Government/local authority	<input type="checkbox"/> Private/local community	<input type="checkbox"/> UN/INGO/NNGO agency	<input type="checkbox"/> Don't know	<input type="checkbox"/> Daily/Continuous service <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> One-ff distribution/Once in the past month <input type="checkbox"/> Other (Please specify)	
Food distributions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Government/local authority	<input type="checkbox"/> Private/local community	<input type="checkbox"/> UN/INGO/NNGO agency	<input type="checkbox"/> Don't know	<input type="checkbox"/> Daily/Continuous service <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> One-ff distribution/Once in the past month <input type="checkbox"/> Other (Please specify)	
Non-food item distributions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Government/local authority	<input type="checkbox"/> Private/local community	<input type="checkbox"/> UN/INGO/NNGO agency	<input type="checkbox"/> Don't know	<input type="checkbox"/> Daily/Continuous service <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> One-ff distribution/Once in the past month <input type="checkbox"/> Other (Please specify)	
Nutrition services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Government/local authority	<input type="checkbox"/> Private/local community	<input type="checkbox"/> UN/INGO/NNGO agency	<input type="checkbox"/> Don't know	<input type="checkbox"/> Daily/Continuous service <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> One-ff distribution/Once in the past month <input type="checkbox"/> Other (Please specify)	
Shelter/maintenance services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Government/local authority	<input type="checkbox"/> Private/local community	<input type="checkbox"/> UN/INGO/NNGO agency	<input type="checkbox"/> Don't know	<input type="checkbox"/> Daily/Continuous service <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> One-ff distribution/Once in the past month <input type="checkbox"/> Other (Please specify)	
WASH services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Government/local authority	<input type="checkbox"/> Private/local community	<input type="checkbox"/> UN/INGO/NNGO agency	<input type="checkbox"/> Don't know	<input type="checkbox"/> Daily/Continuous service <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> One-ff distribution/Once in the past month <input type="checkbox"/> Other (Please specify)	
Waste disposal services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Government/local authority	<input type="checkbox"/> Private/local community	<input type="checkbox"/> UN/INGO/NNGO agency	<input type="checkbox"/> Don't know	<input type="checkbox"/> Daily/Continuous service <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> One-ff distribution/Once in the past month <input type="checkbox"/> Other (Please specify)	

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Healthcare services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Government/local authority	<input type="checkbox"/> Private/local community	<input type="checkbox"/> UN/INGO/NNGO agency	<input type="checkbox"/> Don't know	<input type="checkbox"/> Daily/Continuous service <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> One-ff distribution/ Once in the past month <input type="checkbox"/> Other (Please specify)
Protection services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Government/local authority	<input type="checkbox"/> Private/local community	<input type="checkbox"/> UN/INGO/NNGO agency	<input type="checkbox"/> Don't know	<input type="checkbox"/> Daily/Continuous service <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> One-ff distribution/ Once in the past month <input type="checkbox"/> Other (Please specify)
Education services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Government/local authority	<input type="checkbox"/> Private/local community	<input type="checkbox"/> UN/INGO/NNGO agency	<input type="checkbox"/> Don't know	<input type="checkbox"/> Daily/Continuous service <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> One-ff distribution/ Once in the past month <input type="checkbox"/> Other (Please specify)
Livelihoods services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Government/local authority	<input type="checkbox"/> Private/local community	<input type="checkbox"/> UN/INGO/NNGO agency	<input type="checkbox"/> Don't know	<input type="checkbox"/> Daily/Continuous service <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> One-ff distribution/ Once in the past month <input type="checkbox"/> Other (Please specify)
Cash distributions (multi-purpose)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Government/local authority	<input type="checkbox"/> Private/local community	<input type="checkbox"/> UN/INGO/NNGO agency	<input type="checkbox"/> Don't know	<input type="checkbox"/> Daily/Continuous service <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> One-ff distribution/ Once in the past month <input type="checkbox"/> Other (Please specify)
Site maintenance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Government/local authority	<input type="checkbox"/> Private/local community	<input type="checkbox"/> UN/INGO/NNGO agency	<input type="checkbox"/> Don't know	<input type="checkbox"/> Daily/Continuous service <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> One-ff distribution/ Once in the past month <input type="checkbox"/> Other (Please specify)
Security / safety & DRR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Government/local authority	<input type="checkbox"/> Private/local community	<input type="checkbox"/> UN/INGO/NNGO agency	<input type="checkbox"/> Don't know	<input type="checkbox"/> Daily/Continuous service <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> One-ff distribution/ Once in the past month <input type="checkbox"/> Other (Please specify)

I Sectoral Response Capacity						
Sector (select one)	None	Low	Moderate	Good	Very Good	Don't know
Camp Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RRM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Food Items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WASH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Livelihoods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash distributions (multi-purpose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety & Security & DRR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J ACCOUNTABILITY TO AFFECTED PEOPLE	
J_1	<p>For any of the following groups, are there any impediments to accessing humanitarian activities? (select multiple)</p> <p><input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> Boys <input type="checkbox"/> Girls</p> <p><input type="checkbox"/> Elders (Persons age 60 and more)</p> <p><input type="checkbox"/> Persons with difficulties in seeing, hearing, walking, communicating, self-care / understanding (for reasons other than language spoken, remembering/concentrating)</p>

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		<input type="checkbox"/> Marginalized people <input type="checkbox"/> There are no impediments for any of the above groups <input type="checkbox"/> Don't know <input type="checkbox"/> Other (please specify)																														
J_2	In the past month, what were the barriers that MOST site residents faced when trying to access humanitarian aid, if any? <i>(select up to five)</i>	<input type="checkbox"/> No problems faced <input type="checkbox"/> Physically unable to access points of aid distribution <input type="checkbox"/> Insecurity on route to points of aid distribution <input type="checkbox"/> Insecurity at site of aid distribution <input type="checkbox"/> Exclusion by resident community/NGOs/etc <input type="checkbox"/> Service partner / SMC teams were not allowed / able to access site <input type="checkbox"/> Fighting between recipients <input type="checkbox"/> Not enough for all entitled / some population groups not receiving assistance <input type="checkbox"/> Assistance provided was not of good enough quality <input type="checkbox"/> Social and cultural norms preventing women and other key populations from accessing/receiving <input type="checkbox"/> Distribution was interrupted by an attack <input type="checkbox"/> Assistance was physically too heavy or bulky for the vulnerable in the community to take <input type="checkbox"/> Assistance was not delivered in a fair, impartial manner <input type="checkbox"/> Assistance was not delivered in time to address needs <input type="checkbox"/> Assistance was not free, payment or favours were required <input type="checkbox"/> Civil documentation required to obtain assistance <input type="checkbox"/> Humanitarian staff, who provided assistance did not treat recipients well <input type="checkbox"/> Site residents had to pay lots of money to transport assistance provided or to access distribution site <input type="checkbox"/> Location, where assistance was provided is too far away <input type="checkbox"/> Communication about time, location, and requirement of assistance was unclear <input type="checkbox"/> Non-affected groups are receiving humanitarian assistance <input type="checkbox"/> Political interference in distribution of aid <input type="checkbox"/> Assistance did not respond to the actual needs <input type="checkbox"/> Insufficient instruction on how to use items received <input type="checkbox"/> Presence of armed elements <input type="checkbox"/> Extortion of assistance <input type="checkbox"/> Don't know <input type="checkbox"/> Other (please specify)																														
J_3	In the last month, how satisfied were site residents with the humanitarian assistance provided in the site? <i>(optional question, select one)</i>	<table border="1"> <thead> <tr> <th>Satisfaction</th> <th>Most/ almost all site residen ts</th> <th>Majorit y of site residen ts</th> <th>About half of site residen ts</th> <th>Few site residen ts</th> <th>None</th> </tr> </thead> <tbody> <tr> <td style="background-color: #008000; color: white;">Fully</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="background-color: #FFD700;">Partially</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="background-color: #FF0000; color: white;">Not satisfied</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td colspan="5"><input type="checkbox"/> Don't know</td> </tr> </tbody> </table>	Satisfaction	Most/ almost all site residen ts	Majorit y of site residen ts	About half of site residen ts	Few site residen ts	None	Fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not satisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Don't know				
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	<input type="checkbox"/> Don't know																															
E COMMENTS																																
Please add any additional comments you may have.																																