

MULTI SECTORAL RAPID ASSESSMENT
GROUP FORM
Revised on 29 May 2013

1. Data collection	
Date of assessment:	
Name of assessor's organization:	Assessor's name:
Governorate:	Village:
Settlement type: <input type="checkbox"/> Collective Center (public) <input type="checkbox"/> Collective Center (Private) <input type="checkbox"/> Informal Tended Settlement <input type="checkbox"/> Host family <input type="checkbox"/> Other, specify _____	GPS code: P-Code (mater list):
Source of information: <input type="checkbox"/> Key informant (Specify: _____) <input type="checkbox"/> Group discussion – max 3 persons (Specify the age and gender of the group: _____) <input type="checkbox"/> Others (Specify: _____)	
Organizational structure of the community: <input type="checkbox"/> Self- organized <input type="checkbox"/> Formal representation <input type="checkbox"/> Other _____	Focal point/Representative (if multiple name, mention all) Name _____ Phone n. _____

2. Estimation of Population and person with specific needs or protection risks					
2.1. Displaced population					
N. of Families	Female	Male	Children under 5	Adults above 60	Total Individuals
2.2. Displaced population Families by Nationalities					
Syrian		Palestinian	Lebanese (returnees)	Syrian arrived before march 2011	Total Individuals
Registered	Unregistered				
2.3. Places of origin (for Syrian only) (*if multiple locations, mention all)					
Villages:			Region:		
2.4. Persons with specific Needs/with protection risks					
Persons with Disability	Seriously/Chronically ill	Separated	Female HHs	Widow	

3. Protection	
3.1. Reason for fleeing Syria:	
<input type="checkbox"/> Insecurity in place of origin <input type="checkbox"/> Fear of being arrested/persecution	<input type="checkbox"/> Fighting in the village of origin <input type="checkbox"/> Other, please specify: _____
3.2. Displacement pattern:	

Do your group members have family members left behind in Syria?

☐ No

Is your group in general willing to register with UNHCR?

☐ Yes ☐ No

If not, why not?

☐ Being reported
by someone
to
DOs
☐ Fear of crossing checkpoint
☐ Transportation
☐ No interest

Please specify: _____

Do your group members have family members left behind in Syria?

☐ No

Is your group in general willing to register with UNHCR?

☐ Yes ☐ No

What is the reason for not registering?

☐ Being reported
by someone
to the
authorities
☐ Fear of crossing checkpoint
☐ Transportation
☐ No interest

Please specify: _____

<input type="checkbox"/> 1	<input type="checkbox"/> 3
<input type="checkbox"/> 2	<input type="checkbox"/> 4 and more
2.4. How many families are sharing the accommodation?	
<input type="checkbox"/> 1	<input type="checkbox"/> 3
<input type="checkbox"/> 2	<input type="checkbox"/> 4 and more
2.5. What is the rent of your accommodation per month? (USD)	
<input type="checkbox"/> 50-70 USD	<input type="checkbox"/> 151-200 USD
<input type="checkbox"/> 71-100 USD	<input type="checkbox"/> 201 – 250 USD
<input type="checkbox"/> 101-150 USD	<input type="checkbox"/> 251 – 300 USD
<input type="checkbox"/> Above 300USD	<input type="checkbox"/> None
2.6. How many families are sharing the rent?	
<input type="checkbox"/> 1	<input type="checkbox"/> 3
<input type="checkbox"/> 2	<input type="checkbox"/> 4 and more
2.7. Security and safety (observation)	
Is there lighting system?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the space for kitchen separated from the shelter?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. WASH	
3.1. What is your current water source for domestic use (other than drinking)?	
<input type="checkbox"/> Tap water connected to municipality network <input type="checkbox"/> Well <input type="checkbox"/> Water trucking (if yes, frequency ____/____) <input type="checkbox"/> Other source (specify) _____	
3.2. What is your current drinking water source?	
<input type="checkbox"/> Tap water connected to municipality network <input type="checkbox"/> Protected borehole / well <input type="checkbox"/> Water trucking (if yes, frequency ____/____) <input type="checkbox"/> Bottled (purchasing) <input type="checkbox"/> Other source (specify) _____	
3.3. Distance to the current water source (if outside of shelter):	
<input type="checkbox"/> Less than 2 min (---<100m) <input type="checkbox"/> Between 2 and 5 min (100m< --- < 500m) <input type="checkbox"/> Between 5 and 10 min (500m< ----< 1 km) <input type="checkbox"/> More than 10 min (----> 1km)	
3.4. Availability of toilets:	
Number of toilets: _____	
3.5. Excreta disposal practice:	
<input type="checkbox"/> Open defecation <input type="checkbox"/> Pit latrine <input type="checkbox"/> Pour-flush latrine <input type="checkbox"/> Other (specify) _____	
3.6. Excreta disposal facilities status (observation):	
Good condition <input type="checkbox"/> Yes <input type="checkbox"/> No	Continuous leak <input type="checkbox"/> Yes <input type="checkbox"/> No
Smelling <input type="checkbox"/> Yes <input type="checkbox"/> No	Flies <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender separation <input type="checkbox"/> Yes <input type="checkbox"/> No	Accessible for PWD <input type="checkbox"/> Yes <input type="checkbox"/> No
Clean <input type="checkbox"/> Yes <input type="checkbox"/> No	Privacy <input type="checkbox"/> Yes <input type="checkbox"/> No
3.7. Solid waste disposal (observation):	
<input type="checkbox"/> Burning <input type="checkbox"/> In the street <input type="checkbox"/> Dump site <input type="checkbox"/> Waste pit (burial) <input type="checkbox"/> Leave it where it is <input type="checkbox"/> Other (specify): _____	
3.8. Other disease vectors (observation):	
Is there any stagnant waters near the water sources?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. FIs and NFIs (Observation)

Item	Available	Not available
Food items		
Blankets		
Kitchen set		
Cooking gas set		
Mattress		
Water container/storage facilities		
Clothes and shoes		
Special items (wheel chairs, diapers for adults, etc)		
Others, please specify:		

5. Employment

5.1. How many people are working in your group? (number)

Man	Female	Children

5.2. Which type of employment? (number)

Seasonal	Daily	Long term

6. Education

6.1. Are the children in your group going to school? (number)

☐ Yes ☐ No ☐ Don't know

6.2. Do you have any qualified teacher in your group? (number)

☐ Yes ☐ No ☐ Don't know

If YES, how many? Man _____ Women _____ ☐ Don't Know

7. Health

7.1. Main health concerns (in the last 2 weeks)

<input type="checkbox"/> diarrhea (number).....cases	<input type="checkbox"/> respiratory infections (number).....cases	<input type="checkbox"/> Injury (number).....cases
<input type="checkbox"/> Chronic diseases (number).....cases	<input type="checkbox"/> Skin diseases (number):.....cases	<input type="checkbox"/> other (specify): (number):.....cases

7.2. Access to health facilities in Lebanon?

☐ Yes ☐ No

If YES:

☐ Hospital ☐ Mobile clinic
☐ Primary Health center ☐ Other (Specify _____)

If mobile clinic, When was the last visit?

☐ =< 1 week ☐ > 2 weeks ☐ => 1 month

7.3. Do you know if in your group pregnant women has access to health?

☐ Yes ☐ No ☐ Don't know

If NO why? _____

☐ Don't know

8. Assistance:

8.1. Were you assisted by any organization?

☐ Yes ☐ No

If YES, Name of organization: _____

8.2. Assistance received so far,

- | | |
|---|---|
| <input type="checkbox"/> Food coupons \$_____ | <input type="checkbox"/> Hygiene kits |
| <input type="checkbox"/> Food in kind | <input type="checkbox"/> Baby kits |
| <input type="checkbox"/> NFI in kind | <input type="checkbox"/> Financial assistance including rent |
| <input type="checkbox"/> Tents | <input type="checkbox"/> WASH interventions (toilets, water tanks, water trucking, etc) |
| <input type="checkbox"/> Medication/health services | <input type="checkbox"/> Other assistance(SPECIFY _____) |

8.3. When was the above assistance provided?

☐ in 72 hours ☐ =< 1 week ☐ > 2 weeks ☐ => 1 month

8.4. Did anyone have to pay for the assistance?

☐ Yes ☐ No

If YES, who? _____

8.5. Have you received any assistance from humanitarian organization in Syria prior displacement?

☐ Yes ☐ No

If Yes, from whom?

☐ UN ☐ NGO ☐ SARC ☐ other _____

What kind of assistance?

☐ Food ☐ Shelter ☐ NFIs ☐ Health ☐ Education ☐ Protection ☐ WASH
☐ Other _____

9. Recommended actions

Protection (including education, child protection, SGBV):

Emergency shelter

WASH

Health

NFI/Food