

## NEWCOMER HOUSEHOLD ASSESSMENT FORM; LEBANON

**Questionnaire Number:**

Date of assessment:	Governorate: Village:
Case number:	Staff name: Mobile Number:

### Consent for Release of Information

I hereby give my consent to (agency name) to release the below information to all relevant agencies. It is understood that in giving this consent the information will be treated sensitively and confidentially and strictly in the interests of facilitating access to protection or assistance

Date: .....

Signature: .....

### A) Bio-data

<b>Name of Head of HH:</b>
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Date of birth (yyyy):</b>
<b>Nationalities:</b>
<b>Date of arrival to Lebanon (dd/mm/yyyy):</b>
<b>Place of residence in Syria (town, district):</b>
<b>Phone number in Lebanon (mobile):</b>
<b>Address in Lebanon:</b>
<b>Identification documentations:</b> <input type="checkbox"/> ID, <input type="checkbox"/> Family Book, <input type="checkbox"/> Passport, <input type="checkbox"/> N/A, <input type="checkbox"/> Other, please specify: _____

Family members	Name	DOB (yyyy)	Sex (F/M)	Relation with head of household	Specific needs (Use UNHCR code guidance attached to the SoP)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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### B) Protection Monitoring

**1. What is the name of your last place of abode in Syria? (if different from the place of origin as registered):**

**2. What is the humanitarian situation in the last place of abode in Syria:**

☐ Very bad ☐ Bad ☐ Neutral ☐ Good ☐ Very good

**3. Reason for fleeing Syria:**

☐ Insecurity in place of origin

☐ House destroyed

☐ Fear of being arrested

☐ Injury/medical condition

☐ Other, please specify: \_\_\_\_\_

**4. Displacement pattern:**

☐ Primary displacement from Syria to Lebanon

☐ Secondary displacement within Syria than to Lebanon

☐ Secondary displacement within Lebanon

**5. How did you access the Lebanese territory?**

☐ Official border crossing point – location:

☐ Unofficial border crossing point – location:

**6. After crossing into Lebanon did you stay in the border area you crossed into?**

☐ Yes ☐ No

**6.1 If yes, why?** \_\_\_\_\_

**6.2 If not, why and where did you go?** \_\_\_\_\_

**6.3 How long did you stay at the border?** \_\_\_\_\_

**7. Reason for irregular crossing?**

☐ Political opposition activities

☐ Financial reasons (official fees)

☐ Lack of documentation

☐ Wounded

☐ Other, please specify \_\_\_\_\_

**8. What is the main difficulty you have faced while crossing?**

☐ None

☐ Lack of transportation

☐ Lengthy journey

☐ Shooting

☐ Mine risk

☐ Harassment by authorities (verbal or physical): Syria or Lebanon

☐ Harassment by non-state agents (verbal or physical): Syria or Lebanon

☐ Financial (exit/entry fees)

☐ Request for bribes

☐ Confiscation of ID documents in Syria

☐ Confiscation of documents at the border

☐ Prevented from crossing legally by authorities

☐ Family held hostage at the border

☐ Other, please specify \_\_\_\_\_

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<b>9. Have you any family member left behind in Syria?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9.1 If yes, how many and for what reasons?</b> The person(s) is/are <input type="checkbox"/> Missing <input type="checkbox"/> Detained <input type="checkbox"/> Other (specify)
<b>10. If missing or detained, would you like us to provide the ICRC with your contact information for them to follow up on this issue with you directly, in a confidential manner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11. Do you have any separated/unaccompanied children under your care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>11.1 If yes, under which circumstances they have been separated?</b>
<b>12. Are you willing to register with UNHCR?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>12.1 If Not, why?</b> <input type="checkbox"/> Fear of being reported <input type="checkbox"/> Fear of being stopped or arrested while crossing the checkpoint <input type="checkbox"/> Fear of being threatened by someone <input type="checkbox"/> Difficulty in transportation <input type="checkbox"/> Missing IDs <input type="checkbox"/> No interest, please specify why?..... <input type="checkbox"/> Other, please specify: _____

### C) Shelter

<b>1. Type of shelter:</b> <input type="checkbox"/> Tent/hand made shelter <input type="checkbox"/> Rented <input type="checkbox"/> Shared rent <input type="checkbox"/> Hosted <input type="checkbox"/> Public building <input type="checkbox"/> Collective shelter <input type="checkbox"/> No accommodation	
<b>2. If hosted, by whom:</b> <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Stranger <input type="checkbox"/> Churches/Mosques <input type="checkbox"/> Schools	
<b>3. Nationality of Host:</b> <input type="checkbox"/> Lebanese <input type="checkbox"/> Syrian Refugee <input type="checkbox"/> Syrian non-refugee <input type="checkbox"/> Other	
<b>4. Rent fees (if applicable/month):</b>	
<b>5. Number of rooms:</b>	<b>6. Number of people living within the same shelter:</b>
<b>7. Is the shelter weather proofed (rain, wind entering):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8. Presence of insects/rodents:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

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### D) Wash

#### 1. What is your current water source for domestic use (other than drinking)?

- ☐ Tap water connected to municipality network  
☐ Well  
☐ Water trucking (if yes, frequency \_\_\_\_/\_\_\_\_)  
☐ Other source (specify) \_\_\_\_\_

#### 2. What is your current drinking water source?

- ☐ Tap water connected to municipality network  
☐ Protected borehole / well  
☐ Water trucking (if yes, frequency \_\_\_\_/\_\_\_\_)  
☐ Bottled (purchasing)  
☐ Other source (specify) \_\_\_\_\_

#### 3. Distance to the current water source (if outside of shelter):

- ☐ Less than 2 min (---<100m)      ☐ Between 2 and 5 min (100m< --- < 500m)  
☐ Between 5 and 10 min (500m< ----< 1 km)      ☐ More than 10 min (----> 1km)

#### 4. Excreta disposal practice:

- ☐ Open defecation      ☐ Pit latrine  
☐ Pour-flush latrine      ☐ Other (specify) \_\_\_\_\_

#### 5. Excreta disposal facilities status (observation):

- Good condition ☐ Yes ☐ No  
 Continuous leak ☐ Yes ☐ No  
 Clean ☐ Yes ☐ No  
 Smelling ☐ Yes ☐ No  
 Flies ☐ Yes ☐ No  
 Privacy ☐ Yes ☐ No  
 Gender separation ☐ Yes ☐ No  
 Accessible for PWD ☐ Yes ☐ No

#### 6. Solid waste disposal (observation):

- ☐ Burning  
☐ In the street  
☐ Dump site  
☐ Waste pit (burial)  
☐ Leave it where it is  
☐ Other (specify): \_\_\_\_\_

#### 7. Other disease vectors (observation):

#### 8. Is there any stagnant water near the WASH facilities?

- ☐ Yes      ☐ No

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## E) Health

### 1. Health Status:

- ☐ Chronic Illness:    ☐ Critical/severe    ☐ Moderate  
☐ Medical condition:    ☐ Critical/severe    ☐ Moderate

<i>Family member</i>	<i>Name</i>	<i>Medical condition</i>	<i>Symptoms (if any)</i>	<i>Medication (if any)</i>	<i>Impact on self/others</i>

### 2. What are the main health concerns in your family? For children? For the elderly?

### 3. Are there pregnant women in your family?

☐ Yes ☐ No

#### 3.1 If yes, did they have pre natal care?

☐ Yes ☐ No

#### 3.2 If yes, where?

### 4. Did they have prenatal care since they arrived in Lebanon?

☐ Yes ☐ No

#### 4.1 Do they go to a health center?

☐ Yes ☐ No

#### 4.2 If yes, which one?

### 5. Do you have a family member with a disability?

☐ Yes ☐ No

#### 5.1 If yes, how do you care for them?

### 6. Which health center/hospital have you been to?

#### 6.1 If yes, for what treatment?

### 7. How do you procure your medication?

### 8. Can you describe the impact of your family's health on yourself and on other family members?

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### F) Education:

#### 1. Head of Household level of education attained:

☐ Elementary ☐ Middle School ☐ High School ☐ Technical School ☐ University Degree

Educational Background (If applicable):

#### 2. Did your children attend school in Syria?

☐ Yes ☐ No

**2.1 If yes, how many of them were schooled and what level of education did they attain before coming to Lebanon? Kindly elaborate:**

Children name	Level of education before coming to Lebanon

**2.2 If no, why?** \_\_\_\_\_

#### 3. Are your children attending school in Lebanon?

☐ Yes ☐ No

**3.1 If yes, what grade are they in? Kindly elaborate:**

Children name	Level of education in Lebanon

**3.2 If no, why?** \_\_\_\_\_

### G) Livelihood

#### 1. What is your household's main source of income?

- ☐ Employment  
☐ External support from friends or family– Donation or loan?  
☐ External support from local community– Donation or loan?  
☐ Humanitarian assistance  
☐ Other please specify (open text)

#### 2. If the head of household is not working, what is the reason?

- ☐ Injury  
☐ Disability  
☐ Cannot find work in \_\_\_\_ field  
☐ Other please specify (open text)

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**3. Since your arrival to Lebanon, has your household been unable to pay for basic needs, including: food, rent, health care, or children's school fees?**

☐ No

☐ Yes, check all relevant items:

☐ food ☐ rent ☐ health care ☐ children's school fees ☐ other, (open text): \_\_\_\_\_

**4. Have you been able to generate income since your arrival to Lebanon?**

☐ Yes ☐ No

**4.1 If yes:**

*How many days do you work per week?*

*How much would you estimate your daily household earns?*

### H) Registration and assistance:

**1. Have you received any type of humanitarian assistance in Syria prior to your displacement?**

☐ Yes

☐ No

**1.1 If yes, do you know who provided you with this assistance?**

☐ UN

☐ INGOs (specify): \_\_\_\_\_

☐ Syrian Arab Red Crescent (SARC)

☐ Other (specify): \_\_\_\_\_

**1.2 If yes, what type of assistance**

☐ Food

☐ Non-food (specify): \_\_\_\_\_

☐ WASH

☐ Shelter

☐ Health

☐ Education

☐ Protection

☐ Cash

☐ Other (specify): \_\_\_\_\_

**2. What public services are working in your village of origin/last place of abode?**

☐ Hospital/clinics

☐ Schools

☐ Drainage/sewage

☐ Water supply

**3. What would be the most important service to be restored or issue to be addressed, to allow you to return to Syria?**

☐ Hospital/clinics

☐ Schools

☐ Drainage/sewage

☐ Water supply

☐ Shelter

☐ Safety and security

☐ Other (specify): \_\_\_\_\_

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<b>4. Have you registered with the municipality where you live in Lebanon?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>5. Assistance received so far in Lebanon</b>	
<input type="checkbox"/> Food coupons \$ _____ <input type="checkbox"/> Hygiene kits <input type="checkbox"/> Mattresses/ Blankets <input type="checkbox"/> Rent support \$ _____ <input type="checkbox"/> Medication <input type="checkbox"/> Health Services	<input type="checkbox"/> Financial assistance \$ _____ <input type="checkbox"/> Baby kits <input type="checkbox"/> Other, please specify:
<b>6. Who provided the assistance in Lebanon? And when?</b>	
<input type="checkbox"/> UN; <b>when?</b> <input type="checkbox"/> International NGOs (specify): _____; <b>when?</b> <input type="checkbox"/> Local NGOs (specify): _____; <b>when?</b> <input type="checkbox"/> Municipality; <b>when?</b> <input type="checkbox"/> Host community; <b>when?</b> <input type="checkbox"/> Parties; <b>when?</b> <input type="checkbox"/> Other (specify): _____; <b>when?</b>	
<b>7. Did anyone had to pay for the assistance in Lebanon?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>7.1 If yes, who? -----</b>	

### I) FIIs and NFIs needs

Item	Already Available	Not available
Mattresses		
Blankets		
Hygiene kit		
Kitchen set		
Baby kit		
Cooking gas set		
Food item		
Dignity kit for women (including sanitary napkins)		
Water container		
Clothes		
Shoes		
Jerry cans		
Buckets		
Others, please specify:		

### J) OW observation/recommendation/ fast track

**Important:** Distribute the "UNHCR registration flier" in addition to all relevant hotline numbers and fliers