

Vulnerability Assessment of Syrian refugees in Lebanon 2017 Questionnaire

A total of 4,966 UNHCR-registered Syrian refugee households were surveyed. The interviewed households were composed of 24,415 individuals, of which 4,777 were children under the age of five.

The population was stratified by district and governorate in order to obtain representative information at both geographical levels.

The questionnaire includes information at the household level, for individuals and children below five. The questionnaire was based on the 2016 VASyR questionnaire to ensure comparability. It was designed to take approximately an hour and covered multi-sectoral indicators. It included key information on household demographics, arrival profile, registration, protection, shelter, WASH, assets, health, education, security, livelihoods, expenditures, food consumption, coping strategies, debts, assistance as well as infant and young feeding practices. The ODK version of VaSyr 2017 questionnaire is available for download

<http://data.unhcr.org/syrianrefugees/download.php?id=14684>

Case reachable / unreachable

1. Is the case reachable?

- a.Yes
- b.No

2. UNHCR Case Number:

3. Select the reason:

- a.Wrong phone number
- b.Ringing with no answer
- c.Moved to another area within Lebanon (moved to South, Bekaa, Beirut, etc..)
- d.Moved to another area within the same cadastral, area not covered by the implementing partner.
- e.Moved out of Lebanon - Persons of Concern moved to Country of Origin (CoO)
- f.Moved out of Lebanon - Persons of Concern migrate other country (Turkey, Jordan)
- g.Moved out of Lebanon - Persons of Concern migrate other country (Europe)
- h.Other

Please specify:

Enumerator details:

1. Enumerator name

2. Organization of enumerator

- ACF
- ACTED
- AVSI
- Beyond
- CARE
- Caritas
- CISP
- Concern
- DORCAS
- DRC
- GVC
- HI
- ICRC
- IMC
- Intersos
- IRC
- IRD
- Lebanon Cash Consortium
- Lebanese Red Cross
- Makhzoumi
- MEDAIR
- Mercy Corps
- NRC
- Oxfam
- PCPM
- PU-AMI
- RESTART
- SCI
- Swiss Development Corporation
- SHEILD
- SIF
- Solidar Suisse
-

- Solidarites International
- UNHCR
- UNICEF
- UNRWA
- WFP
- World Vision
- Other

Please specify

Section I: Consent and Enumerator Details

We are conducting a survey on the behalf of a humanitarian organization and we would like to ask you some questions about you and/or your family. Some of these questions relate to your personal data such as your name, the names of your dependents, your address and telephone number in Lebanon. The aim of the survey is to have a better understanding of the living conditions and vulnerability of Syrian and others refugees in Lebanon. You have been randomly selected. The results of this research will be used by the humanitarian community to improve planning and humanitarian programmes.

The interview usually takes about one hour to complete. This is voluntary and you can choose not to answer any or all of the questions. However, we hope that you will participate since the information you will provide is essential to understand vulnerability and challenges faced by Syrian and other refugees.

To ensure the coordination of the needed protection and assistance, we may need to share the collected information, including your personal data, with other humanitarian agencies

In all cases, measures will be taken to prevent unauthorized dissemination of your personal data in line with international data protection standards.

If you don't have any questions, may I begin now?'

Declaration: To be signed by the Principal Applicant and all adult members (Electronic signature / Box to be ticked)

I hereby authorize [UNHCR, UNICEF and WFP] to share any such personal data with humanitarian partners on the understanding that this is strictly limited to improving planning and humanitarian programmes and to meet fundamental needs (shelter, food and non-food distribution)and the provision of essential services (medical care, education, social and protection counselling) in Lebanon.

If you don't have any questions, may I begin now?

- a.Yes
- b.No

» 1.1 Location:

1. District

- Beirut Beirut
- Bekaa Baalbek
- Bekaa El Hermel
- Bekaa Rachaya
- Bekaa West Bekaa
- Bekaa Zahle
- Mount Lebanon Aley
- Mount Lebanon Baabda
- Mount Lebanon Chouf
- Mount Lebanon El_Meten
- Mount Lebanon Jbeil
- Mount Lebanon Kesrwane
- North Akkar
- North Bcharre
- North El Batroun
- North El Koura
- North El Minieh Dennie
- North Tripoli
- North Zgharta
- South Bent Jbeil
- South El Nabatieh
- South Hasbaya
- South Jezzine
- South Marjaayoun
- South Saida
- South Sour

2. Cluster number

3. Location PCode

4. Informal Settlement Pcode

5. Geodata

GPS coordinates can only be collected when outside.

latitude (x.y °)

longitude (x.y °)

altitude (m)

accuracy (m)

6. Household Enumeration number within the cluster (1-345)

Additional Information 1

» 1.2 Identification

Identify the PA of the case number referred or, if not present , an adult included in the same registration case that is considered capable and reliable for the interview.

Ask who is the head of household and if it is possible to interview him/her.

1. What is the gender of the head of household?

- a.Male
- b.Female
- c.Unknown

2. What is the Head of household date of birth?

yyyy-mm-dd

3. What is the nationality of the Head of Household?

- a. Syrian
- b. Lebanese
- c. Palestinian
- d. Iraqi
- e. Stateless
- f. Other (please specify)

Please specify

4. What is the relationship of the interviewee with the head of the Household?

- a. HoH
- b. Wife/Husband
- c. Mother/Father
- d. Daughter/Son
- e. Brother/Sister
- f. Father-in-law/Mother-in-law
- g. Brother-in-law/Sister-in-law
- h. Grandfather/Grandmother
- i. Extended family (uncle/aunt/niece/nephew/cousin etc)
- j. Guest
- k. Other, please specify

Please specify

» 1.3 Interviewee

1. What is the gender of the interviewee?

- a. Male
- b. Female

2. What is the Interviewee date of birth?

yyyy-mm-dd

3. What is the nationality of the interviewee?

- a. Syrian
- b. Lebanese
- c. Palestinian
- d. Iraqi
- e. Stateless
- f. Other (please specify)

Please specify

Section II: Household Demographics and Bio-Data

Household Definition: A HH is defined as: A group of people who routinely eat out of the same pot, live in the same compound (or physical location), and share the same budget, managed by the head of household.

1. What is the total number of Household members?

Definition of registration : Registration case is defined as a group of people who normally reside together, form a nuclear family, are dependent on one another and have been registered as a unit sharing a common registration number.

2. How many unique registered/recorded case numbers belong to this household?

Example: If household has 2 registration numbers 245-13C00001 and 245-15C000123 than you enter 2

3. Are all the Household members registered/recorded with UNHCR?

- a.Yes
- b.No

4. How many HH members are not registered/recorded with UNHCR?

» 2.1 Case bio-data

» » UNHCR case number

* Please select:

- a.Add UNHCR Case number
- b.Add remaining unregistered individuals

1. UNHCR Case Number

* 1. UNHCR Case Number

* 2. Phone number:

» » 2.2 Assistance

*** Have you received any Type of Cash assistance over the past 3 month?**

- a.Yes
 b.No

*** Have you received any Food assistance (e-card/voucher) assistance over the last 3 months?**

- a.Yes
 b.No

*** Have you received any Multi-purpose Cash assistance over the last 3 months?**

- a.Yes
 b.No

*** Have you received any Winter cash assistance during the past winter cycle (Nov16-Mar17)?**

- a.Yes
 b.No

*** Have you received any Fuel card and/or voucher, such as the MEDCO card, during the past winter cycle(Nov16-Mar17)?**

- a.Yes
 b.No

*** Have you received any cash for rent in the last 3 months?**

- a.Yes
 b.No

*** Have you received any Cash/voucher for water in the last 3 months?**

- a.Yes
 b.No

*** Have you received any Cash/voucher for hygiene items in the last 3 months?**

- a.Yes
 b.No

*** Have you received any Cash/voucher for desludging in the last 3 months?**

- a.Yes
 b.No

*** Have you received any Technical assistance (capacity building,vocational trainings) over the last 3 months?**

- a.Yes
 b.No

*** Do you receive technical assistance (capacity building,vocational trainings) regularly?**

- a.No, it was just once
- b.It was regular, but don't receive it any more
- c.Yes, I still receive it regularly

*** Have you received any Food assistance (In kind) assistance over the last 3 months?**

- a.Yes
- b.No

*** Do you receive Food assistance (In kind) regularly?**

- a.No, it was just once
- b.It was regular, but don't receive it any more
- c.Yes, I still receive it regularly

*** Have you received any Health care/drugs assistance over the last 3 months?**

- a.Yes
- b.No

*** Have you received any fuel subsidy assistance over the last 3 months?**

- a.Yes
- b.No

*** Do you receive fuel subsidy regularly?**

- a.No, it was just once
- b.It was regular, but don't receive it any more
- c.Yes, I still receive it regularly

*** Have you received any Rent subsidy assistance over the last 3 months?**

- a.Yes
- b.No

*** Do you receive Rent subsidy regularly?**

- a.No, it was just once
- b.It was regular, but don't receive it any more
- c.Yes, I still receive it regularly

*** Have you received any Hygiene kits assistance over the last 3 months?**

- a.Yes
- b.No

* **Do you receive Hygiene kits regularly?**

- a.No, it was just once
- b.It was regular, but don't receive it any more
- c.Yes, I still receive it regularly

* **Have you received any Other non-food items assistance over the last 3 months?**

- a.Yes
- b.No

* **Do you receive Other non-food items regularly?**

- a.No, it was just once
- b.It was regular, but don't receive it any more
- c.Yes, I still receive it regularly

* **Have you received any education or training on hygiene over the last 3 months?**

- a.Yes
- b.No

* **Do you receive education or training on hygiene regularly?**

- a.Yes
- b.No

* **Have you received any desludging services over the last 3 months?**

- a.Yes
- b.No

* **Do you receive desludging services regularly?**

- a.Yes
- b.No

* **Have you received any solid waste collection bins over the last 3 months?**

- a.Yes
- b.No

* **Do you receive solid waste collection services regularly?**

- a.Yes
- b.No

* **Have you received any water trucking services over the last 3 months?**

- a.Yes
- b.No

*** Do you receive water trucking services regularly?**

a.Yes

b.No

» » » Assistanceas received

*** Have you received any multi-purpose cash assistance over the last year?**

- a.Yes
 b.No

*** Have you received any blankets over the last year?**

- a.Yes
 b.No

*** Have you received any stove over the last year?**

- a.Yes
 b.No

*** Have you received any Education assistance over the last year?**

- a.Yes
 b.No

*** Have you received any Shelter materials assistance over the last year?**

- a.Yes
 b.No

*** Have you received any Furniture/clothes assistance over the last year?**

- a.Yes
 b.No

*** Have you received any Water storage items (tanks, containers, buckets) assistance over the last year?**

- a.Yes
 b.No

*** Have you received any Water service connection assistance over the last year?**

- a.Yes
 b.No

*** Have you received any Latrines/ toilets assistance over the last year?**

- a.Yes
 b.No

*** Have you received any Cooking kits assistance over the last year?**

- a.Yes
 b.No

* Have you received any Legal assistance over the last year?

a.Yes

b.No

* Have you received any Other assistance over the last year?

a.Yes

b.No

* Specify other assistance

» » 2.3 Registered/unregistered bio-data

* Specify how many members are registered / recorded under this case number.

* Specify the number of unregistered/unrecorded household members.

» » » Individual Bio-data

* 2. First name

* 3. Family name

* 4. Sex (M/F)

a.Male

b.Female

* 5. Date of birth

yyyy-mm-dd

*** 6. Nationality**

- a. Syrian
- b. Lebanese
- c. Palestinian
- d. Iraqi
- e. Stateless
- f. Other (please specify)

*** Please specify**

*** 7. Relationship to HoH**

- a. Head of Household
- b. Wife/Husband
- c. Mother/Father
- d. Daughter/Son
- e. Brother/Sister
- f. Father-in-law/Mother-in-law
- g. Brother-in-law/Sister-in-law
- h. Extended family (uncle/aunt/cousin/niece/nephew etc)
- i. No family relationship – guest
- j. Other, please specify

*** Please specify**

*** 8. Civil Status**

- a. Single (SN)
- b. Married (MA)
- c. Engaged
- d. Separated
- e. Divorced
- f. Widowed
- g. Common law married

*** 9. Is the HH member registered with UNRWA?**

- a.Yes
- b.No

*** 10. What is this child's closest family relationship to an adult member of the HH?**

- a.Son/Daughter
- b.Husband/Wife
- c.Brother/Sister
- d.Mother-in-law/Father-in-law
- e.Brother-in-law/Sister-in-law
- f.Extended family (uncle/aunt/cousin/niece/nephew etc)
- g.No family relationship
- h.Other (please specify)

Please specify

» » » » Child birth details*** 11. Where was this child born?**

- a. Syria
- b. Lebanon
- c. Other (please specify)

*** Please specify**

*** 12. What document do you have to prove the birth of your child? (select only the highest option)**

- a.No documents
- b.Birth notification issued by the doctor/midwife
- c.Birth certificate issued by the Mukhtar
- d.Birth certificate registered with the Nofous
- e.Birth certificate registered with the Foreigners' Registry
- f.Birth certificate stamped by the Ministry of Foreign Affairs
- g.Birth Certificate stamped by the Syrian Embassy
- h.Family booklet or individual civil extract for the child or family civil extract

* 12. What document do you have to prove the birth of your child? (select only the highest option)

- a.No documents
- b.Individual civil extract or family civil extract
- c.Family booklet
- d.Other (please specify)

* Please specify

» » » »Work and Schooling details

* 13. In the last 30 days, did this person work?

- a.Yes
- b.No

* 13.1 Was this work regular?

- a.Yes
- b.No

* a. How many days did this person work during the last 30 days?

* b. How many hours on average per day did this person work during the last 30 days?

* c. What was the type of work and sector of work during the last 30 days?

- a.Agriculture
- b.Construction
- c.Manufacturing
- d.Wholesale and retail trade
- e.Begging
- f.Professional services
- g.Occasional Work
- i.Other Services (e.g. hotel, restaurant, transport, personal services such as cleaning, hair care, cooking and child care)
- j.Other

*** Please specify**

*** a. If not: Why? (multiple choices allowed)**

- a. Lack of legal residency
- b. Injury/medical condition
- c. No work in area where I live
- d. Seasonal work (not the right season)
- e. Dependent children
- e. Dependent family members
- f. Gender considerations
- g. Lack of skill/experience

*** Please elaborate on which category**

- a. Respondent is a dependent child or a family member.
- b. Respondent is engaged in temporary care for dependent children or family members (e.g. dependent(s) has a short-term medical condition requiring care).
- c. Respondent is engaged in long-term care for dependent children or family members (e.g. dependent(s) require long-term care).

*** d. Has this person searched for work during the last 30 days?**

- a.Yes
- b.No

» » » » »Work and income

e. How much did this person earn in each of the following sectors during the last 30 days? (In LBP)

*** Agriculture**

*** Construction**

*** Manufacturing**

*** Wholesale and retail trade**

*** Begging**

*** Professional services**

*** Occasional Work**

*** Other Services (e.g. hotel, restaurant, transport, personal services such as cleaning, hair care, cooking and child care)**

*** Other**

*** f. Is this member considered to be the main family's breadwinner?**

a.Yes

b.No

*** g. Since When:**

yyyy-mm-dd

* h. Was this work during the last 30 days during school hours?

a.Yes

b.No

* i. Was this work during the last 30 days during:

a. Morning shift

b. Afternoon shift

c. Night shift

» » » » **»Schooling details: to be asked from 3-24 years old.**

* 14. During the current school year (2016-17), did attend any formal/public school, preschool or university?

a.Yes

b.No

*** a. If not: Why? (multiple choices allowed)**

- a. Cost of education
- b. Non-Formal/Informal education program
- c. Not in age for school
- d. No space in school
- e. School did not allow enrolment
- f. No school in the area
- g. No school shifts in the neighborhood applicable to this person
- i. Difficulties at school with curriculum or language of instruction
- j. Newly arrived, will enroll when enrollment opens
- k. Transportation problems/cost
- l. Not attending due to marriage
- m. Not attending due to work
- m. Not attending due to disability
- n. Not attending due to learning difficulty
- o. School has already finished
- p. Cultural/religious reasons
- q. Children need to stay at home
- r. Preference for Non-Formal Education (NFE)
- s. Fear of violence in schools
- t. Fear of violent on the way to schools
- u. Need to Work
- v. Already graduated
- v. Other (please specify)

*** Please specify**

» » » » » School Level

b. If yes, during the current school year (2016/17), which level and grade was/is attending?

- a.Nursery
- b.Kindergarten 1
- c.Kindergarten 2
- d.Grade 1
- e.Grade 2
- f.Grade 3
- g.Grade 4
- h.Grade 5
- i.Grade 6
- j.Grade 7
- k.Grade 8
- l.Grade 9
- m.Grade 10
- n.Grade 11
- o.Grade 12
- p.Technical course
- q.University
- r.TVET: Grade 10
- s.TVET: Grade 11
- t.TVET: Grade 12
- u. Did not attend to school but can read and write
- v. Can't read and write and illiterate
- r.Don't Know

*** 15. During the previous school year, that is (2015/16), did attend any formal/public school, preschool or university?**

- a.Yes
- b.No

*** Grade**

- a.Nursery
- b.Kindergarten 1
- c.Kindergarten 2
- d.Grade 1
- e.Grade 2
- f.Grade 3
- g.Grade 4
- h.Grade 5
- i.Grade 6
- j.Grade 7
- k.Grade 8
- l.Grade 9
- m.Grade 10
- n.Grade 11
- o.Grade 12
- p.Technical course
- q.University
- r.TVET: Grade 10
- s.TVET: Grade 11
- t.TVET: Grade 12
- u. Did not attend to school but can read and write
- v. Can't read and write and illiterate
- r.Don't Know

*** a. If not: Why? (multiple choices allowed)**

- a. Cost of education
- b. Non-Formal/Informal education program
- c. Not in age for school
- d. No space in school
- e. School did not allow enrolment
- f. No school in the area
- g. No school shifts in the neighborhood applicable to this person
- i. Difficulties at school with curriculum or language of instruction
- j. Newly arrived, will enroll when enrollment opens
- k. Transportation problems/cost
- l. Not attending due to marriage
- m. Not attending due to work
- m. Not attending due to disability
- n. Not attending due to learning difficulty
- o. School has already finished
- p. Cultural/religious reasons
- q. Children need to stay at home
- r. Preference for Non-Formal Education (NFE)
- s. Fear of violence in schools
- t. Fear of violent on the way to schools
- u. Need to Work
- v. Already graduated
- v. Other (please specify)

*** Please specify**

*** If out of school, please specify number of years out of school:**

- a. 2 years
- b. 3 years
- c. 4 years
- d. 5 years
- e. More than 5 years

* 16. Has ever attended education, literacy or skills training programmes within current/most recent 12 months?

- a.Yes
- b.No

* 17. What is the highest grade of school has ever attended?

- a.Nursery
- b.Kindergarten 1
- c.Kindergarten 2
- d.Grade 1
- e.Grade 2
- f.Grade 3
- g.Grade 4
- h.Grade 5
- i.Grade 6
- j.Grade 7
- k.Grade 8
- l.Grade 9
- m.Grade 10
- n.Grade 11
- o.Grade 12
- p.Technical course
- q.University
- r.TVET: Grade 10
- s.TVET: Grade 11
- t.TVET: Grade 12
- u. Did not attend to school but can read and write
- v. Can't read and write and illiterate
- r.Don't Know

» » » » Specific Needs

1. Does this HH member fall into any of the following specific needs categories?

*** a. Pregnant or lactating**

a.Yes

b.No

*** b. Disability (physical, sensorial, mental/intellectual)**

a.Yes

b.No

*** c. Chronic illness**

a.Yes

b.No

*** d. Temporary illness and/or injury**

a.Yes

b.No

*** e. Serious / life-threatening medical condition**

a.Yes

b.No

*** f. Older person unable to care for self**

a.Yes

b.No

*** g. Older person sole caregiver for children**

a.Yes

b.No

*** h. Woman at risk**

a.Yes

b.No

*** i. Unaccompanied/seperated child**

a.Yes

b.No

*** j. Survivor of torture**

a.Yes

b.No

*** k. Child carer**

- a.Yes
- b.No

*** 2. Does this HH member need assistance from another person to use the toilet?**

- a.Yes
- b.No

*** a. Is there a caregiver available?**

- a.A caregiver is available full time
- b.A caregiver is available sometimes
- c.No caregiver is available

*** b. Does this household member have access to a toilet/bathroom adapted to his disability?**

- a.Yes
- b.No

» » » » Child focused questions ONLY FOR CHILDREN under 5 years*** 1. Was the child sick in last 2 weeks?**

- a.Yes
- b.No

» » » » »Child Sick

* a. In the previous 2 weeks did the child have diarrhea?

- a. Yes
 b. No

* b. In the previous 2 weeks did the child have a cough?

- a. Yes
 b. No

* c. In the previous 2 weeks did the child have a fever?

- a. Yes
 b. No

* d. In the previous 2 weeks did the child have any skin diseases?

- a. Yes
 b. No

* e. In the previous 2 weeks did the child have other symptoms?

- a. Yes
 b. No

* **Specify other**

4. Ask for vaccination card of the child, if any. If the card is available, introduce the date of the following vaccines.

* **Has the child received Pentavalent vaccine (diphtheria-pertussis-tetanus-hepatitis B-Hib) (1st dose - 2 months)?**

- a. Does not know
 b. Child did not receive this vaccine
 c. Child received this vaccine, but does not have a vaccination card
 d. Child received this vaccine, card is available but not seen
 e. Child received this vaccine, card is available and seen (with no vaccination date)
 f. Child received this vaccine, card is available and seen (with vaccination date)

Please enter the vaccination date

yyyy-mm-dd

*** Has the child received Pentavalent vaccine (diphtheria-pertussis-tetanus-hepatitis B-Hib) (2nd dose - 4 months) ?**

- a.Does not know
- b.Child did not receive this vaccine
- c.Child received this vaccine, but does not have a vaccination card
- d.Child received this vaccine, card is available but not seen
- e.Child received this vaccine, card is available and seen (with no vaccination date)
- f.Child received this vaccine, card is available and seen (with vaccination date)

Please enter the vaccination date

yyyy-mm-dd

*** Has the child received Pentavalent vaccine (diphtheria-pertussis-tetanus-hepatitis B-Hib) (3rd dose - 6 months)?**

- a.Does not know
- b.Child did not receive this vaccine
- c.Child received this vaccine, but does not have a vaccination card
- d.Child received this vaccine, card is available but not seen
- e.Child received this vaccine, card is available and seen (with no vaccination date)
- f.Child received this vaccine, card is available and seen (with vaccination date)

Please enter the vaccination date

yyyy-mm-dd

*** Has the child received Measles vaccine (0 dose - 9 months)?**

- a.Does not know
- b.Child did not receive this vaccine
- c.Child received this vaccine, but does not have a vaccination card
- d.Child received this vaccine, card is available but not seen
- e.Child received this vaccine, card is available and seen (with no vaccination date)
- f.Child received this vaccine, card is available and seen (with vaccination date)

Please enter Measles injection date

yyyy-mm-dd

*** Has the child received Measles, Mumps and Rubella (MMR) vaccine (Dose 1 - 12 months)?**

- a.Does not know
- b.Child did not receive this vaccine
- c.Child received this vaccine, but does not have a vaccination card
- d.Child received this vaccine, card is available but not seen
- e.Child received this vaccine, card is available and seen (with no vaccination date)
- f.Child received this vaccine, card is available and seen (with vaccination date)

Please enter MMR injection yearyyyy

» » » » Child focused questions ONLY FOR CHILDREN under 2 years

*** 1. Did the child receive breastmilk yesterday?**

- a.Yes
 b.No

*** 2. How many times did the child eat solid, semi-solid food or other liquids yesterday? (Exclude breastmilk)**

*** 3. How many times did the child drink milk yesterday? (Exclude breastmilk)**

*** 4. Did the child have infant formula yesterday (rich in iron)?**

- a.Yes
 b.No

*** 5. Did the child eat porridge, bread, rice, noodles, or other food made from grains, roots, or tubers (potatoes)yesterday?**

- a.Yes
 b.No

*** 6. Did the child eat any food made from beans, peas, lentils, nuts or seeds yesterday?**

- a.Yes
 b.No

*** 7. Did the child eat fresh milk, tinned milk, milk powder, formula milk yoghurt, cheese yesterday?**

- a.Yes
 b.No

*** 8. Did the child eat meat (lamb, goat, beef, inner organs) poultry (chicken, duck) or fish (fresh or dried fish, shell fish or sea food) yesterday?**

- a.Yes
 b.No

*** 9. Did the child eat eggs yesterday?**

- a.Yes
 b.No

*** 10. Did the child eat vitamin A rich vegetables and fruits yesterday? (pumpkin, carrots, sweet red pepper, squash or sweet potatoes, spinach, kale,apricot)**

- a.Yes
 b.No

* 11. Did the child eat other vegetables and fruits yesterday? (onion, tomato, cucumber, banana, orange, apple)

- a.Yes
- b.No

» **Enumerator Comments/Observations**

1. Would you like to add any comments/observations at this stage?

- a.Yes
- b.No

Please enter your comments

Section III: Household Shelter/Facilities/Assets

» **3.1 Housing/Shelter**

1. Type of housing:

- a. Apartment/house (Not shared)
- b. Apartment/house (Shared)
- c. Factory or workshop
- d. Warehouse, garage or shop
- e. Farm
- f. Single standing one-room (janitor room or agriculture room)
- g. Structure under construction, worksite
- h. Unfinished building
- i. Tent
- j. Prefab unit
- k. Collective center/shelter
- l. No shelter

2. Type of occupancy

- a. Owned
- b. Rented (direct rent payment)
- c. Rented (in exchange of work)
- d. Hosted for free
- e. Assisted (by organizations, agencies, charity)
- f. Squatting
- g. Other, please specify

Please specify

3. How many days worked in exchange of rent, please specify:

4. If renting, how long is the period covered by one rental payment?

- a. One month
- b. 3 months
- c. 6 months
- d. 12 months

5. If renting, how much do you pay for your accommodation per renting period? (LBP)

6. If renting, how much did you pay for your accommodation for the last renting period? (LBP)

7. Do any of your household members work for the landlord to cover the rent?

- a. Yes
- b. No

Payments means:

- a. Child works for landlord
- b. Male adult works for landlord
- c. Female adult works for landlord
- d. All of the above and additional persons

8. What services are included in the rent?

- a. Water supply
- b. Electricity
- c. None
- d. Other services

Please specify

9. How many rooms (excluding bathrooms and toilets) are occupied by your household?

10. Estimate living space in m2, occupied by HH?

11. How many people are sharing this living space?

12. What type of agreement does the HH have with the property landlord?

- a. Written agreement
- b. Verbal agreement
- c. No agreement

13. Has the HH received an eviction notice and/or any other threat of removal in the last 6 months?

- a. Yes
- b. No

a. If yes: When is the HH expected/demanded to leave the property/shelter?

yyyy-mm-dd

» » 3.2 Current accomodation

1. What are the most 3 factors in choosing your current accommodation from 1-3 where 1 is the most important and 3 is the less important?

Choice of the accommodation (reason behind the choice - Factor 1)

- a.Rent cost
- b.Proximity to family or relatives
- c.Proximity to work/livelihoods
- d.Proximity to services village, school, health
- e.Be within community with same background
- f.Being far from the conflict
- g.Child labour in exchange for rent
- h.Adult informal labour for rent
- i. Not applicable
- J.Others (specify)

Please specify

Choice of the accommodation (reason behind the choice - Factor 2)

- a.Rent cost
- b.Proximity to family or relatives
- c.Proximity to work/livelihoods
- d.Proximity to services village, school, health
- e.Be within community with same background
- f.Being far from the conflict
- g.Child labour in exchange for rent
- h.Adult informal labour for rent
- i. Not applicable
- J.Others (specify)

Please specify

Choice of the accommodation (reason behind the choice - Factor 3)

- a.Rent cost
- b.Proximity to family or relatives
- c.Proximity to work/livelihoods
- d.Proximity to services village, school, health
- e.Be within community with same background
- f.Being far from the conflict
- g.Child labour in exchange for rent
- h.Adult informal labour for rent
- i. Not applicable
- j.Others (specify)

Please specify

2. Have you ever had an incident with your current landlord in the past 6 months?

- a.Yes
- b.No

Please specify

- a.Threatened
- b.Blackmailed
- c.Coerced

» » 3.3 Mobility status and determinants**1. Have you moved and changed accommodation in the last 6 months?**

- a.Yes
- b.No

If yes, specify the main reason

- a. Eviction by owner
- b. Eviction by authorities
- c. End of rent agreement
- d. End of assistance / Hosting
- e. Rent too expensive
- f. No more work & Income in the area/location
- g. Shelter and WASH Conditions not acceptable
- h. Tension with the community
- i. Tension with the landlord
- j. Security threats
- k. Not enough privacy for my family
- l. Harassment
- m. Others (specify)

Please specify

2. How long have you been living in this shelter?

- a. Less than 6 months
- b. 6 to 12 months
- c. 13 to 18 months
- d. 19 to 24 months
- e. 25 to 36 months
- f. More than 3 years

» » 3.4 Previous type of accommodation

1. In what accommodation were you living? (previous type of accommodation)

- a. Apartment/house (Not shared)
- b. Apartment/house (Shared)
- c. Factory or workshop
- d. Warehouse, garage or shop
- e. Farm
- f. Single standing one-room (janitor room or agriculture room)
- g. Structure under construction, worksite
- h. Unfinished building
- i. Tent
- j. Prefab unit
- k. Collective center/shelter
- l. No shelter

Please specify

» » 3.5 Plan to move and reasons**1. Do you plan to stay in the same accommodation in the coming 6 months?**

- a. Yes
- b. No

If No, specify the main reason

- a. Eviction by owner
- b. Eviction by authorities
- c. End of rent agreement
- d. End of assistance / Hosting
- e. Rent too expensive
- f. No more work & Income in the area/location
- g. Shelter and WASH Conditions not acceptable
- h. Tension with the community
- i. Tension with the landlord
- j. Security threats
- k. Not enough privacy for my family
- l. Harassment
- m. Others (specify)

Please specify

2. In what accommodation do you plan to move ?

- a. Apartment/house (Not shared)
- b. Apartment/house (Shared)
- c. Factory or workshop
- d. Warehouse, garage or shop
- e. Farm
- f. Single standing one-room (janitor room or agriculture room)
- g. Structure under construction, worksite
- h. Unfinished building
- i. Tent
- j. Prefab unit
- k. Collective center/shelter
- l. No shelter

Please specify

3. Have you been ever been evicted during your stay in Lebanon?

- a.Yes
- b.No

» 3.6 WASH Facilities**» » Water****1. In the last month, did you pay for drinking water?**

- a.Yes
- b.No
- c.Not applicable

How much did you pay for drinking water?

2. In the last month, did you pay for private water trucking?

- a.Yes
- b.No
- c.Not applicable

How much did you pay for private water trucking?

3. In the last month, did you pay for public water network (water authority)?

- a.Yes
- b.No
- c.Not applicable

How much did you pay for public water network (water authority)?

4. In the last month, did you pay for private borehole?

- a.Yes
- b.No

How much did you pay for private borehole?

5. Did you adopt other water supply modalities?

- a.Yes
- b.No

If yes, please specify the water supply modality adopted:

6. How much did you pay for the water supply modality adopted?

7. What is the main source of HH drinking water?

- a. Household water tap/water network <2 hrs per day
- b. Household water tap/water network >2 hrs per day
- c. Piped water to yard/plot
- d. Public/shared water stand/taps
- e. Protected well
- f. Unprotected well
- g. Bottled mineral water
- h. Protected borehole
- i. Unprotected borehole
- j. Protected spring
- k. Unprotected spring
- l. Water tank/trucked water (UN/NGO provided)
- m. Water tank/trucked water (non-UN/NGO private provider)
- n. Rainwater
- o. Surface water
- p. Other (specify)

Please specify:

8. For main source of HH drinking water; how long does it take to go there, collect water, and come back?

- a. Number of minutes? (specify #)
- b. On premises.
- c. Don't know.

Please specify:

9. Do you treat your water in any way to make it safer to drink?

- a. Yes
- b. No
- c. Don't know

10. What do you usually do to the water to make it safer to drink?

- a. Boil
- b. Use a water filter (ceramic, sand, composite, etc.)
- c. Add bleach/chlorine
- d. Strain it through a cloth
- e. Solar disinfection
- f. Let it stand and settle
- g. Don't know
- h. Other (specify)

Please specify:

11. What is the main source of water for cooking, washing and domestic purposes?

- a. Household water tap/water network <2 hrs per day
- b. Household water tap/water network >2 hrs per day
- c. Piped water to yard/plot
- d. Public/shared water stand/taps
- e. Protected well
- f. Unprotected well
- g. Bottled mineral water
- h. Protected borehole
- i. Unprotected borehole
- j. Protected spring
- k. Unprotected spring
- l. Water tank/trucked water (UN/NGO provided)
- m. Water tank/trucked water (non-UN/NGO private provider)
- n. Rainwater
- o. Surface water
- p. Other (specify)

Please specify:

12. How many bathrooms (or washrooms) does your HH have access to?

13. What is the volume of water tank? (in liter, 1 barrel is 200 liters)

14. How many people share the/these bathroom/s?

15. How many toilets/latrines does your HH have access to?

16. Do you share this/these toilets/latrines with another HH?

- a.Yes
- b.No

17. How many people share the/these toilets/latrines?

18. What kind of toilet/latrine does the HH use?

- a. Flush
- b. Improved pit latrine with cement slab
- c. Traditional/Pit latrine with no slab
- d. Bucket
- e. Open air

19. Where is the latrine's wastewater disposed?

- a. Storm water / irrigation channel
- b. Open pit
- c. Cesspit - Dry pit (covered)
- d. Septic tank (perforated / drained)
- e. Holding tank (completely closed)
- f. Networks connection
- g. Don't know

20. Has your toilet/latrine ever been emptied?

- a. YES, EMPTIED WITHIN THE LAST 5 YEARS
- b. YES, EMPTIED MORE THAN 5 YEARS AGO
- c. YES, EMPTIED DON'T KNOW WHEN
- d. NO, NEVER EMPTIED
- e. Don't know

» 3.7 Energy

1. What is your source of energy for household purposes?

- a.Private generator usage
- b.Legal connection to the electricity grid
- c.Informal connection to the grid
- d.Solar Panels
- e.Alternatives (e.g. candles, battery lamps, etc.)
- f.Other

Please specify:

2. How many hours per day, on average, does this generator provide power?

3. How many hours per day, on average, do you get power from the grid?

» 3.8 Sanitary

1. Does the HH have enough access to the following

a. Personal hygiene items (soap, toothbrush/paste, other personal hygiene items)

- a.Yes
- b.No

b. Cleaning/hygiene items (laundry detergent, cleaning products etc)

- a.Yes
- b.No

c. Female hygiene/dignity items

- a.Yes
- b.No
- c.N/A

d. Baby care items (diapers etc)

- a.Yes
- b.No
- c.N/A

2. How is the HH waste managed?

- a. Dumpsters/barrels collected by municipality
- b. Dumpsters/barrels collected by NGO
- c. Dumpsters/barrels collected by private collector (paid byHH)
- b. Dumpsters/barrels not collected by the municipality
- c. Rubbish pit/heap
- d. Burning
- e. Thrown in open field
- f. Other

Please specify:

3. Does your household sort any of the following waste?

- a.Yes
- b.No

Please specify:

- a. Organic Waste (food leftovers, etc.)
- b. Recyclable waste (paper, cardboard, plastic, tin, iron, aluminium, glass, etc.)
- c. Other (diapers, toilet paper, sanitary napkins, etc.)

» 3.9 Shelter/WASH Conditions/Referral (Observation)**1. Is the HH shelter/property:**

- a. Structure in dangerous condition
- b. Quality of shelter much below shelter standard
- c. None of the above - no referrals necessary

» » 2. If A: Are any of the following observable Inside/outside the HH shelter/property?

a. Shelter Structure in danger to collapse

a.Yes

b.No

b.Damaged roof

a.Yes

b.No

c. Damaged columns

a.Yes

b.No

d. Other (please specify)

» » 3. If B: Are any of the following observable Inside/outside the HH shelter/property?**a.Windows/doors are not sealed to natural elements** a.Yes b.No**b.Leaking roof** a.Yes b.No**c.Leakage / rottenness in the walls** a.Yes b.No**d. Damaged walls** a.Yes b.No**e.Water networking not functional** a.Yes b.No**f.Latrine/toilet is not useable (damaged, full, no handwashing facilities, etc.)** a.Yes b.No**g.Bathing/washingfacilities are not useable (damaged, no privacy, etc.)** a.Yes b.No**h.Electricity installation/connection are not adequately installed** a.Yes b.No**i.Other (please specify)**

» » 3.10. Area / Settlement:

1. Is the area/settlement :

- a. In an area with physical security threats
- b. In an area with high population density
- c. In an area with generally low standard living conditions
- d. In an area/settlement that is isolated and/or far from essential basic services (such as hospitals or other medical facilities, schools, police/fire stations etc)
- e. In an area/settlement that is encroaching on an environmentally sensitive area (l.e.proximity to riverbeds, springs or protected areas)
- f. In an area/settlement that has poor sanitation conditions (grey water/ wastewater /stagnant water around the site, waste strewn around the site)
- g. None of the above – no referrals necessary

» » 1.2. If A: Are any of the following conditions observable in the immediate surrounding of the HH shelter?**a. Street lighting not functional / available**

- a.Yes
- b.No

b. Physical dangers in settlement – such as fallen debris, rubbish piles, collapsed buildings etc

- a.Yes
- b.No

c. Settlement proximity to natural/man-made hazards – such as flood plain, landslide, mine, chemical plant, landfill etc

- a.Yes
- b.No

d. Lack of private spaces/facilities for men/women/boys/girls (applicable to Informal Settlements)

- a.Yes
- b.No

e. Other (please specify)

» » **1.3. If F: Are any of the following conditions observable in the immediate surrounding of the HH shelter?**

a. Waste littered around area

a.Yes

b.No

b. Open defecation

a.Yes

b.No

c. Open sewerage/waste water trenches/pits

a.Yes

b.No

d. Other (please specify)

» 3.11 HH Assets**1. Does your household currently have access to the following items to cover household needs? (in usable condition)**

- a. Mattresses
- b. Blankets
- c. Winter clothing set (long pants, jacket, closed shoes)
- d. Beds
- e. Table and chairs
- f. Sofa/chairs
- g. Small gas stove for cooking
- h. Refrigerator
- i. Oven
- j. Microwave/Vaccum cleaner
- k. Pots/pans
- l. Kitchen utensils
- m. Cutlery sets
- n. Dish washer/separate freezer/dryer
- o. Water containers
- p. Heater/heating stove (electric, diesel, wood etc)
- q. Water heater
- r. Washing machine
- s. Air conditioning
- t. Sewing machine/iron
- u. TV
- v. DVD player
- w. computer
- x. Satellite dish
- y. Mobile phone
- z. Internet
- aa. motorcycle
- ab. car/van/truck
- ac. No

» Enumerator Comments/Observations

1. Would you like to add any comments/observations at this stage?

- a.Yes
- b.No

Please enter your comments

Section IV: Household income, expenditure, and debt**» 4.1 Borrowing, credit, and debt****1. During the last 3 months (90 days), did any member of the HH borrow money and/or receive credit?**

- a.Yes
- b.No

Please specify

- a.Borrowed money
- b.Received credit

2. What were the primary reasons for borrowing?

- a.To buy food
- b.To pay rent
- c.To buy shelter materials
- d.To buy house / apartment
- e.To pay health care
- f.To purchase medicine
- g.To purchase water
- h.For transport
- i.To repay other, existing debts
- j.To procure sponsorship
- k.To start a business
- l.To procure productive assets (i.e equipment for home-based work)
- m.For documentation/legal state fees (i.e. passports/marriage certificates)/ legal stay fees
- n.Other

Specify other reason

3. From whom did you get the credit or borrow the money?

- a.Friends/relatives in Lebanon
- b.Friends/relatives out of Lebanon
- c.Money lender
- d.Local associations/ Charity
- e.Landlord
- f.Supermarket owner
- g.Shawish
- h.Stranger
- i.Other

Specify other source

4. What is the current total debt up to now from borrowing money that has not yet been paid back? (In LBP)

(If the HH is not in debt, put 0)

5. What is the current total debt up to now from receiving credit that has not yet been paid back? (In LBP)

(If the HH is not in debt, put 0)

» 4.2 Income**» » 4.3 Income sources**

1. In the last 30 days, what were the top 3 sources of cash/income used to sustain your household?

First:

- a.Agriculture
- b.Construction
- c.Manufacturing
- d.Other services (e.g. hotel, restaurant, transport, personal services such as cleaning, hair care, cooking and child care)
- e.Professional Services
- f.Wholesale and retail trade;
- g.Begging
- h.Cash from humanitarian organizations
- i.Cash from charitable organizations
- j.E-cards WFP FOOD
- k.Remittances
- l.Savings
- m.Credit/debts (informal)shops, friends hosts)
- n.Credit/debts (formal e.g. banks)
- o.Gifts from family/relatives
- p.Sale of assets (car, bicycle, refrigerator, TV, jewelry)
- q.Sale of food aid (food vouchers or parcels)
- r.Sale of non-food assistance
- s.Sale of crops
- t.Sale of livestock and animal produce
- u.Other types of sales
- v.Other (specify)_____
- w.Not Applicable

Specify First other:

Second:

- a.Agriculture
- b.Construction
- c.Manufacturing
- d.Other services (e.g. hotel, restaurant, transport, personal services such as cleaning, hair care, cooking and child care)
- e.Professional Services
- f.Wholesale and retail trade;
- g.Begging
- h.Cash from humanitarian organizations
- i.Cash from charitable organizations
- j.E-cards WFP FOOD
- k.Remittances
- l.Savings
- m.Credit/debts (informal)shops, friends hosts)
- n.Credit/debts (formal e.g. banks)
- o.Gifts from family/relatives
- p.Sale of assets (car, bicycle, refrigerator, TV, jewelry)
- q.Sale of food aid (food vouchers or parcels)
- r.Sale of non-food assistance
- s.Sale of crops
- t.Sale of livestock and animal produce
- u.Other types of sales
- v.Other (specify)_____
- w.Not Applicable

Specify Second other:

Third:

- a.Agriculture
- b.Construction
- c.Manufacturing
- d.Other services (e.g. hotel, restaurant, transport, personal services such as cleaning, hair care, cooking and child care)
- e.Professional Services
- f.Wholesale and retail trade;
- g.Begging
- h.Cash from humanitarian organizations
- i.Cash from charitable organizations
- j.E-cards WFP FOOD
- k.Remittances
- l.Savings
- m.Credit/debts (informal)shops, friends hosts)
- n.Credit/debts (formal e.g. banks)
- o.Gifts from family/relatives
- p.Sale of assets (car, bicycle, refrigerator, TV, jewelry)
- q.Sale of food aid (food vouchers or parcels)
- r.Sale of non-food assistance
- s.Sale of crops
- t.Sale of livestock and animal produce
- u.Other types of sales
- v.Other (specify)_____
- w.Not Applicable

Specify Third other:

2. In the past 30 days, what was the total income (from employment) of all the HH members? (LBP)

» 4.4 Expenditure**1. Over the past 30 days, what was the total HH expenditure? (In LBP)**

» » 4.4.1 Expenditure details - All

1. What is the estimated total amount spent by the HH during the past 30 days on the following items, including cash or voucher assistance received (in LBP – must put '0' if nothing spent)

If not spent write 0

a. Food

b. Health and medical costs

c. Education costs (including Indirect Costs)

d. Rent

e. Shelter materials

f. Water

j. Gas

g. Fuel (do not include fuel for transport)

h. Transport (including fuel)

i. Electricity

j. Clothing

k. Communications (mobile, internet, satellite)

l. Soap and other household hygiene items (including diapers / nappies)

m. Household utilities or assets (such as cooking pots/utensils, furniture, etc)

n. Entertainment

o. Alcohol / tobacco / wine

p. Cost of registration/legalizing stay in Lebanon

q. Debt repayment

r. All the rest of expenditures (milling, labor, ceremonies, firewood, waste collection, Desludging (emptying) of toilets / septic tanks, agricultural and livestock inputs, purchase of income generating equipment, savings, gave money to other family or relatives, shelter material etc.)

Warning: There is a very big difference between the total amount of expenditure and the detailed amounts, please reverify the data

» » 4.5 Expenditure details - Food

1. How much money did you spend (including voucher) on the following foods during last 30 days for your family consumption?

If not bought write 0

a. Bread, pasta

b. Cereals (sorghum, millet, maize, wheat)

c. Tubers (potatoes)

d. Groundnuts/beans/pulses

e. Milk/yoghurt/cheese

f. Oil, fat, gee

g. Sugar, sweets

h. Canned food (tomato paste, tuna, meat)

i. Fresh Meat/Chicken/eggs/fish

j. Fresh Fruits and vegetables

k. Other foods (condiments, spices, salt, etc.)

I. Cooked/processed food eaten at home or outside by the family

» » 4.6 Food Item Consumed -Not spent

1. What is the value of the food that was consumed in the household during the last 30 days and was not purchased (donation, in kind food aid, credit, exchange, own production, gathering/hunting)? (In LBP)

If not bought write 0

a. Bread, pasta

b. Cereals (sorghum, millet, maize, wheat)

c. Tubers (potatoes)

d. Groundnuts/beans/pulses

e. Milk/yoghurt/cheese

f. Oil, fat, gee

g. Sugar, sweets

h. Canned food (tomato paste, tuna, meat)

i. Fresh Meat/Chicken/eggs/fish

j. Fresh Fruits and vegetables

k. Other foods (condiments, spices, salt, etc.)

I. Cooked/processed food eaten at home or outside by the family

» Enumerator Comments/Observations

1. Would you like to add any comments/observations at this stage?

a.Yes

b.No

Please enter your comments

Section V: Dietary Diversity and Food Consumption

» 1. Household Consumption and Diet

1. How many meals (warm and cooked or prepared) did the adults of this household eat yesterday?

2. How many meals (warm and cooked or prepared) did the children under 5 of this household eat yesterday? IF NO CHILDREN IN THE HH, WRITE 99.

» » 2. Consumption details

1. How many days over the last 7 days, did members of your household eat the following food items, prepared and/or consumed at home, and what was their source?

a. Tubers (potatoes) and Cereals (bread, rice, pasta, wheat, bulgur, other cereals) (if 0 skip to section d)

b. Cereals (bread, rice, pasta, wheat, bulgur, other cereals)

0

c. Tubers (potatoes)

0

d. Legumes / nuts : beans, cowpeas, peanuts, lentils, nut, soy, pigeon pea, chick peas, Groundnut; Ground Bean; green peas, Cow Pea; and / or other nuts

e. Milk and other dairy products: fresh milk / sour, yogurt, lebneh, cheese, other dairy products

(Exclude margarine / butter or small amounts of milk for tea / coffee)

f. Meat, fish and eggs: goat, beef, chicken, pork, blood, fish, turkey, including canned tuna, escargot, and / or other seafood, eggs (meat and fish consumed in large quantities and not as a condiment). (if 0 skip to section k)

g. Flesh meat: beef, pork, lamb, goat, rabbit, chicken, duck, turkey other birds

0

h. Organ meat: liver, kidney, heart and / or other organ meats

0

i. Fish/shellfish: dried, fresh and smoked fish, including canned tuna, and / or other seafood (fish in large quantities and not as a condiment)

0

j. Eggs

0

k. Vegetables and leaves: spinach, onion, tomatoes, carrots, peppers, lettuce, cucumber, radish, cabbage etc. (If 0 skip to section o)

l. Orange vegetables (vegetables rich in Vitamin A): carrot, red pepper, pumpkin, squash, orange sweet potatoes

0

m. Green leafy vegetables: spinach, broccoli, amaranth and / or other dark green leaves, cassava leaves, wild leaves, chicory, rockets, mulukhiyi

0

n. Other vegetables: onion, cucumber, radish, tomatoes, eggplants, zucchini etc...

0

o. Fruits: banana, apple, lemon, mango, papaya, apricot, peach, waterlemon etc. (If 0 skip to section r)

p. Orange fruits (Fruits rich in Vitamin A): mango, papaya, apricot, peach

0

q. Other fruits: Banana, Apple, watermelon, cherry, dates

0

r. Oil / fat / butter: olive oil, other vegetable oil, gee, Butter, margarine, other fats / oil

s. Sugar, or sweet: sugar, honey, jam, cakes, candy, cookies, pastries, cakes and other sweet (sugary drinks)

t. Condiments / Spices: tea, coffee / cocoa, salt, garlic, spices, yeast / baking powder, lanwin, tomato / sauce, meat or fish as a condiment, ketchup/hot sauce; u.Maggy cubes, powder; other condiments including small amount of milk / tea coffee

» » 3. Food source

1. What is your households main source of:

a. Cereals (bread, rice, pasta, wheat, bulgur, other cereals)

- a.WFP food e-card
- b.Purchased on market, shop etc (with cash).
- c.Purchased on market, shops etc. (purchase on credit)
- d.Cash assistance
- e.Received in-kind against labour or against other items
- f.Loan
- g.Gift of food from family/relatives
- h.Own production (crops, animals)
- i.Other food aid (NGOs ,...)
- j.Hunting, fishing, gathering
- k.Begging
- l.Other

b. Tubers (potatoes)

- a.WFP food e-card
- b.Purchased on market, shop etc (with cash).
- c.Purchased on market, shops etc. (purchase on credit)
- d.Cash assistance
- e.Received in-kind against labour or against other items
- f.Loan
- g.Gift of food from family/relatives
- hOwn production (crops, animals)
- i.Other food aid (NGOs ,...)
- j.Hunting, fishing, gathering
- k.Begging
- l.Other

c. Legumes / nuts : beans, cowpeas, peanuts, lentils, nut, soy, pigeon pea, chick peas, Groundnut; Ground Bean; green peas, Cow Pea and / or other nuts

- a.WFP food e-card
- b.Purchased on market, shop etc (with cash).
- c.Purchased on market, shops etc. (purchase on credit)
- d.Cash assistance
- e.Received in-kind against labour or against other items
- f.Loan
- g.Gift of food from family/relatives
- hOwn production (crops, animals)
- i.Other food aid (NGOs ,...)
- j.Hunting, fishing, gathering
- k.Begging
- l.Other

d.Milk and other dairy products: fresh milk / sour, yogurt, lebneh, cheese, other dairy products**(Exclude margarine / butter or small amounts of milk for tea / coffee)**

- a.WFP food e-card
- b.Purchased on market, shop etc (with cash).
- c.Purchased on market, shops etc. (purchase on credit)
- d.Cash assistance
- e.Received in-kind against labour or against other items
- f.Loan
- g.Gift of food from family/relatives
- hOwn production (crops, animals)
- i.Other food aid (NGOs ,...)
- j.Hunting, fishing, gathering
- k.Begging
- l.Other

f.Flesh meat: beef, pork, lamb, goat, rabbit, chicken, duck, turkey other birds

- a.WFP food e-card
- b.Purchased on market, shop etc (with cash).
- c.Purchased on market, shops etc. (purchase on credit)
- d.Cash assistance
- e.Received in-kind against labour or against other items
- f.Loan
- g.Gift of food from family/relatives
- hOwn production (crops, animals)
- i.Other food aid (NGOs ,...)
- j.Hunting, fishing, gathering
- k.Begging
- l.Other

g.Organ meat: liver, kidney, heart and / or other organ meats

- a.WFP food e-card
- b.Purchased on market, shop etc (with cash).
- c.Purchased on market, shops etc. (purchase on credit)
- d.Cash assistance
- e.Received in-kind against labour or against other items
- f.Loan
- g.Gift of food from family/relatives
- h.Own production (crops, animals)
- i.Other food aid (NGOs ,...)
- j.Hunting, fishing, gathering
- k.Begging
- l.Other

h.Fish/shellfish: dried, fresh and smoked fish, including canned tuna, and / or other seafood (fish in large quantities and not as a condiment)

- a.WFP food e-card
- b.Purchased on market, shop etc (with cash).
- c.Purchased on market, shops etc. (purchase on credit)
- d.Cash assistance
- e.Received in-kind against labour or against other items
- f.Loan
- g.Gift of food from family/relatives
- h.Own production (crops, animals)
- i.Other food aid (NGOs ,...)
- j.Hunting, fishing, gathering
- k.Begging
- l.Other

i.Eggs

- a.WFP food e-card
- b.Purchased on market, shop etc (with cash).
- c.Purchased on market, shops etc. (purchase on credit)
- d.Cash assistance
- e.Received in-kind against labour or against other items
- f.Loan
- g.Gift of food from family/relatives
- h.Own production (crops, animals)
- i.Other food aid (NGOs ,...)
- j.Hunting, fishing, gathering
- k.Begging
- l.Other

K. Orange vegetables (vegetables rich in Vitamin A): carrot, red pepper, pumpkin, squash, orange sweet potatoes

- a.WFP food e-card
- b.Purchased on market, shop etc (with cash).
- c.Purchased on market, shops etc. (purchase on credit)
- d.Cash assistance
- e.Received in-kind against labour or against other items
- f.Loan
- g.Gift of food from family/relatives
- h.Own production (crops, animals)
- i.Other food aid (NGOs ,...)
- j.Hunting, fishing, gathering
- k.Begging
- l.Other

L. Green leafy vegetables:, spinach, broccoli, amaranth and / or other dark green leaves, cassava leaves, wild leaves, chicory, rockets, mulukhiyi

- a.WFP food e-card
- b.Purchased on market, shop etc (with cash).
- c.Purchased on market, shops etc. (purchase on credit)
- d.Cash assistance
- e.Received in-kind against labour or against other items
- f.Loan
- g.Gift of food from family/relatives
- hOwn production (crops, animals)
- i.Other food aid (NGOs ,...)
- j.Hunting, fishing, gathering
- k.Begging
- l.Other

Other vegetables: onion, cucumber, radish, tomatoes, eggplants, zucchini etc...

- a.WFP food e-card
- b.Purchased on market, shop etc (with cash).
- c.Purchased on market, shops etc. (purchase on credit)
- d.Cash assistance
- e.Received in-kind against labour or against other items
- f.Loan
- g.Gift of food from family/relatives
- hOwn production (crops, animals)
- i.Other food aid (NGOs ,...)
- j.Hunting, fishing, gathering
- k.Begging
- l.Other

n.Orange fruits (Fruits rich in Vitamin A): mango, papaya, apricot, peach

- a.WFP food e-card
- b.Purchased on market, shop etc (with cash).
- c.Purchased on market, shops etc. (purchase on credit)
- d.Cash assistance
- e.Received in-kind against labour or against other items
- f.Loan
- g.Gift of food from family/relatives
- hOwn production (crops, animals)
- i.Other food aid (NGOs ,...)
- j.Hunting, fishing, gathering
- k.Begging
- l.Other

Other fruits: Banana, Apple, watermelon, cherry, dates

- a.WFP food e-card
- b.Purchased on market, shop etc (with cash).
- c.Purchased on market, shops etc. (purchase on credit)
- d.Cash assistance
- e.Received in-kind against labour or against other items
- f.Loan
- g.Gift of food from family/relatives
- hOwn production (crops, animals)
- i.Other food aid (NGOs ,...)
- j.Hunting, fishing, gathering
- k.Begging
- l.Other

O.Oil / fat / butter: olive oil, other vegetable oil, gee, Butter, margarine, other fats / oil

- a.WFP food e-card
- b.Purchased on market, shop etc (with cash).
- c.Purchased on market, shops etc. (purchase on credit)
- d.Cash assistance
- e.Received in-kind against labour or against other items
- f.Loan
- g.Gift of food from family/relatives
- hOwn production (crops, animals)
- i.Other food aid (NGOs ,...)
- j.Hunting, fishing, gathering
- k.Begging
- l.Other

p.Sugar, or sweet: sugar, honey, jam, cakes, candy, cookies, pastries, cakes and other sweet (sugary drinks)

- a.WFP food e-card
- b.Purchased on market, shop etc (with cash).
- c.Purchased on market, shops etc. (purchase on credit)
- d.Cash assistance
- e.Received in-kind against labour or against other items
- f.Loan
- g.Gift of food from family/relatives
- hOwn production (crops, animals)
- i.Other food aid (NGOs ,...)
- j.Hunting, fishing, gathering
- k.Begging
- l.Other

q. Condiments / Spices: tea, coffee / cocoa, salt, garlic, spices, yeast / baking powder, lanwin, tomato / sauce, meat or fish as a condiment, ketchup/hot sauce;Maggy cubes, powder; other condiments including small amount of milk / tea coffee

- a.WFP food e-card
- b.Purchased on market, shop etc (with cash).
- c.Purchased on market, shops etc. (purchase on credit)
- d.Cash assistance
- e.Received in-kind against labour or against other items
- f.Loan
- g.Gift of food from family/relatives
- hOwn production (crops, animals)
- i.Other food aid (NGOs ,...)
- j.Hunting, fishing, gathering
- k.Begging
- l.Other

» **Enumerator Comments/Observations**

1. Would you like to add any comments/observations at this stage?

- a.Yes
- b.No

Please enter your comments

2. During the last 30 days, did you experience lack of food or money to buy enough food to meet the needs of all your household members?

- a.Yes
- b.No

Section VI: Coping Strategies

» 1. Food Coping Strategies

During the last 7 days, how many days did your HH had to use one of the following strategies to cope with a lack of food and/or money to buy food:

a. Relied on less expensive/less preferred food

b. Borrowed food and/or relied on help from friends/relatives

c. Reduced the number of meals eaten per day

d. Reduced portion size of meals

e. Went an entire day without eating

f. Restricted consumption of adults in order for young children to eat

g. Sent HH members to eat elsewhere

h. Restrict consumption of female household members

» 2. Food and Non-Food Coping Strategies

1. During the last 30 days, did anyone in your HH have to do one of the following things to cope with a lack of food or money to buy it?

a. Sold household goods (radio, furniture, television, jewellery etc)

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

b. Sold productive assets and/or means of transport (sewing machine, wheelbarrow, bicycle, car, livestock etc)

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

c. Reduce food expenditure

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

d. Reduce non-food expenses on health (including drugs)

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

e. Reduce non-food expenses on education

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

f. Spent some or all of the HH savings

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

g. Bought food on credit and/or borrowed money to purchase food

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

h. Sold house and/or land

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

i. Moved to a cheaper rental place/live on the street

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

j. Withdrew children from school

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

k. Have school children (6 -15 years old) involved in income generation

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

l. Asked for money from strangers (begged)

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

m. HH members 18 years and over accepting high risk, dangerous, or exploitative work

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

n. HH members under the age of 18 accepting high risk, dangerous, or exploitative work

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

o. Sent an adult HH member to work elsewhere (not related to usual seasonal migration)

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

p. Sent a child HH member to work elsewhere (not related to usual seasonal migration)

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

q. Marriage of children under 18

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

r. Other forms of exploitation

- a.Yes
- b.No, not need to do it
- c.No because HH had already done it and cannot continue doing it
- d.Non applicable. HH do/did not have

Please specify:

- a.No
- b.Rent
- c.Food
- d.Any other basic need

» Enumerator Comments/Observations

1. Would you like to add any comments/observations at this stage?

- a.Yes
- b.No

Please enter your comments

Section VII: Critical Information**» 1. Health****1.Do you benefit from primary health care assistance?**

- a.Yes, totally free health care
- b.Yes, discounted/subsidized/financial contribution/ cost sharing for primary health care
- c.No, HH needs to pay in full for primary health care related costs (consultation, drugs, etc....)
- d.I do not know
- e.Primary health care assistance never required
- f.Other

Please specify:

2.Do you benefit from secondary/specialized or hospitalization health assistance?

- a.Yes, totally free hospital care
- b.Yes, cost sharing for hospitalization (UNHCR)
- c.Household received financial contribution for hospitalization (other than UNHCR)
- d.Household received financial contribution for hospitalization both from UNHCR and other agencies
- e.No, HH needs to pay in full for hospital care
- f.Insurance (employment, private, other insurance)
- g.I do not know
- h.Hospital care assistance never required
- i.Other

Please specify:

3. Did any of your household members require primary health care in the last 6 months?

- a.Yes
- b.No

4. Did you get the required primary health care assistance?

- a.Yes
- b.No

5. Why were household members unable to receive the required primary health assistance?

- a.Distance of health center
- b.Transportation cost
- c.Physical limitations to access the health center
- d.Inadequate welcoming/treatment by health center staff
- e.Security concerns / fear of movement
- f.Fees doctor visit
- g.Cost of drugs/treatment
- h.Not accepted
- i.Dont know where to go
- j.Long waiting time
- k.Other

Specify other barrier to health assistance

6. Where did you access primary healthcare?

- a.through a primary health care outlet
- b. through a mobile medical unit (MMU)
- c.through a Private Dr Clinic
- d.other

7. Did any of your household members require specialized/ hospitalization care in the last 6 months?

- a.Yes
- b.No

8. Did you get the required specialized health care

- a.Yes
- b.No

9. Why were household members unable to receive the required specialized health care?

- a.Distance of health center
- b.Transportation cost
- c.Physical limitations to access the health center
- d.Inadequate welcoming/treatment by health center staff
- e.Security concerns / fear of movement
- f.Cost of treatment
- g.Not accepted
- h.Dont know where to go
- i.Other

Specify other barrier to health assistance

10. Did any of your household members require specialized mental health assistance in the last 6 months?

- a.Yes
- b.No

11. Did you get the required specialized mental health assistance?

- a.Yes
- b.No

12. Why were household members unable to receive the required specialized mental health assistance?

- a.Distance of health center
- b.Transportation cost
- c.Physical limitations to access the health center
- d.Inadequate welcoming/treatment by health center staff
- e.Security concerns / fear of movement
- f.Fees doctor visit
- g.Cost of drugs/treatment
- h.Not accepted
- i.Dont know where to go
- j.Long waiting time
- k.Other

Specify other barrier to specialized mental health assistance

13. If anyone in the HH needs life-saving and/or urgent medical attention, do you know how to access medical services/assistance?(Enumerator to provide "Your Health" leaflet at this stage regardless of whether the HH knows what to do or not)

- a.Yes
- b.No

» 2. Safety

1.Has any of your household member experienced any kind of issue related with their safety during last 3 months in Lebanon?

- a.Yes
- b.No

2.What kind of safety issue?

- a.Verbal harassment
- b.Physical harrasment
- c.Kidnapping
- d.Extortion/bribe
- e.Theft / robbery
- f.Community violence/dispute
- g.Displacement/eviction
- h.Arrest/detention
- i.Threats/coercion
- j.Other

Specify other type of safety issue

3.Who or what is the cause of the safety issues?

- a.Hosts / Landlord
- b.Neighbors / Host community
- c.Local organizations/ charity based
- d.Shop owners/managers
- e.Refugee Leaders/ refugee community
- f.Clashes
- g.Authorities
- h.Other

Specify other cause of unsafety

4. Does unsafety reduce the free movement of any household member?

- a. Yes
- b. No

5. Rate the level of social interaction between the refugee and host communities in this location, in general?

- a. No social interaction
- b. Infrequent social interaction
- c. Moderate social interaction
- d. Frequent social interaction
- e. Daily social interaction

6. How frequently do you interact with members of the host community?

- a. Daily
- b. Regularly
- c. Sometimes
- d. Rarely
- e. Never

7. How would you describe the quality of interactions with members of the host community?

- a. Very positive
- b. Positive
- c. Neutral
- d. Negative
- e. Very negative

8. What is the key issue or issues that drive community tensions at this location?

- a. Competition for jobs
- b. Competition for resources
- c. Competition for services
- d. Political differences
- e. Religious differences
- f. Cultural differences
- g. Suspicion of criminal activity
- h. Sexual harassment of women
- i. Not available
- j. Other

Please specify:

Are there any children below 18 years old in this household (this questions opens up the child discipline section)

- a.Yes
- b.No

» 3. Child Discipline

Adults use certain ways to teach children the right behaviour or to address a behaviour problem. I will read various methods that are used. Please tell me if you or anyone else in your household has used this method with in the past month.

1. Took away privileges, forbade something (name) liked or did not allow him/her to leave the house

- a.Yes
- b.No

2. Explained why persons behaviour was wrong.

- a.Yes
- b.No

3. Shook him/her

- a.Yes
- b.No

4. Shouted, yelled at or screamed at him/her

- a.Yes
- b.No

5. Gave him/her something else to do

- a.Yes
 b.No

6. Spanked, hit or slapped him/her on the bottom with bare hand

- a.Yes
 b.No

7. Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object

- a.Yes
 b.No

8. Called him/her dumb, lazy, or another name like that

- a.Yes
 b.No

9. Hit or slapped him/her on the face, head or ears

- a.Yes
 b.No

10. Hit or slapped him/her on the hand, arm, or leg

- a.Yes
 b.No

11. Beat him/her up, that is hit him/her over and over as hard as one could

- a.Yes
 b.No

12. Other

- a.Yes
 b.No

Please specify:

13. Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?

- a.Yes
 b.No
 c.Dont know

» 4. Critical HH Information

1. Did all household members arrive in Lebanon at the same time?

- a.Yes
- b.No

a. When did all household members arrive in Lebanon?

If you do not know the exact day and month, please enter 01.01.YYYY.

yyyy-mm-dd

a. When did the FIRST household members arrive in Lebanon?

If you do not know the exact day and month, please enter 01.01.YYYY.

yyyy-mm-dd

b. When did the LAST household members arrive in Lebanon?

If you do not know the exact day and month, please enter 01.01.YYYY.

yyyy-mm-dd

2. Has anyone in the HH experienced difficulties and/or been unable to register/record or renew certificates with UNHCR?

- a.No
- b.Yes - difficulties but were resolved
- c.Yes - unable to register / renew

a. How many? (Questions below to repeat for the number of HH members entered here)

» » Difficulties

*** b. What prevented them from registration/renewal?**

Please note that this question will repeat for the number of HH members with difficulties.

- a.Unaware/Unfamiliar with the process of registration/counseling /renewal
- b.Unsafe/Denied access to the reception center
- a.Physically unable to approach the reception centre (sickness/disability/mobility)
- b.Problems reaching reception center due to security/check points
- c.Lack of trust (data shared with Syrian authorities)
- d.Person has been denied access to Lebanon
- e.Person is missing/detained
- f.Costs to reach the reception centre / Transport and other costs of reaching the reception center
- g.Had to wait more than one month to get an appointment
- h.I had to call many times to get an appointment (Bekaa, Mt. Lebanon and South)
- i.See no benefit in registration/counseling/renewal
- j.Could not take time away from work to approach reception center
- k.Rejected (specify)
- l.Others (specify)

*** Please specify:**

3. How many household members above age 15 do not have regularized legal residency in Lebanon?

» » Illegal residence

*** Is this due to:**

Please note that this question will repeat for the number of HH members without legal residence.

- a.I cannot afford the cost of renewal
- b.I am registered with UNHCR but GSO asked me to obtain a Lebanese sponsor
- c.I am not registered with UNHCR and am unable to obtain a Lebanese sponsor
- d.Waiting for my appointment with UNHCR to renew my certificate and obtain a Housing attestation
- e.I don't want to sign the 'pledge to abide by Lebanese law'
- f.I entered through unofficial border crossing and GSO refused to allow me to regularize
- g.Limited/restricted freedom of movement
- h.Reluctance of HH member for personal reasons
- i.GSO informed me that women and children do not have to renew
- j.Unaware of procedures
- k.Fears approaching GSO
- l.Lacks ID documents
- m.Other

*** Please specify:**

4. How many household members above age 15 have regularized legal residency in Lebanon?

» » Legal residence*** Residency under which category?**

Please note that this question will repeat for the number of HH members without legal residence.

- a.UNHCR Certificate
- b.Sponsorship
- c.Tourism
- d.Rent/property ownership
- e.Others

*** Please specify:**

5. How many household members have returned to Syria or moved onward to a third country other than Syria?

» » Returned to Syria / Moved to a third country

Please specify the destination of the individual (this question will be repeated according to the number of individuals identified previously)

- a.Return to Syria
- b.Third Country

6. What factors would be most important for you in considering return to Syria (circle all that apply)?

- a.Safety and security in Syria
- b.Safety and security in Lebanon
- c.Political process in Syria
- d.Availability of services in Syria
- e.Availability of services in Lebanon (health, education)
- f.Cost of living in Lebanon
- g.Condition of home / property in Syria
- h.Living conditions in Lebanon (home, rent)
- i.Residency in Lebanon (lack of)
- j.Civil documentation in Syria (birth registration, marriage certificate, etc.)
- k.International assistance in Lebanon
- l.International assistance upon return to Syria
- m.Access to livelihoods in Syria
- n.Access to livelihoods in Lebanon
- o.Other (specify)

Specify other factors:

7. What factors would be more important for you in considering moving onward to a third country (circle all that apply):

- a.Safety and security in Lebanon
- b.Education opportunities for children in third country
- c.Possibility of getting a new nationality
- d.Safety in the third country
- e.Respect of human rights in the third country
- f.Access to medical services in the third country
- g.Joining family members in the third country
- h.Availability of services in Lebanon (health, education)
- i.Cost of living in Lebanon
- j.Living conditions in Lebanon (home, rent)
- k.Residency in Lebanon (lack of)
- l.International assistance in Lebanon
- m.Access to livelihoods in Lebanon
- n.Other (specify)

Specify other factors:

8. Is any member of the HH in need of referral to family tracing/reunification services?

- a.Yes
- b.No

a. If yes: Take note on relationship and flag

» 5. Communication means

How do you receive information related to services to refugees

- a.SMS
- b.Hotline
- c.Whatsapp
- d.Shops
- e.Leaflets/posters
- f.UNHCR Reception centers
- g.Information desks at community centres
- h.Distribution sites
- i.Municipality
- j.Health centers
- k.Mouth to mouth (neighbors, relatives)
- l.Household visits
- m.No information received
- n.Visits to your community by humanitarian organizations
- o.Refugee outreach volunteers
- p.Awareness sessions on site/outreach by NGOs/others
- q.Others

Specify other social media

How often do you use internet?

- a.Almost every day
- b.At least once a week
- c.Less than once a week
- d.Not at all

Are you active on any social media platform on internet?

- a.No
- b.Facebook
- c.Whatsapp
- d.Instagram
- e.Other

Specify other social media

VIII. Subjective Assessment**1. Based on your observations, please indicate:**

- a. Severe vulnerability: The HH does not appear able to cover their basic needs, has insufficient food, inadequate shelter, unsafe and/or insufficient water for drinking/domestic use, and does not appear to have safe and/or sustainable income to survive in dignified conditions
- b. High vulnerability: The HH appears to be able to cover only their basic needs, living conditions are only borderline adequate, and the HH relies heavily on support from others and/or negative coping strategies for survival
- c. Borderline vulnerability: The HH appears to be able to cover their basic needs, their living conditions appear adequate, and the HH has a small but unstable income
- d. Mild/low vulnerability: The HH is able to cover more than their most basic needs, lives in very adequate/good conditions, and appears to have a stable/safe/sustainable source of income

2. Please provide some brief comments on the above

IX. HH Address and Contact Information**1. Are updates to HH contact details/address required? (Confirm all current details; If yes, go to questions below)**

- a.Yes
- b.No

» Contact Information**a. What is your current phone number?**

b. Are there any other phone numbers you can be contacted on?

- a.Yes
- b.No

» » Contacts

Contact name 1:

Phone 1:

Contact name 2:

Phone 2:

c. Updated/additional address information:

i. Confirm address

a.Same

b.Changed

Please enter new address:

ii. Description of location (landmarks, main/cross roads, permanent physical features etc)

iii. Closest municipality
