

VaSyr_2018_live_v2_print

Survey start time: 2018-04-13T15:04:03.000+03:00

Today: 2018-04-13

Section I: 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. Not available for the interview
- ☐ d. Moved to another governorate within Lebanon
- ☐ e. Moved to another district within the same governorate
- ☐ f. Moved to another village within the same district
- ☐ g. Moved out of Lebanon - Persons of Concern moved to Country of Origin (CoO)
- ☐ h. Moved out of Lebanon - Persons of Concern migrate other country (Turkey, Jordan)
- ☐ i. Moved out of Lebanon - Persons of Concern migrate other country (Europe)
- ☐ j. Other

4.Please specify:

Section II: Enumerator details:

1. Enumerator name

2. Organization of enumerator

- ☐ a. Caritas
- ☐ b. Intersos
- ☐ c. Makhzoumi
- ☐ d. SHEILD
- ☐ e. World Vision
- ☐ f. Other

3. Please specify

Section III: Consent and Enumerator Details

We are conducting a survey on the behalf of the United Nations High Commissioner for Refugees, UNICEF and the World Food Program 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.

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.UNHCR Case Number:

» **1.1 Location:**

1. District

- ☐ a. Beirut Beirut
- ☐ b. Bekaa Baalbek
- ☐ c. Bekaa El Hermel
- ☐ d. Bekaa Rachaya
- ☐ e. Bekaa West Bekaa
- ☐ f. Bekaa Zahle
- ☐ g. Mount Lebanon Aley
- ☐ h. Mount Lebanon Baabda
- ☐ i. Mount Lebanon Chouf
- ☐ j. Mount Lebanon El_Meten
- ☐ k. Mount Lebanon Jbeil
- ☐ l. Mount Lebanon Kesrwane
- ☐ m. North Akkar
- ☐ n. North Bcharre
- ☐ o. North El Batroun
- ☐ p. North El Koura
- ☐ q. North El Minieh Dennie
- ☐ r. North Tripoli
- ☐ s. North Zgharta
- ☐ t. South Bent Jbeil
- ☐ u. South El Nabatieh
- ☐ v. South Hasbaya
- ☐ w. South Jezzine
- ☐ x. South Marjaayoun
- ☐ y. South Saida
- ☐ z. 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 (1-8)

7. 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 marital status of the female head of household?

- ☐ a. Female HoH's husband is present in household
- ☐ b. Female HoH is married but husband travelled back to their country of origin
- ☐ c. Female HoH is married but husband travelled to another country other than their country of origin
- ☐ d. Female HoH is married but husband is outside the family home but within the country
- ☐ e. Female HoH is divorced/separated
- ☐ f. Female HoH is widowed
- ☐ g. Female HoH is not married

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

yyyy-mm-dd

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

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

5. Please specify the nationality of the Head of Household

6. 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

7. Please specify the relationship of the interviewee with the head of the Household

» 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)

4. Please specify the nationality of the interviewee

Section IV: Household Demographics and Bio-Data

Household Definition: A household 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 245-15C00123 than you enter 2

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

- ☐ a. Yes
- ☐ b. No

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

» 4.1 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:**

» » 4.2 Assistance*** 1. Do you currently receive multi-purpose cash assistance (260,000 LBP/Month)?**

- ☐ a. Yes
- ☐ b. No

*** 2. Have you received any technical assistance (capacity building,vocational trainings) over the last the past year?**

- ☐ a. Yes
- ☐ b. No

*** 3. 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

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

- ☐ a. Yes
- ☐ b. No

*** 5. 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

*** 6. Do you have a card from which you can retrieve cash?**

- ☐ a. Yes
- ☐ b. No

*** 7. Do you have a card from which you can buy food?**

- ☐ a. Yes
- ☐ b. No

*** 8. Have you received any education or training on hygiene over the last year?**

- ☐ a. Yes
- ☐ b. No

» » 4.3 Registered/unregistered bio-data

- * 1. Specify how many members are registered / recorded under this case number within the household

» » » Individual Bio-data

- * 1. First name

- * 2. Family name

- * 3. Sex (M/F)

- ☐ a. Male
☐ b. Female

- * 4. Date of birth

yyyy-mm-dd

- * 5. Nationality

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

- * 6. Please specify: Nationality

*** 7. Relationship to Head of Household**

- ☐ 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)
- ☐ h. No family relationship – guest
- ☐ i. Other, please specify

*** 8. Please specify: Relationship to HoH**

*** 9. Civil Status**

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

*** 10. Where did you get married (applies to most recent marriage)**

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

*** 11. What document do you have to prove your marriage? (applies to most recent marriage) (select highest option only)**

- ☐ a. No Documents
- ☐ b. Marriage contract from an uncertified Sheikh
- ☐ c. Marriage contract from a religious authority or Proof of marriage from the Shria Court
- ☐ d. Marriage certificate authenticated by the Mukhtar
- ☐ e. Marriage certificate registered with the Noufous
- ☐ f. Marriage certificate registered with the Foreigners Registry
- ☐ g. Marriage certificate stamped by the Ministry of Forgein Affairs
- ☐ h. Marriage certificate stamped by the Syrian Embassy
- ☐ i. Updated Family booklet or family civil extract or marriage certificate from Syria
- ☐ j. Do not know

*** 12. What document do you have to prove your marriage? (applies to most recent marriage) (select highest option only)**

- ☐ a. No Documents
- ☐ b. Marriage certificate from Syria or family civil extract
- ☐ c. Updated family booklet
- ☐ d. Do not know
- ☐ e. Other (please specify)

*** 13. Please specify the document you have to prove your marriage**

*** 14. Where did you get divorced?**

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

*** 15. Please specify Where did you get divorced**

*** 16. What documents do you have to prove your divorce?**

- ☐ a. No Documents
- ☐ b. Attestation of divorce from the religious authority
- ☐ c. Divorce certificate authenticated by the Mukhtar
- ☐ d. Divorce certificate registered with the Noufous
- ☐ e. Divorce certificate registered with the Foreigners Registry
- ☐ f. Divorce certificate stamped by the Ministry of Foreign Affairs
- ☐ g. Divorce certificate stamped by the Syrian Embassy
- ☐ h. Updated Family booklet or family civil extract or marriage certificate from Syria
- ☐ i. Do not know

*** 17. What documents do you have to prove your divorce?**

- ☐ a. No documents
- ☐ b. Divorce certificate from Syria or family/individual civil extract

*** 18. Is the household member registered with UNRWA?**

- ☐ a. Yes
- ☐ b. No

*** 19. Does the Household member have regularized legal residency in Lebanon?**

- ☐ a. Yes
- ☐ b. No

*** 20. Did the household member (above 15 years) have regularized legal residency in Lebanon at any point in the last 3 months?**

- ☐ a. Yes
- ☐ b. No

*** 21. Reasons for illegal 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 or I have previously renewed based on sponsorship and I am unable to obtain a Lebanese sponsor
- ☐ d. I tried to renew but GSO refused my application without explanation
- ☐ e. I tried but GSO kept telling me to come back another time
- ☐ f. Waiting for my appointment with UNHCR to renew my certificate and obtain a Housing attestation
- ☐ g. I don't want to sign the 'pledge to abide by Lebanese law'
- ☐ h. I entered through unofficial border crossing and GSO refused to allow me to regularize
- ☐ i. Limited/restricted freedom of movement
- ☐ j. Reluctance of HH member for personal reasons
- ☐ k. GSO informed me that women and children do not have to renew
- ☐ l. Unaware of procedures
- ☐ m. Fears approaching GSO
- ☐ n. I am discouraged to go since I heard that GSO is not renewing based on UNHCR certificate and is asking for money and sponsors
- ☐ o. Lacks ID documents
- ☐ p. Other

*** 22. Please specify reasons for illegal residence**

*** 23. Residence under which category?**

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

*** 24. Please specify Residency under which category?**

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

- ☐ 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)

*** 26. Please specify: child's closest family relationship to an adult member of the household**

» » » »4.4 Child birth details*** 1. Where was this child born?**

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

*** 2. Please specify where was this child born?**

*** 3. 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

*** 4. 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)

*** 5. Please specify**

» » » »4.5 Work and Schooling details

*** 1. In the last 30 days, did this person work for pay or profit (including in-kind payments, rent, or other profit)?**

☐ a. Yes

☐ b. No

*** 2. Was this work regular?**

☐ a. Yes

☐ b. No

*** 3. Does this person usually work in more than one job?**

☐ a. Yes

☐ b. No

*** 4. How many days did this person work during the last 30 days for all jobs?**

*** 5. During the last week, did this person work in return for pay or profit for at least one hour (including in-kind payments, rent, or other profit)?**

☐ a. Yes

☐ b. No

*** 6. How many hours per week did the person usually work for all jobs?**

*** 7. Is the person temporarily absent from his/her job with the intention to return (sickness, official holiday, official leave, maternity leave)?**

☐ a. Yes

☐ b. No

*** 8. For how long has this person been not working? (number of weeks)**

*** 9. Has this person actively searched for work during the last 30 days (asking friends and relatives, registering in private employment services, placing/responding to adds in the media...)**

☐ a. Yes

☐ b. No

*** 10. If not working in the last 30 days: Why?**

- ☐ 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
- ☐ f. Dependent family members
- ☐ g. Gender considerations
- ☐ h. Lack of skill/experience
- ☐ i. Continuing education

*** 11. 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
- ☐ c. Respondent is engaged in long-term care for dependent children or family members

*** 12. If a paid job or business opportunity became available with the possibility to begin immediately, when could this person start working?**

- ☐ a. Immediately
- ☐ b. Within two weeks
- ☐ c. After two weeks
- ☐ d. Not available

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

- ☐ a. Yes
- ☐ b. No

*** 14. What were the sectors of work during the last 30 days?**

- ☐ a. Agriculture
- ☐ b. Construction
- ☐ c. Concierge
- ☐ d. Manufacturing
- ☐ e. Wholesale and retail trade
- ☐ f. Begging
- ☐ g. Professional services
- ☐ h. Occasional Work
- ☐ i. Other Services: hotel, restaurant, transport, personal services
- ☐ j. Other

» » » » 4.6 Work and income

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

*** 1. Agriculture**

*** 2. Construction**

*** 3. Concierge**

*** 4. Manufacturing**

*** 5. Wholesale and retail trade**

*** 6. Begging**

*** 7. Professional services**

*** 8. Occasional Work**

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

*** 10. Other**

*** 11. Was this work during the last 30 days during school hours?**☐ a. Yes☐ b. No*** 12. How many hours per week is the person engaged in unpaid household chores?**

» » » » »4.7 School details: to be asked from 3-24 years old.*** 1. During the current school year (2017-18), did attend any formal/public school, preschool or university?**

- ☐ a. Yes
- ☐ b. No

*** 2. If did not attend any school, Why?**

- ☐ a. Cost of transportation to school
- ☐ b. Cost of educational materials
- ☐ c. Non-Formal/Informal education program
- ☐ d. Not in age for school
- ☐ e. No space in school
- ☐ f. School did not allow enrolment
- ☐ g. No school in the area
- ☐ h. 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. Not attending due to marriage
- ☐ l. 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
- ☐ w. Other (please specify)

*** 3. Please specify the reason if did not attend any school**

» » » » »4.8 School Level

*** 1. During the current school year (2017/18), 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
- ☐ w. Don't Know

*** 2. During the previous school year, that is (2016/17), did attend any formal/public school, preschool or university?**

- ☐ a. Yes
- ☐ b. No

*** 3. 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
- ☐ w. Don't Know

*** 4. If did not attend any school: Why?**

- ☐ a. Cost of transportation to school
- ☐ b. Cost of educational materials
- ☐ c. Non-Formal/Informal education program
- ☐ d. Not in age for school
- ☐ e. No space in school
- ☐ f. School did not allow enrolment
- ☐ g. No school in the area
- ☐ h. 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. Not attending due to marriage
- ☐ l. 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
- ☐ w. Other (please specify)

*** 5. Please specify the reason if did not attend any school**

*** 6. 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
- ☐ f. Never been to school

*** 7. Has ever attended education, literacy or skills training programmes within current/most recent 12 months?**☐ a. Yes☐ b. No*** 8. 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☐ w. Don't Know**» » » »4.9 Specific Needs**

Does this household member fall into any of the following specific needs categories?

*** 1. Pregnant or lactating**☐ a. Yes☐ b. No

*** 2. Has disability**

- ☐ a. Yes
- ☐ b. No

*** 3. Has Visual impairment**

- ☐ a. Yes
- ☐ b. No

*** 4. Has Hearing impairment**

- ☐ a. Yes
- ☐ b. No

*** 5. Has Physical disability**

- ☐ a. Yes
- ☐ b. No

*** 6. Has Mental disability**

- ☐ a. Yes
- ☐ b. No

*** 7. Has Speech impairment**

- ☐ a. Yes
- ☐ b. No

*** 8. Other disability**

- ☐ a. Yes
- ☐ b. No

*** 8.1. Please specify**

*** 9. Temporary illness or injury**

- ☐ a. Yes
- ☐ b. No

*** 10. Mental illness**

- ☐ a. Yes
- ☐ b. No

*** 11. Chronic disease**

- ☐ a. Yes
- ☐ b. No

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

- ☐ a. Yes
- ☐ b. No

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

- ☐ a. Yes
- ☐ b. No

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

- ☐ a. Yes
- ☐ b. No

*** 15. Woman at risk**

- ☐ a. Yes
- ☐ b. No

*** 16. Unaccompanied/seperated child**

- ☐ a. Yes
- ☐ b. No

*** 17. Survivor of torture**

- ☐ a. Yes
- ☐ b. No

*** 18. Child carer**

- ☐ a. Yes
- ☐ b. No

*** 19. Does this household member need assistance from another person to use the toilet?**

- ☐ a. Yes
- ☐ b. No

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

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

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

- ☐ a. Yes
- ☐ b. No

» » » » **4.10 Child focused questions ONLY FOR CHILDREN under 5 years**

*** 1. Was the child sick in last 2 weeks?**

- ☐ a. Yes
- ☐ b. No

» » » » »4.11 Child Sick*** 1. In the previous 2 weeks did the child have diarrhea?**

- ☐ a. Yes
- ☐ b. No

*** 2. During the past two weeks, did the child suffer from severe diarrhea which required hospitalization or a doctor's consultation?**

- ☐ a. Yes
- ☐ b. No

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

- ☐ a. Yes
- ☐ b. No

*** 4. During the past two weeks, did the child suffer from a respiratory infection which required hospitalization or a doctor's consultation?**

- ☐ a. Yes
- ☐ b. No

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

- ☐ a. Yes
- ☐ b. No

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

- ☐ a. Yes
- ☐ b. No

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

- ☐ a. Yes
- ☐ b. No

*** 8. Where do you take your children for vaccination?**

- ☐ a. Primary healthcare centres or dispensaries
- ☐ b. Private doctor's clinic
- ☐ c. I wait for the mobile medical unit
- ☐ d. Other - Specify

*** 9. Specify other**

» » » » »4.12 Child focused questions ONLY FOR CHILDREN under 2 years*** 1. Did the child receive breastmilk yesterday?**

- ☐ a. Yes
- ☐ b. No

*** 2. Did the child receive any other type of milk yesterday (other than breastmilk)?**

- ☐ a. Yes
- ☐ b. No

*** 3. What type of milk did the child receive yesterday?**

- ☐ a. Infant formula (special for 0-6 months old available in pharmacies)
- ☐ b. Infant formula (special for 6-12 months old available in pharmacies)
- ☐ c. Infant formula (special for 12-18 months old available in pharmacies)
- ☐ d. Infant formula (special for 18-24 months old available in pharmacies)
- ☐ e. Reconstituted powder milk (commercial type available in shops)
- ☐ f. Fresh cow/goat milk

*** 4. How many times did the child drink milk yesterday?**

*** 5. Did the child receive yesterday any other liquid (such as water, yansoon, ma zaher, etc)?**

- ☐ a. Yes
- ☐ b. No

*** 6. Did the child receive yesterday any semi-solid food (such as mashed fruits, porridge, etc)?**

- ☐ a. Yes
- ☐ b. No

*** 7. How many times did the child eat yesterday these semi-solid food yesterday?**

*** 8. Did the child receive yesterday any semi-solid food or solid foods?**

- ☐ a. Yes
- ☐ b. No

» » » » »4.13 Child focused questions ONLY FOR CHILDREN between 6 to 24 months*** 1. Did the child eat porridge, bread, rice, noodles, or other food made from grains, roots, or tubers (potatoes)yesterday?**

- ☐ a. Yes
- ☐ b. No

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

- ☐ a. Yes
- ☐ b. No

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

- ☐ a. Yes
- ☐ b. No

*** 4. 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

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

- ☐ a. Yes
- ☐ b. No

*** 6. 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

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

- ☐ a. Yes
- ☐ b. No

*** 8. How many times yesterday did the child eat any of the foods we just mentioned?**

» 4.14 Enumerator Comments/Observations

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

- ☐ a. Yes
- ☐ b. No

2. Please enter your comments

Section V: Household Shelter/Facilities/Assets

» 5.1 Housing/Shelter

1. Type of housing:

- ☐ a. Active construction site
- ☐ b. Agricultural/engine/pump room
- ☐ c. Apartment/house
- ☐ d. Concierge's room in residential building
- ☐ e. Factory
- ☐ f. Farm
- ☐ g. Garage
- ☐ h. Hotel room
- ☐ i. Prefab unit
- ☐ j. School
- ☐ k. Shop
- ☐ l. Tent
- ☐ m. Warehouse
- ☐ n. Workshop

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

3. Please specify

4. 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

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

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

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

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

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

9. What services are included in the rent?

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

10. Please specify

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

12. Estimate living space in m2, occupied by Household?

13. How many people are sharing this living space?

14. What type of agreement does the household have with the property landlord?

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

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

- ☐ a. Yes
- ☐ b. No

16. If Household received an eviction notice, When is the Household expected/demanded to leave the property/shelter?

yyyy-mm-dd

17. If Household received an eviction notice, who issued the eviction notice?

- ☐ a. Authorities (LAF, ISF, others)
- ☐ b. Municipality
- ☐ c. Owner
- ☐ d. Non-State actors
- ☐ e. Other

18. Please specify: Household received an eviction notice, who issued the eviction notice.

» » 5.2 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?

2. 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)

3. Please specify - Choice of the accommodation – factor 1

4. 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)

5. Please specify - Choice of the accommodation – factor 2

6. 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)

7. Please specify- - Choice of the accommodation – factor 3

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

- ☐ a. Yes
- ☐ b. No

9. If yes, specify the incident(s)

- ☐ a. Threatened
- ☐ b. Blackmailed
- ☐ c. Coerced
- ☐ d. Others

10. Please specify - incident with your current landlord

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

- ☐ a. Yes
- ☐ b. No

2. If moved and changed accommodation, 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)

3. Please specify reasons moved and changed accommodation

4. 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

» » 5.4 Previous type of accommodation

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

- ☐ a. Active construction site
- ☐ b. Agricultural/engine/pump room
- ☐ c. Apartment/house
- ☐ d. Concierge's room in residential building
- ☐ e. Factory
- ☐ f. Farm
- ☐ g. Garage
- ☐ h. Hotel room
- ☐ i. Prefab unit
- ☐ j. School
- ☐ k. Shop
- ☐ l. Tent
- ☐ m. Warehouse
- ☐ n. Workshop

2. Please specify - what accommodation were you living

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

- ☐ a. Yes
- ☐ b. No

2. If No plan to stay in the same accommodation, 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)

3. Please specify - main reason no plan to stay in the same accommodation

4. What accommodation do you plan to move to ?

- ☐ a. Active construction site
- ☐ b. Agricultural/engine/pump room
- ☐ c. Apartment/house
- ☐ d. Concierge's room in residential building
- ☐ e. Factory
- ☐ f. Farm
- ☐ g. Garage
- ☐ h. Hotel room
- ☐ i. Prefab unit
- ☐ j. School
- ☐ k. Shop
- ☐ l. Tent
- ☐ m. Warehouse
- ☐ n. Workshop

5. Please specify - In what accommodation do you plan to move to?

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

- ☐ a. Yes
- ☐ b. No

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

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

2. How much did you pay for drinking water (in LBP)?

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

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

4. How much did you pay for private water trucking (in LBP)?

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

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

6. How much did you pay for public water network (water authority - in LBP)?

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

- ☐ a. Yes
- ☐ b. No

8. How much did you pay for private borehole (in LBP)?

9. Did you adopt other water supply modalities?

- ☐ a. Yes
- ☐ b. No

10. If you adopt other water supply modalities, please specify the water supply modality adopted:

11. How much did you pay for the water supply modality adopted (in LBP)?

12. What is the main source of Household 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)

13. Please specify main source of household drinking water

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

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

15. Please specify main source of household drinking water

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

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

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

- ☐ a. Boil
- ☐ b. Use a water filter (ceramic, sand, composite, et)
- ☐ 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)

18. Please specify What do you usually do to the water to make it safer to drink

19. What is the main source of water for cooking?

- ☐ 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)

20. Please specify main source of water for cooking

21. What is the main source of water for 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)

22. Please specify main source of water for washing and domestic purposes

23. How many bathrooms (or washrooms) does your household have access to?

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

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

26. How many toilets/latrines does your household have access to?

27. Do you share this/these toilets/latrines with another household?

- ☐ a. Yes
- ☐ b. No

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

29. What kind of toilet/latrine does the household use?

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

30. 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

31. Have you received any desludging services (removal of wastewater from septic tanks)?

- ☐ a. Yes
- ☐ b. No

32. 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

33. Do you have sufficient bins for disposing solid waste in your area?

- ☐ a. Yes
- ☐ b. No

34. Is the municipality collecting the solid waste on a regular basis?

- ☐ a. Yes
- ☐ b. No

» 5.7 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 another renewable power
- ☐ e. None (do not have access to electricity and using candles, battery lamps. etc)

2. How many hours per day, on average, do you get power from the grid (legal or informal)?

3. For electricity from the grid, how many hours per day, on average, do you experience power-cut (outage)?

4. How many hours per day, on average, do you get electricity from the private generator?

5. How often do EDL collect your electricity bill?

- ☐ a. once per week
- ☐ b. once every two weeks
- ☐ c. once per month
- ☐ d. once every two months
- ☐ e. once every six months
- ☐ f. once a year
- ☐ g. No bills are available
- ☐ h. Others (specify)

6. Please specify

7. How often do private generator companies collect your electricity bill?

- ☐ a. once per week
- ☐ b. once every two weeks
- ☐ c. once per month
- ☐ d. once every two months
- ☐ e. once every six months
- ☐ f. once a year
- ☐ g. No bills are available
- ☐ h. Others (specify)

8. Please specify

9. Among the expenditure amount spent by the household during the past 30 days on Electricity>**Amount spent on the electricity bill from grid connection (EdL or EdZ) per month (In LBP)**

10. Among the expenditure amount spent by the household during the past 30 days on Electricity>**Amount spent on the electricity bill from private generator per month (In LBP)**

11. What kind of lighting bulbs are you using for household purpose?

- ☐ a. Incandescent (if the bulbs get very hot, yes)
- ☐ b. Fluorescent
- ☐ c. LED (can be easily checked by looking at the bulb)

12. What are your energy sources for heating/cooking?

- ☐ a. Gas
- ☐ b. Oil (e.g. furnace oil)
- ☐ c. Wood
- ☐ d. Briquette
- ☐ e. Electric powered heater/cooker
- ☐ f. None
- ☐ g. Other

13. Please specify energy sources for heating/cooking

» 5.8 Sanitary**1. Does the household have enough access to the following****2. Personal hygiene items (soap, toothbrush/paste, other personal hygiene items)**

- ☐ a. Yes
- ☐ b. No

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

- ☐ a. Yes
- ☐ b. No

4. Female hygiene/dignity items

- ☐ a. Yes
- ☐ b. No
- ☐ c. N/A

5. Baby care items (diapers etc)

- ☐ a. Yes
- ☐ b. No
- ☐ c. N/A

6. How is the household waste managed?

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

7. Please specify how is the household waste managed

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

- ☐ a. Yes
- ☐ b. No

9. Please specify household sort any of the following waste

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

» 5.9 Shelter/WASH Conditions/Referral (Observation)**1. Is the household 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 household shelter/property?**1. Observable Inside/outside the household shelter/property: Shelter Structure in danger to collapse**☐ a. Yes☐ b. No**2. Observable Inside/outside the household shelter/property: Damaged roof**☐ a. Yes☐ b. No**3. Observable Inside/outside the household shelter/property: Damaged columns**☐ a. Yes☐ b. No**4. Observable Inside/outside the household shelter/property: Other (please specify)**

» » 3. If B: Are any of the following observable Inside/outside the household shelter/property?**1. Observable Inside/outside the household shelter/property: Windows/doors are not sealed to natural elements**

- ☐ a. Yes
- ☐ b. No

2. Observable Inside/outside the household shelter/property: Leaking roof

- ☐ a. Yes
- ☐ b. No

3. Observable Inside/outside the household shelter/property: Leakage / rottenness in the walls

- ☐ a. Yes
- ☐ b. No

4. Observable Inside/outside the household shelter/property: Damaged walls

- ☐ a. Yes
- ☐ b. No

5. Observable Inside/outside the household shelter/property: Water networking not functional

- ☐ a. Yes
- ☐ b. No

6. Observable Inside/outside the household shelter/property: Latrine/toilet is not useable (damaged, full, no handwashing facilities, etc.)

- ☐ a. Yes
- ☐ b. No

7. Observable Inside/outside the household shelter/property: Bathing/washing facilities are not useable (damaged, no privacy, etc.)

- ☐ a. Yes
- ☐ b. No

8. Observable Inside/outside the household shelter/property: Electricity installation/connection are not adequately installed

- ☐ a. Yes
- ☐ b. No

9. Observable Inside/outside the household shelter/property: Other (please specify)

» » 5.10 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
- ☐ e. In an area/settlement that is encroaching on an environmentally sensitive area
- ☐ f. In an area/settlement that has poor sanitation conditions
- ☐ g. None of the above – no referrals necessary

» » 1.If A: Are any of the following conditions observable in the immediate surrounding of the household shelter?**1. Observable in the immediate surrounding of the household shelter: Street lighting not functional / available**

- ☐ a. Yes
- ☐ b. No

2. Observable in the immediate surrounding of the household shelter: Physical dangers in settlement – such as fallen debris, rubbish piles, collapsed buildings etc

- ☐ a. Yes
- ☐ b. No

3. Observable in the immediate surrounding of the household shelter: Settlement proximity to natural/man-made hazards – such as flood plain, landslide, mine, chemical plant, landfill etc

- ☐ a. Yes
- ☐ b. No

4. Observable in the immediate surrounding of the household shelter: Lack of private spaces/facilities for men/women/boys/girls (applicable to Informal Settlements)

- ☐ a. Yes
- ☐ b. No

5. Observable in the immediate surrounding of the household shelter: Other (please specify)

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

1. Observable in the immediate surrounding of the household shelter: Waste littered around area

☐ a. Yes

☐ b. No

2. Observable in the immediate surrounding of the household shelter: Open defecation

☐ a. Yes

☐ b. No

3. Observable in the immediate surrounding of the household shelter: Open sewerage/waste water trenches/pits

☐ a. Yes

☐ b. No

4. Observable in the immediate surrounding of the household shelter: Other (please specify)

» 5.11 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. Small gas stove for cooking
- ☐ g. Refrigerator
- ☐ h. Oven
- ☐ i. Microwave
- ☐ j. Vacuum cleaner
- ☐ k. Pots/pans
- ☐ l. Kitchen utensils / Cutlery sets
- ☐ m. Dish washer
- ☐ n. Separate freezer
- ☐ o. Dryer
- ☐ p. Water containers
- ☐ q. Heater (electric, diesel, wood etc.)
- ☐ r. Water heater
- ☐ s. Washing machine
- ☐ t. Air conditioning
- ☐ u. Sewing machine
- ☐ v. TV
- ☐ w. DVD player
- ☐ x. Computer
- ☐ y. Satellite dish
- ☐ z. Mobile phone
- ☐ aa. Internet
- ☐ bb. Motorcycle
- ☐ cc. Car/van/truck

» Enumerator Comments/Observations**1. Would you like to add any comments/observations at this stage?**

- ☐ a. Yes
- ☐ b. No

2. Please enter your comments

Section VI: Household income, expenditure, and debt**» 6.1 Borrowing, credit, and debt****1. During the last 3 months (90 days), did any member of the household borrow money and/or receive credit?**

- ☐ a. Yes
- ☐ b. No

2. Please specify - member of the household borrow money and/or receive credit

- ☐ a. Borrowed money
- ☐ b. Received credit

3. 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 (e equipment for home-based work)
- ☐ m. For documentation/legal state fees (passports/marriage certificates)/ legal stay fees
- ☐ n. Other

4. Specify other primary reasons for borrowing

5. 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. Other

6. Specify other source whom did you get the credit or borrow the money

7. 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)*

8. 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)*

» 6.2 Income**» » 6.2.1 Income sources**

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

2. First sources of cash/income used to sustain your household

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

3. Specify First other sources of cash/income used to sustain your household

4. Second sources of cash/income used to sustain your household

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

5. Specify Second other sources of cash/income used to sustain your household

6. Third sources of cash/income used to sustain your household

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

7. Specify Third other sources of cash/income used to sustain your household

8. What is the total amount of remittances from friends and family outside the country received by all members in LBP in the past six months (put '0' if nothing spent)?

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

» 6.3 Expenditure

1. Over the past 30 days, what was the total household expenditure? (In LBP)

» » 6.3.1 Expenditure details - All

1. What is the estimated total amount spent by the household 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

2. Amount spent by the household during the past 30 days on Food

3. Amount spent by the HH during the past 30 days on Health and medical costs

4. Amount spent by the household during the past 30 days on Education costs (include only monthly expenses: transportation and snacks)

5. Amount spent by the household during the past 30 days on Rent

6. Amount spent by the household during the past 30 days on Shelter materials

7. Amount spent by the household during the past 30 days on Water

8. Amount spent by the household during the past 30 days on Gas

9. Amount spent by the household during the past 30 days on Fuel (do not include fuel for transport)

10. Amount spent by the household during the past 30 days on Transport (including fuel)

11. Amount spent by the household during the past 30 days on Electricity

12. Amount spent by the household during the past 30 days on Clothing

13. Amount spent by the household during the past 30 days on Communications (mobile, internet, satellite)

14. Amount spent by the household during the past 30 days on Soap and other household hygiene items (including diapers / nappies)

15. Amount spent by the household during the past 30 days on Household utilities or assets (such as cooking pots/utensils, furniture, etc)

16. Amount spent by the household during the past 30 days on Entertainment

17. Amount spent by the household during the past 30 days on Alcohol / tobacco / wine

18. Amount spent by the household during the past 30 days on Cost of registration/legalizing stay in Lebanon

19. Amount spent by the household during the past 30 days on Debt repayment

20. Amount spent by the household during the past 30 days on 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.)

21. Amount spent by the household on legal and registration fees (legal residency, birth and marriage registration, other legal fees) in the past year.

22. Amount spent by the household in the past year on education costs (include only lumpsum payments: tuition, clothes, books, stationary).

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

» » 6.3.2 Expenditure details - Food

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

1. Amount spent by the household during the past 30 days on Food: Bread, pasta

2. Amount spent by the household during the past 30 days on Food: Cereals (sorghum, millet, maize, wheat)

3. Amount spent by the household during the past 30 days on Food: Tubers (potatoes)

4. Amount spent by the household during the past 30 days on Food: Groundnuts/beans/pulses

5. Amount spent by the household during the past 30 days on Food: Milk/yoghurt/cheese

6. Amount spent by the household during the past 30 days on Food: Oil, fat, gee

7. Amount spent by the household during the past 30 days on Food: Sugar, sweets

8. Amount spent by the household during the past 30 days on Food: Canned food (tomato paste, tuna, meat)

9. Amount spent by the household during the past 30 days on Food: Fresh Meat/Chicken/eggs/fish

10. Amount spent by the household during the past 30 days on Food: Fresh Fruits and vegetables

11. Amount spent by the household during the past 30 days on Food: Other foods (condiments, spices, salt, etc.)

12. Amount spent by the household during the past 30 days on Food: Cooked/processed food eaten at home or outside by the family

» » 6.4 Food Item Consumed -Not spent

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

1. Value of the food that was consumed but not purchased: Bread, pasta

2. Value of the food that was consumed but not purchased: Cereals (sorghum, millet, maize, wheat)

3. Value of the food that was consumed but not purchased: Tubers (potatoes)

4. Value of the food that was consumed but not purchased: Groundnuts/beans/pulses

5. Value of the food that was consumed but not purchased: Milk/yoghurt/cheese

6. Value of the food that was consumed but not purchased: Oil, fat, gee

7. Value of the food that was consumed but not purchased: Sugar, sweets

8. Value of the food that was consumed but not purchased: Canned food (tomato paste, tuna, meat)

9. Value of the food that was consumed but not purchased: Fresh Meat/Chicken/eggs/fish

10. Value of the food that was consumed but not purchased: Fresh Fruits and vegetables

11. Value of the food that was consumed but not purchased: Other foods (condiments, spices, salt, etc.)

12. Value of the food that was consumed but not purchased: Cooked/processed food eaten at home or outside by the family

» Enumerator Comments/Observations

Enumerator Comments/Observations

☐ a. Yes

☐ b. No

Enumerator Comments/Observations comments details

Section VII: Dietary Diversity and Food Consumption

» 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 household, WRITE 99.

» » Consumption details

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?

1. How many days over the last 7 days, did members of your household eat: Tubers (potatoes) and Cereals (bread, rice, pasta, wheat, bulgur, other cereals)

2. How many days over the last 7 days, did members of your household eat: Cereals (bread, rice, pasta, wheat, bulgur, other cereals)

0

3. How many days over the last 7 days, did members of your household eat: Tubers (potatoes)

0

Warning: Number of sub Tubers and Cereal less than the total

4. How many days over the last 7 days, did members of your household eat: Legumes / nuts : beans, cowpeas, peanuts, lentils, nut, soy, pigeon pea, chick peas, Groundnut; Ground Bean; green peas, Cow Pea; and / or other nuts

5. How many days over the last 7 days, did members of your household eat: 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)

6. How many days over the last 7 days, did members of your household eat: 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)

7. How many days over the last 7 days, did members of your household eat: Flesh meat: beef, pork, lamb, goat, rabbit, chicken, duck, turkey other birds

0

8. How many days over the last 7 days, did members of your household eat: Organ meat: liver, kidney, heart and / or other organ meats

0

9. How many days over the last 7 days, did members of your household eat: Fish/shellfish: dried, fresh and smoked fish, including canned tuna, and / or other seafood (fish in large quantities and not as a condiment)

0

10. How many days over the last 7 days, did members of your household eat: Eggs

0

Warning: Number of sub food groups less than the total

11. How many days over the last 7 days, did members of your household eat: Vegetables and leaves: spinach, onion, tomatoes, carrots, peppers, lettuce, cucumber, radish, cabbage etc. (If 0 skip to section o)

12. How many days over the last 7 days, did members of your household eat: Orange vegetables (vegetables rich in Vitamin A): carrot, red pepper, pumpkin, squash, orange sweet potatoes

0

13. How many days over the last 7 days, did members of your household eat: Green leafy vegetables: spinach, broccoli, amaranth and / or other dark green leaves, cassava leaves, wild leaves, chicory, rockets, mulukhiyi

0

14. How many days over the last 7 days, did members of your household eat: Other vegetables: onion, cucumber, radish, tomatoes, eggplants, zucchini etc...

0

15. How many days over the last 7 days, did members of your household eat: Fruits: banana, apple, lemon, mango, papaya, apricot, peach, waterlemon etc. (If 0 skip to section r)

16. How many days over the last 7 days, did members of your household eat: Orange fruits (Fruits rich in Vitamin A): mango, papaya, apricot, peach

0

17. How many days over the last 7 days, did members of your household eat: Other fruits: Banana, Apple, watermelon, cherry, dates

0

Warning: Number of sub fruits groups less than the total

18. How many days over the last 7 days, did members of your household eat: Oil / fat / butter: olive oil, other vegetable oil, gee, Butter, margarine, other fats / oil

19. How many days over the last 7 days, did members of your household eat: Sugar, or sweet: sugar, honey, jam, cakes, candy, cookies, pastries, cakes and other sweet (sugary drinks)

20. How many days over the last 7 days, did members of your household eat: 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

» Enumerator Comments/Observations

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

☐ a. Yes

☐ b. No

2. Please enter your comments

3. 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 VIII: Coping Strategies

» Food Coping Strategies

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

1. During the last 7 days, Strategy to cope with a lack of food or money to buy it: Relied on less expensive/less preferred food

2. During the last 7 days, Strategy to cope with a lack of food or money to buy it: Borrowed food and/or relied on help from friends/relatives

3. During the last 7 days, Strategy to cope with a lack of food or money to buy it: Reduced the number of meals eaten per day

4. During the last 7 days, Strategy to cope with a lack of food or money to buy it: Reduced portion size of meals

5. During the last 7 days, Strategy to cope with a lack of food or money to buy it: Went an entire day without eating

6. During the last 7 days, Strategy to cope with a lack of food or money to buy it: Restricted consumption of adults in order for young children to eat

7. During the last 7 days, Strategy to cope with a lack of food or money to buy it: Sent household members to eat elsewhere

8. During the last 7 days, Strategy to cope with a lack of food or money to buy it: Restrict consumption of female household members

» Food and Non-Food Coping Strategies

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

2. During the last 30 days, Strategy to cope with a lack of food or money to buy it: 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

3. During the last 30 days, Strategy to cope with a lack of food or money to buy it: 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

4. During the last 30 days, Strategy to cope with a lack of food or money to buy it: 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

5. During the last 30 days, Strategy to cope with a lack of food or money to buy it: 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

6. During the last 30 days, Strategy to cope with a lack of food or money to buy it: 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

7. During the last 30 days, Strategy to cope with a lack of food or money to buy it: Spent some or all of the household 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

8. During the last 30 days, Strategy to cope with a lack of food or money to buy it: 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

9. During the last 30 days, Strategy to cope with a lack of food or money to buy it: 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

10. During the last 30 days, Strategy to cope with a lack of food or money to buy it: 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

11. During the last 30 days, Strategy to cope with a lack of food or money to buy it: 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

12. During the last 30 days, Strategy to cope with a lack of food or money to buy it: 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

13. During the last 30 days, Strategy to cope with a lack of food or money to buy it: 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

14. During the last 30 days, Strategy to cope with a lack of food or money to buy it: household 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

15. During the last 30 days, Strategy to cope with a lack of food or money to buy it: household 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

16. During the last 30 days, Strategy to cope with a lack of food or money to buy it: Sent an adult household 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

17. During the last 30 days, Strategy to cope with a lack of food or money to buy it: Sent a child household 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

18. During the last 30 days, Strategy to cope with a lack of food or money to buy it: 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

19. During the last 30 days, Strategy to cope with a lack of food or money to buy it: Other forms of exploitation

- ☐ a. Yes
- ☐ b. No

20. During the last 30 days, Please specify: Strategy to cope with a lack of food or money to buy it

- ☐ 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

2. Please enter your comments

Section IX: Critical Information**» 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, household needs to pay in full for primary health care related costs
- ☐ d. I do not know
- ☐ e. Primary health care assistance never required
- ☐ f. Other

2. Please specify: benefit from primary health care assistance

3. Have you consulted a doctor in his/her private clinic?

- ☐ a. Yes
- ☐ b. No

4. If yes, why?

- ☐ a. I trust the doctor/physician
- ☐ b. The private clinic is at a closer distance
- ☐ c. The private clinic opens its doors in the afternoon
- ☐ d. The treatment and welcoming at the private clinic is nicer
- ☐ e. Other (specify)

5. Please specify:

6. Do you benefit from assistance in hospitalization?

- ☐ a. Yes, assistance was received for totally free hospital care
- ☐ b. Yes, assistance was received for financial contribution for hospitalization by UNHCR
- ☐ c. Yes, assistance was received for financial contribution for hospitalization (other than UNHCR)
- ☐ d. Yes, assistance was received for financial contribution for hospitalization both from UNHCR and other organizations
- ☐ e. No, assistance was not received. HH needs to pay in full for hospital care
- ☐ f. No, the family did not need any assistance as medical insurance is available
- ☐ g. I do not know
- ☐ h. Hospital care assistance never required
- ☐ i. Other

7. Please specify: benefit from assistance in hospitalization

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

- ☐ a. Yes
- ☐ b. No

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

- ☐ a. Yes
- ☐ b. No

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

- ☐ a. Distance of health center
- ☐ b. Transportation cost
- ☐ c. Physical disability limiting 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/Diagnostic tests/treatment
- ☐ h. Not accepted
- ☐ i. Dont know where to go
- ☐ j. Long waiting time
- ☐ l. Other

11. Specify other barrier to health assistance

12. 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

13. Please specify:

14. Did any of your household members require hospitalization in the last 6 months?

- ☐ a. Yes
- ☐ b. No

15. Did you get the required hospital care?

- ☐ a. Yes
- ☐ b. No

16. Why were household members unable to receive the required hospital care?

- ☐ a. Distance of health center
- ☐ b. Transportation cost
- ☐ c. Physical limitations to access the health center
- ☐ d. Inadequate welcoming/treatment by hospital staff
- ☐ e. Security concerns / fear of movement
- ☐ f. Cost of treatment
- ☐ g. The hospital refused to admit the patient due to the inability of the family to secure the hospital deposit
- ☐ h. Not accepted
- ☐ i. Dont know where to go
- ☐ j. Other

17. Specify other barrier to hospital care

18. If anyone in the Household urgent medical attention, do you know how to access medical services/assistance?

- ☐ a. Yes
- ☐ b. No

» 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 harassment
- ☐ c. Kidnapping
- ☐ d. Extortion/bribe
- ☐ e. Theft / robbery
- ☐ f. Community violence/dispute
- ☐ g. Displacement/eviction
- ☐ h. Arrest/detention
- ☐ i. Threats/coercion
- ☐ j. Other

3. Specify other type of safety issue

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

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

5. Specify other cause of unsafety

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

- ☐ a. Yes
- ☐ b. No

7. How frequently do refugees in this town/village interact with host communities?

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

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

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

9. How would you describe the quality of interactions between refugees in this town/village and members of the host community?

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

10. 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

11. What is the key issue or issues that drive host community - refugee 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

12. Please specify: key issue or issues that drive host community - refugee community tensions at this location

13. What do you think would improve refugee host community relations in this area?

- ☐ a. Pre-existing relationships between Lebanese and Syrians
- ☐ b. Services by the municipality
- ☐ c. Assistance from humanitarian organizations
- ☐ d. Role of local authorities
- ☐ e. Curfew restrictions on refugees
- ☐ f. Nothing
- ☐ g. Other

13.1 Please specify:

14. How would you describe the level of tension between refugees in this area?

- ☐ a. None
- ☐ f. Very High
- ☐ c. Low
- ☐ d. Neither low nor high
- ☐ e. high
- ☐ f. Very High

15. How do you feel about the situation and future of your household?

- ☐ a. Hopeless
- ☐ i. Frequently feeling negative
- ☐ j. Neither positive nor negative
- ☐ k. Somewhat optimistic
- ☐ l. Optimistic

16. Is there any curfew imposed in the area you are living

- ☐ a. Yes
- ☐ b. No

17. Who is imposing the curfew

- ☐ a. Municipality
- ☐ b. Local Community
- ☐ c. Non-State Actors
- ☐ d. Other

18. Please specify Who is imposing the curfew

19. What sanctions are being applied when the curfew is breached

- ☐ a. Verbal warnings
- ☐ b. Verbal abuse
- ☐ c. Physical abuse
- ☐ d. Confiscation of IDs
- ☐ e. Arrest
- ☐ f. Fines
- ☐ g. Expulsion
- ☐ h. Other

20. Please specify What sanctions are being applied when the curfew is breached

21. Are there any exceptions for emergencies

- ☐ a. Yes
- ☐ b. No

22. If yes, what type of emergencies

- ☐ a. Health / Medical
- ☐ b. Other

23. Please specify: Emergency Type

24. If yes, who do you contact to seek approval if you have an emergency

- ☐ a. Municipal police
- ☐ b. Mayor
- ☐ c. Non-State actors
- ☐ d. Members of the local community
- ☐ e. Shawish
- ☐ f. Other

25. Please specify: who do you contact to seek approval if you have an emergency

26. From what time is the curfew imposed?hh:mm

27. To what time is the curfew imposed?hh:mm

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

- ☐ a. Yes
☐ b. No

2. Child Discipline: Explained why persons behaviour was wrong.

- ☐ a. Yes
☐ b. No

3. Child Discipline: Shook him/her

- ☐ a. Yes
☐ b. No

4. Child Discipline: Shouted, yelled at or screamed at him/her

- ☐ a. Yes
☐ b. No

5. Child Discipline: Gave him/her something else to do

- ☐ a. Yes
☐ b. No

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

- ☐ a. Yes
☐ b. No

7. Child Discipline: 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. Child Discipline: Called him/her dumb, lazy, or another name like that

- ☐ a. Yes
☐ b. No

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

- ☐ a. Yes
- ☐ b. No

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

- ☐ a. Yes
- ☐ b. No

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

- ☐ a. Yes
- ☐ b. No

12. Child Discipline: Forcing him/her to undertake a task against his/her will

- ☐ a. Yes
- ☐ b. No

13. Child Discipline: Other

- ☐ a. Yes
- ☐ b. No

14. Please specify: Child Discipline

15. Child Discipline: Do you believe as a care giver, you are expected to teach children the right behaviour through violent child discipline (such as yelling , hitting/slapping , calling names, beating, etc.) from your family, neighbours, friends, community, parents/parents in law, spouse?

- ☐ a. Yes
- ☐ b. No

16. Child Discipline: Do you believe your community (family, neighbours, friends, parents/ parents in law, spouse) would judge you if your child misbehaved with violent child discipline (such as yelling, hitting/ slapping, calling names, beating..etc) ?

- ☐ a. Yes
- ☐ b. No

» Critical HH Information**1. Did all household members arrive in Lebanon at the same time?**

- ☐ a. Yes
- ☐ b. No

2. 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

3. 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

4. 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

5. Has anyone in the household 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

6. How many in the household experienced difficulties and/or been unable to register/record or renew certificates with UNHCR

» » Difficulties**3. Is any member of the HH in need of referral to family tracing/reunification services?**

- ☐ a. Yes
- ☐ b. No

4. If any member of the HH in need of referral to family tracing/reunification services: Take note on relationship and flag

» Communication means

1. How do you receive information related to services to refugees

- ☐ a. SMS
- ☐ b. Hotline
- ☐ c. WhatsApp
- ☐ d. Shops
- ☐ e. Leaflets/posters
- ☐ f. UNHCR Reception centres
- ☐ g. Information desks at community centres
- ☐ h. Distribution sites
- ☐ i. Municipality
- ☐ j. Health centres
- ☐ k. Mouth to mouth (neighbours, 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

2. Specify other social media

3. 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

4. Are you active on any social media platform on internet?

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

5. Specify other social media

X. HH Address and Contact Information

1. Are updates to household contact details/address required? (Confirm all current details; If yes, go to questions below)

☐ a. Yes

☐ b. No

» Contact Information

2. What is your current phone number?

3. 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:

1. Updated/additional address information:

2. Confirm address

☐ a. Same

☐ b. Changed

3. Please enter new address:

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

5. Closest municipality
