

# Guidance for Multi-Sector Assessment Community Form

## Introduction

The purpose of this form is to rapidly assess communities of refugees in order to identify communities, and possibly households, who need assistance or support pertaining to health and nutrition, shelter, water, sanitation, hygiene, protection, education, etc. This form is meant to be used to interview key informants about their respective communities.

Depending on time available, the assessment team may choose to interview one or more “Key Informants” respondents as a group, or separately. These key informants may be community representatives, or other members of the community who are accessible, observant, and willing to share information. The multi-sectoral assessment aims to get a best estimate from a reliable source, with knowledge that it may not capture all the required information. Interviewers should use their discretion and skip any questions they sense the respondent may consider offensive.

Areas **greyed** out on the form are considered the most critical information pieces to fill out. Sections 1-8 are meant to be answered through the interview process, and sections 9-11 are meant to be filled out through direct observation. Section 12 is for the assessment team to propose recommended actions.

## Confidentiality

This exercise should not record identifying data on sensitive information related to individual protection issues. Assessment teams should know (and have the contact of the lead case management agency of the area and UNHCR protection/community services focal point) to whom to refer individuals and families with protection concerns for immediate support.

## Gender consideration

Where possible, the assessment team should be a mixed gender group. And ideally, female key informants should be selected.

## Before beginning the interview

Introduce yourself and which agency you represent. Give a brief description of your agency and what it is doing in Lebanon if you consider it necessary. Explain the purpose of your visit and politely ask the “key informants” if you can ask them some questions about their community and their living conditions. Don’t rush through the questions. Explain that the whole process may take one hour (or more) of their time. Be courteous and respectful. At the end of the assessment, thank them sincerely for their time and cooperation and explain to the respondent that you will walk around the inhabited area to make observations of the community and households.

## Definitions

- **Household:** Among registered refugees, a household is a family unit with a single registration number. Among non-registered refugees, a household is a family unit sharing meals, living under a common roof.
- **Refugee Community:** Urban and/or rural agglomerations ( $\geq 3$  households) of refugee households. These communities can be tented settlements or households living in multi or single family dwelling units, and/or households living in unfinished buildings, garages, or shops in urban or rural areas.
- **Room:** This is a living space used by a household in a refugee community. A room can be a tent, makeshift shelter, or a space in an unfinished shelter, or a room in a house or apartment.
- **Host:** A non-refugee providing accommodation to refugee households.
- **Separated Child** is a child separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from other relatives. This may include a child accompanied by other adult family members.
- **Unaccompanied Child** (unaccompanied minor) is a child who has been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.
- **Person with Physical Disability, Seriously ill child, Person with Chronic Illness** is a rapid indication of persons who are unable to move without support.
- **Protection risks** are factors that threaten community member's (including children's) physical security and safety, freedom of movement, access to services, and other human rights. These can be actual or perceived threats
- **DK – Don't know** is meant to indicate when a respondent does not know an answer
- **NR – No response** indicates when a respondent does not answer a question, or an interviewer skips the question.

**MULTI SECTORAL ASSESSMENT  
COMMUNITY LEVEL FORM  
Revised on 1 February 2014**

1. Data collection	
Date of assessment DD/MM/YYYY: <u>  </u> / <u>  </u> / <u>  </u>	
Name of assessor's organization:	Assessor's name: Email and contact number.
Governorate:	Village/Location:
Settlement type: <input type="checkbox"/> Collective Center (public) <input type="checkbox"/> Collective Center (Private) <input type="checkbox"/> Informal Settlement <input type="checkbox"/> Formal Settlement <input type="checkbox"/> UNRWA Refugee Camp <input type="checkbox"/> Host family <input type="checkbox"/> Other, specify _____	GPS Coordinates: North: East:  P-Code (from master list):
Source of information: <input type="checkbox"/> Key informant <i>Specify:</i> _____ (ie. Community representative, leader, etc.) <input type="checkbox"/> Group discussion – max 3 persons <i>Specify the age and sex of the group:</i> _____ <input type="checkbox"/> Others <i>Specify:</i> _____	
Organizational structure of the community: <input type="checkbox"/> Community-organized <input type="checkbox"/> Formal representation <input type="checkbox"/> Other _____	Community representative(s)/Key informant(s)  Name _____ Phone no. _____  Name _____ Phone no. _____  Name _____ Phone no. _____  Name _____ Phone no. _____

2. Estimation of Population and persons with specific needs or protection risks										
2.1. Displaced population Estimates.										
No. of Families	Females 19-59	Males 19-59	Children under 5		Children aged 6-11		Children aged 12-18		Adults above 60	
			Boy	Girl	Boy	Girl	Boy	Girl	Male	Female
2.2. Displaced population by nationality (number of Individuals)										
Syrian (arriving after March 2011)	Palestine Refugees from Syria	Lebanese (returnees)	Syrians arrived before March 2011							
<input type="checkbox"/> Don't Know <input type="checkbox"/> No Response  <b>No.</b> _____	<input type="checkbox"/> Don't Know <input type="checkbox"/> No Response  <b>No.</b> _____	<input type="checkbox"/> Don't Know <input type="checkbox"/> No Response  <b>No.</b> _____	<input type="checkbox"/> Don't Know <input type="checkbox"/> No Response  <b>No.</b> _____							

2.3. Places of origin (for Syrians and Syrian Palestinian refugees only) (*if multiple locations, mention all)						
Villages: _____			Regions: _____			
<input type="checkbox"/> Don't know <input type="checkbox"/> No Response			<input type="checkbox"/> Don't know <input type="checkbox"/> No Response			
2.4. Number of Persons with specific needs/with protection risks						
Persons with Disability	Seriously/Chronically ill		Separated Children	Female-headed HHs	Out of the Female headed households how many are:	
					Un-married women	Widows
_____ <input type="checkbox"/> DK <input type="checkbox"/> NR	_____ <input type="checkbox"/> DK <input type="checkbox"/> NR		_____ <input type="checkbox"/> DK <input type="checkbox"/> NR	_____ <input type="checkbox"/> DK <input type="checkbox"/> NR	_____ <input type="checkbox"/> DK <input type="checkbox"/> NR	_____ <input type="checkbox"/> DK <input type="checkbox"/> NR
Injured	Pregnant women	Pregnant girls under 18	Unaccompanied children	Child headed HHs (household head <=18)	Others (specify)	
_____ <input type="checkbox"/> DK <input type="checkbox"/> NR	_____ <input type="checkbox"/> DK <input type="checkbox"/> NR	_____ <input type="checkbox"/> DK <input type="checkbox"/> NR	_____ <input type="checkbox"/> DK <input type="checkbox"/> NR	_____ <input type="checkbox"/> DK <input type="checkbox"/> NR	_____ <input type="checkbox"/> DK <input type="checkbox"/> NR	

3. Protection	
3.1. How many (%) in the community fled Syria for the following reasons (check all that apply):	
<input type="checkbox"/> Generalized violence in place of origin _____%	<input type="checkbox"/> Economic insecurity or lack of services _____%
<input type="checkbox"/> Fear of individual targeting/persecution _____%	<input type="checkbox"/> Actual harm suffered by individual or family members _____%
<input type="checkbox"/> Other, please specify: _____%	<input type="checkbox"/> No Response <input type="checkbox"/> Don't know
3.2. Displacement pattern (tick all that apply):	
How many people arrived in the settlement during the last four weeks? _____ <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	
From where? Country _____ Region/Governorate _____ Village _____	
<input type="checkbox"/> Don't know <input type="checkbox"/> No Response	
How many people left the settlement during the last four weeks? _____ <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	
To where? Country _____ Region/ Governorate _____ Village _____	
<input type="checkbox"/> Don't know <input type="checkbox"/> No Response	
3.3. Security and safety concerns	
Is there adequate lighting in the settlement? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	
Is the cooking area in a communal space? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	
If no, where? _____	
Is there any threat of eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	
If YES, what is the source of the threat of eviction?	
<input type="checkbox"/> Local Authority <input type="checkbox"/> Mayor <input type="checkbox"/> Landlord <input type="checkbox"/> Other _____	
<input type="checkbox"/> Don't know <input type="checkbox"/> No Response	
Are women and children exposed to any protection risks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	
If yes, the protection unit should be informed immediately in order to inquire further.	

<b>3.4. How did the households in this community group access the Lebanese territory? (Check all that apply)</b>			
<input type="checkbox"/> Official entry – location: _____ (indicate number of households if known)			
<input type="checkbox"/> Unofficial entry – location: _____ (indicate number of households if known)			
<input type="checkbox"/> Don't know <input type="checkbox"/> No Response			
<b>3.5. How many refugee families in this community are not registered?</b>			
Number: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> No Response			
<b>What are the reasons for not being registered?(check all that apply?)</b>			
<input type="checkbox"/> Fear of being reported	<input type="checkbox"/> Fear of crossing checkpoint	<input type="checkbox"/> Costs of transportation	
<input type="checkbox"/> Missing IDs	<input type="checkbox"/> No interest	<input type="checkbox"/> Other, please specify: _____	
			<input type="checkbox"/> Don't know <input type="checkbox"/> No Response
<b>4. Shelter</b>			
<b>4.1. What type of shelter are community members currently living in? (Check all that apply)</b>			
<input type="checkbox"/> Tent	<input type="checkbox"/> Garage/Shop	<input type="checkbox"/> Apartment/house	
<input type="checkbox"/> Worksite	<input type="checkbox"/> Unfinished house	<input type="checkbox"/> Collective centre	
<input type="checkbox"/> Public building	<input type="checkbox"/> School	<input type="checkbox"/> Church/Mosque	
<input type="checkbox"/> Other (SPECIFY): _____	<input type="checkbox"/> Don't know	<input type="checkbox"/> No Response	
<b>How many rooms within the assessed site?</b> _____		<input type="checkbox"/> Don't know	<input type="checkbox"/> No Response
<b>What is the average size per room in the site?</b> _____		<input type="checkbox"/> Don't know	<input type="checkbox"/> No Response
<i>For example: 4m x 5m (20m<sup>2</sup>)</i>			
If members of the community are living in an informal settlement, the land belongs to:			
<input type="checkbox"/> Government public land	<input type="checkbox"/> Private	<input type="checkbox"/> Public land owned by municipality	
Other (SPECIFY): _____			
<input type="checkbox"/> Don't know <input type="checkbox"/> No Response			
If private: Name(s) and phone number(s) of owner(s) (if available)			
_____			
<b>4.2. What are the average monthly rental costs per household?</b>			
_____ <input type="checkbox"/> No rent paid <input type="checkbox"/> Don't know <input type="checkbox"/> No Response			
<i>State average rent and mark currency.</i>			
<input type="checkbox"/> USD <input type="checkbox"/> LBP			
<b>4.3. Electric Power</b>			
Is the community linked to a Public electricity installation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No Response			
Who covers the cost?	<input type="checkbox"/> Refugees	<input type="checkbox"/> Municipality	<input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Don't know <input type="checkbox"/> No Response			
Does the community use or have access to a generator? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No Response			
Who covers the cost?	<input type="checkbox"/> Refugees	<input type="checkbox"/> Municipality	<input type="checkbox"/> Other (SPECIFY): _____
<input type="checkbox"/> Don't know <input type="checkbox"/> No Response			

5. WASH	
<b>5.1. What is the current water source for domestic use (other than drinking)? (Check all that apply)</b>	
<input type="checkbox"/> Tap water connected to municipality network <input type="checkbox"/> Water trucking (if yes, frequency ____/____) <input type="checkbox"/> Well	<input type="checkbox"/> Purchased bottled water <input type="checkbox"/> Other source (specify) _____ <input type="checkbox"/> Don't know
<b>5.2. What is the current drinking water source? (Check all that apply)</b>	
<input type="checkbox"/> Tap water connected to municipality network <input type="checkbox"/> Water trucking (if yes, frequency ____/____) <input type="checkbox"/> Well	<input type="checkbox"/> Purchased bottled water <input type="checkbox"/> Other source (specify) _____ <input type="checkbox"/> Don't know
<b>5.3. Distance to the current drinking water source (if outside of shelter):</b>	
<input type="checkbox"/> Less than 2 min (---<100m) <input type="checkbox"/> Between 5 and 10 min (500m< ----< 1 km) <input type="checkbox"/> Between 2 and 5 min (100m< --- < 500m)	<input type="checkbox"/> More than 10 min (----> 1km) <input type="checkbox"/> Don't know <input type="checkbox"/> No Response
<b>5.4. Availability of toilets/latrines:</b>	
Number of toilets/latrines: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.5. Are there separate toilets/latrines for male and female?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	

6. Employment / Financial stability					
<b>6.1. In the past two weeks, how many community members had the following type of employment? (Number)</b>					
Seasonal		Daily		Permanent	
Adults	Children	Adults	Children	Adults	Children
_____	_____	_____	_____	_____	_____
<input type="checkbox"/> DK <input type="checkbox"/> NR	<input type="checkbox"/> DK <input type="checkbox"/> NR	<input type="checkbox"/> DK <input type="checkbox"/> NR	<input type="checkbox"/> DK <input type="checkbox"/> NR	<input type="checkbox"/> DK <input type="checkbox"/> NR	<input type="checkbox"/> DK <input type="checkbox"/> NR
<b>6.2. What were the three main sources of cash in the community in the last two weeks? (Check up to 3)</b>					
<input type="checkbox"/> Labour <input type="checkbox"/> Informal commerce/petty trading <input type="checkbox"/> Remittances	<input type="checkbox"/> Savings, sale of assets <input type="checkbox"/> Loans/debts <input type="checkbox"/> Assistance, gifts	<input type="checkbox"/> Begging <input type="checkbox"/> Don't know <input type="checkbox"/> No Response			
<b>6.3. Have there been any changes in the last 6 months regarding the population' financial stability or economic difficulties?</b>					
<input type="checkbox"/> No <input type="checkbox"/> Declined <input type="checkbox"/> Improved <input type="checkbox"/> Don't know <input type="checkbox"/> No Response					
<b>6.4. How is the population with economic difficulties coping in the last two weeks? (Check all that apply)</b>					
<input type="checkbox"/> Borrowing food or relied on help from friends or relatives <input type="checkbox"/> Spending days without eating <input type="checkbox"/> Reducing number of meals eaten per day or portion/size of meals <input type="checkbox"/> Restricting consumption by adults so young/small children can eat <input type="checkbox"/> Spending savings <input type="checkbox"/> Selling goods (TV, jewelry, etc) <input type="checkbox"/> Selling income-generating assets/means of transport (sewing machine, bicycle, car, livestock)	<input type="checkbox"/> Buying food on credit or borrowing money <input type="checkbox"/> Reducing essential non-food expenditures (education, health, etc.) <input type="checkbox"/> Having school age children (6 -15 y) involved in income generation <input type="checkbox"/> Begging <input type="checkbox"/> Don't know <input type="checkbox"/> No response				

## 7. Access to food/market

### 7.1. What are the main concerns related to food in your community (rank up to 3 concerns)?

- No cooking facilities
- No utensils
- No cooking fuel
- Distance to markets
- No income, money, resources to purchase enough food
- Other (Specify) \_\_\_\_\_
- Don't know
- No response

### 7.2. Have there been any changes in products sold on the market/shops in the last 6 months? – Circle answer

<b>a. Availability</b>	1. Increase	2. Same	3. Decrease
<b>b. Price</b>	1. Increase	2. Same	3. Decrease

## 8. Education

### 8.1. How many children are regularly attending school? (Provide number)

*Regularly means no more than 3 days missed per month.*

Number of Boys: \_\_\_\_\_ Number of Girls: \_\_\_\_\_  Don't know  No Response

### 8.2. What type of school do the children attend? (Check the appropriate)

- Local Lebanese school
- Private school
- Syrian school
- Don't know
- No Response

### 8.3. For those not attending school, have they ever been in school? (Check all that apply)

- Never attended school
- Attended school in Syria
- Attended school in Lebanon but discontinued
- Don't know
- No Response

### 8.4. Do you have any qualified, trained teachers in your group?

- Yes
- No
- Don't know
- No Response

If YES, how many?

Men \_\_\_\_\_ Women \_\_\_\_\_  Don't know  No Response

9. Health and Nutrition				
<b>9.1. Main health concerns (in the last 2 weeks)</b>				
<input type="checkbox"/> Diarrhea (number) _____ cases <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	<input type="checkbox"/> Respiratory infections (number) _____ cases <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	<input type="checkbox"/> Injury (number) _____ cases <input type="checkbox"/> Don't know <input type="checkbox"/> No Response		
<input type="checkbox"/> Chronic diseases (number) _____ cases <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	<input type="checkbox"/> Skin diseases (number) _____ cases <input type="checkbox"/> Don't know <input type="checkbox"/> No Response	<input type="checkbox"/> Other (specify): (number) _____ cases <input type="checkbox"/> Don't know <input type="checkbox"/> No Response		
<b>9.2. Access to health facilities in Lebanon?</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No Response  If YES (check all that apply): <input type="checkbox"/> Hospital <input type="checkbox"/> Mobile clinic <input type="checkbox"/> Primary Health center <input type="checkbox"/> Other (Specify _____) <input type="checkbox"/> Don't know <input type="checkbox"/> No Response  For Mobile Clinic, when was the last time a mobile clinic visited the settlement? <input type="checkbox"/> =< 1 week <input type="checkbox"/> >= 2 weeks <input type="checkbox"/> => 1 month <input type="checkbox"/> Don't know <input type="checkbox"/> No Response  How far is the nearest health facility?(in km) _____ <input type="checkbox"/> Don't know <input type="checkbox"/> No Response				
<b>9.3. Do you know if in your group pregnant women/girls have access to healthcare?</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No Response				
<b>9.4. Are there any nutritional problems in this area?</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No Response  <b>If Yes, which group is most affected? (Select the worst affected)</b> <input type="checkbox"/> Boys Under 5 <input type="checkbox"/> Girls Under 5 <input type="checkbox"/> Boys 6-18 <input type="checkbox"/> Girls 6-18 <input type="checkbox"/> Females 19-59 <input type="checkbox"/> Males 19-59 <input type="checkbox"/> Females Over 60 <input type="checkbox"/> Males Over 60 <input type="checkbox"/> Don't know <input type="checkbox"/> No Response				
<b>9.5. Has the situation changed in the last 6 months?</b>				
<input type="checkbox"/> No <input type="checkbox"/> Worsen <input type="checkbox"/> Improved <input type="checkbox"/> Don't know <input type="checkbox"/> No Response				
<b>9.6. What do you consider to be the cause of any malnutrition? (please write in response)</b>				
_____ <input type="checkbox"/> Don't know <input type="checkbox"/> No Response				
<b>9.7. What is the proportion of households in the community that are receiving e-cards to buy food?</b>				
<input type="checkbox"/> <25% <input type="checkbox"/> 25-50% <input type="checkbox"/> 50-75% <input type="checkbox"/> >75% <input type="checkbox"/> Don't know <input type="checkbox"/> No Response				

**Thank your key informants for their time and participation and proceed to the Observation Section of the questionnaire.**





<b>11.4. Other disease vectors:</b>
Are there any stagnant waters near the water sources? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No Response
<b>11.5. Shelter improvements</b>
Does the community require physical improvements to the shelter or land surrounding the shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
If yes, what type of improvements? <input type="checkbox"/> Urgent weather proofing of shelters <input type="checkbox"/> Drainage <input type="checkbox"/> Grading    Other _____
<b>12. Protection (Observation)</b>
<b>12.1. Security and safety concerns</b>
Observe the overall layout of the settlement being assessed for overcrowding (separate space/tents for women/girls and men/boys, several families sharing same dwelling) and physical dangers to children (hazards, unstable debris, floodwaters, road traffic) and write down your observations. <hr/> <hr/> <hr/>
<b>13. Recommended Actions</b>
<b>Protection (including education, child protection, SGBV):</b>
<b>Shelter</b>
<b>WASH</b>
<b>Health and Nutrition</b>
<b>NFI</b>
<b>Food</b>
<b>Other</b>