

Interagency Rapid Needs Assessment Questionnaire

My name is XXXX and I am with XXXX humanitarian agency. We are conducting an assessment on behalf of the humanitarian community to better understand the needs and situation of the population. We expect the interview to take approximately 30 minutes. Following this initial interview, we will call you to receive updates about the population at this location, and may conduct additional interviews in person. Your participation in this assessment is entirely voluntary. Your participation and the answers you provide will not necessarily directly impact the assistance you or anyone else receives. Once again, your participation is completely voluntary. Do you agree to participate in this assessment?

Section I: General information

- 1.1 Assessor's name
 - 1.2 Assessor's contact
 - 1.3 Assessor's organization
- Please specify

Section II: Assessed location

- 2.1 Governorate
- 2.2 District
- 2.3 Municipality/Location Notes (if applicable):
- 2.4 Informal Settlement Pcode (if applicable):
- 2.5 Geodata

Section III: Identification

- 3.1 What is the type of the assessment?
 - a. Rapid Needs Assessment (Displacement/Influx)
 - b. Extreme Weather Assessment

Section IV: Key Informant (maximum 3)

- 4.1 Key Informant 1 (required):
 - i. Name
 - ii. Phone
 - iii. Position (in the community)
- 4.2 Key Informant 2:
 - i. Name
 - ii. Phone
 - iii. Position (in the community)
- 4.3 Key Informant 3:
 - i. Name
 - ii. Phone
 - iii. Position (in the community)

Section V: Movement trends

- 5.1 Please select the nationalities of the displaced present at this site
 - a. Syrian
 - b. Lebanese
 - c. Palestinians
 - d. Other:

- 5.2 How many days ago did the first part of the group arrive?
5.3 How many days ago did the last part of the group arrive?
5.4 Are there Households that have family members left behind?
 Yes
 No
 Not sure
5.5 Are you expecting more people to arrive?
 Yes
 No
 Not sure
5.5.1 If yes, How many?
5.6 Are you aware of families who arrived here and already left?
 Yes
 No
 Not sure
5.6.1 Could you give us an estimated number?
5.6.2 Where are the people heading?
5.6.3 Do you believe that more families will depart this location in the next few days?
 Yes
 No
 Not sure
5.7 Where did the people come from?
 Lebanon
 Syria
5.8 Which governorate are the people coming from?
5.9 District:
Ask about reasons for movement

Section VI: Demographics

- 6.1 What is the total number of displaced households in the neighbourhood?
Demographics of the site
6.2 How many children under 5? (Use '-' in case you are unsure of the number)
i. Female
ii. Male
6.3 How many children between 6 and 17?
i. Female
ii. Male
6.4 How many adults between 18 and 59?
i. Female
ii. Male
6.5 How many adults above 60?
i. Female
ii. Male
Confirm that the site contains {indvs} displaced individuals and {households} households, and that these numbers make sense.
6.6 Registration Status Syrians
6.6.1 How many Syrians are not registered with the municipality? (*Estimate)

- I do not know
- 1/4 of population
- 1/2 of the population
- 3/4 of population
- All

6.6.2 How many Syrians are not registered with UNHCR? (*Estimate)

- I do not know
- 1/4 of population
- 1/2 of the population
- 3/4 of population
- All

Section VII: Persons with specific Needs/with protection risks all populations

List number of individuals where relevant (Use '-' in case you are unsure of the number)

- 7.1 Are you aware of any person with physical disability and/or functional limitation?
- 7.2 Are you aware of the presence of older people without family?
- 7.3 Are you aware of any person with serious medical condition?
- 7.4 Are you aware of the presence of persons with mental health problems?
- 7.5 Are you aware of the presence of children without parents but with family members?
- 7.6 Are you aware of the presence of pregnant women?
- 7.7 Are you aware of the presence of children without any family member?
- 7.8 Other
- 7.9 Specify type of specific need:

Section VIII: Health

- 8.1 Are you aware of any children under 5 with diarrhea?
 - Yes
 - No
 - Not sure
- 8.2 Are you aware of any children over 5 with diarrhea?
 - Yes
 - No
 - Not sure
- 8.3 Are you aware of any persons with respiratory infections?
 - Yes
 - No
 - Not sure
- 8.4 Are you aware of any persons with serious injuries?
 - Yes
 - No
 - Not sure
- 8.5 Are you aware of any persons with chronic diseases?
 - Yes
 - No
 - Not sure
- 8.6 Are you aware of any persons with serious skin diseases?
 - Yes
 - No
 - Not sure
- 8.7 Is there an urgent need for medical support?
 - Yes

No

Not sure

8.7.1 If yes, please explain:

Section IX: Protection Concerns

9.1 Are you aware of any incidents happening during the movement of people to this location?

(Security, safety, protection)

Yes

No

Not sure

9.2 What type of incidents?

Please specify the other types of incident:

Criminality/criminal acts

Armed violence/clashes

Aerial attacks or bombings

Kidnapping/Disappearances

Arrest/detention

Violence/conflict between host and displaced population

Restricted population movement/curfews

Harassment or discrimination

Physical Abuse

Family separation

Extortion/Bribes

Lost personal identify documentation (eg. BC, passport, family booklet)

Confiscated personal identify documentation

Recruitment and use of children into armed forces/armed groups

Housing, Land and property related conflicts, disputes, grievances – including evictions

Human Trafficking

Presence of landmines and unexploded ordnance

Do not know

Other

9.3 Are there any concerns at your current location? (Security, safety, protection)

Yes

No

Not sure

9.4 What types of protection concerns are ongoing? (Please do not list the options during the interview)

Please specify the other types of concerns:

Criminality/criminal acts

Armed violence/clashes

Aerial attacks or bombings

Kidnapping/Disappearances

Arrest/detention

Violence/conflict between host and displaced population

Restricted population movement/curfews

Harassment or discrimination

Physical Abuse

Family separation

Extortion/Bribes

Lost personal identify documentation (eg. BC, passport, family booklet)

Confiscated personal identify documentation

Recruitment and use of children into armed forces/armed groups
Housing, Land and property related conflicts, disputes, grievances – including evictions
Human Trafficking
Presence of landmines and unexploded ordnance
Do not know
Other

9.5 Are there particular risks and security concerns identified by women and girls?

Yes
No
Not sure

9.6 Do people have any family members left behind (in the area from which you were displaced)?

Yes
No
Not sure

9.7 How many family members per household? (*ESTIMATE if possible)

9.8 Do you know if most of them will move to this location?

Yes
No
Not sure

Section X: Shelter

10.1 What is the most common type of shelter where most displaced people live in?

Finished house/apartment
Hosted by family or friends
Tent
Unfinished building
Collective shelter
Garage/shop/worksites
Garage/shop/worksites
Sleeping in car
No shelter
Not Applicable

10.2 What is the second most common type of shelter?

Finished house/apartment
Hosted by family or friends
Tent
Unfinished building
Collective shelter
Garage/shop/worksites
Garage/shop/worksites
Sleeping in car
No shelter
Not Applicable

10.3 What is the third most common type of shelter?

Finished house/apartment
Hosted by family or friends
Tent
Unfinished building
Collective shelter
Garage/shop/worksites
Sleeping in car

No shelter

Not Applicable

10.4 Is this location at risk of being evicted?

Yes

No

Not sure

10.5 Who is threatening with the eviction?

Municipality

Landlord

LAF

ISF

Governor

State Institutions

Security Services (state actors)

Other

10.6 Did any household in this location receive an eviction notice?

Yes

No

Not sure

10.7 Can you estimate the number of families who will be evicted?

10.7.1 Has an eviction date been set or given?

Yes

No

Not sure

10.7.2 Date to be evicted

Day

Week

Month

Section XI: Wash (Energy and water)

11.1 Main water sources (select all that apply)

Please specify:

Supply network

Water trucking

Open Well

Protected Well

Fountain/Spring

Communal distribution Tank

Bottled Water

Others (specify):

11.2 Is the amount of water sufficient?

Yes

No

Not sure

11.3 Do you know how much water is received per day in this site? (Liters/day/whole site)

11.4 How much does this community pay for one truck of water? (LBP)

11.5 Is the amount of water sufficient for personal hygiene and other household uses?

Yes

No

Not sure

11.6 Is the community paying for water?

Yes

No

Not sure

11.7 Is the water drinkable?

Yes

No

Not sure

11.8 If not drinkable, why?

Not safe

Salinity

Turbid (dirty looking) water

Smell/taste

Other

11.8.1 Other:

11.9 If not, what is their water purification method?

Boiling

Chlorine

Filter

Aquatabs

Sunlight

None

Section XII: Food Security and Livelihoods

12.1 What are the main concerns related to food in your community? (Check all that apply)

Please specify

No cooking facilities

No utensils

No cooking fuel

Lack of availability of food

Distance to markets

No income, money, resources to purchase enough food

Other (Specify)

Don't know

No response

12.2 How is the population coping with economic difficulties since they arrived? (Check all that apply)

Please specify

Borrowing food or relying on help from friends or relatives

Borrowing money

Reducing food consumption

Spending savings

Selling goods (TV, jewellery, etc.)

Selling income-generating assets/means of transport

Buying food on credit

Having school age children (6 -15 y) involved in income generation

Begging

Other (Specify)

Don't know

No response

Section XIII: Basic Needs

13.1 Please identify the proportion of population with the following needs

13.2 Food

I do not know

1/4 of population

1/2 of the population

3/4 of population

All

13.3 Blankets

I do not know

1/4 of population

1/2 of the population

3/4 of population

All

13.4 Hygiene kits

I do not know

1/4 of population

1/2 of the population

3/4 of population

All

13.5 Mattress

I do not know

1/4 of population

1/2 of the population

3/4 of population

All

13.6 Water container/storage

I do not know

1/4 of population

1/2 of the population

3/4 of population

All

13.7 Baby kits including diapers

I do not know

1/4 of population

1/2 of the population

3/4 of population

All

13.8 Are there other basic needs?

13.9 What are the most urgent priorities among the population in your opinion?

13.10 What would be your recommended interventions?

Section XIV: Assistance received so far

14.1 Did anyone provide assistance to displaced families in this location since displacement?

Yes

No

Not sure

14.2 If yes, what type of assistance was provided?

Blankets

Shelter kits

Food

Water
Sanitation
Health consultations
Other (Specify)
I do not know

14.3 Could you clarify who provided assistance?

Do you agree to participate on the follow up on the situation and be contacted on phone number you provided?

Yes
No
Not sure

Thank the interviewees for their time. Remind them that following this assessment, they will be contacted for updates on the situation regularly. Check again that the main contact number, taken at the beginning of the assessment

Yes
No

Section XV: ENUMERATOR OBSERVATION - Information Needs

15.1 What are the most pressing information needs requested by the community?

How to get healthcare/medical attention
Finding missing people
How to get help after attack or harassment
The security situation here
Information about place of origin
Information about relocation
How to replace official documentation
How to register for aid
How to get water
How to get food
How to get shelter or shelter materials
How to find work
How to get transport
How to get money/financial support
How to get access to education
Other

15.2 Please specify

Section XVI: ENUMERATOR OBSERVATION - WASH

16.1 Condition of water tank - Physical verification

Clean
Not cleaned
Leakage
Broken
Open
Unable to Physically Verify
No Water Tanks Available
No toilets

16.2 What is the condition of the toilet facilities?

Satisfactory
Septic tank/pit full
Blocked

Over flowing
Door/wall broken
Squatting pan broken
Bad smell
Far away
Not safe to go
Not enough toilets
No toilets

16.3 Type of Toilets:

Pour flush/water sealed
Pit latrine – open squatting hole
Sewage system

16.4 Are toilets separated for women and men?

Yes
No
Not sure

16.5 Is there any garbage disposal/collection waste bin?

Yes
No
Not sure

Section XVII: ENUMERATOR OBSERVATION Recommended actions/specific needs or notes by Sector

17.1 Protection (if you come across a major protection case, please ONLY take name and phone number after receiving consent and refer to your team leader.)

17.2 Shelter

17.3 WASH

17.4 Health

17.5 NFI

17.6 Food

17.7 Access to services

17.8 Other (demographics – such as presence of PRS, etc...)

Additional notes (optional)