

Research Terms of Reference

2021 Multi Sector Needs Assessment (MSNA)

LBN2101

Lebanon

December 2022

V3

• Executive Summary

Country of intervention	Lebanon					
Type of Emergency	<input type="checkbox"/>	Natural disaster	X	Conflict/Violence	X	Other: <i>Political and socioeconomic shocks</i>
Type of Crisis	<input type="checkbox"/>	Sudden onset	X	Slow onset	X	Protracted
Mandating Body/ Agency	United Nations Office for the Coordination of Humanitarian Affairs (OCHA), EC DG-ECHO					
IMPACT Project Code						
Overall Research Timeframe <i>(from research design to final outputs / M&E)</i>	01/06/2021 to 28/02/2022 Note: This timeframe is based on a nine-month cycle, which is standard for REACH/IMPACT MSNA. This also includes IMPACT's internal M&E processes.					
Research Timeframe	1. Pilot/ training: 20/09/2021			6. Dissemination of results and Preliminary Presentation (Joint Analysis with Clusters): 6/12/2021		
	2. Start collect data: 11/09/2021			7. Joint Analysis Workshop presentation: TBC		
	3. Data collected: 07/11/2021			8. Outputs sent for validation: 15/01/2022		
	4. Data analysed: 22/11/2021			9. Outputs published: 15/02/2022		
	5. Data sent for validation: 22/11/2021			10. Lessons Learnt Workshop: 29/11/2022		
Number of assessments	X	Single assessment (one cycle)				
	<input type="checkbox"/>	Multi assessment (more than one cycle)				
Humanitarian milestones <i>Note: This is to be decided after partner consultations and planning. These milestones can also</i>	Milestone			Deadline		
	X	Donor plan/strategy			TBC	
	X	Inter-cluster plan/strategy			2 November, TBC	
	X	Cluster plan/strategy			2 November, TBC	
	<input type="checkbox"/>	NGO platform plan/strategy			_/_/_/_/_/_	
	<input type="checkbox"/>	Other (Specify):			_/_/_/_/_/_	

<i>be modified and expanded.</i>			
Audience Type & Dissemination	Audience type		Dissemination
	X Strategic X Programmatic <input type="checkbox"/> Operational <input type="checkbox"/> [Other, Specify]		X General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors) <input type="checkbox"/> Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting X Presentation of findings (e.g. at HCT meeting; Cluster meeting) X Website Dissemination (Relief Web & REACH Resource Centre)
Detailed dissemination plan required (Note: This is required and will be annexed once drafted)	X	Yes	<input type="checkbox"/> No
General Objective	The overall objective of the MSNA in Lebanon will be to provide a comprehensive evidence base of the target population's multi-sectoral needs and humanitarian conditions across all 26 districts in Lebanon, in order to enhance understanding of the scale and severity of the crisis for various population groups, and to improve existing humanitarian response plans as well as support future collective planning, as relevant.		
Specific Objective(s)	<ul style="list-style-type: none"> • Inform humanitarian-development response options for 2022 planning, through the provision of comprehensive, multi-sectoral household data. • Provide a detailed inter-sectoral analysis of the magnitude and severity of humanitarian needs and conditions among crisis-affected populations in Lebanon and support the calculation of sectoral and overall People in Need and severity calculations to enable inter-sectoral prioritization and programming as needed and requested. • Identify variations in humanitarian needs across geographic areas, population groups, and vulnerability profiles and provide comparable analysis of inter-sectoral needs to inform response prioritisation and strategic planning. 		
Research Questions	What is the character of multi-sectoral humanitarian needs across Lebanon? <ul style="list-style-type: none"> • What is the magnitude, scope, and severity of humanitarian needs across specific sectors (food security, livelihood, shelter, education, nutrition, health, protection and water, hygiene and sanitation – WASH) in Lebanon? 		

	<ul style="list-style-type: none"> To what extent do households have inter-sectoral needs and humanitarian conditions to understand the most common overlapping needs? How do findings differ according to geographic area, population groups (Lebanese, Migrant, and Palestine Refugees in Lebanon (PRL) HHs), and vulnerability profiles (Age, Gender, Disability) of households? 			
Geographic Coverage	Republic of Lebanon (Nationwide), including sampling at the district (Qada'a/Caza) level (26 in total)			
Secondary data sources	<ul style="list-style-type: none"> Lebanese Humanitarian Fund Annual Report 2019, and additional OCHA outputs and reporting, such as the Lebanon Humanitarian Context Overview and other nation-wide, regional, and sectoral overviews Lebanese Crisis Response Plan (LCRP) 2017-2021 and associated updates/situation reports Sectoral studies/assessments conducted by partners (i.e., LHIF) Lebanon m-VAM Vulnerability and Food Security Assessment (WFP) WFP Lebanon Country Briefs WHO reports, including monthly COVID-19 Situation Reports Lebanon Economic Monitor (World Bank) 2020 Vulnerability Assessment of Syrian Refugees in Lebanon (UNHCR/UNICEF) International and local think tanks/research organizations, such as International Crisis Group, Lebanese Centre for Policy Studies (LCPS), and Triangle Consulting 			
Population(s) <i>Select all that apply</i>	<input type="checkbox"/>	IDPs in camp	<input type="checkbox"/>	IDPs in informal sites
	<input type="checkbox"/>	IDPs in host communities	<input type="checkbox"/>	IDPs [Other, Specify]
	X	Palestine Refugees in Lebanon (PRLs)	<input type="checkbox"/>	Refugees in informal sites
	X	Migrants	<input type="checkbox"/>	Refugees [Other, Specify]
	X	Host communities	<input type="checkbox"/>	Non-displaced Lebanese households
Stratification <i>Select type(s) and enter number of strata</i>	X	Geographical #: 26 Population size per strata is known? X Yes <input type="checkbox"/> No	<input type="checkbox"/>	Group #: 3 Population size per strata is known? X Yes <input type="checkbox"/> No
			<input type="checkbox"/>	[Other Specify] #: _ _ Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No
Data collection tool(s)	X	Structured (Quantitative)		<input type="checkbox"/> Semi-structured (Qualitative)
	Sampling method			Data collection method
Structured data collection tool # 1 <i>Select sampling and data collection method and specify target # interviews</i>	<input type="checkbox"/> Purposive <input type="checkbox"/> Probability / Simple random X Probability / Stratified 2-stage sampling for PRLs and Migrant population groups			<input type="checkbox"/> Key informant interview (Target #):_____ <input type="checkbox"/> Group discussion (Target #):_____ X Household interview (Target #): 7866 Households (HH) (Note: During data collection, the sample frame was adjusted due to

	<input type="checkbox"/> Probability / Cluster sampling <input checked="" type="checkbox"/> Probability / Stratified cluster sampling for Lebanese population groups <input type="checkbox"/> [Other, Specify]	<i>operational constraints, resulting in a total of 5,069 household interviews</i> <input type="checkbox"/> Individual interview (Target #):_____ <input type="checkbox"/> Direct observations (Target #):_____ <input type="checkbox"/> [Other, Specify] (Target #):_____ 			
Target level of precision if probability sampling	95% level of confidence		10+/- % margin of error		
Data management platform(s)	<input checked="" type="checkbox"/> IMPACT Initiatives <input type="checkbox"/> Other (specify)	<input type="checkbox"/> UNHCR			
Expected output type(s)	<input type="checkbox"/> Situation overview #: _ _ <input checked="" type="checkbox"/> Presentation (Preliminary findings) #: TBC (including Emergency Operations Cell [EOC], HCT, and Lebanese Humanitarian INGO Forum [LHIF]) <input type="checkbox"/> Interactive dashboard #: _ <input checked="" type="checkbox"/> Dataset #: 1 <input checked="" type="checkbox"/> Findings Dashboard (Static): 1	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Report #: 1 Presentation (Final) #: 1 Web map #: _ _	<input type="checkbox"/> Profile #: _ _ <input checked="" type="checkbox"/> Factsheet or brief on key findings #: Tbc <input type="checkbox"/> Map #: _ _	
Access	<input checked="" type="checkbox"/> Public (available on REACH resource centre and other humanitarian platforms) <input type="checkbox"/> Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)				
Visibility <i>Specify which logos should be on outputs</i>	REACH [By default unless specified otherwise] Donor: OCHA, European Commission DG-ECHO Coordination Framework: Humanitarian Country Team (HCT); Emergency Operations Cell (EOC) Partners: All partners supporting data collection				

• Rationale

• Background

Lebanon is currently facing a multi-layered crisis characterized by an acute economic contraction including exchange rate collapse, rising public debt, soaring inflation, impaired banking sector; political turmoil and governance challenges inter alia. This has resulted in the sharp decline of household purchasing power, increasing poverty rates, and failures in public services, health, education, and social welfare. The spill-over from the Syria crisis has had a profound impact on Lebanon and its people including over 1.5 million Syrian refugees and 312,000

Palestinian refugees from Syria and in Lebanon (PRS/PRL). This has stretched public finances and service delivery and further exposed existing economic vulnerabilities, which will likely become chronic as households struggle to satisfy basic needs as subsidies of staple food, commodity, and medical items are progressively removed. The growing economic hardship and frustration with the political system triggered widespread protests and civil unrest across the country, motivated by the direct repercussions of the economic and monetary crisis; analysis by the International Crisis Group suggests the country may experience a prolonged period of unrest that may eventually lead to a system collapse. Furthermore, since the beginning of the protracted socio-economic and political collapse in October 2019, several additional systemic shocks have occurred. The onset of the COVID-19 pandemic further compounded prevailing vulnerabilities, placing extra pressure on an already overburdened and under-resource health system, and has significantly contributed to the negative dynamics within the Lebanese economy as nearly one in three Lebanese national is unemployed. Finally, the August 2020 Beirut Port explosions left at least 200 dead, over 6,000 injured and homeless, and caused upwards of \$5 billion in damage to residential, commercial, industrial, and public infrastructure. The explosions have also resulted in further loss of economic activity, trade disruptions, loss of fiscal revenue incurred and is compounding an already collapsing economy. As an indication of Lebanon's deterioration, the overall poverty rate in Lebanon is estimated to be more than 55%, according to UNESCWA as Lebanon's GDP contracted by approximately 20.3% in 2020 (or 40% GDP per capita) and is forecasted to continue to deteriorate by 9.5% in 2021, according to the World Bank. As a natural consequence, this sharp decline has negative effects on virtually all aspects of life throughout the country, regardless of population group.

In October 2020, OCHA supported the HCT to undertake a secondary data review/analysis (SDA) to provide an understanding of the most urgent needs as a result of the unfolding multidimensional crisis. The SDA identified about 2.7 million people in need who have been affected by several crisis drivers including food insecurity, economic shocks, political instability, COVID-19 and associated impact, conflict and civil unrest. Furthermore, while empirically based assessments conducted in Lebanon do exist (either previously or planned), they are neither focused specifically on Lebanese communities and households nor exist for the primary purpose of informing humanitarian actors. For example, the Vulnerability Assessment of Syrian Refugees in Lebanon (VASyr), led jointly by the United Nations Children's Fund (UNICEF), the United Nations High Commissioner for Refugees (UNHCR) and the United Nations World Food Programme (WFP), annually analyses a representative sample of Syrian refugee families in Lebanon to provide a multi-sectoral update of the situation of this population. Notably, in 2020, the VASyr revealed that as a consequence of the ongoing crises, a staggering 89% of refugee households now live in extreme poverty, compared to 55% in 2019; however, while essential to the Syrian refugee response these findings do not illustrate the sharp increase in socio-economic vulnerabilities endured by Lebanese households.

However, there is a striking information gap with regards to the vulnerabilities of Lebanese populations vulnerabilities, which humanitarian actors have been increasingly echoing. Available information and data have not been sufficient and has thus limited the scope of analysis to provide a comprehensive understanding of the growing humanitarian needs and the current crisis drivers, specifically for Lebanese communities and households. To this end, it is proposed that the HCT conducts a country-wide multi-sector needs assessment (MSNA). MSNAs are independent, crisis-wide, and coordinated inter-agency needs assessments, typically mandated by the Humanitarian Country Team/UN Country Team to inform humanitarian decision-making and support annual Humanitarian Needs Overviews and Humanitarian Response Plans. Under this mandate, in 2020, REACH facilitated MSNAs in twelve countries across an array of complex crises – signalling a growing support for and endorsement of this activity among key humanitarian actors at both global and country levels. The

MSNA is increasingly viewed as a key system-wide tool for achieving progress towards Grand Bargain Commitment 5 and is an important source of information and analysis on the sectoral and inter-sectoral needs of crisis-affected populations.

Having supported a wide range of exercises in other humanitarian response contexts, including HNO/HRP data collection and analysis support, household surveys, rapid assessments, coordinated partner-led initiatives, as well as both sector and multi-sector assessments, REACH has a broad base of knowledge of operating in various contexts, well-established relationships, strong local capacity, and institutional knowledge, as well as an established flexible approach to ensure the proposed methodology and activities can be rolled out in various comparable yet specific contexts.

- **Intended impact**

The MSNA will be designed to inform humanitarian and development response options for 2022, ensuring that strategic response planning and prioritization decisions are evidence-based and target affected populations with the most acute needs and vulnerabilities in Lebanon. In collaboration with OCHA, REACH proposes to conduct a Multi-Sector Needs Assessment (MSNA). The assessment will be conducted in close partnership with OCHA and through the mandate of the HCT. Additionally, the proposed MSNA will be designed, implemented, analysed, and presented to the HCT in collaboration with EOCs, the Assessment and Analysis Cell (AAC), and the Lebanese Humanitarian INGO Forum (LIHF).

- **Methodology**

Note: The methodology and sample frame outlined in this section was modified during data collection due to three primary operational constraints. First, two districts in Lebanon (Nabatiyeh and Bint Jbeil) were inaccessible due to access issues related to non-state and state actors. Second, the prevalence and availability of Migrant and PRL was inconsistent with the time and resources available, particularly in rural areas. Third, the geographic boundaries of out-of-camp PRL populations is largely undefined, particularly in relation to estimated presence of HHs in areas where no camps or gatherings are found. Please find additional details below.

- **Methodology overview**

The 2021 MSNA is a nationwide, household-level assessment composed of primary data collection method and secondary data. Primary data collection will consist of a household-level survey conducted across the entirety of Lebanon, inclusive of all 26 Qa'dat/Cazas. By Reflecting consultations with key partners and experts, all surveys are planned to be conducted in-person through face-to-face interviews. However, accounting for restrictions that may arise as a result of the COVID-19 outbreak, security developments, or limited access, contingencies will be prepared to adopt a hybrid methodology to be discussed if and when necessary. Remote data collection will be used on a targeted basis, applying only to areas that have become inaccessible. Ultimately, the final sample will include approximately **7866 accepted surveys**, reflecting the total amount of surveys necessary to achieve statistical representativeness, plus a **10% buffer**. REACH will aim for results to be statistically representative at a **95% confidence level and a +/- 10% margin of error** across the 29 strata. The sample will be stratified according to geography (the 26 districts of Lebanon) and population (3 population groups: Lebanese, Palestine refugees in Lebanon, and migrants). In addition, a secondary data review (SDR) may be conducted in advance of data collection, which will serve to inform the data collection tools, as well as the data analysis and outputs.

- **Population of interest**

The household-level survey will cover the entirety of Lebanon, including all 26 districts (Qa'dat/Caza) within the eight governorates/muhafazat (Akkar, Baalbek-El Hermel, Beirut, Beqaa, Mount Lebanon, El Nabatieh, North, and South).

The MSNA intends to survey Lebanese communities, PRLs and migrants as the population of interest. The unit of measurement will be at the household level. Considering the significant number of refugee (Syria, Palestine Refugees from Syria living in Lebanon)supported by disparate response structures, this MSNA is intended to measure the multi-sectoral vulnerabilities of Lebanese, Palestinian Refugees in Lebanon (PRLs), and migrants households only, as a result of the multiple systemic shocks experience by the country since 2019: the socio-economic and political collapse and its outcomes (such as food/commodity shortages, collapse of the Lebanese lira, shortcomings in provision of healthcare services etc.); COVID-19 and its effect on Lebanon; and, to the extent that it is relevant, the August 2020 Beirut port explosions. However, as much as possible, IMPACT intends to align the MSNA questionnaire and data analysis plan with UNHCR/UNICEF's VASyr and other extent vulnerability assessments to enable comparison of findings.

Moreover, as there is no available data on PRLs, Lebanese & Migrants that is disaggregated on a Household Level; the only available data is on an individual level. Given that data collection will be conducted on a household level, we decided to calculate the number of HHs. Based on the [ILO's Labour Force and Household Living Conditions Survey \(LFH LCS\) in Lebanon 2018–2019](#), IMPACT's working assumption is that the average HH size is 3.8; therefore, IMPACT has calculated PRL and Lebanese HHs accordingly using this number. Furthermore, IOM collected data on Migrants during the 2020 Beirut MSNA. They were indeed able to extrapolate crude average household sizes for specific migrant nationalities. Unfortunately, assessments conducted in the wake of the Beirut port explosion did not cover all nationalities, therefore IOM did not have those extrapolations for all migrant nationalities. Therefore, IMPACT will ensure suitability of simply applying the aggregated migrant household average to all migrant individuals.

Below are key definitions relevant to the Lebanon MSNA:

- **Palestine Refugees in Lebanon (PRLs):** *Persons whose normal place of residence was Palestine during the period 1 June 1946 to 15 May 1948, and who lost both home and means of livelihood as a result of the 1948 conflict and fled to Lebanon.*
- **Migrant:** *Any person who changes his or her country of usual residence, temporarily or permanently, for a variety of reasons such as seeking employment.*
- **Household:** *A household is a group of people who regularly share meals, income, and expenditures together. Members must acknowledge the authority of one person as head of household and that person must live with the rest of the household members. In polygamous households, each wife is treated as a distinct household when the wives live in different houses, cook separately, and take decisions independently.*
- **Head of household:** *A male or female who identifies as the single household member who is the most knowledgeable about the affairs of the household.*

- **Secondary data review**

Secondary data will be reviewed following the completion of primary data collection and serve as a means of triangulating findings at analysis stage. Materials will be compiled from a range of documents, reports, factsheets, and related materials produced by actors with knowledge of the overall context and specific sectors. OCHA's December 2020 Humanitarian Context Overview – Lebanon will serve as the baseline for REACH's secondary data review (SDR). In addition, REACH will conduct a supplemental desk review for materials to be contribute the OCHA's extant SDR, many of which are identified in the Executive Summary. It is important to emphasize that the proposed MSNA will be based on the aforementioned OCHA-led SDA. Therefore, the secondary data review to be conducted by IMPACT for the MSNA is intended to build from OCHA's SDA, with the ultimate purpose of utilizing existing assessments for triangulation and harmonization purposes, and to determine gaps in existing data.

- **Primary Data Collection**

Note: As mentioned above, primary data collection, in particular the sample frame and strategy, was modified in the early stages of data collection due to operational constraints. Ultimately, this resulted in 5,613 HH surveys in 24 of 26 districts across all three population groups to with different sampling strategies, varied degrees of representativeness (Lebanese HHs, PRL HHs in camps and adjacent gatherings) versus indicative data PRL and Migrants). Please see the table below for the final, post-data

Population group	Targeted number of surveys	Total number of survey	Sampling strategy	Representative data
Lebanese HHs	3,918	4,232	2-stage stratified random sampling	Level of confidence: 95% Margin of error: 10% District level
Migrant HHs	586	712	Snowball sampling	Indicative
PRL HHs	565	668	Random sampling and snowball sampling	Indicative

Primary data will be collected by means of a household-level survey designed with the participation of the EOC leads. EOC leads are asked to outline information gaps and the type of data required to inform their strategic plans. Key indicators across all sectors covered by the assessment were developed by REACH with the substantive input of participating partners, and subsequently validated by the EOC. These were aligned, as much as possible, with the draft Joint Inter-Sectoral Analysis Framework (JIAF) indicators, in order for the assessment to be better geared towards informing OCHA and partners' sectoral and inter-sectoral analyses and needs severity rankings. Based on these indicators, REACH drafted the household survey tool through an iterative consultation process with EOC partners and OCHA, as well as a Data Analysis Plan.

Lebanese Households

Two sampling approaches, stratified sampling and clustered sampling, have been developed initially according to the characteristics of each population group. Cadastres, the official administrative level 3 boundary for Lebanon, will serve as the primary sampling unit (PSU) for this exercise. For Lebanese households, a Probability Proportional to Size (PPS) cluster sampling approach will be implemented, in which cadastres, are first randomly selected proportional to their size, before a set number of households within each cluster is randomly selected. The list of cadastres and corresponding population figures will be based on the 2018-2019 Labour Force and Household Living Conditions Survey (LFHLCS) and the 2000 Council of Development and Reconstruction dataset. The minimum cluster size has been set at 4 households. Once the PSUs have been selected at random, geo-points will be randomly generated within the settled areas of each cadastre, corresponding to the prescribed number of households for each cluster. The GIS and assessment team will review all generated points in advance and remove points that fall in Syrian/PRS refugee settlements, uninhabited areas, or those that cannot be surveyed (e.g. airports, military installations). Maps will be provided to enumerators, through the maps.me mobile application, who will travel to the designated areas and interview the household closest to the dropped point, within a 50 meter radius. In the event a geo-point falls on a multi-story building containing multiple households, enumerators will use a random number generator to identify the household to be approached.

PRL and Migrant Households

A two-stage stratified sampling approach has been selected for PRLs and Migrants. Reflecting the fact that these two population groups are not found in all cadastres, the research team first reviewed OCHA and IOM datasets to eliminate all cadastres without any migrant or Palestinian population. From the remaining cadastres, a two-stage, non-clustered stratified sampling was implemented to select households. In order to identify PRLs and Migrants living in the community, key informant interviews (KIIs) from the United Nations Relief and Works Agency (UNRWA) and the International Organization for Migration (IOM) (respectively) will be engaged to identify the closest PRL or Migrant households to the randomly generated geopoints, within a 100-meter radius.

For Migrants in particular, some households may only consist of one individual and each of these individuals would represent a different household, as its head of household. Multiple one-person households may share one shelter. In these cases, the enumerators will also employ the random number generator to select one household at random to be interviewed. Some selected households may host domestic workers or other non-household members. These individuals would not be included in the household count as household members nor would they be eligible for participation in the survey.

<u>Sampling Framework per Strata, with 10% buffer</u>					
Governorate	District	Lebanese	PRLs	Migrants	Total per District
Akkar	Akkar	136	105	73	314
Baalbek-El Hermel	Baalbek	140	94	100	334
Baalbek-El Hermel	Hermel	115	0	28	143
Beirut	Beirut	272	96	106	474

Bekaa	Rachaya	152	0	62	214
Bekaa	West Bekaa	152	90	97	339
Bekaa	Zahleh	136	94	101	331
Mount Lebanon	Aley	160	98	103	361
Mount Lebanon	Baabda	212	105	101	418
Mount Lebanon	Chouf	136	103	98	337
Mount Lebanon	Jbeil	160	0	91	251
Mount Lebanon	Kesrwan	160	0	103	263
Mount Lebanon	Metn	152	94	105	351
El Nabatiyeh	Benet Jbeil	156	0	92	248
El Nabatiyeh	El Nabatiyeh	148	69	100	317
El Nabatiyeh	Hasbaya	180	0	68	248
El Nabatiyeh	Marjayoun	160	0	86	246
North	Batroun	140	0	80	220
North	Bcharreh	192	0	54	246
North	Koura	144	0	90	234
North	Miniyeh-Danniyeh	160	104	72	336
North	Tripoli	220	91	98	409
North	Zgharta	184	0	97	281
South	Jezzine	152	0	80	232
South	Saida	160	106	101	367
South	Sour	144	105	103	352
Totals		4223	1354	2289	7866¹

¹ This total has been updated and modified as explained due to security and access constraints.

The GIS team will prepare an adequate buffer of GPS points to account for the possibility that an interview cannot be conducted with the initially-selected point. If a household refuses to participate in the survey, is not home, withdraws from the survey, or does not belong to the population of interest (e.g. Palestinian Refugee of Syria), enumerators will proceed to the back-up geopoint prepared. If there is no eligible household at this point or the household opts to not participate, enumerators will attempt to conduct the interview with the next nearest household within the pin radius, either an adjoining shelter or a separate floor and apartment unit in the instance of multi-story shelters.

In the event GPS-point sampling is not feasible (owing to security or other considerations), REACH will instead apply random walk techniques within targeted communities. If the selected household does not participate or complete the survey, enumerators will proceed to the nearest household, as detailed above.

Household-level data collection is planned to begin in early September 2021 and is expected to last between four and five weeks, being completed by early October. It is expected that all data will be collected through in-person, face-to-face interviews. However, access restrictions caused by security and public health issues may lead to certain changes as appropriate. The security and public health situation will be monitored on a weekly basis, and the switch to a contingency methodology (which could consist of remote data collection or key informant interviews), may be triggered in consultation with the MSNA working group and the EOC, as follows:

- Deterioration of the public health situation in relation to the COVID19 pandemic: REACH will follow its [protocols specifically designed](#) for data collection during COVID-19 to conduct an initial risk assessment for data collection, and this will be revisited on a weekly basis; in case a change in risk level, REACH will consult with the MSNA working group and EOC to confirm the areas in which a switch to a remote methodology will be required; in these cases, it is proposed for the contingency methodology to rely on phone interviews and purposive quota sampling in the areas where a high risk is identified.
- Deterioration of the security situation: data collection partners will be responsible for conducting their own security assessments and determine whether physical access to a given area is possible; in case physical access to certain areas within certain districts were suspended due to security issues, REACH will consult with the MSNA working group and EOC to determine whether those areas can be excluded from the overall coverage (low priority areas) or whether a purposive quota sampling with phone interviews should be implemented there.

Data Collection: All data will be collected according to [SOPs](#) developed for data collection during COVID-19 by the data collection partners and IMPACT. Contingency data collection methodologies will be developed for areas that are not directly accessible, due either to COVID-19 restrictions or wider security constraints. These methods may include remote, phone-based data collection or “hard-to-reach” methodologies based on key informant (KI) data collection. If in-person surveys are not possible, data collection partners will switch to remote interviews based on REACH’s best global remote data collection practices and in consultation with OCHA (through the MSNA WG), LHIF, and partner organizations. Further, the assessment team will take all necessary measures stipulated in the global IMPACT [Data Protection Policy](#) in order to protect and safeguard personal data and to minimize the risk of attributing findings to specific individuals or households.

In all instances, enumerators will attempt to interview the person with the most knowledge about the household, as identified by household members. If that person is unavailable, enumerators will attempt to interview the next individual with the greatest knowledge of household circumstances. Minors will not be selected for participation under any circumstances.

Tool Development: The structured MSNA survey tool will be developed by the REACH assessment team, following several rounds of review by key partners, principally the HCT, EOCs, and LHIF. The survey will cover

the sectors of: **shelter, education, food security, health, nutrition, protection, and water, sanitation, and hygiene [WASH]**, unless otherwise decided during consultations with the HCT. Indicators will also be developed on accountability to assisted populations (AAP) and attitudes and information needs related to COVID-19. REACH will strive to develop indicators that are aligned with the draft JIAF, while accounting for contextual specificities. The initial draft of the survey will be developed through repeated rounds of review with EOC leads. Data collection partners will review the final draft afterwards; the survey will then be validated by HCT/OCHA and translated into Arabic.

All data will be collected through the KoBo Collect app and uploaded to the KoBo Humanitarian Toolbox. Enumerators will be required to upload collected data to the server at the end of each working day, or as soon as data coverage is available.

Training and Piloting: The REACH MSNA team, along with ACTED and data collection partners, will design and implement two-day data collection training sessions with the data collection team (including enumerators, team leaders, etc.). Training will be held in Beirut, Tyre, Tripoli, and Zahle, with virtual participation options available for enumerators who cannot join in-person. The training will build familiarity with the tool and sampling framework and identify any issues to be addressed by the assessment team. The training will be held with the entire data collection team, including data collection enumerators and team leaders, and REACH's field coordinator. REACH will lead the development of the training agenda and content, including translation of the training manual, and data collection partners will provide contextual inputs and other technical feedback. Data collection partners will also be responsible for co-facilitation of the training session, which will include providing staff as trainers and to assist with facilitating each training session.

A pilot will then be conducted. The pilot will consist of a deployment of the household survey in the field, followed by a debrief to flag any issues with the KoBo form, any questions that caused confusion during the interview, if the questionnaire is overly long, or any other issues encountered during the pilot. Based on the results and feedback from the pilot, REACH will revise the survey questionnaire to improve identified issues.

- **Data Processing & Analysis**

Data entry & cleaning: A data cleaning SOP will be generated, built off of the [Minimum Standard Data Cleaning Checklist](#) developed by IMPACT HQ, to guide data checking, cleaning, and consolidation processes, as well as indicator-specific parameters. Data will be downloaded from the REACH Kobo server and entered through a specifically designed Excel sheet, with macros built-in for data cleaning. REACH will develop an R script capable of analysing data and identifying potentially anomalous answers, which will be revised and refined through manual data checking during the course of data collection. The REACH data officer, with support from the rest of the assessment team, will carry out daily data checks on all completed surveys, identifying potentially anomalous or illogical responses. The REACH Field Coordinator will be responsible for holding daily debriefs with the data collection partners and field team leaders to resolve issues identified, correct errors in the data, and prevent similar mistakes from being made in the ongoing fieldwork; any overarching adjustments to data collection procedures will be communicated through daily morning briefings with each operational base. Specific data that are deemed inconsistent will be highlighted and shared with the relevant Field Coordinator for clarification/rectification. These inquiries will be logged in a shared Google Spreadsheet in which focal points for each base will provide responses. This process will continue until data collection is complete. Follow-up calls will be conducted as necessary in the data cleaning process. All changes made in the raw data will be recorded in a Cleaning Log. REACH will also maintain a Deletion Log, where any surveys deleted because of data quality or incompleteness will be recorded.

All issues raised during data collection will be addressed during the concurrent data cleaning phase and recorded in a log that enables retracing of cleaning steps.

Data Analysis: All personally-identifiable information (PII) will be eliminated and the dataset will be fully anonymized – according to [IMPACT SOPs](#) – before being shared with partners or uploaded to relevant platforms (e.g. IMPACT Resource Centre, HDX) for public consumption. Data will be analysed through an R script; the R script will return results for all indicators at the national and district level. Preliminary results will also be presented to sectors to brief partners, solicit feedback and validate findings; the results of these presentations will feed into a final presentation to be delivered at the Joint Analysis Workshop. The full table of indicator results will be provided to sectors and OCHA to inform their sectoral and inter-sectoral analysis. REACH will further assist OCHA in its leading of the calculation of People in Need (PiN) figures with sector leads, including the development of the inter-sectoral model and related activities.

REACH will also conduct, at a later stage, a separate analysis of MSNA data (MSNA data only) following its own internal analytical framework. This analysis falls within an attempt to both conduct a more in depth analysis of the data collected, and support, at the global level, efforts to test different analytical frameworks that would enable comparisons to be drawn between MSNAs across different countries.

Data Protection: Throughout all stages of the research cycle, the assessment team will take all necessary measures stipulated in the global [IMPACT Data Protection Policy](#) in order to protect and safeguard personal data and to minimize the risk of attributing findings to specific individuals or households.

• Key ethical considerations and related risks

Note: This table to be completed at a future stage

The proposed research design meets / does not meet the following criteria:

<i>The proposed research design...</i>	<i>Yes/ No</i>	<i>Details if no (including mitigation)</i>
... Has been coordinated with relevant stakeholders to avoid unnecessary duplication of data collection efforts?	Yes	
... Respects respondents, their rights and dignity (<i>specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, ensuring accurate reporting of information provided</i>)?	Yes	
... Does not expose data collectors to any risks as a direct result of participation in data collection?	Yes	
... Does not expose respondents / their communities to any risks as a direct result of participation in data collection?	Yes	

... Does not involve collecting information on specific topics which may be stressful and/ or re-traumatizing for research participants (both respondents and data collectors)?	Yes	
... Does not involve data collection with minors i.e. anyone less than 18 years old?	Yes	
... Does not involve data collection with other vulnerable groups e.g. persons with disabilities, victims/ survivors of protection incidents, etc.?	Yes	
... Follows IMPACT SOPs for management of personally identifiable information ?	Yes	

• Roles and Responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	Senior Assessment Officer (x2), Assessment Focal Point	Assessment Focal Point	EOC (inc. sector leads and coordinators), IOM, UNRWA, OCHA, MSNA Technical Working Group (TWG), HQ Research Department	HCT
Supervising data collection	Fieldwork Manager, Field Officers	Assessment Focal Point	Partner organizations	MSNA TWG, OCHA
Data processing (checking, cleaning)	Data Officer	Assessment Focal Point	HQ Research Department	MSNA TWG
Data analysis	Senior Assessment Officer, Data officer	Assessment Focal Point	EOC (inc. sector leads and coordinators)	MSNA TWG, OCHA
Output production	Senior Assessment Officer	Assessment Focal Point	HQ Research Department, OCHA	MSNA TWG
Dissemination	Assessment Focal Point	Country Coordinator	OCHA, MSNA TWG	HQ Research Department
Monitoring & Evaluation	Senior Assessment Officer, Assessment Focal Point	Assessment Focal Point	Country Coordinator	HQ Research Department

Lessons learned	Assessment Focal Point	Assessment Manager	Country Coordinator	MSNA SC, OCHA, Cluster coordinators, PCBS
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• Coordination Framework and Roles

Phase	
Oversight	<p>OCHA, on behalf of the HCT, will provide oversight on the entire MSNA lifecycle and facilitate HCT signoff on all strategic and coordinative aspects, and ensure a best fit of the MSNA outputs with the normative elements of a typical Humanitarian Programme Cycle – including in relation to MSNA timing, thematic coverage, and analysis outputs. REACH, as the implementing partner of the HCT and will lead the technical aspects of the survey design, fieldwork, data processing and preliminary analysis, based on the endorsement of the AAC and its sub-groups.</p>
Research design	<p>Sectors will be consulted for the development of indicators and survey questions, as well as to review the final translated tool; sectors' participation to the development of sector-specific training materials will also be solicited;</p> <ul style="list-style-type: none"> • Input from the MSNA WG will be required for the following: • Finalisation of the methodology • Provision of Secondary data review resources • Finalisation of indicators • Finalisation of survey tool <p>The AAC will validate the final research ToR, including final indicator list and tool, and support with mobilising partners for data collection and to secure all relevant data collection authorisations.</p> <p>Data collection partners will be required to participate in the trainings and pilot survey.</p>
Supervising data collection	<p>REACH will lead coordination of data collection and ensure all partners understand roles, responsibilities, coverage areas, and standardized data collection practices. A team lead will be identified for each enumerator team; the team lead will be responsible to supervise enumerators in the field and liaise with the REACH Field Officer to ensure the timely submission of surveys and data collection tracking.</p>
Data processing (checking, cleaning)	<p>REACH will be responsible for data cleaning while implementing partners, through enumerator team leads, will be responsible for providing timely follow up to any questions that may arise during data cleaning.</p>

Data analysis	REACH will conduct the analysis based on and fully compatible with the IASC Joint Intersectoral Analysis Framework (JIAF) in terms of the overall structure of the JIAF and the formation of indicators as relevant, and as agreed through consultation with sector coordinators prior to data collection. REACH's analysis will first be internally validated before the results are shared with the AAC, EOC, and other partners. Once shared, REACH will lead the joint analysis workshop to allow for further analysis and reflections of the findings, and to seek endorsement by key MSNA stakeholders.
Output production	REACH will draft outputs, as required, which will be validated internally before they are shared with the AAC, EOC, and other partners.
Lessons learned	The MSNA working group, AAC, and sector focal points will be consulted for a round of lessons learnt exercises at the end of the research cycle

• Data Management Plan

The data management plan can be transferred upon request.

Annex 1: Monitoring and Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products	# of downloads of x product from Resource Center	Country request to HQ	User_log	X Yes
		# of downloads of x product from Relief Web	Country request to HQ		X Yes
	Number of individuals accessing IMPACT services/products	# of downloads of x product from Country level platforms (e.g. OCHA country platform)	Country team		X Yes
		# of page clicks on x product from REACH global newsletter	Country request to HQ		X Yes
		# of page clicks on x product from country newsletter, sendingBlue, bit.ly	Country team		X Yes

		# of visits to x webmap/x dashboard	Country request to HQ		<input type="checkbox"/> Yes
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	<i>LBN HNO 2021</i> <i>LBN HRP 2021</i>
		# references in single agency documents			<i>Sector specific strategies</i>
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback and Usage_Survey template	
		Perceived usefulness and influence of IMPACT outputs			<i>Usage feedback – October 2021 to January 2022</i>
		Recommendations to strengthen IMPACT programs			<i>Presentation feedback</i>
	Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Perceived capacity of IMPACT staff			
		Perceived quality of outputs/programs			
		Recommendations to strengthen IMPACT programs			
Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs (<i>providing resources, participating to</i>	# of organisations providing resources (i.e.staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement_log	X Yes
		# of organisations/clusters inputting in research design and joint analysis			X Yes

	<i>presentations, etc.)</i>	# of organisations/clusters attending briefings on findings;			X Yes
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Annex 2: Data Analysis Plan

#	Sector/Group	Indicator/Variable	Survey Question	Response Options	Data Collection Level	Population of Interest
•	Meta-Data	Enumerator Number	Please record your enumerator code	integer	Household	All households
•	Meta-Data	Organization Name	Please record your organization's name	integer	Household	All households
•	Meta-Data	Data collection method	Is this interview conducted in-person or over the phone?	In-person Over the phone	Household	All households
•	Meta-Data	Governorate of interview	What governorate is this interview taking place in?	Akkar Baalbek-El Hermel Beirut Beqaa Mount Lebanon El Nabatieh North South	Household	All households
•	Meta-Data	District of interview	What district is this interview taking place in?	Akkar El Hermel El Minieh-Dennie Tripoli Zgharta Baalbek El Koura El Batroun Bcharre Jbeil Kesrwane El Meten Zahle Beirut Baabda Aley West Bekaa Chouf	Household	All households

				Rachaya Jezzine Saida El Nabatieh Hasbaya Marjaayoun Sour Bent Jbeil		
•	Meta-Data	Cadaster of interview	What cadaster is this interview taking place in?	List of cadasters	Household	All households
•	Meta-Data	Consent	Hello, I am from (REACH or partner organization) and we are conducting an assessment to understand the needs of people in the affected communities in Lebanon. We would like to ask you some questions about your household composition, income generating activities, health and WASH access, access to food, protection services, and humanitarian aid. We share our results with humanitarian organizations so they can better plan and organize their responses. Today, we randomly selected your household to participate in this assessment. You will not receive anything for participating, and if you choose not to participate it will not affect your ability to receive humanitarian services. The interview will take about 30 to 45 minutes. I want to reassure you that your consent and confidentiality are the highest concern of our organisation(s). You can decide to stop the	YN	Household	All households

			survey at any point if you does not feel comfortable anymore. You can also refuse to answer any individual question. Do you agree to participate?			
•	HHComp	% of interviews conducted with head of household	Are you the head of household?	Yes Yes, co-head of household No	Household	All households
•	HHComp	Consent of non-household head participants	If no, are you willing and able to respond to the questions on behalf of the household?	Yes No	Household	Households in which the head of HH is not present and respondent is not co-head of household
•	HHComp	Relationship of non-head to head of household	What is your relation to the head of household/ to the co-head of household?	Spouse of head of household/ co-head of household Son/daughter Brother/Sister (sibling) Father/Mother Son/Daughter in law Grandchild Father/mother in law Nephew / Niece Other relative Friend Roommate Guest or non-relative Other	Household	Households in which the head of HH is not present Added Roommate
•			What is the nationality of the head of household or co-head of household?	Lebanese Palestinian - Lebanese Palestinian - Syrian Palestinian - Non-Syrian or Lebanese Ethiopian Bangladeshi Egyptian Sri Lankan Sudanese Iraqi Filipino Sierra Leonean Ghanaian		Adapted choices reflecting IOM additions and distinctions between PRS and PRL, etc.

				Kenyan Nigerian Nepalese Other (specify)		
•	HHComp	% of households by character - Palestinian refugees	Is the head of HH a Palestinian refugee registered with UNRWA?	YNDD	Household	HHs having a Palestinian head of household
•	HHComp	% of households by character - migrants	Why did your household migrate?	Looking for a job Fleeing conflict/insecurity Education Bad family situation Persecution Deteriorating economic situation at the country of origin Other (specify)	Household	HHs not having a Lebanese national or Palestinian refugee head or co-head
•	HHComp	% of interviews conducted with male or female participants	Respondent's observed or self-reported gender	Male Female Gender non-conforming	Household	All households Replaced Other by Gender Non-binary
•	HHComp	Age of respondent	What is your age?	Integer	Household	All households
•	HHComp	Household demographics	How many people are there in your HH (including yourself)?	integer	Household	All households
•	HHComp	Household Roster	Household roster loop begins: Name/nickname, age (in years and in months), gender, relationship to head of HH		Individual	All HH members
•	HHComp	% of households by nationality	What is [NAME]'s nationality? (select all that apply)	Lebanese Palestinian - Lebanese Palestinian - Syrian Palestinian - Non-Syrian or Lebanese Ethiopian Bangladeshi Egyptian Sri Lankan Sudanese Iraqi Filipino Sierra Leonean Ghanaian Kenyan Nigerian	Individual	All HH members who are head or co-head Adapted choices reflecting IOM additions and distinctions between PRS and PRL, etc.

				Nepalese Other (specify)		
•	HHComp, Livelihoods	% of households with at least one working member in the 30 days before data collection % of households with at least one child working in the 30 days before data collection % of households with at least one female member working in the 30 days before data collection	In the last 30 days, did [household member] work outside of the house?	YNDD	Individual	All HH members 11 years and older
•	HHComp, Protection	Marital status of head of household % of households with married children	What is the civil status of [household member]?	Single Married Widowed Divorced Other DK PNTA	Individual	All HH members 8 years and older Changed to 8
•	HHComp, Livelihoods	% of households with at least one member currently unemployed and seeking work % of households with at least one child currently unemployed and seeking work % of households with at least one female member currently unemployed and seeking work	Is [household member] currently unemployed and seeking to work outside of the household?	YNDD	Individual	HH members (11 years and older) who were not working outside of the house in the 30 days before data collection
•	HHComp, Health, Protection	% households with at least one individual with a disability % of girls with a disability	Is [NAME] having difficulty with any of the following? (please select all that apply) Note: Read all options out loud from the list	Seeing even if wearing glasses Hearing, even if using a hearing aid Walking or climbing steps Remembering or concentrating Self-care, such as washing all over or dressing Communicating, such as	Individual	All HH members above 5 years old

		% of boys with a disability % of children with a disability		understanding or being understood using usual language No DK PNTA		
•	HHComp, Health, Protection	WGS	[Do/Does] [you/he/she] have difficulty seeing, even if wearing glasses? Would you say...	No difficulty Some difficulty A lot of difficulty Cannot do at all Refused Don't know PNTA	Individual	All HH members reported to have difficulty seeing
•	HHComp, Health, Protection	WGS	[Do/Does] [you/he/she] have difficulty hearing even if using a hearing aid? Would you say...	No difficulty Some difficulty A lot of difficulty Cannot do at all Refused Don't know PNTA	Individual	All HH members reported to have difficulty seeing
•	HHComp, Health, Protection	WGS	[Do/Does] [you/he/she] have difficulty walking or climbing steps? Would you say...	No difficulty Some difficulty A lot of difficulty Cannot do at all Refused Don't know PNTA	Individual	All HH members reported to have difficulty walking or climbing steps
•	HHComp, Health, Protection	WGS	[Do/Does] [you/he/she] have difficulty remembering or concentrating? Would you say...	No difficulty Some difficulty A lot of difficulty Cannot do at all Refused Don't know PNTA	Individual	All HH members reported to have difficulty remembering or concentrating
•	HHComp, Health, Protection	WGS	[Do/Does] [you/he/she] have difficulty with self-care, such as washing all over or dressing? Would you say...	No difficulty Some difficulty A lot of difficulty Cannot do at all Refused Don't know PNTA	Individual	All HH members reported to have difficulty with self-care

•	HHComp, Health, Protection	WGS	Using [your/his/her] usual language, [do/does] [you/he/she] have difficulty communicating, for example understanding or being understood? Would you say...	No difficulty Some difficulty A lot of difficulty Cannot do at all Refused Don't know PNTA	Individual	All HH members reported to have difficulty communicating
•	Education	% school-aged children that are currently enrolled in primary or secondary education, per age and sex group	For the 2020-2021 school year, was [NAME] enrolled (registered) in formal school? Note: this does not mean going physically to school (as schools were partially closed), but that the child was registered/affiliated/'signed-up' with a school. Note: This includes full-time enrolment in public schools, recognised private or semi-private schools, UNRWA schools, and TVET."	YNDD	Individual	School-aged children (3-18 years old) in 2020-2021
•	Education	% school-aged children that are currently enrolled in primary or secondary education, by type of school	[If yes] What type of formal school was [NAME] enrolled in?	Public school Private school Semi-private school UNRWA Public TVET (15-18 year olds only) Private TVET (15-18 year olds only) DK PNTA	Individual	School-aged children (3-18 years old) who were enrolled in formal school in 2020-2021
•	Education	% of school-aged children attending school regularly (at least 4 days a week) in the 2020-2021 school year while schools were open, per age and sex group	While schools were open (in-person) in the past school year (2020-2021), was [NAME] attending regularly (at least 4 days per week)? NOTE: Formal schools are defined as schools within a system of full-time education developed by public organisations and recognised private or semi-private bodies,	YNDD	Individual	School-aged children (3-18 years old) who were enrolled in formal school in 2020-2021

			including UNRWA schools and TVET.			
•	Education	% of school-aged children attending school regularly (at least 4 days a week) in the 2020-2021 school year while schools were open, per age and sex group	While schools were closed in the past school year (2020-2021), was [NAME] accessing distance learning regularly? This means they were doing some distance learning activities at least 4 days per week, for at least 3 hours per day e.g. listening to radio/TV broadcasts, textbook learning, online learning.	YNDD	Individual	School-aged children (3-18 years old) who were enrolled in formal school in 2020-2021
•	Education	% of children dropping out of school in the previous year, per age and sex group	During the 2020-2021 school year, did [NAME] drop out of school? Dropped out = child was enrolled in school at the beginning of the year (or end of the previous school year), but stopped attending (or participating in distance learning) at some point since then, and does not plan to return to school.	YNDD	Individual	School-aged children (3-18 years old) in 2020-2021
•	Education	% of households reporting reason for children dropping out	Please define the main reason(s) for [NAME] dropping out (Select all that apply)	Cannot afford education-related costs (e.g. tuition, supplies, transportation) Lack of schools in the community leading to drop out Protection risks while commuting to school Protection risks while at school Child marriage Disability COVID-19 related school closures Lack of interest from children in education Lack of interest/priority from parents Moved to another area Not able to register or enrol children in the school	Household	Households who reported children dropped out

				School and classes are overcrowded Lack of staff to run the school The school infrastructure is poor Poor quality of education/teaching The curriculum and teaching are not adapted for our children Children are busy working or supporting the household Lack of valid documentation Schools did not provide remote learning frequently or at all HH did not have necessary equipment (e.g. tablets) Lack of connectivity/Internet-related barriers for remote learning HH did not have regular electricity/power for remote learning Don't know Prefer not to answer Others (specify)		
•	HHComp, Health, Nutrition	% of households with at least one member pregnant or lactating	Is any member of your household pregnant or lactating?	YNDD	Household	All households with female HH members 12-49
•	HHComp, Health	% of households with at least one member with a chronic disease	Does any member of your household have a chronic illness (e.g. heart disease, hypertension, blood disease, cancer, lung disease, diabetes, renal diseases, psychological conditions [e.g. anxiety, depression])?	YNDD	Household	All households
•	HHComp, Health, Energy	% of households with at least one member with a condition whose management requires a constant supply of electricity	Does any member of your household have a medical condition whose management requires regular supply of electricity?	YNDD	Household	All households
•	Education, Protection	% of households reported barriers for	What are the main barriers specific for children with	Teachers are not capacitated / do not have the capacity to tailor teaching to CwDs	Household	Households with at least one school-aged child (5-18)

		children with disabilities to access education	disabilities to access education? (Select all that apply)	Classrooms are not adapted for CwD Infrastructure (non-classroom, WASH) is not adapted for CwD Curriculum, teaching methods and instructional materials (e.g. textbooks) are not adapted for CwD No capacity to support CWD's home learning (parents) Bullying Problems with accessing distance learning Social stigma Afraid for child's safety when traveling to OR at school Afraid for child's safety while at school Transportation or travel-related constraints None Don't know Prefer not to answer Other: specify		years) with a disability
•	Education	% of households who reported using coping strategies to access education	How has your household adapted to new or increased barriers to accessing education in the 2020-2021 school year? (Select all that apply)	No adaptations made Changed schools on account of affordability (e.g. shifted from private to public) Changed schools on account of protection concerns Changed schools due to quality concerns Changed from a formal school to an informal learning arrangement Changed transportation arrangements to school (e.g. shifted from private car to car pool, school bus, walking) Other (specify) DK PNTA	Household	Households with school-aged children (3-18 years old) in 2020-2021
•	Education, Livelihoods	Household expenditures on education in the past	During the 2020-2021 school year, how much did your household spend in LBP on	integer	Household	Households with school-aged children

		school year - LBP and USD	education-related expenses (e.g. tuition, fees, transportation, etc. and including expenditures before the school year started)?			(3-18 years old) in 2020-2021
			During the 2020-2021 school year, how much did your household spend in USD on education-related expenses (e.g. tuition, fees, transportation, etc. and including expenditures before the school year started)?	integer	Household	Households with school-aged children (3-18 years old) in 2020-2021
•	Education, Livelihoods, Protection	% of households with children who labored outside or inside home during school year	During the 2020-2021 school year, were any children in your household engaged in labor outside or in the home that consistently disrupted their attendance at school (e.g. regularly attended less than a full week of school, stopped attending entirely for a period of time, dropped out of school)? - How many boys between the age of 12 and 18 worked outside of the household during the 2020-2021 school year? - How many boys 11 years and younger worked outside of the household during the 2020-2021 school year? - How many girls between the age of 12 and 18 worked outside of the household during the 2020-2021 school year? - How many girls 11 years and younger worked outside of the household during the 2020-2021 school year?	integer	Household	Households with school-aged children (6-18 years old)
•	Food Security	% of households with {poor, borderline, acceptable} Food	Over the last 7 days, how many days did your household consume the following food at	integer	Household	All households

		Consumption Score (FCS)	<p>home with the entire family eating together?</p> <ul style="list-style-type: none"> - Cereals, grains, roots and tubers: rice, pasta, bread, potato, , burgul, maize, oat, frikeh, sweet potato - Legumes / nuts : beans, peanuts, lentils, nut, soy, and / or other nuts - Milk and other dairy products: fresh milk / sour, yogurt, cheese, other dairy products (Exclude margarine / butter or small amounts of milk for tea / coffee) - Meat, fish and eggs: goat, beef, chicken, fish, including canned tuna, and / or other seafood, eggs (meat and fish consumed in large quantities and not as a condiment) - Vegetables and leaves: spinach, onion, tomatoes, carrots, peppers, green beans, lettuce, cabbages, egg plants, etc - Fruits: banana, apple, lemon, mango, watermelon, apricot, peach, pineapple, passion, gishta, orange, avocado, wild fruits etc - Oil / fat / butter: vegetable oil, palm oil, margarine, other fats / oil - Sugar, or sweet: sugar, honey, jam, cakes, candy, cookies, pastries, cakes and other sweet (sugary drinks) - Condiments / Spices: tea, coffee / cocoa, salt, garlic, 			
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			spices, yeast / baking powder, lanwin, tomato / sauce, meat or fish as a condiment, condiments including small amount of milk / tea coffee			
•	Nutrition	% of children 6-23 months who consumed egg and/or flesh food during the previous day, % of children 6-23 months who did not consume any vegetables or fruits during the previous day	<p>Now I would like to ask you about foods that [NAME] had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different types of foods, and I would like to know whether your child ate the food even if it was combined with other foods in a mixed dish like tabbouleh.</p> <p>Please do not answer “yes” for any food or ingredient used in a small amount to add flavour to a dish.</p> <p>Yesterday during the day or at night, did [NAME] eat:</p> <ol style="list-style-type: none"> 1. Porridge, bread, rice, noodles, pasta, couscous, or other food made from grains, roots, or tubers (potatoes)? 2. Food made from beans, peas, lentils, nuts or seeds (hummus, falafel)? 3. Fresh milk, tinned milk, yoghurt, or cheese? 4. Meat (lamb, goat, beef, inner organs), poultry (chicken, duck) or fish (fresh or dried fish, shell 	YNDD	Individual	All children 6-23 months old

			fish or sea food)? 5. Eggs? 6. Orange fruits or vegetables or dark green leafy vegetables? (pumpkin, carrots, sweet red pepper, orange squash or sweet potatoes, spinach, kale, apricot) 7. Other vegetables and fruits? (onion, tomato, cucumber, banana, orange, apple)			
•	Nutrition	% of children 0-23 months using infant formula	How many children under 24 months are using infant formula?	integer	Individual	All children 6-23 months old
•	Nutrition	Household expenditures in the last 30 days, by amount and % per type - nutrition	In the last 30 days, how much did your household spend (in LBP or USD) on infant formula?	integer	Household	All households with children 6-23 months old
•	Food Security	Reduced Coping Strategy Index (RCSI)	In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to rely on less preferred and less expensive food? In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to limit portion sizes at meals? In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to restrict consumption by adults in order for small children to eat? In the past 7 days, if there have been times when you did not have enough food or money to	integer	Household	All households

			<p>buy food, how often has your household had to reduce number of meals eaten in a day?</p> <p>In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to borrow food or rely on help from friends or relatives?</p>			
•	Food Security	Household Hunger Scale (HHS)	<p>Was there ever no food to eat of any kind in your house because of lack of resources to get food?</p> <p>How often did this happen in the past 30 days?</p>	<p>YNDD</p> <p>Rarely (0-3 times) Sometimes (4-10 times) Often (10+ times) DK PNTA</p>	Household	All households
			<p>Did you or any household member go to sleep at night hungry because there was not enough food?</p> <p>How often did this happen in the past 30 days?</p>	<p>YNDD</p> <p>Rarely (0-3 times) Sometimes (4-10 times) Often (10+ times) DK PNTA</p>		
			<p>Did you or any household member go a whole day and night without eating anything at all because there was not enough food?</p> <p>How often did this happen in the past 30 days?</p>	<p>YNDD</p> <p>Rarely (0-3 times) Sometimes (4-10 times) Often (10+ times) DK PNTA</p>		
•	Food Security, Protection	% households relying on stress / crisis / emergency strategies to	During the past 30 days, did anyone in your household have to do one of the following things because there was not enough	<p>Yes</p> <p>No, already did</p> <p>No, no one in the household did</p> <p>Not applicable</p>	Household	All households

		cope with a lack of food or money to buy it (LCSI)	food or money to buy it? - Bought food on credit and/or borrowed money to purchase food - Sold household goods (radio, furniture, television, jewellery etc) - Spent some or all of the household savings - Reduce food expenditure - Sold productive assets and/or means of transport (sewing machine, wheelbarrow, bicycle, car, livestock etc) - Reduce non-food expenses on health (including drugs) - Have school children (6 -15 years old) involved in income generation - Household members under the age of 18 accepting high risk, dangerous, or exploitative work - Asked for money from strangers (begged) - Other forms of exploitation (had to work for free or very low wage, or had to provide sex or other favors)			
•	Food Security, Livelihoods	Household expenditures in the last 30 days, by amount and % per type - food (LBP and USD)	During the past 7 days, how much did your household spend on food in LBP?	integer	Household	All households
			During the past 7 days, how much did your household spend on food in USD?	integer	Household	All households
•	Health	% of households reporting at least one member needed to access care in the 3	During the last 3 months, did anyone from your household have a health problem and needed to access health care?	YNDD	Household	All households

		months prior to data collection				
•	Health	% of individuals with an unmet health care need	If yes, please tell me how many people in your household in the last 3 months were NOT able to obtain health care when they felt they needed it?	integer	Household	Households who reported at least one member needing to access health services in three months before data collection
•	Health	% of households that need to access treatment by type of facility	Where did the household member(s) with a health problem in the last 3 months seek or attempt to seek health care?	No treatment sought Sought treatment but could not access Government hospital Government primary health care center or dispensary Other government facility Private hospital Private clinic Other private medical facility NGO hospital NGO clinic Other NGO medical facility Traditional healer or practitioner Pharmacy Other Don't know Prefer not to answer	Household	Households who reported at least one member needing to access health services in three months before data collection
•	Health	% of households by travel time to access primary healthcare facility	How long (in minutes) does it take anyone from your household to get to the nearest, functional health facility by your normal mode of transportation?	integer	Household	All households
•	Health	% of households reporting barriers to accessing healthcare, by type	[If there was any unmet health care need] In the last 3 months, what barriers if any did your household experience to prevent you from accessing the health care you needed? [choose up to 3 most important] [If no unmet health care needs	No functional health facility nearby Health facility hours of operation are not convenient The specialized health service I/my household need(s) is not available at the health facility Long waiting time for the service Could not afford cost of consultation Could not afford cost of treatment	Household	All households

			<p>reported], In the last 3 months, what barriers if any has your household experienced when accessing health care? [choose up to 3 most important]</p> <p>[if no health care needs in the last recall period] What barriers if any do you think your household would experience if you needed to access health care? [choose up to 3 most important]</p> <p>Hint: Barriers to accessing health care should focus on formal health care such as health facilities, hospitals, pharmacies, NOT traditional practitioners.</p>	<p>Could not afford transportation to health facility</p> <p>Health facility is too far away</p> <p>Disability prevents access to health facility</p> <p>No means of transport</p> <p>Not safe/insecurity at health facility</p> <p>Not safe/insecurity while travelling to health facility</p> <p>Fear of exposure to COVID-19 at health facility</p> <p>Not trained staff at health facility</p> <p>Not enough staff at health facility</p> <p>Lack of female staff at health facility</p> <p>Fear or distrust of health workers, examination or treatment</p> <p>Could not take time off work / from caring for children</p> <p>Language issues or communication barriers (can include disability related to speaking/ seeing/ hearing)</p> <p>Lack of civil documentation</p> <p>Prevented by employer</p> <p>Other: Please specify_____</p> <p>Don't know</p> <p>PNTA</p>		
•	Health	% of households reporting coping mechanisms to inaccessibility of health care in three months prior to data collection	In the past 3 months, what coping mechanisms has your household employed to adjust to barriers in accessing healthcare? (Select up to 3 most frequently used)	<p>Switched to a health care facility closer to home</p> <p>Switched to a public health care facility instead of private</p> <p>Delayed or canceled doctors visit or other treatment</p> <p>Delayed or canceled diagnostic procedure or other analysis</p> <p>Went to the pharmacy instead of the doctor or clinic</p> <p>Went to traditional healer instead of the doctor or clinic</p> <p>Asked a friend or relative advice</p> <p>Looked for information about the</p>	Household	Households who reported at least one member had difficulty accessing health services in three months before data collection

				health problem online Managed health problem with home remedy Waited to see if problem would get better on its own Changed lifestyle/habits to control health condition Used prayer or spiritual practices Used telemedicine / remote consultation instead Traveled (either within country or abroad) to obtain treatment Reduced non-medical household expenses Worked additional hours/new members entered workforce to afford medical care Borrowed money to afford medical care No coping mechanisms used DK PNTA Other		
•	Health	% of households reporting barriers to accessing medication, by type	What barriers if any did your household experience to prevent you from accessing the medication you needed? [choose up to 3 most important]	Medication is too expensive Medication is not available in the health facility (e.g. hospital, primary health care center) Medication is not available in private pharmacy Don't trust the quality/source of available medicine Pharmacy has limited hours or is closed Medical personnel (doctors, pharmacists) refused to give Couldn't afford doctor's visit to obtain prescription Don't know which medication is needed Insurance or NSSF not honored	Household	Households who reported needing to access medication in three months before data collection

				Language issues or communication barriers (can include disability related to speaking/ seeing/ hearing) Other, please specify: _____ DK PNTA		
•	Health	% of households reporting coping mechanisms to inaccessibility of medication in three months prior to data collection	In the past 3 months, what coping mechanisms has your household employed to adjust to the inaccessibility of medication in Lebanon? (Select up to 3 most frequently used)	Switched to substitutes / generics Rationed existing medication Acquired medication from outside Lebanon Received or exchanged medicine through informal networks Sold household items or property to afford medication Traveled (either within country or abroad) to obtain medication Reduced non-medical household expenses to afford medication Worked additional hours/new members entered workforce to afford medication Borrowed money to afford medication Used herbal or traditional medicines/treatments Used prayer or spiritual practices Changed lifestyle/habits to control health condition No coping mechanisms used Other: please specify _____ Don't know Prefer not to answer	Household	All households
•	Health	% of households reporting childhood vaccine barriers	In the past year, which of the following barriers if any has your household experienced in receiving vaccination for your child/children? (Select up to 3 most important)	No barriers experienced Vaccine is not available in my community Vaccination site is difficult to access: (e.g. too far away, hours of operation are not convenient) I don't know where to go to get vaccines I don't know at what age I should bring	Household	Households with at least one child (0-5 years)

				my child for vaccines Child is not old enough Can't afford cost of receiving the vaccine (e.g. transportation, consultation) Long waiting time for the service Disability prevents access to vaccination site Not safe/insecurity at vaccination site Not safe/insecurity while travelling to vaccination site Fear of exposure to COVID-19 at vaccination site Fear or distrust of health workers at vaccination site I have concerns about safety or quality of vaccines at vaccination site I'm worried about side effects of vaccines Could not take time off work / from caring for children to bring child to vaccination site Lockdowns Language issues or communication barriers (can include disability related to speaking/ seeing/ hearing) Lack of civil documentation Prevented by employer Other: please specify _____ Don't know Prefer not to answer		
•	Health	% household spending [expenditure] of total expenditure on basic needs per month - health	During the past 30 days, how much did your household spend in LBP on medical care (including medicine)?	Integer DK PNTA	Household	All households
		% household spending [expenditure] of total expenditure on basic needs per month - health	During the past 30 days, how much did your household spend separately in USD on medical care (including medicine), if applicable?	Integer DK PNTA	Household	All households

•	Health, Protection	% of households worrying about at least one household member's psychological state	Have household members been worried about anyone's psychological state (حالته النفسية) in your household (including yourself)?	YNDD	Household	All households
•	Health, Protection	% of households worrying about at least one household member's psychological state, by symptom	If yes, why are you/they worried about the affected household member(s)? (Select up to 3 most important concerns)	<p>Affected HH member(s) anxious, sad or irritable all the time</p> <p>Affected HH member(s) not able to function properly (work, work at home, study, play with friends, etc.)</p> <p>Affected HH member(s) showing significant changes in their behavior</p> <p>Affected HH member(s) sleeping all the time</p> <p>Affected HH member(s) isolating themselves</p> <p>Affected HH member(s) having behavioral problems (e.g. getting into fights, acting aggressive)</p> <p>Affected HH member(s) misusing alcohol, drugs or other substances</p> <p>Other: please specify _____</p> <p>Don't know</p> <p>Prefer not to answer</p>	Household	All households who answered yes to "Have household members been worried about anyone's psychological state (حالته النفسية) in your household (including yourself)?"
•	Health, Protection	% of households where mental healthcare was sought for persons who are in potential need of it	If yes, did the affected household member(s) seek services or support from a health care provider for this concern?	YNDD	Household	All households who answered yes to "Have household members been worried about anyone's psychological state (حالته النفسية) in your household (including yourself)?"
•	Health, Protection	% of households not seeking mental health care by reason	If no, why didn't the affected household member(s) seek services or support from a health care provider? (Select up to 3 most important reasons)	<p>Tried to seek support but was not able</p> <p>Did not consider this to be a health issue</p> <p>Sought support from community or religious leader</p> <p>Did not know where to seek support</p>	Household	All households who answered no to "If yes, did the affected household member(s) seek services or support

				<p>Could not afford to seek support (e.g. cost of transportation, consultation)</p> <p>Could not access support (e.g. facility too far, hours not convenient)</p> <p>Disability prevents access to mental health care</p> <p>Was concerned about what people might say</p> <p>Affected HH member(s) refused to seek health services/support</p> <p>Other family members discouraged the affected HH member(s) from seeking support</p> <p>Language issues or communication barriers (can include disability related to speaking/ seeing/ hearing)</p> <p>Lack of civil documentation</p> <p>Prevented by employer</p> <p>Other: Please specify _____</p> <p>Don't know</p> <p>Prefer not to answer</p>		from a health care provider for this concern?"
•	WASH, Protection	% of households by type of menstrual material used by female household members of menstruating age	What menstrual materials did you (and other female household members) use during the last monthly period?	<p>Disposable pad;</p> <p>Reusable pad;</p> <p>Reusable cloth;</p> <p>Tampon;</p> <p>Cotton;</p> <p>Menstrual cup;</p> <p>Layers of underwear;</p> <p>Nothing/bleed into clothes;</p> <p>Other (specify)</p> <p>Not applicable</p> <p>DK</p> <p>PNTA</p>	Household	All households with female household members older than 12
•	WASH, Protection, Health	% of households engaging in coping mechanisms for menstrual items	How has your household adapted to issues related to menstrual items (e.g. pads, tampons, etc.) in the past 30 days? (Select all that apply)	<p>The HH does not have any issue</p> <p>Rely on less preferred types of NFI</p> <p>Rely on substitutes (sand or other rubbing agents for soap, clothing for diapers or menstrual pads, etc.)</p> <p>Women staying home during their menstrual cycle</p>	Household	All households with female household members older than 12

				Buying NFI at a market place further than the usual one Buying NFI at a market place in a dangerous place Borrow NFI from a friend or relative Spend money (or credit) on NFI that should otherwise be used for other purposes Reduce NFI consumption for personal hygiene Reduce NFI consumption for other purposes (cleaning dishes, laundry, etc.) Other (specify) Don't know Prefer not to answer		
•	WASH, Health	% of households engaging in coping mechanisms for hygiene items	How has your household adapted to issues related to hygiene items (e.g. soaps, cleaning products, diapers, etc.) in the past 30 days? (Select all that apply)	The HH does not have any issue Rely on less preferred types of NFI Rely on substitutes (sand or other rubbing agents for soap, clothing for diapers, etc.); Buying NFI at a market place further than the usual one; Buying NFI at a market place in a dangerous place; Borrow NFI from a friend or relative Spend money (or credit) on NFI that should otherwise be used for other purposes; Reduce NFI consumption for personal hygiene; Reduce NFI consumption for other purposes (cleaning dishes, laundry, etc.) Other (specify) DK PNTA	Household	All households
•	WASH, Health	% of households by type of primary drinking water	What is your household's primary source of drinking water? (Select one)	Bottled water Protected well Unprotected well	Household	All households

				Unprotected spring Protected spring Water Trucking Piped water into compound Piped water connected to public tap Protected rainwater tank Unprotected rainwater tank Surface water without pre-treatment (river, dam, lake, pond, stream, canal) Don't know Prefer not to answer Other (specify)		
•	WASH	% of households reporting changing primary drinking water source in past six months	Has your household's primary source of drinking water changed in the past six months?	YNDD	Household	All households
•	WASH	% of households by reason for change in source of primary drinking water	What are the primary reasons your primary source of drinking water changed? (Select all that apply)	Could no longer afford the previous source Quality of previous source deteriorated Quantity of previous source decreased Frequency of delivery decreased (e.g. fewer days a week, or fewer hours per day) Damage to network or means of delivery Changed locations and previous source is no longer available DK PNTA	Household	Households who reported changing their primary source of drinking water in the six months before data collection
•	WASH, Health	% of households with access to a sufficient quantity of water for drinking and domestic purposes	Does your household currently have enough water to meet the following needs? - Drinking - Cooking - Personal hygiene (washing or bathing) - Other domestic purposes (cleaning house, floor, etc.)	YNDD	Household	All households

•	WASH	% of households reporting relying on coping strategies to adapt to a lack of water	How has your household coped with any lack of water? (Select all that apply)	No coping strategies used/needed Spend money usually spent on other things to buy water Receive water on credit/borrow water Rely on drinking water stored previously Rely on different sources of water Reduce drinking water consumption Modify hygiene practices (bath less etc.) Drink water usually used for cleaning or other purposes than drinking Prefer not to answer Don't know Other	Household	Households reporting have insufficient water for at least one activity (e.g. drinking, cleaning)
•	WASH, Health	% of households with access to soap	Do you have any soap in your household?	YNDD	Household	All households
•	WASH, Health	% of households covered by solid waste services	How is solid waste from your household disposed of? (Select one)	Collected by municipality waste system Collected by private waste management company Burned on premises Buried and covered on premises Openly dumped on premises Dumping solid waste in official dumping location Dumped in the area Don't know Prefer not to answer Other (please specify)	Household	All households
•	WASH, Shelter	% of households using a sanitation facility - by type of sanitation facility used	What kind of sanitation facility (latrine/toilet) does your household usually use?	Flush or pour/flush toilet Pit latrine without a slab or platform Pit latrine with a slab and platform Open hole Pit VIP toilet Bucket toilet Plastic bag Hanging toilet/latrine None of the above, open defecation Other (specify) Don't know	Household	All households

•	WASH, Health, Shelter	% of households with access to adequate waste water infrastructure/services	Where does waste water from the toilet/latrine that you use drain into? (Select one)	Covered and lined septic tank/cesspool A handdug hole in the ground It is connected to a communal lined drainage and to the sewage system It drains into an open area outside of the shelter and remains stagnant Household does not have a toilet/latrine Prefer not to answer Other (please specify) Don't know	Household	All households, except those who answered they have no sanitation facility
•	WASH, Livelihoods	% of households spending X% of their expenditure on water	During the past 30 days, how much did your household spend in LBP on water (inc. utilities)?	integer	Household	All households
			During the past 30 days, how much did your household spend in USD on water (inc. utilities)?	integer	Household	All households
•	WASH, Protection	% of households sharing sanitation facilities	Does your household share its sanitation facility?	YNDD	Household	All households
•	WASH, Protection	% of households with access to sanitation facilities that: Are segregated by gender Have adequate lighting Can be externally locked Are accessible by safe and well-lit routes	Can you tell me if this sanitation facility: - Is segregated by gender - Has adequate lighting - Can be locked from the inside - Has a safe and well-lit route to it	YNDD	Household	HHs who reported sharing their sanitation facility
•	Shelter	% of households living in vulnerable shelters The value would be in asking about the % of households living in each types of shelter, and the computing the % of households living in vulnerable shelters per your definition of	What type of shelter does the your household live in?	Active construction site Agricultural/engine/pump room Apartment/house/room Concierge's room in residential building Factory Farm Garage Hotel room Prefab unit School Shop Tent	Household	All households

		"vulnerable". I suggest rephrasing.		Warehouse Workshop No shelter (homeless) Other (Please specify) DK PNTA		
•	Shelter	% of households reporting enclosure issues with their shelter	Does the shelter have any of the following enclosure issues? (Select all that apply)	[Note to enumerator]: Read all options Shelter collapsed or partially collapsed: Damaged roof Damaged columns Damaged walls Windows/doors are not sealed to natural elements Leaking roof Leakage / rottenness in the walls / floors Water pipes not functional Sanitation pipes not functional Latrine/toilet is not useable (damaged, full, no handwashing facilities, etc.) Bathing/washing facilities are not useable (damaged, no privacy, etc.) Electricity installation/connection are not adequately installed or not safe	Household	All households, except those who answered they have no shelter/homeless
•	Shelter	% of households sharing their shelter with non-household members	Are there any people who are NOT part of your household who are regularly living and sleeping in this same shelter?	YNDD	Household	All households
•	Shelter	Average number of non-household members sharing shelter	In total, how many non-household members are presently living and sleeping in your shelter? - Live-in workers - Relatives in separate household/s - Tenants, roommates, or other unrelated people	integer	Household	All households who reported sharing their shelter with non-household members

•	Shelter	% of households experiencing overcrowding	In total, how many rooms are there in use in your shelter: - Bedrooms/sleeping areas - Living rooms/common areas - Kitchens - Bathrooms/toilets	YNDD	Household	All households, except those who answered they have no shelter/homeless
•	Shelter	% of households according to occupancy arrangement	What is the occupancy arrangement in your current dwelling?	Ownership Rented Hosted without rent (by family, friends, , employer, institution) No occupancy agreement / squatting Provided by employer Other (specify) DK PNTA	Household	All households, except those who answered they have no shelter/homeless
•	Shelter	% of households by tenure arrangement	What is the tenure arrangement in your current dwelling?	Rental agreement (after 1992) Rental agreement (before 1992) Informal verbal lease agreement Provided by employer/hosted by provider in exchange of work Hosted (for free) Assistance/Charity Squatting, without host's permission Rent freeze/rent reduction arrangement. Other DK PNTA	Household	Households who do not own their current dwelling (i.e. renting, hosting, or informal arrangement)
•	Shelter	% of households by currency rent is paid in	In what currency does your household typically make rental payments?	Lebanese pound US dollar Both pound and dollar Other DK PNTA	Household	All households who reported renting their shelter (e.g. rental agreement before/after 1992)
•	Shelter	% of households by frequency of rent paid	How long is the period covered by one rental payment?	One month Three months Six months 12 months Other	Household	All households who reported renting their shelter (e.g. rental agreement before/after 1992)

				DK PNTA		
•	Shelter	Household expenditures in the last 30 days, by amount and % per type - rent	How much do you pay (in LBP) for your accommodation per renting period?	integer	Household	All households
			How much do you pay (in USD) for your accommodation per renting period?	integer	Household	All households
•	Shelter	% of households reporting any issues with HLP	Do you currently have any of the following problems related to housing, land and property? (Select all that apply)	Ownership dispute with third party Inheritance dispute Dispute with tenants Unlawful/secondary/informal occupation Mortgage-related dispute with the bank Property pledge Seizure process Dispute over use/modification of Cultural heritage building Threat of eviction / harassment by landlord or others Lack or loss of housing / land tenancy or other ownership documentation Looting of private property Other type of dispute (please specify): Don't know Prefer not to say None of the above	Household	All households
•	Livelihoods	% of households reporting primary sources of income by type	What were your household's primary income sources over the last 30 days? (Select all that apply)	Saving Income from renting out house, land or property Employment (contracted) Daily/intermittent work Remittances Retirement fund or pension Selling household assets Selling assistance received Loans, debt Cash assistance Support from community, friends, family	Household	All households

				NGO or charity assistance Social service (disability allowance) Illegal or socially degrading activities (e.g. unlawful sales, begging, etc.) Zakat Agriculture, livestock or herding Self-employment (own business) Don't know Prefer not to answer Other (please specify)		
•	Livelihoods	% of households whose average monthly household income is less than ___ Lebanese dinars	Could you estimate your household's average monthly income (in LBP) over the past three months?	integer	Household	All households
•	Livelihoods	% of households who hold debt	Does your household own debts in any type of currency? (Select all that apply)	Yes, in Lebanese pound Yes, in US dollars Yes, in other currency No Don't know PNTA	Household	All households
•	Livelihoods	Average amount of debt in LBP	What is your household's total amount of debt in Lebanese pound?	integer	Household	Households holding debt in LBP
•	Livelihoods	Average amount of debt in USD	What is your household's total amount of debt in US dollars?	integer	Household	Households holding debt in USD or other
•	Livelihoods (All)	% households unable to afford basic needs (% households taking on debt due to healthcare, food, education, or basic household expenditures)	What was the primary reason behind taking on debt? (Select all that apply)	Basic household expenditures Healthcare Food Education Clothing or NFIs Utility bills Purchasing productive assets for small business or income-generating activities Building reconstruction/rehabilitation Major purchase (e.g. house, apartment, car) Business-related expenses or loans Weddings Migrant debt	Household	Households holding debt

				Prefer not to answer Don't know Other (please specify)		
•	Livelihoods (All)	% of households reporting challenges in obtaining enough money to meet its needs over the last 3 months	I will now list seven categories of needs. In the past three months, did you ever have trouble meeting any of the following essential needs because of financial or access/availability issues? - Essential communication needs, such as phone credit or provider costs - Essential education needs, such as tuition fees, books, etc. - Essential health needs, such as medicines or treatments or consultation/doctor's visit - Essential shelter needs, such as rent, furniture, construction costs - Essential transport services - Utilities: Water - Utilities: Electricity	Financial issues Access/availability issues Both Neither DK PNTA	Household	All households
•	Livelihoods	Main barriers to employment	What obstacles, if any, are people in this household facing in finding work?	Increased competition for jobs, not enough jobs Employers prefer hiring other nationals Available jobs are too far away Only low-skilled, socially degrading, dangerous or low-paying jobs Underqualified for available jobs Lack of family/personal connections Lack of livelihood/employment opportunities for women Lack of livelihood/employment opportunities for persons with disabilities Don't know Prefer not to answer Other	Household	All households

•	Livelihoods, Protection	% of households that that a valid ID document	Does every person in your household have an ID document (national ID and/or passport)? This means you have it, it is valid, and it is stored in a secure place.	YNND No, don't have ID at all No, have ID but not currently in possession	Household	All households
•	HH Comp, Livelihoods	% of migrant households with at least one member possessing a valid work permit	Does the primary wage-earner in your household have a valid work permit?	YNDD	Household	Migrant households
•	Livelihoods (All)	% of households reporting challenges in affording basic needs as a result of lost or reduced employment	During the past three months, have you faced any challenges in affording basic needs as a result of lost or reduced employment?	YNDD	Household	All households
•	Livelihoods	% of households reporting members losing jobs permanently or temporarily as a result of the Covid-19 outbreak	Has any member of your household lost their job permanently or temporarily as a result of the Covid-19 outbreak?	YNDD	Household	All households
•	Livelihoods	Average number of household members who have lost jobs on account of COVID-19	If yes, how many members?	integer	Household	Households with members who lost jobs on account of COVID-19
•	Protection	% of households in which women and girls avoid areas because they feel unsafe there	Are there any areas in your location that women and girls avoid because they feel unsafe? If yes, what areas (or places) do women and girls in your community avoid or feel unsafe about? (Select all that apply)	There are no areas that women and girls avoid because they feel unsafe Markets Social/community/religious areas On their way to school On their way to community centers/health centers On their way back home from a religious place In their homes In public transportation On the street/in the neighborhood Don't know Decline to answer	Household	All households
•	Protection	% of households by type of safety or security	What do you think are the main safety and security concerns for	None Bullying	Household	All households

		concerns for women reported	women in this area? (Select all that apply)	Corporal punishment Begging Being robbed Being threatened with violence Being kidnapped Suffering from physical harassment or violence (not sexual) Suffering from verbal harassment Suffering from sexual harassment or violence Discrimination or persecution (because of ethnicity, status, etc.) Discrimination or persecution (because of gender identity) Being killed Mine/UXOs Being detained Being exploited (i.e. being engaged in harmful forms of labor for economic gain of the exploiter) Being sexually exploited in exchange of humanitarian aid, goods, services, money or preference treatment Being recruited by armed groups Being forcibly married Being injured/killed by an explosive hazard Being sent abroad to find work Cyber bullying/exploitation/violence Wildlife (e.g. dogs, scorpions or snakes) Unsafe transportation infrastructure or arrangements Electrical wiring or arrangements from lack of electricity (e.g. candle fires) Weather or climactic conditions Other (please specify) Don't know Prefer not to answer		
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•	Protection	% of households reporting safety or security concerns for girls	What do you think are the main safety and security concerns for girls (<18) in this area? (Select all that apply)	None Bullying Corporal punishment Begging Being robbed Being threatened with violence Being kidnapped Suffering from physical harassment or violence (not sexual) Suffering from verbal harassment Suffering from sexual harassment or violence Discrimination or persecution (because of ethnicity, status, etc.) Discrimination or persecution (because of gender identity) Being killed Mine/UXOs Being detained Being exploited (i.e. being engaged in harmful forms of labor for economic gain of the exploiter) Being sexually exploited in exchange of humanitarian aid, goods, services, money or preference treatment Being recruited by armed groups Being forcibly married Being injured/killed by an explosive hazard Being sent abroad to find work Cyber bullying/exploitation/violence Wildlife (e.g. dogs, scorpions or snakes) Unsafe transportation infrastructure or arrangements Electrical wiring or arrangements from lack of electricity (e.g. candle fires) Weather or climactic conditions Other (please specify)	Household	All households
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				Don't know Prefer not to answer		
•	Protection	% of households reporting safety or security concerns for boys	What do you think are the main safety and security concerns for boys (<18) in this area? (Select all that apply)	None Bullying Corporal punishment Begging Being robbed Being threatened with violence Being kidnapped Suffering from physical harassment or violence (not sexual) Suffering from verbal harassment Suffering from sexual harassment or violence Discrimination or persecution (because of ethnicity, status, etc.) Discrimination or persecution (because of gender identity) Being killed Mine/UXOs Being detained Being exploited (i.e. being engaged in harmful forms of labor for economic gain of the exploiter) Being sexually exploited in exchange of humanitarian aid, goods, services, money or preference treatment Being recruited by armed groups Being forcibly married Being injured/killed by an explosive hazard Being sent abroad to find work Cyber bullying/exploitation/violence Wildlife (e.g. dogs, scorpions or snakes) Unsafe transportation infrastructure or arrangements Electrical wiring or arrangements from lack of electricity (e.g. candle fires) Weather or climactic conditions	Household	All households

				Other (please specify) Don't know Prefer not to answer		
•	Protection	% of households reporting safety or security concerns for children with a disability (as a percentage of those households where at least one child member of the household has a disability)	What do you think are the main safety and security concerns for children (<18) with a disability in this area? (Select all that apply)	None Bullying Corporal punishment Begging Being robbed Being threatened with violence Being kidnapped Suffering from physical harassment or violence (not sexual) Suffering from verbal harassment Suffering from sexual harassment or violence Discrimination or persecution (because of ethnicity, status, etc.) Discrimination or persecution (because of gender identity) Being killed Mine/UXOs Being detained Being exploited (i.e. being engaged in harmful forms of labor for economic gain of the exploiter) Being sexually exploited in exchange of humanitarian aid, goods, services, money or preference treatment Being recruited by armed groups Being forcibly married Being injured/killed by an explosive hazard Being sent abroad to find work Cyber bullying/exploitation/violence Wildlife (e.g. dogs, scorpions or snakes) Unsafe transportation infrastructure or arrangements Electrical wiring or arrangements from lack of electricity (e.g. candle fires)	Household	All households

				Weather or climactic conditions Other (please specify) Don't know Prefer not to answer		
•	Protection	% of households reporting awareness of specialized support services for women or girls available in their community	Are the following services available within 30 minutes from your shelter by your usual mode of transportation? (Select all that apply):	Psychosocial support for women and girls (how to seek help when under distress?) Recreational activities organized for women and girls Reproductive health services for women and girls Services offered for women and girls if they experience some form of violence DK PNTA	Household	All households
•		% of households who reported barriers to accessing specialized services by type of barrier	What barriers have members of your household experienced in attempting to access these services?	No barriers faced Hours of operation are not convenient Long waiting times to receive the service Could not afford cost of transportation to facility Could not afford cost of service Disability prevents access to health facility No means of transport Not safe/insecurity at facility Not safe/insecurity while travelling to facility Lack of qualified staff at facility Not enough staff at facility Lack of female staff at health facility Could not take time off work / from caring for children Language issues or communication barriers (can include disability related to speaking/ seeing/ hearing) Lack of civil documentation Prevented by household members/employer	Household	Households who reported having access to any of the specilized services abocve

				Fear that could services could not be accessed confidentially Other Don't know Decline to answer		
•	HH Comp, Protection	% of households with at least one child (<18) not residing in the household (1)	Does your HH have any child, son or daughter (<18 years) not currently living in the HH?	YNDD	Household	All households
•	HH Comp, Protection	% of households with at least one child (<18) not residing in the household (2)	If yes, how many?	integer	Household	Households who report at least one child not currently living with them
•	HH Comp, Protection	% of households with at least one child (<18) not residing in the household (3)	What is the reason for why your children/child are/is not living in the household?	Married and left the house Left the house to seek employment Left the house to study Left the house to engage with the army or armed groups Kidnapped/abducted Missing (left and no news) Arbitrarily detained This is a migrant household and the child is back in country of origin Do not know Prefer not to answer	Household	Households who report at least one child not currently living with them
•	AAP, Protection	% of households who reported receiving assistance in the past six months	Has your household received any assistance from a formal governmental or non-governmental actor in the past three months? (Note: Excluding assistance received in response to the Beirut Port Explosion)	YNDD	Household	All households
•	AAP, Protection	% of households by type of assistance received	What type of assistance has your household received? (Select all that apply)	Cash (multipurpose) Food Water Fuel Shelter Seasonal items Health services Education services	Household	Households reporting receiving aid in the three months before data collection

				Other non-food items Protection/legal services Other DK PNTA		
•	AAP	% of households reporting access barriers to aid as a result of the recent conflict	What barriers has your household experienced in trying to access assistance in the past six months? (Select all that apply)	Have not tried to access None Residing in an inaccessible area (e.g. remote, insecure) Residing in an area where providers do not operate Denied as a result of political affiliation Ineligible or denied because of nationality Was deemed ineligible (e.g. working family members, high income, insufficient damage to structure) Lack of resources by providers Lack of documentation Did not understand application procedures Did not know how to apply Don't know Prefer not to answer Other	Household	All households
•	AAP, Protection	% of households by type of preferred information	What type of Information would your household prefer to receive from humanitarian aid actors?	Safety and security Status of housing Livelihoods Water services Electricity services Education Healthcare Humanitarian assistance Legal services Housing, land and property services Explosive hazards clearance (mines, bombs, IEDs) Renewing official documentation MHPSS Women specialized services Assistance to return to country or origin	Household	All households

				I do not want to receive information Other		
•	AAP	% of households by preferred channel to receive information from humanitarian aid actors	What is your household's preferred means (channel) of receiving this information?	Phone call SMS Twitter Facebook WhatsApp Other Internet platform TV channel (specify) Radio station (specify) Printed newspapers, magazines (specify) Online newspapers and news websites (specify) Government representative or other authorities Community leader Religious leader Neighbour or friend National aid agency International aid agency Other (specify) Don't know	Household	Households reporting desire to receive information from humanitarian actors
•	AAP	% of households reporting knowledge of complaint mechanisms	Are you aware of how to access complaint mechanisms related to the assistance you have received?	YNDD	Household	Households reporting receiving aid in the three months before data collection
•	AAP	% of households who would use existing complaint mechanisms	Would you use the existing complaint mechanisms to provide feedback on the aid that you have received and/or the way that aid workers have behaved in your location?	YNDD	Household	Households reporting awareness of how to access complaint mechanisms
•	AAP	% of households who have used existing complaint mechanisms	If yes, have you or anyone in your household used complaint mechanisms in the past 6 months to provide feedback about the aid that you have received and/or the way that aid	YNDD	Household	Households reporting they would use complaint mechanisms

			workers have behaved in your location?			
•	AAP	% of households who would not use existing complaint mechanisms by reason	If no, what are the reasons for why you would not use the existing complaint mechanisms to provide feedback about the aid that you have received and/or the way that aid workers have behaved in your location? (Select all that apply)	Complaints do not result in a positive change Judgement by the family and/or community Worry that negative feedback would affect future aid Lack of confidentiality/data protection Lack of transparency in the process Negative experience with complaint handlers in the past Don't know Decline to answer Other (please specify)	Household	Households reporting they would not use complaint mechanisms
•	Meta-Data	GPS Coordinate	[GPS]		Household	All in-person households