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| *Please complete one form per family.* |
| A. BASIC INFORMATION  |
| GPS coordinates |  | Date *(dd/mm/yy)* |  |
| Governorate |  | District |  |
| Type of location | Urban | Type of site | Camp  | Name of Camp / City / Town / Village |  |
| Peri-urban |
| Rural | Host Community |
| If host community, what is the type of accommodation? | Collective shelter | Hosted Friends/ Family/Other |
| Rented apartment or house | Hotel |
| Open Air | Unfinished building |
| Other (specify) |  |
| If collective shelter, which type | Mosque/church | School | Other public building | Private building | Other, specify |
| If renting, how much do you pay per week in Iraqi Dinar? |  |
|  |  |
| Kind of permit granted at entry point | 🞎 None 🞎 Tourist pass 🞎 Residency (iqama) 🞎 Leave to remain (bitaka saki)What is the duration of the entry pass? Tourist: 🞎 24 hours 🞎 2 to 7 days 🞎 8 to 14 days 🞎 14 days or more Residency: 🞎 1 month 🞎 6 months 🞎 otherLeave to remain: 🞎 Indefinite 🞎 other |

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| B. SHELTER |
| Do you feel your accommodation is of adequate quality? | Yes | No |
| If no, what are the primary issues? | Broken windows | Leaking roof | Damp | Lack of heating |
| Unhygienic washing facilities | Lack of lighting | Lack of privacy | Not secure |
| Presence of vectors | Other(specify) |  |
| How many people are there in each room? |  |
| C. FAMILY DEMOGRAPHICS |
| Total # of individuals in HH |  |
| Gender/ Age | 0-5 | 6-11 | 12-15 | 16-17 | 18-60 | > 60 | TOTAL |
| Male |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |
| Gender of head of family |  | Age of head of family |  |
| How many of your family members fall into the following categories? |
| Unaccompanied / separated child  |  | Pregnant/ lactating woman  |  |
| Serious medical condition  |  | Person with disability (mental/physical) |  |
| Civil documents missing  |  |
| If civil documents missing, which? | ID card | Citizenship certificate | Food ration card | Information card |
| Passport | Other, specify |  |
| D. POPULATION MOVEMENT |
| Place of origin (i.e. where you lived prior to displacement): | Governorate |  |
| District |  |
| City/ Town/Village |  |
| When did you leave your area of origin? (*dd/mm/yy*) |  |
| When did you arrive in your current location (*dd/mm/yy*) |  |
| Since leaving your home location, have you staying in another location for more than 2 weeks?  | Yes | No |
| If yes, where? | Governorate |  |
| District |  |
| City/Town/Village/Camp |  |
| What are your intentions in the next 30 days?*(tick one only)* | Stay in current location |
| Return to Area of Origin |
| Return to Area of Past Displacement |
| Move to a different location inside Iraq |
| Move to a different location outside Iraq |
| Do not know |
| E. COPING ABILITIES |
| How are the family members currently supporting themselves? *(multiple options possible)* | Own Savings |  |
| Employment in current location |  |
| Access to previous income source |  |
| Support from Friends/ Relatives |  |
| Selling assets |  |
| Charitable donations | If yes, from whom? Local NGO/INGO/UN/Local Community |
| Government assistance |  |
| Other (specify) |  |
| Have No Form of Support |  |
| How long will the family be able to afford paying for their basic needs? (shelter, food, water, medical care) *(select one option)* | Less than One Week |  |
| Between One and Two Weeks |  |
| Between Two Weeks and One Month |  |
| More than One Month |  |
| F. PERCEPTION OF NEEDS |
| What are your Priority Unmet Needs? *(Top 3 main needs)* | Water |  | Sanitation |  |
| Medical Assistance |  | Food |  |
| Rental Support |  | Shelter Improvement |  |
| Household Items |  | Documentation |  |
| Registration |  | Footwear |  |
| Clothing |  | Other (Specify) |  |
| G. BASIC NEEDS / CORE RELIEF ITEMS |
| Which 3 of the following items do you need | Bedding Material |  | Cleaning Supplies |  |
| Clothing |  | Foot ware |  |
| Gas Cooker |  | Cool box |  |
| Gas/ Fuel |  | Fans |  |
| Pots and Pans |  | Heaters |  |
| Hygiene Items |  | Carpet |  |
| Women’s Hygiene Items |  | Furniture |  |
| Mattresses |  |  |  |
| Other (specify) |  |
| H. ASSISTANCE RECEIVED TO DATE |
| What assistance has been received by the family since the beginning of the crisis? *(multiple options possible)* | **None** |  | Food |  |
| Core Relief Items |  | Medical |  |
| Shelter support |  | Hygiene Kits |  |
| Water |  | Cash |  |
| Clothing |  | Footware |  |
| Other (specify) |  |
| Whom have you received support from in your current location? *(list all)* | 🞐Local NGO 🞐 International NGO🞐 Government 🞐 Host community 🞐UN 🞐Other |
| How many times have you received support (for each type)?  | 1 time | 2 times | 3 times or more |
|  |  |  |
| When was the last time you received support?  | Less than one week ago |
| Between one and two weeks ago |
| Between two weeks and one month ago |
| More than one month ago |
| I. WASH |
| What is your primary source of drinking water? | Private well |  | Bottled water |  |
| Water trucking/ delivery |  | Network |  |
| Communal well |  | Natural water sources (e.g. rivers, springs) |  |
| Other (specific) |  |  |  |
| Have you had enough drinking water in the last week to meet your household needs? | Yes | No |
| Do you have sufficient water for purposes other than drinking? | Yes | No |
| Do you have access to showers?  | Yes | No |
| Do you have access to toilets?  | Yes | No |
| Are toilets communal or private? | Communal | Private |
| J. FOOD |
| During the last 7 days, how many days has your household employed one of the following strategies to cope with a lack of food? |
| **Coping strategies** | **Number of Days (max 7)** |
| Relied on less preferred, less expensive food |  |
| Borrowed food or relied on help from friends or relatives |  |
| Reduced the number of meals eaten per day |  |
| Reduced portion size of meals |  |
| Reduction in the quantities consumed by adults/mothers for young children |  |
| K. HEALTH |
| Has any member of your family needed medical care since arriving in this location?  | Yes | No | If yes, were they able to get the care they needed? | Yes | No |
| Are children under 5 years old vaccinated?  | Measles  | All | Some | None |
| Polio  | All | Some | None |
| L. EDUCATION |
| Did any of your children miss exams as a result of displacement? | Yes | No |
| Do you know where your children will be attending school at the beginning of the school year? | Yes | No |
| M. PROTECTION |
| Is your freedom of movement restricted? | Yes | No |
| Have you experienced any hostility from the host community in which you currently live?  | Yes | No |
| Are you registered as IDPs with the authorities?  | Yes | No |

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| N. Observations |
| Does the common area look clean? | Yes | No |
| Is there a cooking area? | Yes | No |
| If yes, does it look clean? | Yes | No |
| Are there latrines? | Yes | No |
| If yes, are they clean? | Yes | No |
| Are there showers? | Yes | No |
| If yes, are they private or communal? | Private | Communal |
| If yes, are they clean? | Yes | No |
| Are there signs of open air defecation? | Yes | No |
| Is solid waste disposed of in the open? | Yes | No |