

# Report of the UN Assessment of IDP COSS sites in Western Cape Province July 2008

## Executive Summary of Findings

Tuesday, 29 July 2008

From the findings of the assessment it is clear that the City and Provincial authorities have spent a great deal of time, effort and resources on the provision of services to safe sites for the IDPs dislocated by xenophobic violence in Cape Town in May of 2008. However due to the fact that the current protracted displacement situation presents the government authorities with a crisis situation that goes beyond their recent experience there are a number of areas which could be strengthened. It is the opinion of the assessment team that it is possible for the government to address the most urgent and important findings with a minimum of additional expenditure and effort and thereby improve safety and the living conditions of IDPs.

The following is a summary of the most urgent and important findings of the assessment along with recommendations on how they can best be addressed. These recommendations are offered as constructive suggestions and not as criticism of the current state.

### 1. Communications

The current lack of communication from the government to IDPs is causing severe psychological distress and will likely hinder reintegration or other durable solutions. This also serves to increase distrust of the IDP community within the government.

Communication between IDPs and the government must be regular and include relevant line ministries. Site visits composed of key stakeholders should regularly visit the camps to meet with IDPs and share information. For this to work the government will need to commit adequate time and be prepared to listen to concerns and answer questions in addition to providing information to the IDP groups.

### 2. Security

Access control is not systematic in all sites. It needs to be improved in line with JOC recommendations. In order to improve access control it is recommended that training for security staff in expected standards be given, and additional monitoring and spot checks be commenced.

### 3. Shelter

Current shelter in tents in all sites is inadequate and below minimum standards for privacy, dignity, protection and safety issues. It is recommended that the government remove large tents and provide family sized tents.

Accommodation in community halls is inadequate and below minimum standards regarding privacy, dignity, protection issues and health issues. It is recommended that alternative suitable accommodation be found in consultation with IDPs.

#### **4. NFI – (Non-Food Items)**

Currently in several sites a number of IDPs do not have mattresses or blankets, given the current weather in Western Cape these should be provided as needed to IDPs who have not received these essential items (eg Harmony Park urgently needs 430 mattresses) as soon as possible.

Currently NFIs are provided on an ad-hoc basis and there appears to be little record keeping in this area. It is recommended that the government develop and implement a system for recording donations and supplies to develop a complete picture of current stocks, gaps and future requirements in this area in consultation with NGOs and FBOs.

#### **5. Food and Nutrition**

Food is a problematic area in all sites. The nutritional value should be assessed and the quality and quantity of food monitored. It should be ensured that vulnerable groups have access to sufficient and nutritious food. Greater participation from IDPs should be encouraged.

#### **6. Education**

In all sites there are children not attending school, given that school has restarted after the holiday break, it is urgent to provide access to education. In several sites IDPs indicated that they do not wish to have their children leave the sites, if possible schooling could be provided within the camps.

#### **7. Protection**

The return and reintegration process needs to be addressed within a reintegration strategy set by the authorities. Assessment of areas of return needs to be done prior to the return of the IDPs. The remaining IDPs in the sites are those who lost part or all belongings and then need to receive a reintegration package from the government or the civil society.

While very few cases of perpetrated or attempted sexual violence, sexual exploitation and domestic violence have been reported, this should not be taken to mean that these issues are not a problem. In situations of displacement, sexual violence, exploitation and abuse is common, and the few reported cases are an indicator of a larger problem. It is also important to note that there are no reporting mechanisms in place to facilitate reporting and for women in particular there is very little trust of service providers within sites and among health and security personnel in general.

#### **8. Water and Sanitation**

In all sites water supply exceeded minimum requirements, however in some sites access to hot water for bathing was limited. In all sites sanitation was adequate, however in some site this needs to be improved with participation from IDPs.

Toilet/bathing facilities in all sites pose serious protection concerns for women and girls. These facilities should be sex-disaggregated, and clearly marked for men and women/children. In all sites these facilities should be securable from the inside, and the security of these facilities should be monitored on an on-going basis (day and night) by both male and female security personnel.

## **I. Methodology:**

UN agency staff (WFP, UNHCR, UNICEF and UNOCHA) and officials from the Department of Local Government and Housing participated in a 4 day in-depth assessment of the 6 most populous (at time of planning) IDP sites in Western Province. This assessment was a follow up to the rapid assessment undertaken by UN and government officials on the 6th June 2008 in Cape Town. The terms of reference for this assessment were discussed and ratified by the PDMC JOC on the 4<sup>th</sup> July 2008 (see annex A).

The assessment was undertaken using the attached tool (see Annex B) which was used to interview focus groups of:

1. IDP Leaders' committees
2. The site manager
3. Men not in the committee
4. Women not in the committee
5. Young or adolescent men (where possible)
6. Young or adolescent women (where possible)

This information was, to the extent possible, double checked through visual observation of the site infrastructure. Due to timing issues it was not always possible to see all activities; for example food distributions were only seen at some sites and health staff were only seen in some sites.

### **Dates:**

Blue Waters	Thursday 11 <sup>th</sup> July 2008 (Pilot)
Soetwater	Monday 14 <sup>th</sup> July 2008 (AM)
Youngsfield	Monday 14 <sup>th</sup> July 2008 (PM)
Solomon Mahlangu	Tuesday 15 <sup>th</sup> July 2008 (AM)
Harmony Park	Tuesday 15 <sup>th</sup> July 2008 (PM)
Silverstroom	Wednesday 16 <sup>th</sup> July 2008

### **Date of report:**

**Tuesday, 29 July 2008**

## II. General findings:

Finding	SPHERE standard (or other if indicated)	Suggested fix
<p><b>General</b></p> <p>Currently there is little or no participation by IDPs in service provision within the sites.</p>	<p><b>1. Participation:</b> Disaster affected population actively participates in the assessment, design, implementation, monitoring and evaluation of the assistance programme. Page 28</p> <p><b>See</b> IASC Gender Handbook in Humanitarian Action: <i>Women, Girls, Boys, and Men: Different Needs – Equal Opportunities</i> (2006) (<a href="http://www.humanitarianreform.org/Default.aspx?tabid=656">http://www.humanitarianreform.org/Default.aspx?tabid=656</a>)</p>	<p>IDPs should be included in provision of security, food distribution, cleaning, and other sectors as achievable. An exercise of mapping IDP skills should be undertaken to see if they can provide services or assistance within the camps. Women and girls should be incorporated in a meaningful way into all site-related issues, and women and men should take part equally (in numbers and consistency) in decision-making and all site-related activities.</p>
<p>Currently there is little monitoring of the sites by relevant line ministries</p>	<p><b>5. Monitoring:</b> The effectiveness of the programme in responding to problems is identified and changes in the broader context are continually monitored, with a view to improving the programme, or to phasing out as required. Page 37</p>	<p>Regular and systematic monitoring structures should be introduced and overseen by line ministries</p>
<p>The IDP committees should be restructured to be more representative and accountable;</p>	<p><b>See:</b> <b>Camp Management Handbook</b> IASC Gender Handbook in Humanitarian Action: <i>Women, Girls, Boys, and Men: Different Needs – Equal Opportunities</i> (2006) (pages: 41-47) (<a href="http://www.humanitarianreform.org/Default.aspx?tabid=656">http://www.humanitarianreform.org/Default.aspx?tabid=656</a>)</p>	<p>IDP committees should be elected with 50% women and all nationalities represented, these committees should receive training and guidance on their roles and responsibilities.</p>
<p>While the mega sites now have a site manager and one assistant staffing levels are low</p>	<p><b>8. Supervision, management and support of personnel:</b> Aid workers receive supervision and support to ensure effective implementation of the humanitarian assistance programme. Page 41</p>	<p>At new sites or larger sites (by population) staffing levels should be increased</p>
<p>Currently there is no targeting of assistance</p>	<p><b>4. Targeting:</b> Humanitarian assistance or services are provided equitably and impartially based on the vulnerability and needs of individuals or groups affected by disaster. Page 35</p>	<p>In future when distributing limited goods targeting of the most needy should be undertaken</p>
<p>The lack of regular transport at the site is a concern in the sites located outside the city</p>	<p><b>3. Income and employment:</b> Where income generation and employment are feasible livelihood strategies, people have access to appropriate income-earning opportunities, which generate fair remuneration and contribute towards</p>	<p>Provide or facilitate access to transport at remote sites</p>

<p>of Cape Town.</p>	<p>food security without jeopardizing the resources on which livelihoods are based. Page 128</p> <p>Access to livelihoods can reduce risk to GBV and mitigate its effects. IASC Gender Handbook in Humanitarian Action: <i>Women, Girls, Boys, and Men: Different Needs – Equal Opportunities</i> (2006) (pages: 83-88) (<a href="http://www.humanitarianreform.org/Default.aspx?tabid=656">http://www.humanitarianreform.org/Default.aspx?tabid=656</a>)</p>	
<p>The lack of regular transport at the site is a concern in the sites located outside the city of Cape Town</p>	<p><b>4. Access to markets:</b> People's safe access to market goods and services as producers, consumers and traders is protected and promoted. page 131</p>	<p>In order to improve the likelihood of reintegration and to allow IDPs access to markets and the local community it is recommended that remote sites have transport provided (eg Silverstroom , Soetwater and Bluwaters)</p>
<p><b>Communications</b></p>		
<p>The current lack of communication from the government to IDPs is causing severe psychological distress and will likely hinder reintegration. This also serves to increase distrust of the IDP community within the government.</p>	<p><b>See:</b> The camp management toolkit (pages 63-65) (<a href="http://www.nrc.no/archiv_img/9295458.pdf">http://www.nrc.no/archiv_img/9295458.pdf</a>)</p>	<p>Communication between IDPs and main stakeholders (especially government) must be regular and include relevant line ministries. Site visits composed of key stakeholders should regularly visit the camps to meet with IDPs and share information. In addition it is recommended that notice boards be installed in sites to allow information to be posted centrally. Efforts should be made to ensure that all information is provided through the most appropriate means equally to women, girls, boys and men and always involving the camp manager.</p>
<p><b>Security</b></p>		
<p>Access control is not systematic in all the sites. It needs to be improved in line with JOC recommendations.</p>	<p><b>See:</b> The camp management toolkit (pages 237 - 271) (<a href="http://www.nrc.no/archiv_img/9295458.pdf">http://www.nrc.no/archiv_img/9295458.pdf</a>)</p>	<p>Training for and gender diversity of security staff, clear procedures, additional monitoring and spot checks. Access to regular service providers should be centralised and only those that are approved should receive an ID/pass to be allowed entry. Ad-hoc entry should also be systematised.</p>
<p>The security around most sites needs to be strengthened including regular patrols in and around the site, improvements to fencing</p>	<p><b>See:</b> The camp management toolkit (pages 363 - 386) (<a href="http://www.nrc.no/archiv_img/9295458.pdf">http://www.nrc.no/archiv_img/9295458.pdf</a>)</p>	<p>Repairs or upgrades of locks in the women's toilets would assist in protection of women and children. If possible assigning female police/security to the sites would be of assistance.</p>

and lighting (especially lighting at the women's toilets).		
<b>Shelter</b>		
Current shelter in tents in all sites is inadequate and below minimum standards for privacy, dignity, protection and safety issues	<b>3. Covered Living Space:</b> People have sufficient covered space to provide dignified accommodation. Essential household activities can be satisfactorily undertaken and livelihood support activities can be pursued as required. Page 219	Remove large tents and provide family sized tents suitable to climatic conditions in the Western Cape. <b>Single women or unaccompanied adolescent girls should be placed in tents for females only, and these tents should receive additional protection monitoring.</b>
Accommodation in community halls is inadequate and below minimum standards regarding privacy, dignity, protection issues and health issues.	<b>4. Design:</b> The design of the shelter is acceptable to the affected population and provides sufficient thermal comfort, fresh air and protection from the climate to ensure their dignity, health, safety and well-being. Page 221	Find alternative suitable accommodation in consultation with IDPs
<b>NFI</b>		
Currently in several sites a number of IDPs do not have mattresses or blankets	<b>1. Clothing and bedding:</b> The people affected by the disaster have sufficient clothing, blankets and bedding to ensure their dignity, safety and well-being. Page 230	Provide these as needed to IDPs who have not received these essential items (eg Harmony Park urgently needs 430 mattresses)
In all sites it was noted that the frequency and number of donations of NFIs are reducing	<b>2. Personal hygiene:</b> Each disaster-affected household has access to sufficient soap and other items to ensure personal hygiene, health, dignity and well-being. Page 232	Women and girls need continuous access to sanitary materials and hygiene kits, including soap and underwear.
<b>Food and Nutrition</b>		
In all sites food was seen as the main concern and source of tension for IDPs	<b>1. Food Security:</b> Where people are at risk of food insecurity, programme decisions are based on demonstrated understanding of how they normally access food, the impact of the disaster on current and future food security, and hence the appropriate response. Page 111	Provide adequate food on a needs basis with greater participation from IDPs
In all sites food was seen as the main concern and source of tension for IDPs	<b>1. General food security:</b> People have access to adequate and appropriate food and non-food items in a manner that ensures their survival, prevents erosion of assets and upholds their dignity. Page 120	Provide adequate food on a needs basis with greater participation from IDPs
Women in many of the	<b>2. At-risk groups:</b>	On a needs basis, provide adequate supplementary

<p>sites reported problems with breastfeeding due to the poor nutritional value of the food received. Supplementary feeding of children under 5 years of age is not provided or provided irregularly</p> <p>In all sites there were concerns expressed regarding the food quality</p>	<p>The nutritional and support needs of identified at-risk groups are met. Page 140</p> <ul style="list-style-type: none"> <li>• Infants under six months are exclusively breastfed or, in exceptional cases, have access to an adequate amount of an appropriate breast milk substitute. (see guidance notes 1-2)</li> <li>• Children aged 6-24 months have access to nutritious, energy-dense complementary foods. (see guidance note 3)</li> <li>• Pregnant and breastfeeding women have access to additional nutrients and support. (see guidance note 4)</li> </ul> <p><b>3. Food quality and safety:</b> Food distributed is of appropriate quality and is fit for human consumption. Page 160</p>	<p>food for vulnerable groups</p> <p>Ensure effective monitoring, training and support for food providers</p>
<p>No nutritional assessment of food has been completed</p> <p>There is little or no record keeping for food distributed</p> <p><b>Information about food distributions to IDPs is non-existent</b></p>	<p><b>1. All groups:</b> The nutritional needs of the population are met. Page 137</p> <p><b>Food aid management: standard 3</b> The method of food distribution is responsive, transparent, equitable and appropriate to local conditions. Page 168</p> <p><b>Food aid management: standard 3</b> The method of food distribution is responsive, transparent, equitable and appropriate to local conditions. Page 168</p>	<p>Undertake a nutritional assessment of food provided to ensure it meets SPHERE standards</p> <p>For purposes of efficiency, effectiveness and accountability, ensure that distributions are monitored and evaluated</p> <p>Information should be disseminated and include the quantity and type of ration to be distributed, time of distribution and the nutritional quality of the food</p>
<p><b>There is little participation among IDPs, for instance in the form of food committees</b></p>	<p><b>Food aid management: standard 3</b> The method of food distribution is responsive, transparent, equitable and appropriate to local conditions. Page 168</p>	<p>Form food committees in all sites in order to address issues of concern and to ensure involvement and participation from the IDPs.</p>
<p><b>Education</b></p>		
<p>In all sites there are children not attending school</p>	<p><b>See:</b> The camp management toolkit (pages 537 - 558) (<a href="http://www.nrc.no/archi/img/9295458.pdf">http://www.nrc.no/archi/img/9295458.pdf</a>)</p>	<p>Urgently provide access to education or other safe informal educational opportunities until children can safely go to school outside the sites</p>
<p><b>Protection</b></p>		
<p>There is a need for improved protection for women and children</p>	<p><b>See:</b> Inter-Agency Standing Committee (IASC) <i>Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on prevention of and response to sexual violence in emergencies</i> (2005)</p>	<p>Provide training on gender sensitivity and GBV, and ensure female representation among security providers at all sites.</p>

	<p>(<a href="http://www.humanitarianreform.org/Default.aspx?tabid=657">http://www.humanitarianreform.org/Default.aspx?tabid=657</a>), IASC Gender Handbook in Humanitarian Action: <i>Women, Girls, Boys, and Men: Different Needs – Equal Opportunities</i> (2006) (<a href="http://www.humanitarianreform.org/Default.aspx?tabid=656">http://www.humanitarianreform.org/Default.aspx?tabid=656</a>)</p> <p><b>See:</b> Inter-Agency Standing Committee (IASC) <i>Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on prevention of and response to sexual violence in emergencies</i> (2005) (<a href="http://www.humanitarianreform.org/Default.aspx?tabid=657">http://www.humanitarianreform.org/Default.aspx?tabid=657</a>) and Secretary General's Bulletin on Protection from Sexual Exploitation and Abuse by UN Staff and Partners (<a href="http://ochaonline.un.org/HumanitarianIssues/ProtectionfromSexualExploitationandAbuse/tabid/1204/Default.aspx">http://ochaonline.un.org/HumanitarianIssues/ProtectionfromSexualExploitationandAbuse/tabid/1204/Default.aspx</a>)</p>	<p>All staff/volunteers working in the camps should be trained in the prevention of sexual exploitation and abuse. COC should be disseminated, understood and signed by all individuals who have access to beneficiaries.</p>
<p>In sites visited, there are limited or no structured recreational activities or space for children.</p> <p>In sites visited, there are limited or no areas for social interaction or structured activities for IDPs</p>	<p><b>See:</b> The camp management toolkit (pages 201 - 207) (<a href="http://www.nrc.no/archiv_img/9295458.pdf">http://www.nrc.no/archiv_img/9295458.pdf</a>)</p> <p><b>See:</b> The camp management toolkit (pages 201 - 207) (<a href="http://www.nrc.no/archiv_img/9295458.pdf">http://www.nrc.no/archiv_img/9295458.pdf</a>)</p>	<p>Provide child friendly spaces and structured activities suitable for children</p> <p>Engage all camp residents, children, adolescents and adult males and females in age-appropriate activities especially in remote sites.</p>
<p><b>Water and Sanitation</b></p> <p>Provision of soap and toilet paper as a hygiene kit would address concerns relating to hygiene concerns.</p> <p>In all sites women expressed concern relating to safety while using facilities</p>	<p><b>2. Personal hygiene:</b> Each disaster-affected household has access to sufficient soap and other items to ensure personal hygiene, health, dignity and well-being. Page 232</p> <ul style="list-style-type: none"> <li>• Each person has access to 250g of bathing soap per month.</li> <li>• Each person has access to 200g of laundry soap per month.</li> <li>• Women and girls have sanitary material for menstruation.</li> <li>• Infants and children up to two years old have 12 washable nappies or diapers where these are typically used.</li> </ul> <p><b>1. Access to and numbers of toilets:</b> People have adequate numbers of toilets, sufficiently close to their dwellings, to allow them rapid, safe and acceptable access at all times of the day and night. Page 71</p>	<p>Currently sites are dependent on donations received from TAC and other civil society groups. As donations reduce provision of these commodities will need to be undertaken by government</p> <p>Improve lighting and security within and around toilets. All communal latrine and bathing cubicles for women and girls should be separated from those of men and boys. They should be situated in close locations with lighting, and secure (with locks on the inside). Women and girls should be engaged in all design and</p>

	<p>monitoring activities to ensure that toilet and bathing facilities are safe.</p>
<p><b>Health</b></p>	<p>Where health facilities are not provided these should be provided. Where health provision is available the availability of these should be communicated more effectively through the site coordinator and the communications team. Hours should be as regular and consistent as possible.</p> <p>Utilise existing health facilities to provide these services</p>
<p>Health and psychosocial services are for the most part limited and inconsistent.</p>	<p><b>3. Coordination:</b> People have access to health services that are coordinated across agencies and sectors to achieve maximum impact. Page 263</p>
<p>There is a need for reproductive health services within each site.</p>	<p><b>2. Reproductive health:</b> People have access to Minimum Initial Service Package (MISP) to respond to their reproductive health needs. <b>GBV:</b> Prevent sexual violence and assist survivors through provision of clinical services that include access to post-exposure prophylaxis and emergency contraception pills. <b>Safe Motherhood:</b> Prevent excess maternal and neonatal mortality and morbidity: establish referral system for obstetric emergencies 24/7, provide clean delivery and midwife kits. <b>STIs, including HIV prevention and treatment:</b> Provide access to free condoms; ensure adherence to universal precautions; assure safe blood transfusions.</p> <p>For further details on the MISP see: <a href="http://www.rhrc.org/pdf/fs_misp.pdf">http://www.rhrc.org/pdf/fs_misp.pdf</a> Page 288</p>
<p>Psychosocial assistance is limited and inconsistent</p>	<p><b>3. Mental and social aspects of health:</b> People have access to social and mental health services to reduce mental health morbidity, disability and social problems. Page 291</p>
<p>Assistance and medication for those with chronic illnesses are limited and inconsistent</p>	<p><b>4. Chronic diseases:</b> Populations in which chronic diseases are responsible for a large proportion of mortality, people have access to essential therapies to prevent death. Page 294</p>

**Additional findings of note:**

In all sites the site manager and IDPs reported that the IDP community has lost all most all their belongings.

In all sites IDPs reported that all were working prior to the displacement. The majority of them were running their own business. Very few of them are still working. Some of those workers still employed spend some time during the week at their work place and return to stay in the sites during the weekend.

In all sites IDPs reported that xenophobic attacks (whether verbal or physical) were common place prior to May of 2008 and there were many reports of xenophobic attacks or abuse, mostly outside the camps, since they have been in the camps. Many reported trying to return to their communities but leaving shortly after arriving due to direct threats.

In addition to the above mentioned issues, protection is a broader and cross cutting issue. The return and reintegration process needs to be addressed within a reintegration strategy set by the authorities. Assessment of areas of return needs to be done prior to the return of the IDP. The remaining IDPs in the sites are those who lost part or all belongings and then need to receive a reintegration package from the government or the civil society.

**The assessment brought several protection issues to the fore which require urgent attention:**

While very few cases of perpetrated or attempted sexual violence, sexual exploitation and domestic violence have been reported, this should not be taken to mean that these issues are not a problem. In situations of displacement, sexual violence, exploitation and abuse is common, and the few reported cases are an indicator of a larger problem. It is also important to note that there are no reporting mechanisms in place to facilitate reporting and for women in particular there is very little trust of service providers within sites and among health and security personnel in general. Women also reported other barriers related to reporting including stigma, not knowing the value of reporting early, and the low availability of services.

Generally, women revealed low levels of information when it came to accessing services for sexual violence, and they also reported high levels of resistance towards reporting or obtaining help for this kind of problem due to the poor past experiences that they have had as foreign women with both police and health care providers.

The high number of individuals going into and out of the camps is very concerning especially considering that it is unclear as to whether or not they have received training on the prevention of sexual exploitation and abuse or if they have a Code of Conduct (COC) to guide their behaviour around camp beneficiaries.

### **Key Protection Recommendations:**

- Ensure that all sites conform to principles of basic protection planning. Particular attention should be paid to locations where acts of GBV have or are likely to occur (e.g. toilets and bathing facilities). Ensure sufficient security and lighting; allocation of adequate space per family and that unaccompanied minors are housed with trusted individuals and other single women and men are housed separately. Unaccompanied minors and single women should receive extra protection monitoring services.
- Ensure that the voices of women and girls and men and boys are incorporated equally in a meaningful way into all site-based decision-making.
- Ensure sufficient policing by male and female police staff.
- Information dissemination should be prioritised. Information on key issues, including security and registration, should be provided to all groups (men, women, girls and boys) in a neutral and transparent manner.
- Disseminate COC to all camp-based workers/volunteers, ensure that the COC are understood and signed off by each person.
- Create and disseminate Standard Operating Procedures (including reporting procedures, protocols and referral guidelines) to handle GBV and other child protection concerns (prioritising access to services from the health, security, legal/justice and psychosocial sectors).
- Ensure that children and adolescents should have access to child-friendly spaces, and issues of gender, age and disabilities should be taken into consideration.
- Ensure access to socio-economic initiatives, such as education, cultural/religious and sports activities to protect individuals and foster recovery from violence.
- Ensure that all distributions (both food and non-food items (NFI) are sufficient and are done in a clear, consistent and transparent manner.
- Mobilize the beneficiaries themselves to protect its members through community policing.

### **III. Quick fixes recommended per site:**

#### **Blue Waters quick fixes**

- Improve lighting at toilets and ablation blocks
- Divide toilets and ablation blocks by gender (make sure that there is a large distance between the segregated toilets). Easy to read signs need to be placed on all of the ablation blocks indicating that they are for men only and women only.
- Ensure that it is possible to secure all toilets and bathing facilities from the inside.
- Provide female security guards to assist with security patrols, especially around the toilet/bathing facilities
- Hand-washing at portable toilets (with soap)
- Provide transport
- Better communication on availability of medical services including placing a flag on the tent/structure that is used for the provision of health care services that can be raised to let people know that service providers are available to help the.

#### **Soetwater quick fixes**

- Improve lighting at toilets and ablation blocks
- Divide toilets and ablation blocks by gender (make sure that there is a large distance between the segregated toilets).
- Ensure that it is possible to secure all toilets and bathing facilities from the inside.
- Provide female security guards to assist with security patrols, especially around the toilet/bathing facilities
- Easy to read signs need to be placed on all of the ablation blocks indicating that they are for men only and women only.
- Hand-washing at portable toilets (with soap)
- Provide transport
- Better communication on availability of medical services including placing a flag on the tent/structure that is used for the provision of health care services that can be raised to let people know that service providers are available to help the.

#### **Youngsfield quick fixes**

- Improve lighting at toilets and ablation blocks
- Divide toilets and ablation blocks by gender (make sure that there is a large distance between the segregated toilets).
- Easy to read signs need to be placed on all of the ablation blocks indicating that they are for men only and women only.

- Ensure that it is possible to secure all toilets and bathing facilities from the inside.
- Provide female security guards to assist with security patrols, especially around the toilet/bathing facilities
- Hand-washing at portable toilets (with soap)
- Better communication on availability of medical services including placing a flag on the tent/structure that is used for the provision of health care services that can be raised to let people know that service providers are available to help the.
- Provide site Manager an office

#### **Solomon Mahlangu quick fixes:**

- Still need 10 mattresses
- Repair/upgrade locks in the toilets
- Improve access control
- Given the security issues in this site relocation is strongly recommended
- Provide communication regarding reintegration, registration and plans for the future

#### **Harmony Park quick fixes**

- Improve lighting at toilets and ablution blocks
- Divide all toilets and ablution blocks by gender. Allocate the first brick bathing and toilet facility to men only (both sides), and the second one (the one near to the majority of the tents) to women only.
- Easy to read signs need to be placed on all of the ablution blocks indicating that they are for men only and women only.
- Make sure that there is a large distance between the segregated ablution blocks).
- Ensure that it is possible to secure all toilets and bathing facilities from the inside.
- Provide female security guards to assist with security patrols, especially around the toilet/bathing facilities
- Provide mattresses urgently to all IDPs

#### **Silverstroom quick fixes**

- Improve lighting at toilets and ablution blocks
- Divide toilets and ablution blocks by gender (make sure that there is a large distance between the segregated toilets).
- Ensure that it is possible to secure all toilets and bathing facilities from the inside.
- Easy to read signs need to be placed on all of the ablution blocks indicating that they are for men only and women only.

- Provide female security guards to assist with security patrols, especially around the toilet/bathing facilities
- Place a flag on the tent/structure that is used for the provision of health care services that can be raised to let people know that service providers are available to help the.

#### **IV. Demographic data<sup>1</sup>:**

Breakdown by Gender:

<b>Site</b>	<b>M ale</b>	<b>Female</b>	<b>Children</b>	<b>Total</b>
Blue Waters	81	59	13	<b>153</b>
Soetwater	48 0	240	130	<b>850</b>
Youngsfield	27 0	110	113	<b>493</b>
Solomon Mahlangu	13 4	43	21	<b>198</b>
Harmony Park	36 4	45	21	<b>430</b>
Silverstroom	35	20	39	<b>94</b>
<b>Total</b>	<b>1,3 64</b>	<b>517</b>	<b>337</b>	<b>2,218</b>

Population disaggregated by nationality:

<b>Site</b>	<b>Nationality</b>
Blue Waters	Congolese 277, Burundian 54, Rwanda 42, Zimbabwe 19, Angola 15, Mozambique 1, Zambia 1, Kenya 1, Tanzania 2
Soetwater	Somali, Congolese, Rwandan, Tanzanian, Zimbabwean, Ethiopian, and Bangladeshi
Youngsfield	Burundi-114, Somali-161, Zimbabwe-64, Uganda-14, Rwanda-95, Mozambique-12, Tanzania-7, Angola-8, Malawi-17, Kenya-1
Solomon Mahlangu	Zimbabwe (mainly), Malawi, Ghana
Harmony Park	313 Zimbabwe, 41 Mozambique, 11 DRC, 11 Burundian, 4 South Africans, 10 Malawian
Silverstroom	Zimbabwe 7 men 4 women 3 children, DRC 12 men 12 women 36 children, Congo Brazzaville 1 female, Burundi 8 men, 3 female, Tanzania 7 males, Zambia 1 male

<sup>1</sup> It was not possible to collect data on population disaggregated by age, however once the registration exercise is complete this information should be available.

In total 17 different nationalities including South Africans are living in the six major sites visited.

## **V. Specific site finding per sector:**

### **A. Site management:**

#### **Blue Waters**

The majority of IDPs found the site location to be appropriate but they expressed concern at the distance from the site to the nearest town centres, and the fact that the site is very cold, windy and wet.

There is a site management committee which has no terms of reference however the committee is not representative of the broader group and there were reports of lack of communication between the leaders and the group. In addition the site manager and other respondents reported only men in the committee and could not confirm its size or make up. The committee does represent most of the nationalities within the camp and is dominated by Congolese. The committee is not organised, is not elected, has no TOR, is not structured and does not seem to represent the broader community. It was reported by other groups that they did not know who was in the committee, what their function is and that there are no regular communications between the committee and the IDP community. The IDPs and the committee are not involved in any activities within the site (such as cleaning, food preparation or distribution, recreational activities, or educational activities).

For the majority of Zimbabwean IDPs the reported reasons for displacement were direct physical attacks however for the Congolese community the main reason reported was fear of attack. The Congolese community initially sought refuge at police stations and were moved to Blue Waters on the 24<sup>th</sup> of May 2008. All of the IDPs report having lost their belongings including furniture, and one person reported that the house he owned was destroyed, the rest of the group were renting. All of the IDPs reported being employed or working (including self employed) prior to the displacement, now only 15 people report that they are working, the others have lost their work.

The number of families reported at the site was 76 and it was reported that all family groups are together in the site.

#### **Soetwater**

The Site Management in Soetwater is coherent, focused and shows signs of initiative and problem solving. The Site Managers have developed ground rules for all who enter the camp and are exercising access control in a systematic fashion. The site manager has good records on demographics and a good knowledge of the camp members.

There is a site management committee which has no terms of reference but appeared to be somewhat more representative than at other sites. The committee had a mix of women and men. The committee is not elected and has no TOR however it seems to be functioning and working with the Site Management despite the fact that it thinks that the communication is insufficient with the manager. The IDPs and the committee are involved in activities within the site (such as cleaning, food distribution, and some recreational activities). Many of the IDPs report good communication and representation with their leaders committee. There are some women on the committee. Different nationalities are represented on the committee. The committee reported that they do not have good communication with the site manager.

The population is composed of Somali, Congolese, Rwandan, Tanzanian, Zimbabwean, Ethiopian, and Bangladeshi. Many of the IDPs report direct attacks in addition to fear of attacks as their motive for seeking safety. All IDPs report having lost some or all of their belongings, and most report having lost their businesses. Only 7 are still in regular employment.

The community does contribute to some extent to the cleaning of toilet facilities and site cleaning. There were conflicting reports as to the existence of shared community facilities such as a church and a mosque.

While the isolation and distance from Soetwater to other communities offers good protection, this also hinders reintegration and interaction with the broader community. The IDPs report the extreme weather in Soetwater to be a major concern.

There is no communication from the government in regard to reintegration, durable solutions, registration, availability of health services within and without the camp, or availability of services. In the site, there is a weekly coordination meeting every Saturday between the site coordinator and the IDPs committee.

### **Youngsfield**

The Site manager and some camp residents stated that they thought that the site itself was appropriate except that it gets waterlogged and the weather (too cold). The camp leaders felt that being in a military base was not appropriate.

The camp management committee represents all nationalities, the site manager reported there are 8 men and 6 women, the leaders reported 10 men and 2 women on the committee. All groups complained the site is cold and wet. The IDPs report they play a role in the running of the clinic. The IDPs clean the showers and within tents. There is no one running children's activities. There is a church and a mosque but there is no social area. There is access control, but it appears to be inconsistent.

TAC, HRC, and Grassroots attend the site. Grassroots is working with children. There is a tent that has been allocated for children and is managed by Grassroots.

Youngsfield:

The Site Manger needs a separate office space as a matter of priority, as the current situation is not tenable.

### **Solomon Mahlangu**

The location of the site was not found to be conducive to the safety of the group due to the fact that they are in the vicinity of the community where they were attacked and that *allegedly* those that officially provide their security were involved in the attacks. The site leaders committee represents all national groups and reports to TAC and to the site coordinator. IDP and city council provide cleaning of the site. There were concerns expressed that media and other groups are not allowed access to the site

There are 6 pregnant women and 18 lactating. 80% have lost all of their belongings, one owns his house. All were working before the attacks, now quite a few men are still working.

### **Harmony Park**

Most IDPs displaced because of direct attacks, most have lost everything, and they were all renting. Approximately 60 - 75 are working currently mostly in day labour work. Most were working prior to the attacks.

The location is said to be adequate, except for the weather. There are 10 people on the IDP management committee including 2 women.

City council is doing the cleaning and the IDPs do not contribute or participate in service provision. There is outdoor space for recreation.

Grassroots and a volunteer are providing some activities for children. Currently one chalet is being fitted for use as a crèche for children.

### **Silverstroom**

The IDPs have been displaced since May 24<sup>th</sup>. The total population has decreased significantly since June however the remaining population are adamant they do not wish to reintegrate. There are two pregnant women both in their first trimester. There are three lactating women.

The IDPs sought safety in safe sites due to direct violence, they report they sought safety in a Hall but were chased from that site. All of the groups lost their belongings. The majority were renting except two who owned their own houses. None who stay in the camp are working at present. All of those who had businesses (approximately 15) have lost them. There are 18 family groups in the camp.

### **B. Security in the site:**

### **Blue Water:**

There is no continuous fence surrounding the site, this does not allow for access control or guaranteed security within the site.

Access control is present at the gate but only record names, car registration numbers and the date, however when the team visited their details were not requested. Security is present at the main gate with police and a contracted security guard; however respondents indicated that no patrolling within the site occurs. No patrolling of the perimeter is undertaken. The perimeter fence is in disrepair and does not offer any security; in addition there is inadequate lighting around the perimeter. IDPs have freedom of movement. IDPs do not play any role in security provision within the site. Electricity is provided but is at times disrupted due to overloading.

Some conflicts within the site have occurred but have been resolved; the site manager reports that food (especially distribution) is the most common cause of conflict. In addition 2 attempted rapes were reported within the site by women, neither women nor children feel safe using the toilets at night due to inadequate lighting and poor locks in the bathrooms. Children report that they do not feel safe because of cases of violence between adults and disruptive behaviour due to alcohol.

In addition several groups reported feeling insecure when leaving the site as there is a criminal group which hang around under the bridge behind the camp. This hinders freedom of movement outside of the camp.

### **Soetwater**

There is no fence around the perimeter. The entrance is controlled and visitor's access is controlled. IDPs report that their family members are not given access to the site, and they report some volunteers were not allowed access; however this could not be confirmed.

Lighting is inadequate around the perimeter of the site and at the ablution blocks; however it was observed that the electrical system was being repaired. Several IDPs have attempted to reintegrate but have returned due to threats of violence. Women do not feel safe in the camp and feel uncomfortable near the police. There have been several incidents of attempted harassment or abuse in the ablution blocks.

### **Youngsfield**

Security in the site is not strong enough to encourage confidence in the people. The residents feel that people can enter at any time.

Camp leadership includes 8 men and 2 women. Many people reported that they do not feel like it is representative of the camp population.

People reported that they are sometimes intimidated by the police in the site; they were reported as being aggressive, whereas they felt the military treated them extremely well.

Women and young girls do not feel safe in the site, especially in the tents and in and around at toilets. Women and girls both reported that the toilets are not separated and that there have been incidents of sexual harassment and attempted abuse/violence.

There have been incidents of people trying to return to their home locations (pre displacement) who have been attacked. People stated that they do not feel safe because they are not able to open a bank account, and they feel everyone knows that they have to carry their money at all times. Males especially, reported a heightened sense of insecurity due to this.

### **Solomon Mahlangu**

Security is a great concern; there is no effective access control. Doors are open 24 hours per day. The security firm is a concern and it was reported they do not have communications facilities in case of emergency. There were issues expressed around abuse of alcohol within the site and associated violence. There have been threats or verbal abuse from police officers and they do not respond to calls for assistance. Outside the camp they are often subjected to criminal attack and xenophobic abuse.

Recently the toilets have been closed inside the centre. This has made it necessary for women to use the unlit toilets that are located outside the front of the building on the main road outside of a secure perimeter.

Many said they would reintegrate if possible but not in Khalyestsha and most would like to register.

### **Harmony Park**

There is decent access control but the fence should be strengthened. Lighting is satisfactory in the site; however at the women's toilet it could be improved. The fence should be improved.

Many are reported to have tried to reintegrate but have had to return after being threatened.

IDPs report food and NFI distributions to be the main sources of tension. There were reports of theft in the camp and the Security Firm was said to be sub-standard. There were also accusations of diversion of donated goods.

Women reported feelings of insecurity in the site, especially in the toilets and bathing facilities. Women reported incidents where men have tried to open the doors to the

toilets and bathing facilities. In the brick structures it is not possible to lock many of the doors from the inside, making it difficult for women and girls to secure themselves. Women themselves mentioned that all of the toilets should be separated and clearly marked for men and for women/children. They also noted that the lighting for the non-brick toilet facilities should be improved.

Women also reported incidents where men have tried to grab them to take them to a secluded area. One incident was reported and the police responded to the case. Alcohol abuse was also reported as a security threat by the women in the site.

Privacy is a major problem for women. They find it hard to find space in their sleeping areas to change their clothes. They reported having to use toilets (which are often unclean) to change their clothes.

Women suggested that families should be housed together and that any single men or women should be placed in tents allocated for either men or women only.

### **Silverstroom**

The IDPs were happy with the site location as it affords security, however the lack of transport, public phones and the cold wet conditions were of concern.

There is an IDP committee in Silverstroom composed of six men and two women. However, the women reported that their voices were not heard within this structure. All nationalities are represented by the leaders. The site manager and the IDP committee leaders stated that communication is good, while the women reported that communication in the camp was very poor. They feel that very little information is shared with them. The cleaning is done by the City officials and the Red Cross clean the kitchen. IDPs do not participate in any other activities in the camp.

There is good access control, the site is secured by a fence and there is good lighting. 12 security guards are present day and night and security is good. Police are present but are requested not to enter the tents. Electricity is provided to the site continuously. One family tried to reintegrate back into Dunoon but were threatened and had to return to the site. The women reported that several people had tried to return to their pre-displacement homes and were threatened. In the last month there have been no conflicts within the site and no reported cases of domestic violence.

Women reported that lack of privacy was a security issue. Like in the other sites, women reported that the toilets and bathing facilities were very unsafe. They highlighted one case of attempted rape in the bathroom (*by someone who was in the camp to work on the electricity*). In addition, they noted that males working in and living in the site commonly try to look into the windows of the brick structure toilet and bathing facilities.

Several women noted that they had been offered money for sex from individuals working the camp (e.g. security, cleaners).

### **C. Coordination:**

#### **Blue Waters**

The IDP committee plays the role of coordination within the camp, however due to a lack of structure and guidelines they are not playing a strong role in this area. An important gap exists in the area of information sharing between the committee and the broader community. In particular information relating to services within the site is not shared with the IDP community. **There is no evidence of linkage between the site manager and the line Departments who are providing services.** The only channel of communications between the IDP committee and external actors is the site manager.

The only NGO organisation reported by the IDPs to be working regularly within the camp is Mustadafin, who provide food. Other services are provided by the government. The site manager reported that Grassroots and the SAHRC attend the camp and provide activities for the children.

#### **Soetwater**

The IDPs committee is the coordination body of the site. The committee members don't have a written job description but acknowledge that every body knows their responsibilities within the committee. Many volunteers were working in the site and appreciated by the IDPs. For an unknown reason, most of them have been stopped to enter the site according to the IDPs committee. A joint coordination meeting is taking place every Saturday between the site coordinator and the IDPs leaders.

#### **Youngsfield**

Like in other site, the site management committee is the coordination structure of the site. There is no planing process with regard to the site activities with the site coordinator. According to the IDPs, few volunteers were working in the site but were stopped some time ago.

Overall women and girls articulated a distrust of service providers

#### **Solomon Mahlangu**

According to the IDPs committee information sharing with the site coordinator is good. They meet more often with organization providing relief assistance. TAC provides some food, entertainment and transport to the IDPs. MSH is providing medical assistance and Ikamva is assisting IDPs to reintegrate through payment of rent and other assistance. Grassroots were also providing activities for children.

There is no communication from the JOC and management level in the site.

### **Harmony Park**

IDP leaders report joint planning with the site coordinator twice weekly. TAC, Grassroots and church organisations provide assistance within the camps.

### **Silverstroom**

The Red Cross is providing food. There are no other organisations present. There is regular contact with the JOC, but they can be slow in responding especially to requests for additional resources. It was suggested that the JOC should visit the camps, especially Silverstroom.

## **D. Shelter and NFI**

### **Blue Waters**

Shelter is in the form of large tents and some small chalets. Tents and chalets are not allocated to family groups. There is no privacy offered within the tents or chalets. The average space allocated per individual is between 1-3 meters, for families this may mean 6-9 meters for the family group. The tents do not offer good insulation, the wind comes in, condensation and rain builds up and drips all over especially at night and the floors are not waterproof. The average spacing between tents was adequate; however some tents are too close together and could represent a fire risk. The lack of privacy and limited space provided means that the shelter provided does not meet minimum standards.

IDPs report that they have not received winter clothing, blankets or kitchen sets. However by observation it is clear that they have some personal belongings with them.

### **Soetwater**

Shelter is in the form of large tents and is not allocated by families and does not offer adequate privacy. There are some smaller tents which offer some more privacy. Somali groups report that they have segregated by gender. The tents do not offer good insulation, the wind comes in and the floors are not waterproof. The lack of privacy and limited space provided means that the shelter provided does not meet minimum standards. The tents are not suitable for living quarters especially in the current weather conditions.

IDPs say they have received mattresses, blankets and hygiene kits. IDPs do not receive sanitary pads or underwear regularly. They have received some clothing but report that children in particular need more clothing especially gloves and jackets.

The mattresses are not weather proof and are of poor quality so are not adequate for current conditions.

### **Youngsfield**

Electricity is intermittently available.

The central location of Youngsfield allows for good interaction between the IDPs and community and has allowed a larger proportion of IDPs to maintain employment and links to the community. However the site is flood prone and this has caused considerable difficulty.

The Site Manger needs a separate office space as a matter of priority, as the current situation is not tenable.

Residents stated that they received 4-5 blankets per person. There were reports of alleged diversion of NFI. Women reported that they used to receive underwear, sanitary towels and soap, but that they do not anymore.

### **Solomon Mahlangu**

Women report that donations are distributed in an inequitable fashion. There are not enough blankets or mattresses

The space is grossly inadequate for this number of IDPs. There is no privacy of any kind; there are serious protection concerns for women and children. The space is not sufficient for this number of people. Blankets have been distributed but different groups received more or less, (those from Desmond Tutu received more). Some clothing has been distributed.

### **Harmony Park**

The tents are not adequate. There are at least 430 mattresses needed. The space is adequate but there is no privacy and the tents are not weather proof. Blankets are not big enough and of poor quality. Need utensils for feeding of children. IDPs have received some donations of clothing, but items such as sanitary pads are needed.

### **Silverstroom**

No raised flooring in any of the tents which means the floor is never dry and compounds the cold and wet. The lack of flooring is compounded by the fact that the site is not level so water pools within the tents. Tap-stands within the tents represent a health hazard as there is inadequate drainage.

The tents are allocated to national groupings not to families. There is little or no privacy within the tent.

There is little or no information available as there is only one functioning radio. They have no cutlery but have been distributed some child friendly equipment. They do not all have cooking equipment and cooking is not allowed in the tents.

They have received clothing but as the site is so cold they may need more winter clothing. Mattresses and blankets are adequate, except for the issue of rising damp. The sanitary pads provided were noted as inadequate by the women in the site.

## **E. Food and nutrition**

### **Blue Waters**

IDPs receive two meals per day on site. Food is transported from a central kitchen by a service provider (Mustadafin). During the assessment it was observed that bread and juice was being distributed to IDPs after 3pm. This meal was supposed to represent breakfast and the late distribution is of great concern. IDPs report that a cooked evening meal is distributed at 5pm or later. Food distribution times are not fixed and vary widely from day to day.

IDPs report that they usually receive bread and juice for breakfast, but often the juice has no expiry date. They report that the quantity of food provided is adequate but the quality is poor. They are fed rice and a stew/soup with potatoes, carrots and some meat every day as the main meal with no variety. Most children do not seem to like the taste of the food and some skip meals at times. There is no monitoring system to substantiate the adequacy of food.

Supplementary food (porridge or powdered milk) for children are provided on average twice a week (donated by NGOs). It should be kept in mind that milk powder can be a health risk and the use thereof should therefore be carefully examined. The IDPs report that the food provided by former service provider the Red Cross was of a higher quality than the current provider.

IDP leaders report that food distributions are well organised and that women and children are given priority. Direct observation does not bear this out. The distribution was observed to be unruly, disorganised and chaotic with no monitoring or record keeping apparent.

There are no feeding areas provided. It was observed that some IDPs prepare their own food within their tents.

The nutritional value of the food provided includes some protein, but mostly carbohydrates (eg bread, rice and potatoes). A comprehensive nutritional analysis of food provided must be undertaken without delay.

There is no food committee among the IDPs.

## **Soetwater**

Food is distributed twice a day on site. Food is transported from a central kitchen by a service provider (Mustadafin). Food distribution times are not fixed and vary widely from day to day, for instance the day before the assessment visit the food did not arrive until 10:30pm.

IDPs report that the quantity of food provided is not adequate and the quality is very inadequate. The morning meal consists of bread and juice and the cooked evening meal is usually rice and a stew/soup with potatoes, carrots and some meat with no variety. There is no monitoring system to substantiate the adequacy of food. No supplementary foods are available for any vulnerable groups except children who receive porridge or milk occasionally (donated by local NGOs and TAC). Many of the IDPs argued that the food is not culturally appropriate.

Food is distributed to tent leaders and the IDPs play a role in the distribution process. There are no feeding areas provided. It was observed that some IDPs prepare their own food within their tents.

The diet is mainly based on carbohydrates, eg bread, rice and potatoes. A comprehensive nutritional analysis of food provided must be undertaken without delay.

There have been discussions of the IDPs preparing their own food in a kitchen set up in the site. This was supported by the IDPs and they believe this would address many of their concerns as regards food.

There is no food committee among the IDPs.

## **Youngsfield**

IDPs receive two meals per day on site. The food is transported from a central kitchen by a service provider (Zanzaf). In addition to bread and juice for breakfast, the IDPs often receive peanut butter, donated by TAC. TAC also provides infant formula, baby food, fruit, milk and maize meal on an occasional basis. The cooked evening meal consists of rice and stew/soup. There is little variety of food provided. Adolescents reported that the quality of the food is often poor. There is no monitoring system to substantiate the adequacy of food.

The diet largely consists of carbohydrates, eg bread, rice and potatoes. A comprehensive nutritional analysis of food provided must be undertaken without delay.

Food distribution times are not fixed and vary widely from day to day. On the day of assessment food ran out before distribution to all was completed. At times children miss out as the distribution is disorganised.

There is no food committee among the IDPs.

### **Solomon Mahlangu**

IDPs receive two meals per day on site. The food is transported from a central kitchen by a service provider (Mustadafin). Breakfast consists of bread and juice and an evening meal of rice/pap and stew. Sometimes jam or peanut butter provided by TAC is added to the morning meal. TAC also provides some additional food, for instance infant formula, porridge, beans and tinned fish (It should be kept in mind that infant formula can be a health risk and the use thereof should therefore be carefully examined; children under 6 months should ideally be exclusively breastfed). TAC furthermore provide some fruit twice a week. Feeding times are not constant. It was reported that the food is not culturally appropriate. Even though the quantity of food was reported as adequate, concerns were raised about the quality. There is no monitoring system to substantiate the adequacy of food. The IDPs have access to the kitchen to cook their own food and they expressed their willingness to cook all food if food items are provided.

There is no food committee among the IDPs.

### **Harmony Park**

There are three meals provided per day; two of them provided by HDI and one from other donations (mainly TAC). Timing is more regular than in other sites.

Breakfast is bread and/or porridge at 11am. Sour milk and bread or rice at 2pm. Bread/pap or soup or stew containing some meat or bones. Some IDPs expressed concern about the quality of the food, and others about the appropriateness of some of the food items. There is no monitoring system to substantiate the adequacy of food.

There is some supplementary food for children under 5 (porridge or tinned baby food), provided by NGOs.

Food is distributed by City staff at the site. There were reports that they are also cleaning the toilets and there were concerns as regards the health aspects of this arrangement. There could be some training on hygiene awareness. The IDPs expressed their will to cook their own food.

As there is a general tendency for private donations to diminish, there are concerns among site management that provision of the third meal may be discontinued in the near future and that this might lead to further tension.

There were unconfirmed reports that there have been cases of theft of food items by outside elements.

There is no food committee among the IDPs.

### **Silverstroom**

Two meals per day are provided by the Red Cross. Breakfast of bread or porridge and tea or coffee is served around 11am; in the evening (6-7pm) IDPs receive rice and usually a stew containing meat, fish or chicken. Children occasionally receive fruit from TAC and the Catholic Church in Atlantis donates some extra food (for example beans and eggs on an occasional basis). TAC also provides infant formula.

It was expressed that food was not according to IDPs eating habits and there have been instances when food was inadequate. There is no monitoring system to substantiate the adequacy of food.

Food is distributed with no priority. IDPs do not participate in distribution and there is no food committee, currently the site is dependant on donations from TAC and the local Catholic Church, if these donations stop there will likely be more problems arising.

## **F. Water and sanitation**

### **Blue Waters**

- Women do not feel safe using the toilets after dark.
- No soap at tap stands
- No hygiene promotion
- There is not enough hot water to go around this has implications for hygiene promotion and for children

### **Soetwater**

- Women do not feel safe using the toilets after dark. Improved lighting at latrines and separation by gender would improve matters
- No soap at the tap stands
- No hygiene promotion
- There are enough tap stands in the site plus basins within the ablution blocks.
- There is some hot water, IDPs report there is not enough.

### **Youngsfield**

- Women do not feel safe using the toilets after dark. Improved lighting at latrines and separation by gender would improve matters
- No soap at the tap stands or near toilets
- No hygiene promotion
- There is some hot water in the showers, but reported to be inadequate
- An additional shower facility would allow for gender segregation of ablution blocks
- Drainage at shower is inadequate

### **Solomon Mahlangu**

- Women do not feel safe using the toilets after dark. Improved lighting at latrines and separation by gender would improve matters
- No soap at the tap stands or near toilets
- No hygiene promotion
- Internal latrines and showers not sufficient and at times closed/out of order
- External latrines are not safe day or night
- There is some hot water in the showers, but reported to be inadequate

The portable toilets were visibly dirty and outside the security perimeter on a main road, women in particular expressed concern about using these at night. The hot water was not adequate for all. Some IDPs had washing basins. There was no soap at hand washing basins or near toilets. In the past TAC has provided soap.

### **Harmony Park**

- Women do not feel safe using the toilets after dark. Improved lighting at latrines and separation by gender would improve matters
- No soap at the tap stands or near toilets
- No hygiene promotion
- There is some hot water in the showers, but reported to be inadequate

Women suggest the ablution blocks be separated one for women one for men. Lighting for the ablution blocks is urgently needed. There are no Islamic cleaning facilities.

### **Silverstroom**

- No soap at the tap stands near toilets
- No hygiene promotion
- There is some hot water in the showers, but reported to be inadequate

Water provision is adequate although there were some complaints of salt in the water, however the water is tested regularly by the city.

There are enough toilets and they are segregated by gender, lighting is adequate.

## **G. Health:**

### **Blue Waters**

Free health services are provided twice a week through a mobile clinic; however the times they come are not known by the IDPs. In case of emergency transport is provided to the hospital, however the site manager reported that transport can be an issue and he has had to rely on non-medical transport at times. Treatment at the hospital is free, except for those who are employed who must cover some of the cost. There is no transport provided for patients once discharged from hospital. Trauma counselling was reported to be available by some IDPs but knowledge of this was not widespread. There are no reproductive health activities or family planning in the site and condoms are not available. There were widespread reports of verbal abuse and mistreatment in medical facilities.

ATB, ARVs and diabetes drugs were not reported to be available in the mobile clinic. Laboratory services are not available in the mobile clinic but they can take samples for testing elsewhere.

The reported illnesses in the site include flu, diarrheal and constipation. No deaths have been reported in the site. Immunisation is well covered within the site.

### **Soetwater**

Camp managers report that there are health facilities within the camp on a daily basis provided at no cost, if further assistance is required they can transfer to the clinic or hospital. There is no family planning available and no condoms are available.

Illnesses reported include colds/flu and diarrheal issues at the start but not recently.

2 deaths were reported one of a young baby and one Somali was killed in a car accident.

### **Youngsfield**

There is a health tent but it is not clear that it is in regular use. The IDPs report there are no regular health facilities provided.

### **Solomon Mahlangu**

There are no health facilities on site. IDPs can access community-based health facilities and report relatively little verbal abuse. MSF have come in the past not clear if they still do. No immunisation for children. No reproductive health facilities. Condoms are distributed by TAC.

### **Harmony Park**

There are no clinic services on site, these were closed as there is a clinic nearby. Access is free but not all drugs are available at the clinic. In case of hospitalisation they have access. An ambulance is available, but returning after treatment is an issue.

Common complaints include coughs and itching. Trauma counselling posters are available, and individual trauma counselling is provided by the Trauma Center. There is no immunisation of children at the site and there are no family planning or condoms available. There have been no reported deaths.

### **Silverstroom**

There is a clinic at the site which is available twice a week, however it was reported that this is not always available. There are no IDPs with chronic illnesses within the camp. Immunisation has been done for all children in the camp. Common complaints include flu and itching. There is no psychological support offered, however the trauma centre had visited once or twice. Though it was not possible to verify, one woman reported that she had received family planning services from the clinic on site, but women reported very low levels of information on what kinds of services were available to them at the health facility. Condoms were reported to be available through the health facility only.

## **H. Protection:**

### **Blue Waters**

The IDP committee do not report any particular protection concerns within the site. However during the violence and displacement sexual violence was threatened. There is no legal assistance provided to IDPs.

Women are not represented in leadership committees and do not seem to have a say in their own futures.

There were a number of concerns expressed regarding the registration and provision of identity cards. The IDPs could not see any added value in having the cards and could not see any added protection value in the cards. There were no reports of abuse within the camps. Other than the leaders committee no groups had any information regarding registration and the provision of identity cards.

Prior to their displacement the IDPs report daily verbal abuse and intimidation from South Africans this has been happening for a period of years. It was widely reported that the IDPs do not trust police, do not feel they receive protection from police and may be reluctant to approach police for assistance.

There are no structured activities for children in the site.

### **Soetwater**

Within the camp the IDP leaders they expressed some concern at the lack of a fence behind the site. The camp manager has requested a fence to improve security, but this has not occurred.

Outside the camp the IDPs do not feel safe. IDPs report verbal and physical attacks prior to May of this year. There were reports of verbal abuse by SA police. IDPs do not feel the police offer protection.

Women and young girls do not feel safe in the camp and feel uncomfortable near the police. There have been several incidents of attempted harassment or abuse in the ablution blocks.

### **Youngsfield**

TAC provide legal assistance

Women report that it is difficult to live there as they are harassed by other national groups. They do not feel safe and feel uncomfortable.

IDPs do not feel they can meet with journalists or others without being monitored

There were some reports of offers of sexual exploitation.

Women did not feel they had a reporting mechanism, but they may report if a structure was available.

### **Solomon Mahlangu**

The location of the site is not protective, and the deadline that the site must be evacuated by July 23<sup>rd</sup> was reported as being very concerning to the site residents.

There is no legal assistance provided to the IDPs since their displacement. The elderly and people suffering from disabilities are assisted by the IDPs leaders.

Several IDPs indicated they are willing to reintegrate, but not in Khayaletsha and would need some assistance as they lost all their belongings.

## **Harmony Park**

Main threat concerns lack of certainty or information regarding their futures. There is no legal assistance, but a document has been circulated to some regarding legal assistance. The elderly and disabled do not receive special assistance and so far there is no mistreatment by the management. All groups mentioned there were xenophobic attacks prior to May this year.

Women reported feelings of insecurity in the site, especially in the toilets and bathing facilities. Women reported incidents where men have tried to open the doors to the toilets and bathing facilities. In the brick structures it is not possible to lock many of the doors from the inside, making it difficult for women and girls to secure themselves. Women themselves mentioned that all of the toilets should be separated and clearly marked for men and for women/children. They also noted that the lighting for the non-brick toilet facilities should be improved.

Women also reported incidents where men have tried to grab them to take them to a secluded area. One incident was reported and the police responded to the case. Alcohol abuse was also reported as a security threat by the women in the site.

Women reported that domestic violence was definitely an issue in the camp.

Privacy was reported as a major security problem for women. They find it hard to find space in their sleeping areas to change their clothes. They reported having to use toilets (which are often unclean) to change their clothes.

Women suggested that families should be housed together and that any single men or women should be placed in tents allocated for either men or women only.

## **Silverstream**

The isolation of the site provides a high degree of protection.

The IDPs had no knowledge of the registration card and did not see any need for this.

Women made reports of a few women from the site that had escaped attempted rape or suffered rape during the xenophobic attacks, and they reported that these women would not report these cases due to lack of trust of service providers.

## **I. Education:**

### **Blue Waters**

Children themselves reported that most of them had been in school prior to the attacks. The majority would like to go back to school after the winter holidays.

However, they expressed anxiety about their safety and worry about the distance to school.

### **Soetwater**

Children are not attending school due to lack of transport and fear of abuse at school. Prior to coming to the camps all children went to school.

### **Youngsfield**

There are eight children waiting to attend school. Again they are waiting for the department of education to provide transport and they are afraid of returning to school for fear of more xenophobic abuse.

### **Solomon Mahlangu**

All children were attending school before the violence. Four children now attend school their transport is provided by the father.

There is no communication regarding reintegration, registration and plans for the future

Some volunteers play with the children.

### **Harmony Park**

Most were attending school prior to the attacks, but currently none attend school because of fear and lack of transport. The department of education had come in early June to discuss issues but they have not been seen since.

### **Silverstroom**

There are 15 primary school aged children who are not attending school, the parents are not happy for them to go to school outside of the camp.

Their concerns are about how long they will be in the site and they would like repatriation.

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## **VI- Conclusion:**

In most of the sites visited during the assessment, relief assistance was ongoing. Despite the effort of all actors (government, the city and the civil society), some basic

needs were not met some two months after the xenophobic attacks occurred. Challenges in information sharing and return and reintegration need to be addressed as a matter of urgency.

Despite the best efforts of the assessment team, result may be affected by the following factors: the absence of some keys department such as health and education, some information could not be crossed check due to the short time frame available, and unfortunately only one woman was present in the assessment team.

## **ANNEX A:**

### **Deeper joint assessment of the major IDP sites in Cape Town**

On the 6<sup>th</sup> of June, a rapid assessment was conducted in the main sites in Cape Town. The outcome of this assessment was shared with humanitarian actors. The report is one of the most important documents which gave an overview on the state of the sites and on the IDPs. Another assessment has been completed by the TAC, to check whether the sites are compliant with sphere standards. Now, information regarding the sites is shared through the P-DMC JOC, based on the information gathered by relevant line ministries. There is now a need to collect in systematic and coordinated manner humanitarian information on the major sites and to make recommendations on these findings.

This assessment will be completed in an holistic manner with a deeper level of data collection and analysis drawing on the technical skills of the people gathering data.

#### **Objectives of the assessment:**

This assessment is a mid way assessment in order:

To have better knowledge of the current living conditions of the IDPs

To assess the current humanitarian needs

To better understand the constraints on the reintegration process

#### **Actors involved in the assessment:**

The P-DMC will be the coordination body at provincial level for this assessment. The M-DMC in their area of responsibility will be involved. Civil society is an important stakeholder in the sites, and they should take part of the assessment at the field level (through NGOs present in the sites). The UN agencies will also take part to the assessment.

One team composes of technical staff from P-DMC and M-DMC in the following sector (health and psychosocial support, food and nutrition, water and sanitation, Shelter and NFI, protection and education reintegration) will be in the team.

#### **What has been done so far:**

#### **Methodology:**

Major site will to chosen by consensus. An assessment questionnaire will be agreed prior to the mission. It must include the following 4 areas: Demographic information and breakdown (per sex, age, nationality, status...); the humanitarian assistance per sector; return and reintegration, recommendations. Some information needs to be gathered prior to our visit and then, this information need to be communicated to the IDPs committees. A site visit calendar will be set up and the IDPs committee must be informed prior to the visit.

The visit in the site will have three phases:

**First phase:** In the site, two focus groups will be formed: one with the IDPs leadership committee and another one with IDPs. The same question will be asked and the answer consolidated during a debriefing meeting.

**Second phase:** Will be the site visit. The kitchen, the food stock, toilets, water point etc will be visited.

**Third phase:** is a community visit. To know from the communities the issues regarding the reintegration process of the foreign nationals.

After the site visit, a report will be drafted and shared with all relevant stakeholders.

A team of 2 to 3 people will be in charge of each technical sector. The same team will undertake respective sector data gathering according to the questionnaire. This team will move from site to site and complete the capturing for all the sites in their area of responsibility. The team will compile the first draft report.

The assessment working group will be in charge of the compiling of the full report.

The draft will be discussed before it is presented to the JOC.

The schedule is as followed:

The 8<sup>th</sup> July, the Assessment tool is approved.

The 10<sup>th</sup> July, briefing for the assessment team completed and a pilot completed at Bluewater.

The 14 and 15<sup>th</sup> July, the assessment completed.

The 18<sup>th</sup> July, the report will be presented to the JOC.

The assessment must take into consideration, previous reports done on the concerned sites by other actors.

The choice of the sites: The target will be the most important sites. The main criteria are the population size of the site. With regard to the number of sites, by covering the main sites, we will cover a maximum number of IDPs. Also, the major problem in regard with health issue (Outbreak....) by hygiene condition, tension among different foreign nationals may occur most often in larger sites than the smaller ones. Logistic and time constraints will not allow us to cover 100% of the site. By targeting the larger sites, we believe that we can report on the major issues regarding those sites which can be a reference and a good follow up point. The 06 main sites are as follows: **Soetwater, Kommetjie (800), Youngsfield, Wetton Rd (672), Harmony, Strand (500), Blue Waters, Standfontein (444), Desmond Tutu Hall, Cnr Lansdowne Rd Cekeca St Makhaza, Kayelistsha (176), Silverstroom, off West Coast Road Silverstroom (172).** Figure of the 04<sup>th</sup> July.

**Eleven topics will be covered in the course of this assessment.**

**General information in regard with the demographic data of the site.**

**The management of the site and its security**

**Shelter and NFI**

**Food and nutrition**

**Water and sanitation**

**Health**

**Protection & Education**

**Reintegration**

**Coordination of activities**

**The annexes: ToR, questionnaire, the sphere standard, the guiding principles on IDPs.**

One questionnaire will be filled out by each focus group through the 2 or 3 people in charge of the assessment.

The P-DMC will be in charge of the follow up of recommendations



Site of data collection : \_\_\_\_\_

**Assessment Tool**

**Demographic data: (Site Manager and IDP leaders)**

#	Question	Response
1	How many IDPs are in the site? (Total)	
2	Breakdown per nationality (including South Africans):	
3	Breakdown according to status:	Refugees: Asylum seekers: Undocumented: Other:
4	Breakdown per sex	M: _____ F: _____
5	Breakdown per age	0-5 years old: _____ 5-12: _____ 12-18: _____ 18-60: _____ Plus 60: _____
6	How many pregnant women? What trimester?	
7	How many lactating women? (estimate)	
8	Reason of displacement: (How many in each category)	Direct attacks: _____ Fear: _____ other: _____
9	How long have people been in the site?	
10	How many family groups have lost their:	Belongings: _____ Own house: _____ Renting house: _____ Furniture: _____ Others: _____
11	How many people are working?	
12	How many have lost their job?	
13	How many lost businesses?	
14	How many families are at present in the site?	
15	Are other family members staying outside the site?	If yes, how many? _____
16	What the average size of a family?	
17	Any other issues?	

Data collected by: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / 2008

Site of data collection : \_\_\_\_\_

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**Management of the site and security**

**Site management: (Site Manager and IDP committee)**

#	Question	Response
1	Do they find the location of the site appropriate?	If not why?
2	Is there a site management committee?	
3	Does the site manager have an up to date site profile?	
4	Is there a Job Description for the management committee?	(If so attach)
5	How many IDPs are members of the committee?	
6	What the percentage of women in the committee?	
7	Are there any other people in the committee besides IDPs?	
8	Are all national groups in the site represented on the committee?	
9	Is there a site coordinator?	
10	Does the site coordinator have a ToR or JD?	(if so please attach)
11	To whom the IDP committee report?	
12	To whom does the coordinator report?	
13	Is there a dispute resolution mechanism among the IDPs?	
14	Is there any regular communication mechanism with IDPs committee or directly with IDPs themselves?	
15	Who is responsible for cleaning the site:	Contractors? A cleaning team from the site?
16	Who is responsible for cleaning the toilets	
17	Who is responsible for cleaning the kitchen	
18	Is cleaning done regularly?	If so how regularly
19	In which activities are IDPs involved in the centre?	
20	Is there a hygiene promotion committee in the site?	
21	Is there any staff permanently at the site?	(day and night)
22	Is there a recreational area or activities for children?	
23	Who is in charge of the recreation for children?	
24	Are there sufficient communal areas for social interaction	
25	Is there a register to record visitors to the site, does this record:	Who is visiting Reason for visiting Are visitors monitored?
26	Any other issues	

Data collected by: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 2008

Site of data collection : \_\_\_\_\_

**Security in the site: (all)**

#	Question	Response
1	Are the premises secured?	Fence around perimeter _____ Control of the entrance _____ Other _____
2	Is the entrance closed at night?	
3	Are security staff assigned to the site?	How many by day _____ How many by night _____
4	Is there any access control for visitors?	
5	Do the IDPs participate in the provision of security	If so how?
6	Is there any control of movement for the IDPs?	
7	Is there enough lighting to secure the boundaries of premises?	
8	Is electrical power provided permanently inside the site?	
9	In case of a security problem, do they (security staff) have any means of communication? If so what form?	
10	How many people have attempted to reintegrate back to their communities but have returned to the site for fear of xenophobic attacks?	
11	How many conflicts occurred inside the site within the last month?	
12	How many acts of domestic violence occurred inside the site within the last month?	
13	What are the main source of tensions or conflict in the site?	
14	Are there any other concerns on the location of the site?	
15	Do the women feel safe within the site? If not why?	
16	Do children feel safe within the site? If not why?	
17	What does the site manager or authorities do to monitor security at the site?	
18	Any other issues?	

Data collected by: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / 2008

Site of data collection : \_\_\_\_\_

**Coordination: (Site manager and IDP committee)**

#	Question	Response
1	Is there a unique coordination body at field level?	
2	What links exist between the decision making body and the implementation level?	
3	Is there any delay between decision making level and the implementation level?	
4	How is information flow going on between the field and the decision making bodies?	
5	Is there a joint planning process?	
6	Is there a joint implementation process?	
7	What are the links between the decision making levels and where are resources allocated?	
8	How many actors/organisations are working in the site?	
9	In which sectors are they working?	
10	Do they meet often?	
11	Any other issues?	

**Shelter and NFI: (all)**

#	Question	Response
1	Are tents or spaces allocated per family?	Y _____ N _____
2	Inside the tents or spaces, are rooms separated (by families or children from adults)?	
3	How many square meters are allocated per person?	
4	Are the tents or spaces adequate for all IDPs in the site?	
5	Is there any privacy in the tents or the living spaces?	
6	Are the tents or the spaces appropriate for the housing during winter?	If not why?
7	Do the families have cooking sets?	How many do they have _____ Are they complete?
8	Have families received feeding cup and spoons for children?	
9	Do they (the family) have cooking facilities?	

Data collected by: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / 2008

Site of data collection : \_\_\_\_\_

<b>10</b>	Do the IDPs have appropriate clothing for the season, especially for children?	
<b>11</b>	How many blankets were given per family?	
<b>12</b>	How many mattresses were given per family?	
<b>13</b>	Have families received clothes?	
<b>14</b>	How many families have functioning radio or TV?	
<b>15</b>	What is the average space between tents? (Standard is 5m front and 1-2m side)	
<b>16</b>	Any other issues?	

**Food and nutrition: (all)**

#	Question	Response
<b>1</b>	How many meals are provided per day?	
<b>2</b>	What quantity of food is provided?	
<b>3</b>	What types of food are provided?	
<b>4</b>	Do they contain source of	Protein _____ Carbohydrate _____ Fats _____
<b>5</b>	Is there supplementary food for lactating women?	
<b>6</b>	Is there supplementary food for pregnant women?	
<b>7</b>	Is there supplementary food for infants and children under 5?	
<b>8</b>	Is there supplementary food for IDPs with a chronic illness?	
<b>9</b>	Are fruit and vegetables provided for IDPs?	
<b>10</b>	How many meals do children under 5 years receive per day (those not being breastfed)?	
<b>11</b>	Is there a variety of meals?	
<b>12</b>	Are the meals provided at regular time?	What times?
<b>13</b>	How is the distribution of food organised?	
<b>14</b>	Are IDPs involved in food distribution?	
<b>15</b>	Is there a food committee? Are women and men represented?	
<b>16</b>	Who gets first priority in food distribution?	
<b>17</b>	Is there a dining room, area or tent?	
<b>18</b>	Is the food suitable to the culture and eating habits of IDPs?	

Data collected by: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / 2008

Site of data collection : \_\_\_\_\_

<b>19</b>	If individuals are storing food, how do IDPs store food?	
<b>20</b>	Do IDPs have other sources of food?	What are these? Donation: Purchase:
<b>21</b>	What if any stocks of food are stored on site?	Type: _____ Quantity: _____
<b>22</b>	Any other issues?	

**Water and sanitation: (all)**

#	Question	Response
<b>1</b>	What quantity of water is provided per person?	
<b>2</b>	How many taps are in the site?	
<b>3</b>	Is the water flow?	Fast: _____ slow: _____ very slow: _____
<b>4</b>	Is the water provision often disrupted or continuous?	
<b>5</b>	Is there a water management committee?	
<b>6</b>	How far are water points from tents or housing?	
<b>7</b>	How long does it take to get water?	
<b>8</b>	Does the family have a water collection container?	Is it covered?
<b>9</b>	Does the family have a water storage container?	Is it covered?
<b>10</b>	Is the water tested regularly?	If yes by whom: _____ What tests are done? _____
<b>11</b>	Is the water chlorinated?	
<b>12</b>	Do the families have access to hot water?	
<b>13</b>	Are toilets allocated to families?	
<b>14</b>	How far are toilets from tents?	
<b>15</b>	Are the toilets regularly cleaned?	
<b>16</b>	Are toilets separated according to gender?	
<b>17</b>	Is there lighting in and around female toilets?	
<b>18</b>	Do women feel safe to use toilet facilities?	
<b>19</b>	Are there any ablution facilities for Muslim groups?	
<b>20</b>	Are there any facilities for cleaning according to the religion?	
<b>21</b>	Are there any hand washing facilities near the toilets?	
<b>22</b>	Do people wash their hands after using toilets?	

Data collected by: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / 2008

Site of data collection : \_\_\_\_\_

<b>23</b>	Is there soap available at the washing point?	
<b>24</b>	Is there any container for defecation of young children?	
<b>25</b>	Are there enough bathing units? Are they separated according to gender and clearly marked?	
<b>26</b>	Is there hot water for bathing?	
<b>27</b>	Are there rubbish containers in the site?	
<b>28</b>	Is there a designated person for rubbish collection?	
<b>29</b>	How do women manage to issues related to menstruation? Are there appropriate materials or facilities available for this?	
<b>30</b>	Is there a Laundry point?	
<b>31</b>	Is there adequate drainage of water at the laundry point?	
<b>32</b>	Any other issues?	

**Health: (all)**

<b>#</b>	<b>Question</b>	<b>Response</b>
<b>1</b>	Do the IDPs have physical access to health care at any time (day and night)?	
<b>2</b>	Do IDPs have to pay for medical assistance?	
<b>3</b>	Do IDPs receive adequate drugs for treatment?	
<b>4</b>	If a family member is staying in the hospital, who will pay for the fees?	If not why?
<b>5</b>	Are drugs provided for special needs for children and pregnant women?	
<b>6</b>	Are ARV drugs available?	
<b>7</b>	Are TBT drugs available?	
<b>8</b>	Are drugs for diabetes treatment available?	
<b>9</b>	Are there any laboratory services provided?	
<b>10</b>	Is immunization done for children?	(check for vaccination cards)
<b>11</b>	Is immunization for pregnant women available?	
<b>12</b>	In case of emergency, is there any means of transport available within 02 hours?	
<b>13</b>	Is there transportation provided to go to the hospital?	
<b>14</b>	Is there transportation provided to return from the hospital?	
<b>15</b>	Which are the common illnesses in the site?	
<b>16</b>	Is there any psychological support provided in the site? If yes, by	

Data collected by: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 2008

Site of data collection : \_\_\_\_\_

	whom?	
17	Is there any family planning service available in the site?	
18	Where do they have access to condoms?	
19	Do women have access to family planning?	
20	Have there been any reported deaths? The reason?	
21	Is there any health promotion initiative at the site?	
22	Any other issues?	

**Protection: (all)**

#	Question	Response
1	What are protection threats on IDPs?	
2	Do victims receive legal assistance?	
3	Do children affected receive any psychological assistance?	
4	Are women represented or involved in decision making regarding the future of the site?	
5	Do the elderly benefit from special attention?	If so what kind?
6	Are people with disabilities receiving special attention or protection?	If so what kind?
7	Is there any conflict prevention or resolution mechanism in the site?	
8	What reporting mechanisms are available to IDPs?	
9	What kinds of services are available for protection?	
10	Are there any people or groups taking advantage of this situation to mistreat IDPs? .....	
11	Are there any reports of xenophobic abuse (physical or verbal) prior to May this year?	
12	Any other issues?	

**Education: (all)**

#	Question	Response
1	Before being displaced how many children were attending school?	Primary school: _____ Secondary school: _____
2	Before being displaced how many were old enough to attend but not attending school?	

Data collected by: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 2008

Site of data collection : \_\_\_\_\_

<b>3</b>	At present, how many are attending schools?	Primary: _____ Secondary: _____
<b>4</b>	What stops children attending school?	
<b>5</b>	What will happen next year to children not currently attending school?	
<b>6</b>	Any other issues?	

**Concerns:**

Which are the main priority concerns of IDPs that they would like addressed ASAP?

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**Other:**

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Data collected by: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 2008