

HOME-BASED IDP RE-PROFILING EXERCISE: FORM A

Date Created: 14 October 2015, Version No. 1



Purpose of Form A: This form is to be used to re-assess the profile of **REGISTERED** home-based IDPs in Zamboanga City. Registered means part of the profiling conducted in December 2014.

Guide Notes:

1. Administer this form to **registered HB IDPs ONLY**
2. Administer this form for each family and not individual
3. Do not skip question unless stated in the form
4. Answer all questions, do not leave it blank (* required fields)
5. Do not forget to fill out the Metadata section

A. METADATA

Form No: _____ Name of the Interviewer: _____ Date of the Interview: _____ Location of the Interview: _____

B. FAMILY DEMOGRAPHICS

B.1 Head of the family

B.1.a First Name: _____ B.1.b Middle Name: _____ B.1.c Last Name: _____

B.2 Number of family members

B.2.a Infant (0-5 yo): F: _____ M: _____ **B.2.b Children (6-12 yo):** F: _____ M: _____ **B.2.c Teens (13-17 yo):** F: _____ M: _____ **B.2.d Adult (18-59 yo):** F: _____ M: _____ **B.2.e Elderly (60+):** F: _____ M: _____

B.3 Specific needs of family members

- | | | |
|---|---|---|
| <input type="checkbox"/> Child mother | <input type="checkbox"/> GBV survivor | <input type="checkbox"/> Single person with disability |
| <input type="checkbox"/> Child-headed household | <input type="checkbox"/> Person with mental illness | <input type="checkbox"/> Solo parent |
| <input type="checkbox"/> Chronically ill-headed household | <input type="checkbox"/> Person/child with disability | <input type="checkbox"/> Unaccompanied/separated children |
| <input type="checkbox"/> Elderly-headed household | <input type="checkbox"/> Pregnant/lactating Mother | <input type="checkbox"/> Others, specify _____ |
| <input type="checkbox"/> Female-headed household | <input type="checkbox"/> Single elderly | <input type="checkbox"/> Don't Know |

B.4 Present address

B.4a No: _____ **B.4b Street/Blk:** _____ **B.4c Subdivision/Sitio/Purok:** _____ **B.4d Barangay:** _____

B.5 Contact number (Mobile/Landline):

C. DOCUMENTATION

C.1 Family Registration Number: _____ **C.2 Family Access Card:** _____ **C.3 Housing Tag No:** _____

D. SOURCE OF INCOME

D.1 Current occupation of family members (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Government official | <input type="checkbox"/> Farmer and fishermen |
| <input type="checkbox"/> Corporate staff and manager | <input type="checkbox"/> Craft and trade-related worker (i.e. miner, mason, carpenter, plumber, painter, electrician, book binder, baker, dressmaker) |
| <input type="checkbox"/> Professional (i.e. engineer, doctors, lawyers) | <input type="checkbox"/> Plant and machine operator and assembler (i.e. machine operator) |
| <input type="checkbox"/> Technician (assistant to professionals i.e. computer assistant, farm technician, bookkeeper, day care worker, singer) | <input type="checkbox"/> Laborer / Unskilled worker (i.e. street vending, car washer, collecting garbage, launderer, janitor, bantay-dagat, driver) |
| <input type="checkbox"/> Clerk (i.e. stenographer, data entry encoder, secretary, audit clerk, receptionist) | <input type="checkbox"/> No work |
| <input type="checkbox"/> Shop / market sales worker (i.e. salesman, promo girl, gasoline attendant) | <input type="checkbox"/> Others, specify _____ |

D.3 How will you assess your current income generation now compared with your work before the conflict?
 No difference Getting Better Worst No response

E. ACCESS TO EDUCATION

E.1 Are your children currently attending school? Yes No

E.2 If no, why?

- | | |
|--|---|
| <input type="checkbox"/> I cannot afford to send my children to school | <input type="checkbox"/> My children do not want to study anymore |
| <input type="checkbox"/> The host school does not accept my children | <input type="checkbox"/> My children stops because they are discriminated at school |
| <input type="checkbox"/> I need my children to help me do the household chores | <input type="checkbox"/> Others, specify _____ |
| <input type="checkbox"/> I need my children to help me find income | |

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F. ACCESS TO SAFETY AND SECURITY

F.1 Do you feel safe in the community you are currently staying? Yes No

F.2 If no, why? _____

F.3 Do you have access to city/barangay authorities such as the CSWDO and DSWD, LGU and local welfare staff?

Yes No Don't Know

G. ACCESS TO SHELTER

G.1 Are you still living with the same host family? Yes No

G.2 If no, why did you transfer to other host family? _____

G.3 If no, where did you transfer?

- Nearby sitio
- Nearby barangay
- Nearby city
- Nearby municipality
- Place of origin

G.4 What is your relationship to the host family?

- Parents
- Siblings (Brother/Sister)
- Close relative
- Distant relative
- Friends
- No relation
- Don't know

G.5 For how long have you been staying with the host family? _____ (no. of months)

G.6 For how long do you plan to stay further with the current host family? _____ (no. of months)

G.7 Host family address

G.7a No: _____ G.7b Street/Blk: _____ G.7c Subdivision/Sitio/Purok: _____ G.7d Barangay: _____

G.8 Host family contact number (Mobile/Landline): _____

G.9 How is your relationship with your host family?

- No problem
- I have problems
- No response

G.10 If you have problems, why? _____

H. ACCESS TO HUMANITARIAN SERVICES

H.4 What is the latest humanitarian assistance that you received?

- Relief goods support (food and non-food)
- Medical assistance
- Livelihood support
- Shelter assistance
- Legal assistance
- Referral of cases
- Training / awareness raising
- Psychosocial support
- No more support
- Others, specify _____

H.5 When do you receive these assistance? _____ (month/year)

I. ACCESS TO DURABLE SOLUTIONS

I.1 What solution to your displacement do you want now?

- Return to my place of previous residence in Zamboanga
- Return to my province of origin (*balik probinsya*)
- Relocate in other province
- Relocate elsewhere in Zamboanga
- Don't Know
- Others, specify _____

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UNHCR
The UN Refugee Agency
PHILIPPINES

I.2 Have your family been consulted or interviewed about solutions to your displacement by the government?

- Yes No Don't Know

I.3 What are the main issues/problems in your community in relation to your being an IDP?

- Access to health services
 Access to food
 Access to livelihood
 Access to shelter
 Safety and Security
 Others, specify _____

J. ACCESS TO INFORMATION

J.1 Are you now aware of the government's rehabilitation plans for you (Z3R plan)? Yes No Don't Know

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