

HOME-BASED IDP RE-PROFILING EXERCISE: FORM A

Date Created: 14 October 2015, Version No. 1



UNHCR
The UN Refugee Agency
PHILIPPINES

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

- | | |
|--|--|
| <input type="checkbox"/> Nearby sitio | <input type="checkbox"/> Nearby municipality |
| <input type="checkbox"/> Nearby barangay | <input type="checkbox"/> Place of origin |
| <input type="checkbox"/> Nearby city | |

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

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Parents | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Siblings (Brother/Sister) | <input type="checkbox"/> No relation |
| <input type="checkbox"/> Close relative | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Distant relative | |

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?

- | | |
|---|---|
| <input type="checkbox"/> Relief goods support (food and non-food) | <input type="checkbox"/> Referral of cases |
| <input type="checkbox"/> Medical assistance | <input type="checkbox"/> Training / awareness raising |
| <input type="checkbox"/> Livelihood support | <input type="checkbox"/> Psychosocial support |
| <input type="checkbox"/> Shelter assistance | <input type="checkbox"/> No more support |
| <input type="checkbox"/> Legal assistance | <input type="checkbox"/> 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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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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