

HOME-BASED IDP RE-PROFILING EXERCISE: FORM B

Date Created: 14 October 2015, Version No. 1



Purpose of Form A: This form is to be used to re-assess the profile of **UNREGISTERED** home-based IDPs in Zamboanga City. Unregistered means not part of the profiling conducted in December 2014.

Guide Notes:

1. Administer this form to **unregistered** 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: _____

B.3 Specific needs of family members

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

B.4 Dominant Ethnicity: _____

B.5 Dominant Religion: _____

B.5 Present address

B.5a No: _____ B.5b Street/Blk: _____ B.5c Subdivision/Sitio/Purok: _____ B.5d Barangay: _____

B.6 Contact number (Mobile/Landline): _____

C. DOCUMENTATION

C.1 Family Registration Number: _____

C.2 Family Access Card: _____

C.3 Housing Tag No: _____

C.4 Do all family members have birth certificate? Yes No

C.5 If no, what are the reasons for having no birth certificate? _____

C.6 Are you / your family members registered to vote in Zamboanga? Yes No

D. SOURCE OF INCOME

D.1 Previous work before the siege (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.2 Current occupation of family members (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Government official | <input type="checkbox"/> Clerk (i.e. stenographer, data entry encoder, secretary, audit clerk, receptionist) |
| <input type="checkbox"/> Corporate staff and manager | <input type="checkbox"/> Service worker (i.e. housekeeper, cook, waitress, baby sitter, hairdressers, barbers, fire-fighter) |
| <input type="checkbox"/> Professional (i.e. engineer, doctors, lawyers) | |
| <input type="checkbox"/> Technician (assistant to professionals i.e. computer assistant, farm technician, bookkeeper, day care worker, singer) | |

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- Shop / market sales worker (i.e. salesman, promo girl, gasoline attendant)
- Farmer and fishermen
- Craft and trade-related worker (i.e. miner, mason, carpenter, plumber, painter, electrician, book binder, baker, dressmaker)
- Plant and machine operator and assembler (i.e. machine operator)

- Laborer / Unskilled worker (i.e. street vending, car washer, collecting garbage, launderer, janitor, bantay-dagat, driver)
- No work
- 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?

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

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 Where is your previous habitual residence? _____

G.2 How long have you been staying in your previous habitual residence? _____ (#months, # years)

G.3 What was the tenancy agreement for your dwelling in your place of residence? *

- Owning
- Renting
- Sharing
- Others, specify _____

G.4 Did you own, rent or have other arrangement for the land where your dwelling was located? *

- Owning
- Renting
- Informal settler
- Don't Know
- Others (please specify) _____

G.5 What happened to your house during or after the conflict?

- No Damage
- Partially burned or damaged
- Totally burned or destroyed
- Don't Know

G.6 Is your family registered as fire victim? Yes No Don't Know

G.7 What is the reason for choosing home-based?

- Don't want to stay in evacuation center or transitory site
- Feel safer with relatives
- I do not have plans to return yet
- It's the decision of the head of the family
- My relatives can support us
- Others, specify _____

G.8 Are you still living with the same host family? Yes No

G.9 If no, why did you transfer to other host family? _____

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G.10 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.11 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.12 For how long have you been staying with the host family? _____ (no. of months)

G.13 For how long do you plan to stay further with the current host family? _____ (no. of months)

G.14 Host family address

G.14a No: _____ G.14b Street/Blk: _____ G.14c Subdivision/Sitio/Purok: _____ G.14d Barangay: _____

G.15 Host family contact number (Mobile/Landline): _____

G.16 How is your relationship with your host family?

- No problem
 I have problems
 No response

G.17 If you have problems, why? _____

H. ACCESS TO HUMANITARIAN SERVICES

H.1 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.2 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 _____

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

- Yes No Don't Know

J.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

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