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1. ACRONYMS

- **GBV:** Gender Based Violence
- **IDPs:** Internally Displaced Persons
- **NFIs:** Non-Food Items
- **NW:** North West
- **SW:** South West
- **NGOs:** Non-Governmental Organisation
- **NOSO:** North-West and South-West Regions of Cameroon
- **RBM:** Result-Based Management

2. CONTEXT AND JUSTIFICATION

Societal problems such as worsening insecurity levels, massive loss of jobs, inevitable collapse of businesses, lack of food, shelter, health and clothing in the North-West and South-West Regions of Cameroon are alleged to have been caused and/or fuelled by the ongoing 'Anglophone Crisis'. This monster came into existence in October 2016. And has since left amidst the peoples of these regions, fleeing or not, an ugly legacy featuring economic and social vulnerability.

Basically, it is alleged that some people have got missing, many have lost their lives, their property or seen it damaged, some have also lost important documents (identity cards, birth certificates, and school certificates) and livelihood activities have been disrupted. Women and children have been affected the most. A glaring example is this that for most of the past five years, as though the future no more matters, children have not been able to go to school in these regions.

Consequently, many among those who lost their property, livelihood, loved ones, security, access to education and what have you have abandoned their villages and property and fled to towns like Bafoussam, Dschang, Douala and Yaounde in the other regions of the Republic, hoping to find better living conditions, care and security there.

Unfortunately, it is the fear of how much of a jungle cities can be to vulnerable persons amidst allegations of the desperation before the near subhuman standards this group of mostly moving women and children, and men too, have met in the Douala IV Council, fondly called Bonaberi, that has haunted us for the past several years and finally pushed us two years ago to consider conducting this count. The census of internally displaced persons (IDPs) from the North-West and South-West Regions of Cameroon, residing at Bonaberi, Douala.

Local sources have for long evoked congestion in host homes and neighbourhoods from the massive influx of these IDPs, resulting in lack of sleeping equipment, little or no food, inflated rents, limited access to health facilities, rape, unwanted pregnancies, domestic violence, lack of important documents (identity cards, birth certificates, and school certificates) and lack of potable water, among others.

Written and presented by the program LODGE AN IDP, at Bonaberi, Douala 4 Council.
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People sleeping in the open air, sometimes in dangerous places like rickety buildings, uncompleted buildings, street corners, pub areas, under flyovers, are said to be a common sight. It has also been said that there is an increase in water-related diseases like malaria, typhoid fever, diarrhoea, skin diseases, vaginal itches and discharges, etc. among the IDPs.

3. METHODOLOGY

Both qualitative and quantitative methods of research were used;

Qualitative: Participant observation was used. Given the fact that all the team members involved in carrying out the research reside in one of the neighbourhoods of Bonaberi, and so have seen, at least, the undesirable living conditions of IDPs around them.

Quantitative: Questionnaires were used throughout the research to meticulously take down the information from the IDPs showing that they are vulnerable.

A team of 10 volunteers all graduates used a door-to-door approach in the midst of one faceless population of Anglophones, Francophones and IDPs from the 'NOSO' to identify VULNERABLE IDPs in all the quarters of Bonaberi, their multi-sectoral needs, desires, talents and capabilities.

All the team had been previously drilled and tested on the techniques, material, mindset, alertness, attitude and knowledge to have to conveniently and efficiently and successfully go through the tricky jungle.

We are therefore ready to propose our report and data to groups, associations, organizations, men and women of good will as well as to governments, notably that of Cameroon, for efficient and effective prioritisation of solutions.

4. OVERALL FINDINGS

In this study, LODGE AN IDP identified 2112 vulnerable IDP households, but 110 households refused to give us their information, saying that some organisations have collected their information without taking ensuing concrete action; 40 households were discarded with because of their non-vulnerability, while 30 were removed because they gave incomplete information, we suspect, advertently. Our strictly professional response to the whimsies and caprices here-above of some 180 alleged IDPs has duly reduced the number of vulnerable IDP households to 1932, representing 9816 occupants and making an average of slightly over 5 occupants per household.

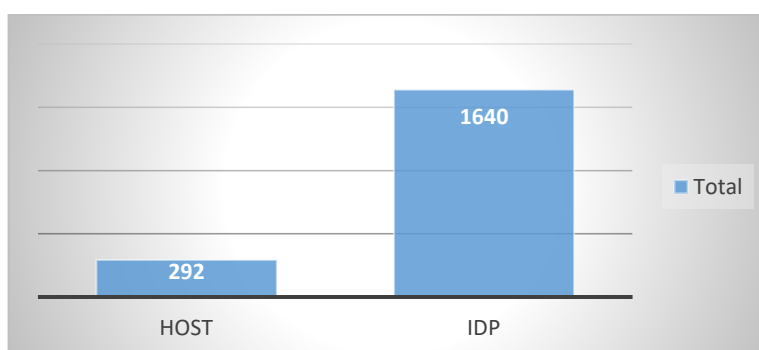
Arithmetically, 1932 respondents plus 7884 (from data sorting done on excel) other occupants of their households will give us a total of 9816 vulnerable IDPs living in the Douala IV Council area. It is therefore not surprising to find that 87% of these households accommodate from 5 to 20 occupants.

Table 1: Status of Respondents.

Status	Frequency
Host	292
IDP	1640
Total	1932

Source: LODGE AN IDP, December 2021.

Figure 1: Bar chart showing the status of respondents



Source: LODGE AN IDP, December 2021.

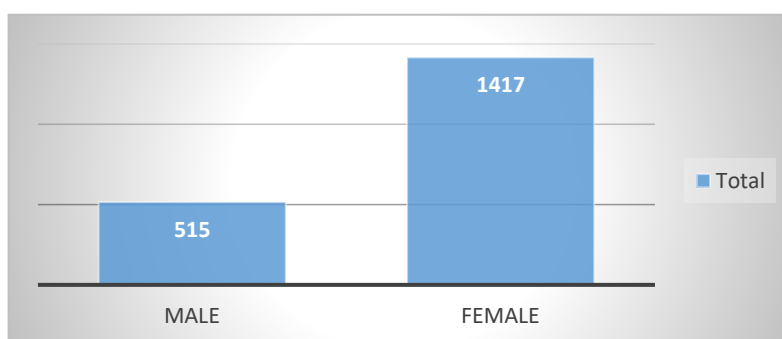
According to the chart above, 1640 (84%) of the respondents are internally displaced persons and 292 (16%) are host to internally displaced persons in their homes.

Table 2: Sex of respondents.

Sex of Respondents	Frequency
Male	515
Female	1417
Total	1932

Source: LODGE AN IDP, December 2021.

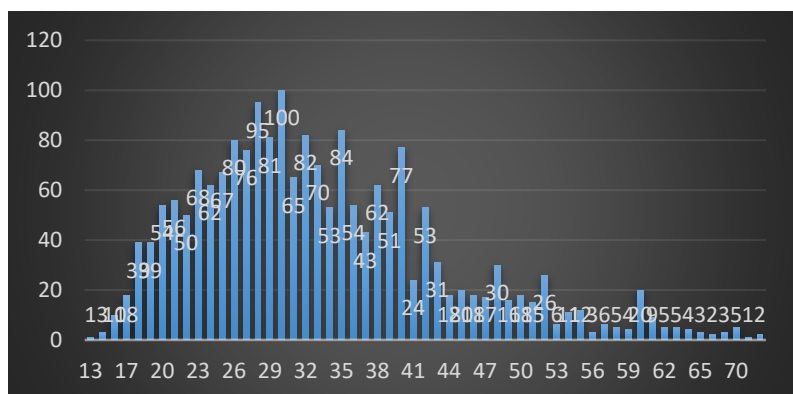
Figure 2: Bar chart showing the sex of respondents



Source: LODGE AN IDP, December 2021.

According to the chart above, 1417 (73%) of the respondents are females and 515 (27%) are males.

Figure 3: Bar chart showing the age of respondents



Source: LODGE AN IDP, December 2021.

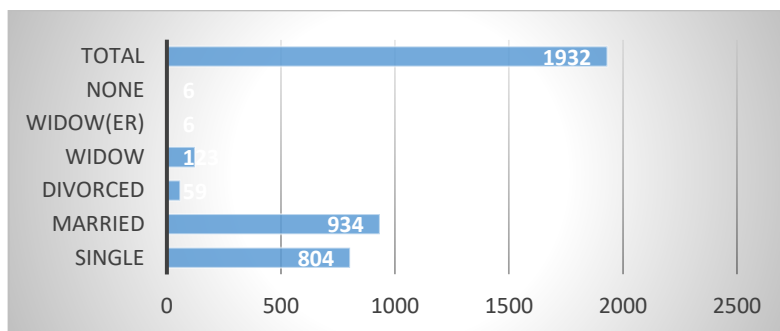
From the data above, 100 of the respondents are 30 years old, 95 are 28, 84 are 35, 82 are 32, 81 are 29, 80 are 26, etc. Natural to see why more than 90% of the respondents fall among the active population.

Table 3: Matrimonial status of Respondents.

Matrimonial status of Respondents	Frequency
Single	804
Married	934
Divorced	59
Widow	123
Widow(er)	6
None	6
Total	1932

Source: LODGE AN IDP, December 2021.

Figure 4: Bar chart showing the matrimonial status of Respondents



Source: LODGE AN IDP, December 2021.

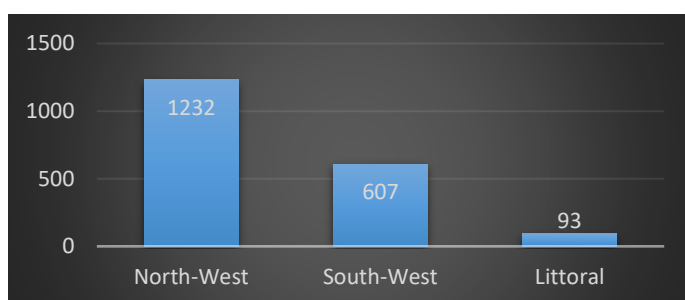
From the chart above, 934 of respondents are married, 804 of respondents are single, 123 are widows, 6 are widow(ers) 59 of the respondents are divorced and 6 of respondents didn't answer the question.

Table 4: Respondents region of residence before crisis

Status	Frequency
North-West	1232
South-West	607
Littoral	93
Total	1932

Source: LODGE AN IDP, December 2021.

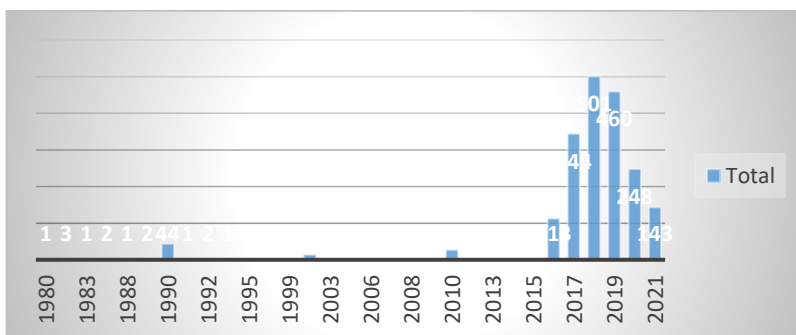
Figure 5: Bar chart showing respondents region of residence before crisis



Source: LODGE AN IDP, December 2021.

From the chart above, 1232 of respondents came from the North-West region, 607 of respondents came from the South-West region and 93 of respondents came from the Littoral region meaning they are hosting vulnerable IDPs in their homes (According to figure 1 above there are 292 hosts, meaning 199 of the hosts are non-vulnerable IDPs hosting vulnerable IDPs. They then came from either the North-West or South-West Regions).

Figure 6: Bar chart showing the year they left their regions of residence



Source: LODGE AN IDP, December 2021.

From the chart above, 501 of the respondents left their regions of residence in 2018, 460 in 2019, 344 in 2017, 248 in 2020, 143 in 2021 and 113 in 2016 in descending order.

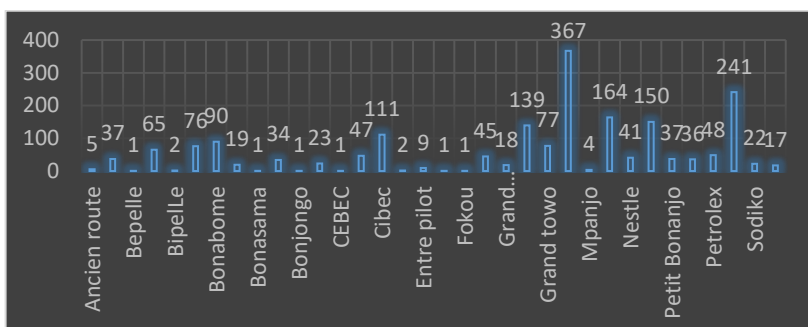
REPORT ON THE MULTI-SECTORAL ASSESSMENT OF NEEDS, OF VULNERABLE IDPS IN ALL
NEIGHBOURHOODS AT BONABERI, DOUALA 4 COUNCIL.

Table 5: Number of IDP households identified per neighbourhood.

Neighbourhoods		Total number of vulnerable IDP households
1	Ancienne route	5
2	Bamboutos	37
3	Bipelle	68
4	Bojongo	77
5	Bonabome	90
6	Bonandale	19
7	Bonasama	35
8	Carrefour Mutzig	23
9	Cebec	1
10	Cericam	47
11	Cibec	111
12	Douala	2
13	Entrée Pilote	10
14	Fokou	1
15	Foret Bar	45
16	Grand Baobab	18
17	Grand Hangar	139
18	Grand Towo	77
19	Mabanda	367
20	Mpanjo	4
21	Ndobo	164
22	Nestle	41
23	Ngwelle	150
24	Petit Bonanjo	37
25	Petit Towo	36
26	Petrolex	48
27	Rail	241
28	Sodiko	22
29	Washington	17
Total		1932

Source: LODGE AN IDP, December 2021.

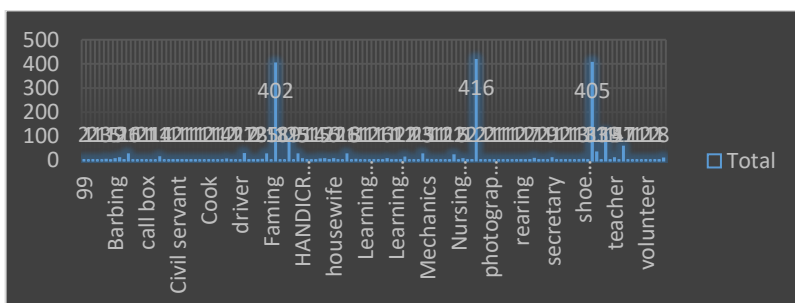
Figure 7: Bar chart showing number of respondents per neighbourhood.



Source: LODGE AN IDP, December 2021.

From the chart above, LODGE AN IDP identified 367 vulnerable IDP households in Mabanda, 241 in Rail, 164 in Ndobo, 150 in Ngwelle, 139 in Grand-hangar and 111 in Cibec.

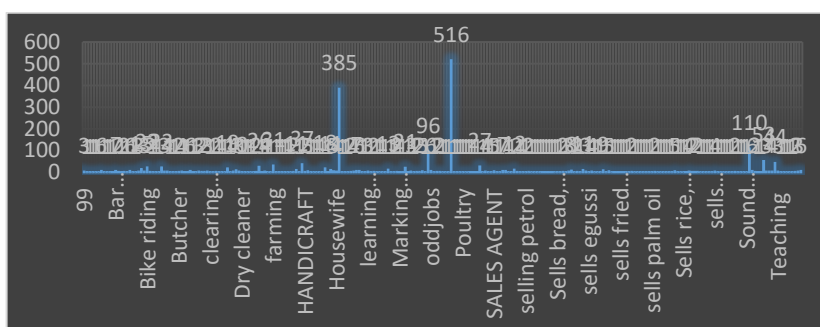
Figure 8: Previous occupation of respondents



Source: LODGE AN IDP, December 2021.

From the chart above, out of the 1932 respondents we retained, 416 of them were previously involved in petit trade, 405 of them were students, 402 were involved in farming and 114 were involved in tailoring.

Figure 9: Present occupation of respondents



Source: LODGE AN IDP, December 2021.

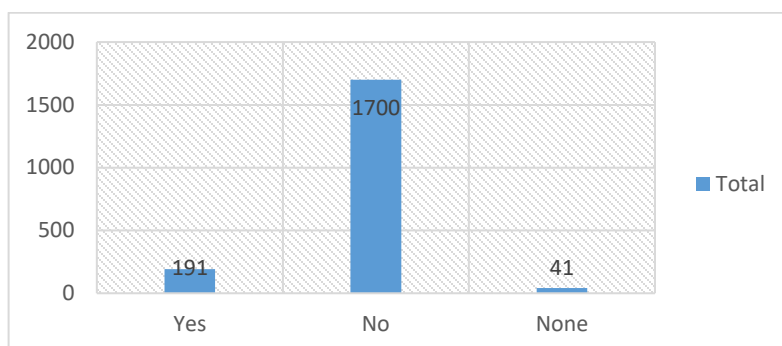
The chart above shows that 516 of the respondents are involved in petit trade, 385 are jobless, 110 are students and 96 are involved in odd jobs, clearly indicating how vulnerable they are in their host Communities.

Table 6: Respondents opinion if they had received any assistance before.

Any assistance	Frequency
Yes	191
No	1700
None	41
Total	1932

Source: LODGE AN IDP, December 2021.

Figure 10: Bar chart of respondent's opinion if they had received any assistance before.



Source: LODGE AN IDP, December 2021.

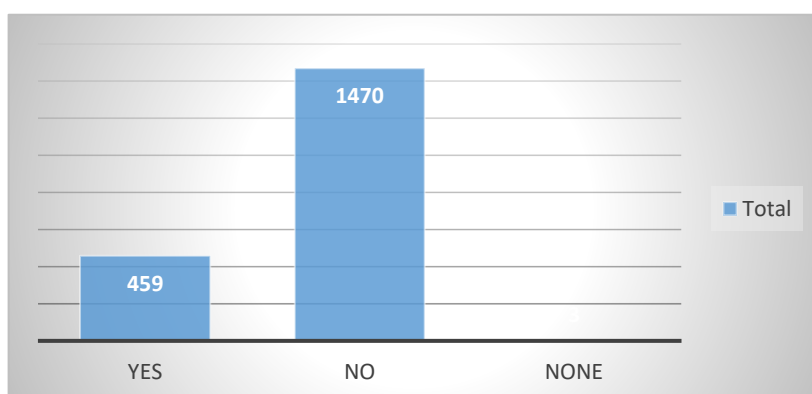
According to the chart above, 1700 (slightly above 87%) of the respondents have never received any assistance before, 191 (slightly above 9%) have received assistance before for 41 (2%) of respondents did not answer the question at all. They evoked the fact that assistance is mostly given to non-IDPs: Anglophones and Francophones resident in non-Anglophone regions before the crisis as well as non-vulnerable IDPs.

Table 7: Respondents access to a variety of food items.

Access to a variety of food items	Frequency
Yes	459
No	1470
None	3
Total	1932

Source: LODGE AN IDP, December 2021.

Figure 11: Bar chart showing respondents access to a variety of food items.



Source: LODGE AN IDP, December 2021.

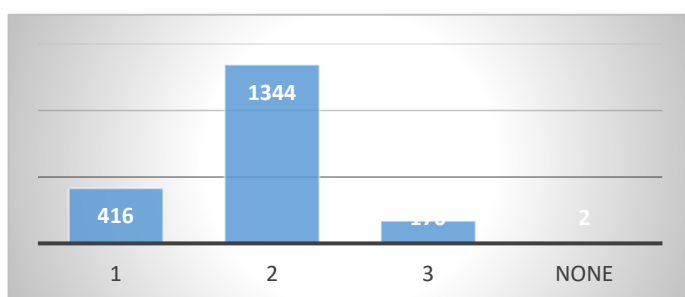
The chart above states that 1470 (76%) of the respondents do not eat a variety of food items, 459 (23%) of the respondents have a variety of food items and 3 (1%) of the respondents did not answer the question. This clearly explains in the host Communities their standard of living is low.

Table 8: Respondents access to number of meals a day.

Access to number of meals	Frequency
1	416
2	1344
3	170
None	2
Total	1932

Source: LODGE AN IDP, December 2021.

Figure 12: Respondents access to number of meals a day.



Source: LODGE AN IDP, December 2021.

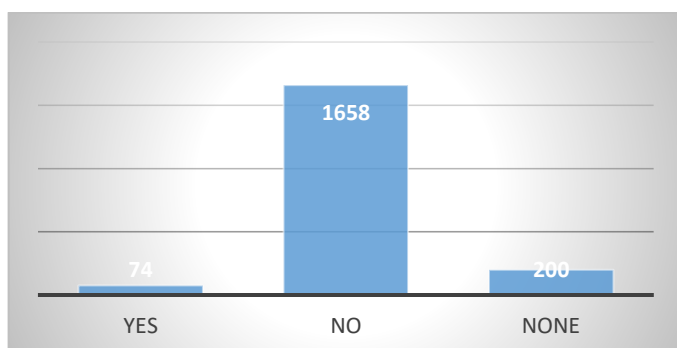
According to the chart above, 1344(69%) of respondents have access to 2 meals a day, 416(21%) respondents have access to 1 meal a day, 170(8%) have access to 3 meals a day and 2(2%) of respondents didn't answer the question

Table 9: Any cultivable lands around household.

Any cultivable lands around household	Frequency
Yes	74
No	1659
None	199
Total	1932

Source: LODGE AN IDP, December 2021.

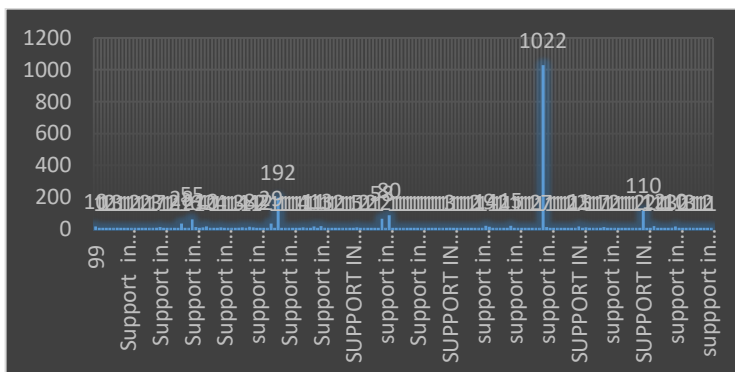
Figure 13: Bar chart showing presence of cultivable lands



Source: LODGE AN IDP, December 2021.

From the chart above, 1658(85%) respondents do not have cultivable lands around their households, 74(5%) have cultivable lands around their households but cannot use them because they are too expensive to hire and 200(10%) did not answer the question.

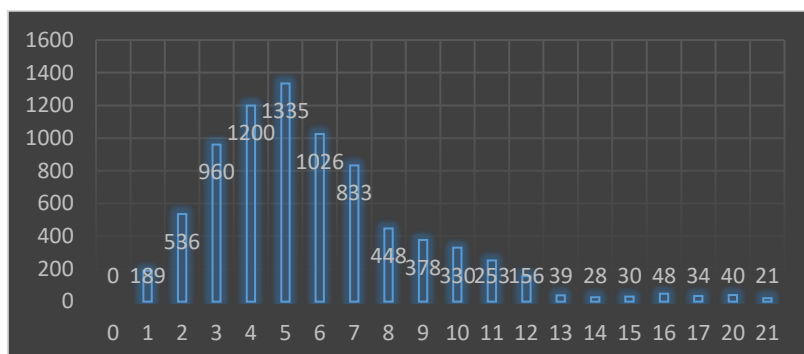
Figure 14: Bar chart showing how respondents can be supported so as to generate income.



Source: LODGE AN IDP, December 2021.

The chart above indicates that 1022 respondents need assistance in petit trade, 192 need assistance in education and 110 need assistance in tailoring.

Figure 15: Bar chart of other IDPs living in households



Source: LODGE AN IDP, December 2021.

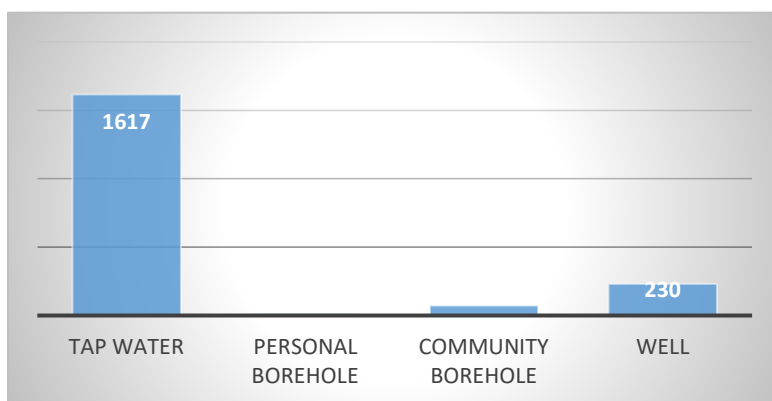
According to the chart above, a total number of 7884 more IDPs live with the respondents.

Table 10: Respondent's source of drinking water.

Source	Frequency
Tap water	1617
Personal borehole	13
Community borehole	72
Well	230
Total	1932

Source: LODGE AN IDP, December 2021.

Figure 16: Bar Chart showing respondent's source of drinking water.



Source: LODGE AN IDP, December 2021.

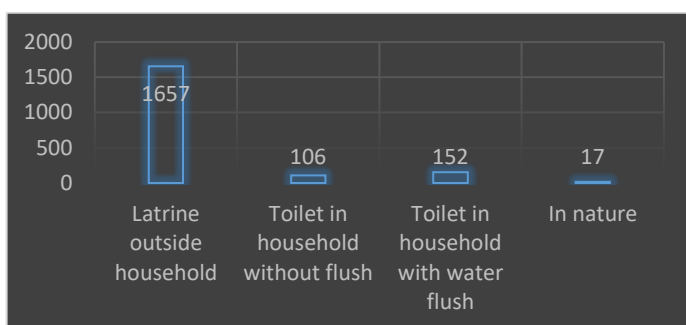
From the chart above, 1617 respondents drink tap water which they buy, 230 drink water from the well, 72 drink water from the community borehole and 13 drink water from personal boreholes.

Table 11: Type of toilet facilities used by respondents.

Toilet facilities	Frequency
Latrine outside household	1657
Toilet in the household without flush	106
Toilet in household with water flush	152
In nature	17
Total	1932

Source: LODGE AN IDP, December 2021.

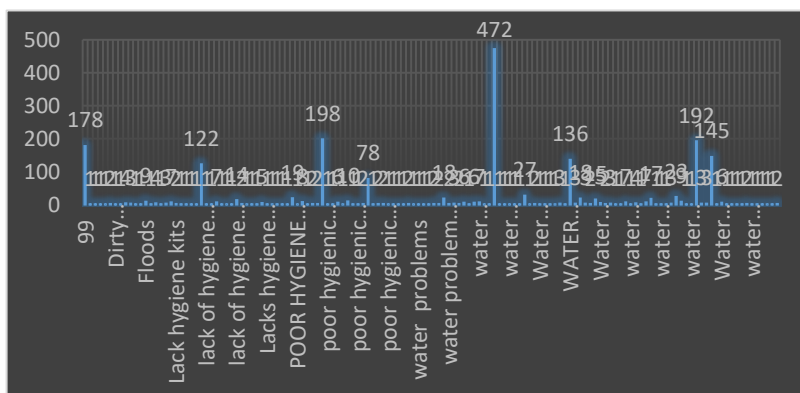
Figure 17: Bar chart of toilet facilities used per household



Source: LODGE AN IDP, December 2021.

According to the chart above, 1657 (85%) respondents use latrines outside the household, 152 (7%) use toilets in the household with water flush, 106 (5%) use toilets in the household without water flush and 17 (3%) go to stool in nature

Figure 18: Bar chart showing water and hygienic problems faced by respondents



Source: LODGE AN IDP, December 2021.

The chart above shows that 686 respondents are facing problems like water problems, 473 are facing problems such as lack of hygiene kits, poor hygienic conditions, 198 are facing poor hygienic conditions and 136 are facing problems like water problems, lack of hygiene kits.

5. SECTOR ASSESSMENTS

5. a. Water, Sanitation and Hygiene (WASH).

From the 1932 respondents we identified, 1617 of them with the members of their households consume tap water, but they have to buy it. They say that it is most of the time of poor quality, though more often than not they find it hard to afford it because they lack the financial means. 230 of them with the members of their household consume well water, while 72 of them plus the members of their households consume water from community boreholes. And only 13 of them with the members of their households consume water from personal boreholes.

Secondly 1657 (86%) of the respondents including members of their households use latrines outside the house, 152 (8%) of them use toilets in the household with water flush, 106 (5%) of them use toilets in their households without water flush while 17 (2%) go to stool in nature.

In addition, these respondents together with the members of their households face problems such as poor hygienic conditions, lack of hygiene kits, water problems. If these problems are properly addressed, more than 98% of these vulnerable persons will have no problem in this sector.

5. b. Food Security and Livelihood.

In all the neighbourhoods we covered, more than 95% of the vulnerable IDPs say they obtain food from the market, host families, beg to feed themselves and families. They rarely receive food from civil society organisations and private donors.

Out of 1932 of the respondents we fished out, 1344 (69%) of them struggle to afford 2 square meals a day, 415 (21%) can afford 1 meal a day, whereas 171 (8%) eat 3 square meals a day. 2 of them, representing (2%) were quiet when this question was asked.

Elsewhere, 1700 (88%) respondents have never received assistance of any kind, 191 (10%) have received assistance before while 41 (2%) of them were mute on this question. A great number of them said that most of the time, when there is food assistance destined for them,

those in real need do not benefit, due to favoritism on the part of those in charge of distribution as well as lack of information on the part of the IDPs usually because they are in remote areas or because the head count prior to the distribution might not have been effective.

More than 95% of the IDPs are in real need of food. Scarcely are there opportunities to be shared food stuff (rice, oil, soap, spaghetti), and each time there is one, the food cannot last. For the quantities they receive are too small to sustain the lives of the multitudes cramped up in their houses.

More than 95% of these vulnerable IDPs are farmers or employees on plantations before the exodus and have rightly complained that there is little or no farmland at Bonaberi, making them unable to exercise their farming activities. They tend to carry out petit trade in the local markets and in front of their houses in desperate attempts to make ends meet.

They sell farm produce, from the NW and SW regions of Cameroon, such as huckleberry (njama njama), potatoes, water leaf, water fufu, cocoyam, black and white beans, maize, mushroom, grasshopper, etc. Worse still, some take the produce on credit and sell before paying their suppliers. Such efforts pay off only when the retailer succeeds to make some slim profit margin which they immediately use to buy the most basic necessities for their households.

Others are involved in hairdressing, barbing, taxi driving and providing labour in the already overburdened informal sector in order to afford their basic necessities and take care of fellow IDPs in their care. Here the questions come in quick succession: How much work do they find for how much pay? Are they able to leave even when they realise they are being sorely exploited?

5. c. EDUCATION

2664 nursery and primary school pupils, 1826 secondary school students, 22 professional school students, 27 university students, making a total of 4539 come from the households of

the 1932 vulnerable IDPs we identified throughout Bonaberi. They said that going to school in these circumstances is hard as they enumerated a plethora of problems among which are late payment of school fees, textbooks, notebooks, uniforms as well as insufficient or no pocket allowance, poor knowledge of the French language. They also evoked hunger and lack of recreational activities during break.

As would be feared when things go out of hands, 388 other children are dropouts from nursery, primary, secondary and higher schools. The reasons they gave are lack of school fees and school equipment. They are involved in petty trade in order to raise income for their families and pay bills at home sad as it may sound. More than 80% of them have the will to go back to school and so need assistance at this level.

5. d. GBV

Several cases of GBV like child labour, rape, domestic violence, unwanted pregnancies, forced marriages and limited education for girls in particular showed their ugly heads in these neighbourhoods, though many of these vulnerable IDPs (especially women), whether young or old, did not want to say anything concerning the types of violence they face in their homes.

Most children who are school dropouts carry out petty trade selling groundnuts, bananas, vegetables, potable water, etc. to provide income for their families.

5. e. OFFICIAL DOCUMENTS

1395 of the 9816 vulnerable persons residing in Bonaberi do not have birth certificates and 589 of them lack national identity cards.

So it has become difficult for them to engage in activities of their choice in the formal sector here in Douala. Worse still, those without ID cards limit their movements for fear of being called to present themselves to the forces of law and order.

Children of tender age have no birth certificates, a thing which will pose problems for them in the long run when they want to acquire new statuses at Bonaberi or elsewhere, for instance

formalities for admission into school, formalities for getting ID cards made, formalities for going in for national exams, getting married, getting formal jobs, etc.

They cannot afford to make new birth certificates and national identity cards, making it difficult for them to integrate their host Communities. For all of this, they accuse insufficient funds.

5.f. Health

In all the quarters of Bonaberi, diseases like typhoid, malaria, fever, cough, bronchitis, drug related diseases, eye problems, sleep related diseases and prostitution related diseases are the most frequent due to the exposure of the IDPs to mosquitoes, floods and mold, overcrowding, cold, drugs, prostitution and rape respectively.

Secondly there are high chances for IDPs and hosts to contract the corona virus, one dreary variant followed by another in quick succession, because they cannot respect barrier measures such as wearing of face masks, washing of hands with clean soap, using of hand sanitizers, social distancing, and what have you.

Taking the case of prostitution apart, we feel obliged to quote sources, which say that IDPs, who are ‘sex workers’, do prostitution in order to survive with their families. They are very visible around popular drinking spots, travelling agencies, inns, brothels and night clubs. The result of such activity is sexually transmissible diseases like AIDS, COVID-19, gonorrhoea, syphilis in addition to unwanted pregnancies as well as rape.

Moreover, most IDPs said that acute lack of money is one very crucial cause of their not seeking medical intervention when they are ill or their seeking medical attention only when their health conditions are critical. They generally buy medicines from street side counters, barrow boys and shops or harvest/buy herbs, to satisfy their psyches that they have at least tried to fight their ailment.

Also many cases of trauma were recorded in all the neighbourhoods we went to. As a result of the loss of dear ones shot in their presence, rape by unknown men, unwanted pregnancies, etc. The incidents are still so clear to them as it were.

5.g. SHELTER AND NON-FOOD ITEMS.

More than 82% of the houses are overcrowded and so destabilizing living conditions. Our statistics shows that slightly above 95% of the respondents live in houses accommodating between 5, 6, 7, 9, 10, 11, 20 and 21 persons each. There is limited sleeping material ranging from beds, mattresses, bed sheets, blankets, mosquito nets etc., exposing them to infectious and sleep-related diseases.

The reasons for overcrowding are that most IDPs cannot afford the excessive rents that landlords charge in Douala, so friends and families are obliged to take them in, meanwhile the unfortunate ones live in uncompleted infrastructure, under the bridge and in front of people's houses. Another phenomenon which was observed is some IDPs who spend their evenings around drinking spots, travelling agencies, etc.

During the rainy season, the situation will become worse with the rise of diseases such as; fever, cough, bronchitis.

6. LIMITATIONS OF STUDY

- 110 vulnerable IDPs we identified did not want to give us clear information concerning the problems they are facing in their new Communities because most people have come to collect their information, promising them assistance but they have never received any assistance for periods ranging from zero to five years.
- LODGE AN IDP did not have the needed funds for this study. That is why we had to go at a slow pace, while struggling to raise funds.
- LODGE AN IDP did not have the necessary equipment for the study. This made it difficult for us to conveniently conduct our study.
- LODGE AN IDP had no mechanism to hold people back home. So we could not meet some IDPs in need. Though we spoke with some on phone with regards to their problems, but we remain convinced that we didn't meet all.
- We were turned away from sex brothels making it difficult to identify sex workers, their needs as well.

7. GENERAL RECOMMENDATIONS FOR ORGANIZATIONS.

After identifying the problems faced by vulnerable IDPs in neighbourhoods at Bonaberi, we have come up with the following recommendations, which will be proposed to organisations, foundations, men and women of good will for lasting solutions. They are the following;

- ✚ Projects on livelihood activities desired by these vulnerable persons should be designed and properly executed. Also for an effective follow-up, women benefiting from such interventions should be put up in associations, get trained so their activities can be sustainable.
- ✚ The RBM approach should be adopted and well executed. This will permit the beneficiary population to be involved from the planning to evaluating phase of each project to be executed. Consequently we can be sure of the sustainability of each interventions.
- ✚ Identify and work with partners who can help make these interventions sustainable, for instance, local community organisations, ministerial departments concerned, and why not humanitarian Organizations interested in these priority projects.
- ✚ Plan and properly distribute non-food items such as sleeping equipment, hygiene kits and clothing, etc. to those IDPs who are in urgent need of them. This distribution can be done twice in every 2 months depending on the funds available.
- ✚ Organise and intensify sensitisation campaigns. Topics should be centered on the risks of GBV and how they can be avoided, sexual and reproductive health, family planning and water-borne diseases. These campaigns should involve men, women and children of school age.
- ✚ Carry out advocacy to government authorities to take special measures facilitating the integration of these IDPs in host Communities. For instance replacing lost civil status documents and lost ID Cards to IDPs for free.
- ✚ Endeavour to introduce a transparent identification of IDPs who are in urgent need. If this is done, then we are sure we can really touch all or most of the affected ones.
- ✚ Psychosocial support should be given to these vulnerable IDPs in need.

**REPORT ON THE MULTI-SECTORAL ASSESSMENT OF NEEDS, OF VULNERABLE IDPS IN ALL
NEIGHBOURHOODS AT BONABERI, DOUALA 4 COUNCIL.**

8. QUESTIONNAIRE IDPs BONABERI, DOUALA.

The data collected within the framework of this survey will remain confidential according to Law N° 91/023 of December 16, 1996 relating to censuses and statistical surveys in Cameroon.

SECTION O: IDENTIFICATION OF DATA COLLECTION TEAM.

S0Q00	Questionnaire code: _____	_ _ _
S0Q01	Interview date : _____	_ _ _ _ _ _ _
S0Q02	Name of Data Collector: _____	_ _
S0Q03	Quarter Name : _____	_
S0Q05	Name of data entry agent: _____	_ _

SECTION I : RESPONDENT'S IDENTIFICATION

S1Q01	Name of respondent _____	
S1Q02	You are: 1. Host 2. IDP	
S1Q03	Sex of Respondent: _____ 1. Male _____ 2. Female	_
S1Q04	Region of resident before the crisis? 1. North-West 2. South-West 3. Littoral	
S1Q05	Town, village, quarter of resident before the crisis : _____	
S1Q06	When did you leave your area of residence? _____	
S1Q07	Age of respondent : _____	_ _
S1Q08	Phone number of respondent : _____ If none, phone number and name of close relative: _____	
S1Q09	What type of education did you receive? 1. Formal 2. Informal 3. Both	
S1Q10	What trade? _____	
S1Q11	Level of education: 1. No level 2. Primary 3. Secondary 4. Higher	_
S1Q12	Matrimonial status: 1. Single 2. Married 3. Divorced 4. Widow(er)	_
S1Q13	Previous occupation (before the crisis) :1. Farming 2. Handicrafts 3. Petit Trade 4. Rearing 5. Tailoring 6. Traditional Health Practice 7. Teaching 8. Nursing 9. Photography 10. Hair dressing 11. Carpentry 12. Painting 13. Building 14. Driving 15. Fishing 16. Others	_ _
S1Q14	Address of former occupation : _____	
S1Q15	Present occupation : _____	
S1Q16	Address of present occupation: _____	
S1Q17	Have you had any assistance before? 1. Yes 2. No	

**REPORT ON THE MULTI-SECTORAL ASSESSMENT OF NEEDS, OF VULNERABLE IDPS IN ALL
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S1Q18	How many times? _____	
S1Q18a	What kind of assistance? 1. Water, sanitation and hygiene 2. Food security & livelihood 3. Child protection & Education 4. Gender based protection 5. Provision of official documents 6. Others (specify) _____	
S1Q18b	Donors: 1. NGOs 2. Individuals 3. Government	
S1Q19	Do you live in a home? 1. Yes 2. No	
S1Q19a	Where else do you live? _____	
S1Q19b	Why do you live there? _____	
S1Q20	How many (other) IDPs live with you? _____	_ _
S1Q21	How many rooms do you and the (other) IDPs live in? _____	
S1Q22	Do you have adequate sleeping material? _____	

SECTION II: WATER SANITATION AND HYGIENE (WASH)

S2Q01	What is your main source of drinking water? 1= Tap water 2= Personal borehole 3= Community borehole 4= Well 5= Others (specify) _____	_ _
S2Q02	Type of toilet facilities used in your household? 1= Latrines outside your household 2= Toilet in the household without flush 3= Toilet in the household with water flush 4=In nature 5= Others (specify) _____	_
S2Q03	What water and hygiene problems do you have? _____	

SECTION III: FOOD SECURITY AND LIVELIHOOD ACTIVITIES

S2Q01	Do you have access to a variety of food items in your household? 1= Yes 2= No	_
S2Q02	Where do you get them from? _____	
S2Q03	How many square meals do you take per day? _____	
S2Q04	What was your former source of income? _____	_ _
S2Q05	What is your present source of income? _____	_
S2Q06	What other activity can you do to generate income for your household (desires, talents, skills)? _____	_
S2Q07	Are there any cultivable lands around your household or elsewhere? 1= Yes 2= No	_ _ _
S2Q08	Do you have access to these lands? 1= Yes 2= No	
S2Q09	Why not? _____	
S2Q10	Are you cultivating them? _____	

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SECTION IV: CHILD PROTECTION AND EDUCATION

S2Q01	How many IDP-children live in the same household as you? _____	_
S2Q02	Do they have access to 1= Adequate education 2= Inadequate education 3=None	
S2Q02a	What school do they attend? _____	
S2Q02b	Why don't they have access to adequate education? _____	
S2Q03a	They pay fees and buy school equipment; 1= On time 2= Late 3. Too late 4. Never	_ _
S2Q03b	Why not? _____	
S2Q04	Are they involved in any commercial activity out of school? 1= Yes 2= No	_
S2Q04a	Which activities? _____.	
S2Q04b	Why? _____	
S2Q05	How much assistance do they need to go to school comfortably? _____	_ _ _
S2Q06	Apart from school fees and equipment, what other problems do you face? 1. At school _____ 2. At home _____	

SECTION V: GENDER-BASED VIOLENCE

S2Q01	What gender-related problems do you face in your homes, host communities? _____	_
S2Q02	Who are the perpetrators of such acts? _____	
S2Q03	How much work do you do at home? _____	_
S2Q03a	How much work do you do away from home? _____	

SECTION VI: OFFICIAL DOCUMENTS

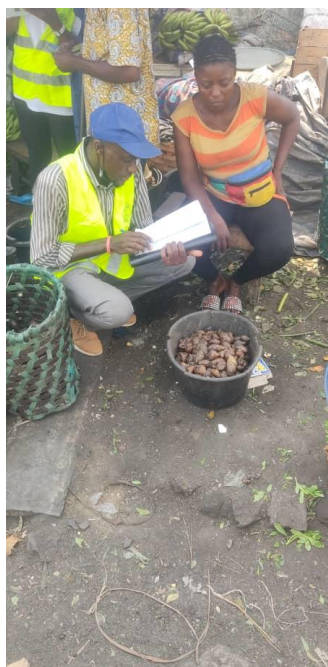
S2Q01	Do have official documents? 1= Birth certificate 2. National ID Card 3. Passport	_
S2Q02	Why not?	

SECTION VI: HEALTH

S2Q01	What health-related problems do you face in your household and or community?	_
S2Q02	Can you afford good health services? 1. Yes 2. No	
S2Q03	What can be done for you and your family to obtain quality health services?.....	

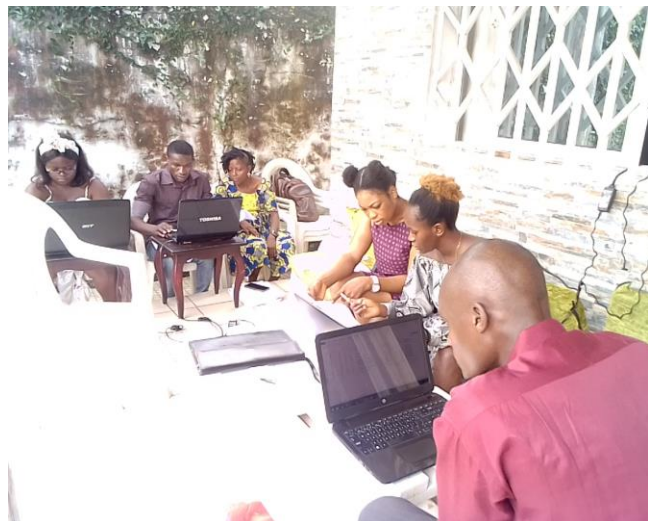
9. PICTURES ON THE FIELD, PICTURES OF THE PRESENTATION OF RESULTS

a. PICTURES ON THE FIELD



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b. PICTURES DURING DATA SORTING



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c. PICTURES DURING THE PRESENTATION

