Formal Site Monitoring Tool
Overview

1. What is the Formal Site Monitoring Tool?
2. Clarification of questions
1. What is the Formal Site Monitoring Tool?

- The Formal Site Monitoring Tool is a camp management monitoring tool which provides an overview of:
  - Main demographic information at site level
  - Key humanitarian indicators
  - 3W

- The primary purpose of the Formal Site Monitoring Tool is to guide site managers in their monthly monitoring of services and inform the humanitarian community about the main gaps in each formal site.
1. What is the Formal Site Monitoring Tool?

- Frequency of data collection:
  - Monthly in formal sites supported by Operational CCCM Actors
  - Quarterly in formal sites not supported by MRTs. Data collection done by REACH

- Methodology of data collection:
  - To the extent possible the enumerators should collect the data jointly with the camp manager
  - Information collected through key informant interviews (camp managers, partners, etc.), direct observations and Focus Group Discussions
  - Operational CCCM Actors are to complete data collection within the first week of each month.
  - Operational CCCM Actors are responsible to clean the data before uploading
  - Google spreadsheet and online maps will be automatically generated from the collected data
1. What is the Formal Site Monitoring Tool?

- Dissemination of data:
  - Operational CCCM Actors are to complete data collection within the first week of each month.
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  - Google spreadsheet and online maps will be automatically generated from the collected data
Site Typology: Formal Settlements

Planned or self-settled, recognized by the host government which in turn provides some form of site management.

Examples of formal sites are:

- **Camp** are planned and built to accommodate displaced persons in an open field. Camps are recognized, administered and usually managed by the host government and/or actors recognized by the government.

- **Collective Centres** are not planned or built to accommodate IDPs but modified for that purpose. Collective centres are recognized, administered and usually managed by the host government.

- **Transit/Screening centres** are dedicated to provide temporary accommodation for those waiting for places in planned camps.
Camp Management (CM)

- Capture details related to the CM actor and its capacity
  - CM Organization
    - Select a CM organization from the list
  - Name & contact details of CM
  - CM office space
  - Gender balance in CM (include CM when counting)
  - Presence of Camp Committees
    - Committee structures representing IDPs in site coordination mechanisms
  - What system is in place to track population changes?
Plots availability

- A “plot” is defined as a space able to hold a single residential unit of approximately 12m² (e.g. tent).

- # of plot occupied
  - How many plots are occupied by families

- # of plots that could be occupied (available)
  - # of plots that are still available (based on planned capacity of the site), but are currently empty (irrespective of whether or not there is a housing unit erected on the plot).
Indicate the number of each shelter type (count all, even if not currently occupied):

- Tent (Portable shelters with a cover)
  - Tent on cement base
  - Tent on ground
- Caravan
- Makeshift Shelter
  - Typically built of things found (blankets, metal sheeting, tarps, etc.)
Indicate the number of each shelter type (count all, even if not currently occupied):

- **Single Family Residential Unit**
  - E.g. block building hosting one family

- **Communal shelter**
  - E.g. mosque, school, rub hall or other shared spaces

- **Open Air**
  - Open situations such as under a bridge, open grounds, parks, desert. Families may be using plastic or items for shading, but it doesn’t support a dwelling space.
Shelter

% of overcrowded family shelters

• The term “family shelter” refers to a single housing unit the superficies of which should be 12m$^2$. If a “family shelter” hosts more than 6 individuals the shelter qualifies as overcrowded.

• If the camp manager does not have the information, it can be estimated based on the total number of HH and the total number of occupied plots
Population Breakdown

• Number of individuals living in the site
  • Collect population figure segregated by age and sex
  • If camp manager cannot provide information, it can be an estimation of the number

• # of HH are residents in the site?
  • All persons registered, or eligible to be registered, on one PDS card should be considered as a HH. Separated or orphaned child relatives should also be that are dependant on the HH should also be included
Specific Needs Category

Collect the # of Persons with Specific needs by category:

• Female headed family
  • Single (e.g. through divorce) female (18+) with children and/or elderly persons

• Child headed household
  • Head of HH under 18 years (both parents are dead)

• Unaccompanied and/or separated children
  • Unaccompanied = who have been separated from both parents and other relatives and are not being cared for by an adult
  • Separated = Children accompanied by adults who are not their parents

• People with physical disabilities
  • limitation on a person's physical functioning and/or mobility. Physical disabilities include impairments which limit other facets of daily living.
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Specific Needs Category

• Elderly at risk
  • person above 60 years old without a supportive social network (e.g. elderly person living alone, elderly person living with children, elderly person living with persons with specific needs)

• Widow
  • Woman who has lost her spouse by death and has not married again
Specific Needs Category

- People with mental disabilities
  - A mental illness is a condition that severely affects a person's thinking, feeling or mood.

- Pregnant and/or lactating women

- People with chronic disease
  - persistent or otherwise long-lasting health issue which severely impacts the daily life
Self Identified Needs

• What are the sites top 3 priority needs?
  • Ideally question to be asked during a FGD
  • Do not read out the options
• Select percentage of coverage per item to give an overview of NFIs are missing.
  • Blanket – at least one per person
  • Mattress – at least one per person
  • Jerry can – two per family
  • Oven – one per family
  • Fuel for cooking
  • Kitchen items (bowls, buckets, cutlery) – per family
  • Hygiene items (soap, detergent, shampoo etc)
  • Feminine hygiene items
  • Other NFI items – these are non-essential items, including: Plastic Bucket, Thermal Roll Mats, Carpet, Towels, Pillows, Floor Mat, Duct Tape, Rope, Sewing Kit, Plastic Cabinet
WASH & Hygiene

- Average liter of water per person per day (includes water for drinking, cooking and personal hygiene)
  - Ask WASH Partner; if WASH partners doesn’t know then try to calculate (e.g. based on the number and frequency of water trucks)

- Main source of water
  - If multiple source select all appropriate

- # of water points
  - Water points include individual and collective water taps.

- Functioning latrines
  - Non-segregated, male, female

- Functioning showers
  - Non-segregated, male, female

- # of communal waste bins
  - Communal waste bins do not include household size waste bins, but large bins with the capacity to hold trash from a number of HHs
Health

- Accessible, functioning primary health service within 2Km
  - “Primary” health services refers to basic health care.
  - “Accessible” means site residents can access the service (e.g. not prevented from accessing, health services provided at affordable rates etc.)
  - “Functional ” means that the health service is open, staffed and has a basic stock of medicine.

- Are there accessible secondary health services
  - “Secondary” health services refers to an intermediate level of health care. If specialist care is needed, primary health care providers will refer a person to a secondary health care service.
Health

• Accessible, functional health care provider for pregnant and/or lactating women

• Is there ambulance 24/7

• List of illnesses
  • Contact health partner to get accurate information
  • List of illnesses captures main public health issues
Food

- Sufficient and reliable access to food at the site:
  - **Sufficient**: Food must be available in sufficient quantities for people to be able to live a healthy, active life.
  - **Access**: People must be able to regularly acquire adequate quantities of food, through purchase, home production, barter, gifts, borrowing or food aid

- Food assistance
  - How regularly do you receive food assistance? (e.g. food or food vouchers distributed to the HH)
  - What type of food assistance do you receive?
    - Dry food ration
    - Cooked meal
    - Ready to eat box
    - Cash
    - Voucher
    - None
Protection

• Which security actors are present at the site
• Is leaving the camp permanently allowed? (e.g. for returns)
• Is leaving the camp temporarily allowed?
  • Medical emergencies
  • Livelihoods, market
• Missing Documentation
  • What is the estimate of site residents who don’t have identity documents?
  • Ask question to protection partner or try to get answer by asking sample of persons
• Tensions between host community and site residents
• Market stalls within camp
  • in the case of camps in Anbar, this question should be answered considering the larger camp e.g. the whole of Kimyawi AAF camp
Education

• Accessible primary school
• Accessible secondary school
• Reasons why children are not attending school
• Availability of non-formal education
• List standing partner per sector (in the context of Anbar, this is to include actors that are providing services within the larger camp area, which are accessible to the residents of the smaller camp)
  • Inquire from camp manager and by contacting partners

• “partners” can be government entities, national and/or international organizations which are regularly present in the camp and provide regular services.

• One off/ad-hoc partners should not be recorded as standing partners