

The De Doorns Monitoring Report

A monitor's manual for South African "internally
displaced persons" safety sites



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Prepared by PASSOP



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INTRODUCTION

The objective of this monitoring report is to supply key stakeholders with information that enables a critical assessment of the actions in the formation and operation of an Internally Displaced Persons (IDP) camp. It should encourage reflection of lessons learned and serve as a guide for future such situations in South Africa.

This report is divided into two parts. The first part consists of the findings of the monitoring assessment of the De Doorns IDP Safety Site carried out by PASSOP between February and March 2010. Based on information collected by PASSOP monitors, this section provides an evaluation of conditions within the site and the concerns of residents. This evaluation is focused on and limited to the conditions in the site as they were when the monitoring was carried out in February-March of 2010.

The second part is a model outlining the appropriate standards of monitoring that can be used as a guide for monitoring in other sites in future.

BACKGROUND

PASSOP is a registered non-profit organization based in Cape Town, South Africa dedicated to protecting and promoting the rights of asylum seekers, refugees and undocumented individuals in South Africa. Since the November 2009 displacement in De Doorns, PASSOP has consistently maintained a presence in the area and has conducted monitoring within the safety site.

De Doorns is a small rural town, which lies in the Brede Valley municipality in the Western Cape, some 27km North of Worcester. Its economy is based almost entirely on agriculture, consisting primarily of the farming of table grapes. Farm work is among the lowest-paid labour sectors, with the minimum wage at just R6.31 per hour. Large-scale forced migration from Zimbabwe has provided De Doorns with an abundant supply of competent labour that is desperate for work.

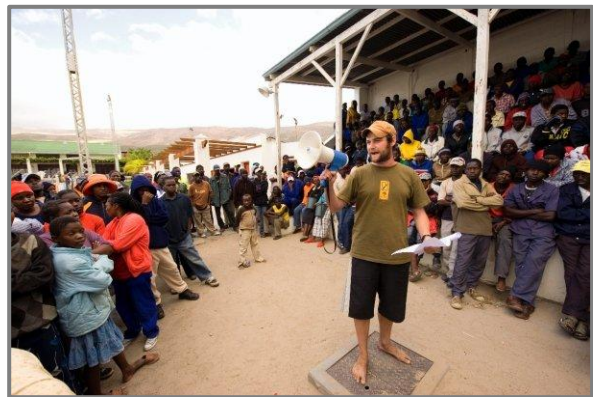


Figure 1: PASSOP member addressing camp residents

Labour frustrations in the region between South Africans and Zimbabweans escalated into xenophobic violence in November of 2009, when local South Africans forcefully displaced approximately 3000¹ impoverished foreign nationals from their township shacks. Those who participated in the attacks claimed they did so because the 'amakwerekwere'² were allegedly willing to work for less than the minimum wage. They also complained that the 'foreigners' did not participate in strike actions in solidarity with the South African workers³.



Figure 2: Zimbabwean shacks destroyed

Investigations by PASSOP have exposed that there was a deliberate effort by low-level politicians to create tensions and to garner political support by calling for the displacement of foreigners⁴. PASSOP has reason to believe that this political effort was supported by the Mayor and implemented by a local councillor. Importantly, the frustration that boiled over into the xenophobic violence was not driven solely by labour concerns, but also to a large extent by housing and service-delivery frustrations of the local South Africans.



Figure 3: Displaced Zimbabweans transported to safety

The result of the incidents in November 2009 was a formation of an IDP safety site on the town's sports ground to accommodate the displaced Zimbabweans. The displacement and the establishment of the site has thrown the region's political, service delivery and labour problems into the spotlight.

This site was closed on October 17th after a prolonged negotiation between the Municipality, Provincial Government and PASSOP (on behalf of the camp residents) and the vast majority of Zimbabwean camp residents have reintegrated back into the surrounding communities.

¹ <http://www.migration.org.za/report/violence-labour-and-displacement-zimbabweans-de-doorns-western-cape-0>

² <http://www.queensu.ca/samp/migrationresources/xenophobia/research/warner.pdf>

³ http://www.iol.co.za/index.php?click_id=13&set_id=1&art_id=nw20091117221650854C186102

⁴ <http://www.sowetan.co.za/News/Article.aspx?id=1138288>

METHODOLOGY

Monitors

PASSOP was the first organisation on the ground in De Doorns during the mass displacement and has since then remained on site and active in observing the creation and operation of the safety site, or IDP camp. The PASSOP staff that carried out the monitoring in De Doorns had previous experience and qualifications in the field of monitoring.

After approximately two weeks, PASSOP staff incorporated a selected group of members of the displaced community into its monitoring team. Prior to the commencement of their duties, this group of camp resident volunteers attended PASSOP training workshops that covered various aspects of monitoring technique.

The purpose of incorporating displaced community members into the monitoring team was threefold. First, PASSOP was able to access a first-hand perspective of life in the camp and residents' concerns. Second, it encouraged information exchange between residents and staff, creating a trusting relationship. Third, by giving members ownership of monitoring, it helped empower the displaced community.



Figure 4: Frustrated woman hours after the displacement in De Doorns on November 17th, 2010.

In a subsequent stage of monitoring, PASSOP used international students from the University of Cape Town as monitors, many of whom were already volunteering with PASSOP. Additional non-student volunteers were recruited. All monitors had to attend a PASSOP monitoring training workshop prior to commencing their work. The workshop briefed participants on the facts and intricacies of the initial displacement, provided a chronology of events, briefed participants on the current situation and sensitivities in the community, outlined PASSOP's role and involvement in De Doorns, and trained participants in with camp monitoring standards. Trainers put particular emphasis on SPHERE Minimum Norms & Standards⁵ of sanitation, shelter, food, camp security and healthcare access, as well as how to accurately record data.

⁵ <http://www.sphereproject.org>

Following this PASSOP workshop, monitors attended a second workshop conducted and hosted by the South African Human Rights Commission. This workshop focused on monitoring objectives and codes of conduct. Monitors were briefed on the importance of principles such as respect for the Constitution, independence, impartiality, professionalism, accountability, confidentiality, honesty and integrity.

Volunteers who completed both training workshops were selected to participate in the monitoring project. A total of 20 monitors were selected: 13 females and 7 males. PASSOP assigned a group of three monitors (minimum one female and one male) per day. Each day a PASSOP Supervisor also monitored. Each monitor signed a code of conduct agreement and an indemnity form. PASSOP took into account other organizations' monitoring projects throughout the process.



Figure 5: Boys in camp on first day after displacement

Questionnaires

PASSOP monitors collected data via several techniques. Initially, monitors recorded observations and logged data in diary format. Later, detailed questionnaires were administered by both camp resident and non-camp resident volunteer monitors.

PASSOP staff compiled the questionnaires based on experience gained from working within the safety site since the initial displacement. Questions were selected based on the SPHERE Minimum Norms and Standards, a South African Human Rights Commission monitoring toolkit, and staff members' experience and familiarity with camp conditions.

The questionnaires focused on the following:

- Sanitation: taps, showers, toilets & sanitation products;
- Food: cooking facilities, meals & preparation;
- Shelter: tents, safety & security; and
- Healthcare: access to medical facilities & health of residents.

A copy of a sample questionnaire can be found in Appendix 2.

Monitoring project dates

PASSOP commenced monitoring directly on 17 November 2009 and has maintained a continual presence in De Doorns since then. The questionnaires were administered and the monitoring conducted for this report was done in February-March 2010. Hence, the conditions outlined below refer to the conditions at the safety site during that time.

PASSOP also conducted a survey with the University of York in February focusing on allegations of intimidation of camp residents by camp officials [see Appendix 3].

Finally, PASSOP conducted surveys in March in partnership with the Solidarity Peace Trust, the results of which were included in a report⁶.



Figure 6: One of the first evenings in the camp

⁶ <http://www.solidaritypeacetrust.org/572/desperate-lives-twilight-worlds/>

CHRONOLOGY OF EVENTS OF DISPLACEMENT

The following table displays the chain of events during and immediately after the displacement.

Date	Event
15-11-09	68 people displaced over the weekend (14 th and 15 th) prior to the mass displacement
17-11-09 06:30	PASSOP staff arrive in De Doorns and witness the displacement of over 2000 foreign nationals and the destruction and looting of numerous homes
17-11-09 10:00	Large numbers of Zimbabwean Community members, with the few belongings they managed to salvage, begin to gather at the De Doorns Municipal offices
17-11-09 12:00	PASSOP staff assists in counting the displaced, and with queue management. Conditions are chaotic. The count is not concluded but reaches over 2,500 people.
17-11-09 16:00	Police begin to transport people to a nearby sports field. This field becomes the safety site.
18-11-09 24:00	Western Cape Disaster Management erects one large marquis tent on the Hexvallei Sports Club rugby field
18-11-09 10:00	Disaster Management erects 2 further large marquis tents. Each tent houses 500 to 1,000 people
18-11-09	The Department of Home Affairs (DHA) assembles a registration desk at the safety site but fail to effectively communicate the need to register. DHA registration estimates the camp population at 822 ⁷
18-11-09	Red Cross arrives on the scene, providing medical care and serving two meals per day to residents
21-11-09	PASSOP and the De Doorns Displaced Committee (DDC) distribute 1400 blankets to displaced residents, recording information of all recipients
24-11-09	UNHCR arrives on the scene and donates 300 tunnel tents
26-11-09	170 UNHCR tunnel tents erected and distributed
07-12-09	UNHCR conducts an additional registration. Residents report that UNHCR turns away some displaced people. PASSOP observers witness a chaotic and ineffective registration

⁷ Disputed by monitors who note that the department of home affairs only recorded those who had lost documentation

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Figure 7: Moments after displacement waiting for transport



Figure 8: Two hours after displacement at municipal offices



Figure 9: marquis tents pitched on sports ground



Figure 10: 8 hours after displacement – moved to sports ground



Figure 11: Final UNHCR tents

SERVICES PROVIDED

A number of organizations provided services during various early stages of the safety site, mostly in November-December. Since then, the amount of services provided declined until camp closure.

Service Provider	Service	From	To
Breede Valley farmers	~700 displaced employees allowed to stay on employers' land	17-11-09	Dates vary
Western Cape Disaster Management	3 large marquis tents erected, housing 500-1000 people	17-11-09	26-11-09
Red Cross	Mobile clinic, present on weekdays	17-11-09	15-12-09
Brede Valley municipality	Outdoor shower facility erected to attempt to accommodate residents' needs	20-11-09	Until camp closure
Red Cross	2 meals per day served to residents	1 st week of camp	03-12-09
Red Cross	Medical tent assembled inside camp	20-11-09	20-12-09
Red Cross	Female camp residents provided with nappies and sanitary pads on a daily basis. Other hygiene items such as toilet paper and soap provided on a limited and sporadic basis	20-11-09	20-12-09
Brede Valley Municipality	90 portable toilets provided	18-11-09	Until numbers declined
Brede Valley Municipality	10 water taps installed	20-11-09	Until camp closure
ADRA- (PASSOP distribution)	1400 blankets distributed to residents	21-11-09	n/a
Worcester clinic nurses	Medical services provided in Red Cross medical tent	19-11-09	20-12-09
Doctors Without Borders (MSF)	1-2 MSF representatives present Mondays through Saturdays	24-11-09	06-12-09
Department of Social Development, Grassroots Society, FAMSA, & Child Welfare Society	Day care program launched for 3-6 yr olds. Crèche launched for babies/toddlers. Programs are run 11am-1pm weekdays	24-11-09	mid-December
Department of Social Development, Grassroots Society, FAMSA, & Child	Program launched to train women in childcare techniques	24-11-09	Not observed

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Welfare Society			
UNHCR	300 tunnel tents donated to Brede Valley Municipality	26-11-09	Present
Zimbabwean resident volunteers and local fire department	180 (of 300) UNHCR tunnel tents erected	26-11-09	Until closure
Red Cross	Two food hampers per tent distributed, intended to provide residents with enough food to last 4 people 1 week. Hampers include 1kg <i>mealie</i> meal, 1kg sugar, 500mL peanut butter, 1 tin of <i>chakalaka</i> , 250mL soya mince, and 1kg of <i>sampa</i>	04-12-09	04-12-09
Legal Resources Centre	Legal support provided to help some displaced obtain access to camp	05-12-09	Present
UNHCR, Maitland Refugee Reception Centre	UNHCR provides transportation to Maitland Refugee Reception Centre. Maitland RRC opens doors strictly to De Doorns clients for two days	05-12-09	06-12-09
Brede Valley Municipality	Approximately half of site's toilets wired shut	07-12-09	14-12-09
Brede Valley Municipality	All toilets reopened	14-12-09	Until closure
Department of Health	Closest medical clinic located 2km away	[Ongoing]	Present
Department of health	Ambulance services available to safety site at an average wait of 1 hour per client, per trip to hospital	[Ongoing]	Present

CAMP CONDITIONS

This section summarises how the conditions in De Doorns for shelter, sanitation, food and healthcare (based on PASSOP's observations) compared to SPHERE Minimum Norms & Standards. For detailed information of findings for each category, see Annex 1.

Shelter

Shelter in the camp consists of tents donated by the UNHCR. In general, the conditions for shelter are in line with SPHERE's minimum requirements. For example: all residents have shelter; large families have their own tent; couples share tents and single men and women are in separate tents; and

there were no unaccompanied minors. However, it was worrying to see that during tent allocation the UNHCR squeezed eight people into each tent. This is well below the 3.5 m² per a person suggested in Sphere guidelines. Moreover, it was very hot and over crowded in the tents during summer. Floors are not insulated and tents are cold at night, although the UNHCR provided some mats. Rain seeped through the tent canopy in windy conditions and seeped through the ground into mattresses.

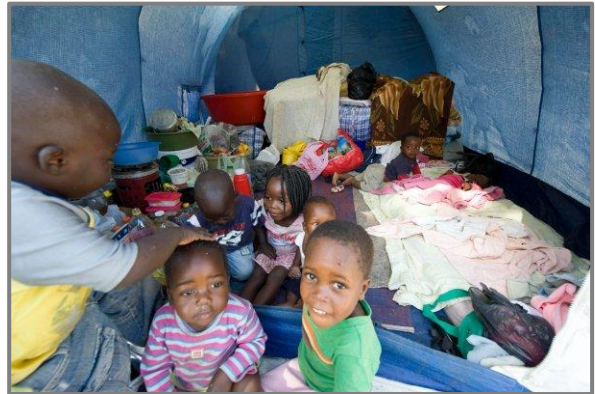


Figure 12: Family in crowded tent

Taps

The provision of taps fell short of the SPHERE's minimum norms and standards. For example, there was one tap per 300 people, which was considerably less than the one per 80-100 recommended by SPHERE. Therefore, during rush times after work and on the weekends, the queues exceeded one hour, compared to the recommended standard of 15 minutes. Moreover, there was stagnant water around most taps, which fell short of the SPHERE standards, because it was a potential source of diseases. Finally, residents were not provided with soap, as is recommended, but instead had to purchase their own.



Figure 13: Showers 1

Showers

The availability of showers at the camp remained a problem. The camp originally had indoor shower facilities, which were immediately overwhelmed. To attempt to accommodate residents' needs, an outdoor shower unit providing 6 additional shower heads was erected on 20 November 2009.

Residents complained that these showers did not allow enough privacy between men and women; complaints led to the erection of an additional identical outdoor shower unit on a different side of the camp. Though this allowed for more privacy



Figure 14: Showers close-up

between the men's and women's units, camp residents reported that there were at least two broken shower heads at any given time.

Toilets

By the end of the safety site's first week, there were 90 portable toilets at the camp for nearly 3000 residents, plus 2 permanent toilets which had previously been on site. Residents reported that the toilets were emptied only twice during their first seven days at the camp, and that the toilets were generally "so filthy" that many people preferred using the ditch behind the camp instead of the toilets⁸.

During the week of 7 December 2009, residents reported that many of the toilets (approximately half) were inexplicably 'wired' shut. Later, residents discovered that facilities were closed because the municipality's contract for the toilets was expiring. By the week of 14 December 2009, all toilets were reopened.

As camp residents left the camp the number of toilets was reduced until camp closure.



Figure 15: Mud outside toilets



Figure 17: Toilet



Figure 16: Dirty toilet

Products

Through 30 November 2009, the Red Cross provided female camp residents with toilet paper, soap, and other hygiene items on a limited and sporadic basis, and provided female camp residents with nappies and sanitary pads

⁸ Interview with camp resident Jan 2010

on a daily basis. Since 30 November 2009, residents and De Doorns Displaced Committee members reported that of the above items, only toilet paper was made publicly available, and that it still would run out. Since the Red Cross's withdrawal, there were no more sanitary items or nappies provided by donors.

Food

Food aid was originally provided by the Red Cross, but this only lasted for five weeks, during which time two meals per day were served. On 4 December 2009, instead of serving meals, the Red Cross distributed two hampers for every tent. Each hamper included 1kg *mealie* meal, 1kg sugar, 500mL peanut butter, 1 tin of *chakalaka*, 250mL soya mince, and 1kg of *sampa*. These rations were intended to be shared between four people and last for one week.

Residents later needed to purchase their own food. Typical meals included "pap" or "sadza"-maize meal porridge with vegetables when available. Breakfast, if eaten, typically consists of bread and coffee. Food availability became particularly scarce once residents became unemployed, as picking season's end approached. PASSOP needed to do an emergency appeal to provide for the most vulnerable during the off season.



Figure 18: Fire hazard

Healthcare

During the site's initial days, the Red Cross assembled a medical tent inside the camp where nappies, sanitary pads, baby food, and other hygiene items were distributed. In the first week, Department of Health officials from the Worcester clinic conducted an immunisation campaign and health assessment. During the camp's second and third weeks, one to two representatives of Doctors without Borders (MSF) were present Mondays through Saturdays. A Red Cross mobile clinic was present weekdays through the first four weeks.

On 30 November 2009, Worcester medical staff withdrew their presence. The Red Cross mobile clinic remained on site during the daytime, and occasionally in the evenings. Access to the ambulance for residence was made available during daytime hours. However, the vast majority of

residents could not utilise this service and some residents were unaware any medical services were still available.

Beginning the week of 14 December 2009, the mobile clinic ended its presence at the camp. The closest medical clinic was located 2km away, in the township on the outskirts of Ekuphumleni. Residents reported being threatened and faced with xenophobic harassment by the community in transit to this facility. Many residents, therefore, were understandably afraid to walk to the clinic. The nearest hospital was over 20km away, located in Worcester.



Figure 19: Troubled times

To date there have been a reported 5 births in the camp and 8 deaths. Residents and a security guard reported that a woman gave birth at the camp on 14 December 2009. Reportedly, a security guard called the ambulance, as the camp manager was not present. The ambulance did not arrive until after the baby was born.

Residents have experienced difficulty in returning to the camp site after receiving medical assistance at the hospital. Public transport was not readily available from the hospital, especially in the evenings.

Access & Security

During the camp's initial week, PASSOP observed generally unrestricted camp access for residents and non-residents alike. Over time, PASSOP observers noted that access became increasingly restricted, but in an inconsistent manner, and changes in access policies were not communicated to the camp population or to non-residents. Security guards at the camp's front gate generally granted or denied access to IDPs on a personal recognition



Figure 20: Security guard on duty

basis, even after some of the UNHCR's registration cards arrived during the week of 14 December 2009. PASSOP representatives frequently observed non-registered IDPs gaining access to the site.

There were other legitimate camp residents who were non-registered and presented themselves to security and requested access, but were denied entry. NGOs and media have been denied access to the safety site on an inconsistent basis.

There were reports of petty theft abound within the camp. Camp residents expressed general wishes for more protection in the form of security guards and increased police presence at the camp to prevent such incidents.

Access to Employment

All but approximately 200 of the camp residents worked during the week. Most workers were fetched by trucks in the morning and taken to farms for the day. Some residents, primarily those who worked as 'night-watch' security guards on nearby farms, worked during the night. These workers reported that because they did not work in large groups, they walked to work by themselves, and some report fearing for their safety while travelling to and from their places of employment⁹.



Figure 21: Desperate situations

Prospective employers were observed coming from places as far as East London and the Namibian border to recruit workers from the camp. While it is important to maintain the camp residents' freedom to work where they choose, this situation presented a risk. Some of these labour 'poachers', as local farmers have called them, reportedly were not completely transparent about the working conditions and compensation they were offering. One group of workers was reportedly picked up from the camp and taken to a farm where they were only paid R12 a day. The workers reported that after the first few days of work, they requested to be taken back to the camp, but the farmer refused to take them until a week later¹⁰.

⁹ Interview with displaced camp resident by M Grinde

¹⁰ Interview with displaced camp resident by M Grinde

Psycho-social Support Services

After the site's inception, while most adults spent their days working long hours at farms, children were left on the rugby field with virtually nothing to do. Only two weeks after the site was set up were some formal daytime programs for children introduced. At that time, the Department of Social Development (DSD), Grassroots Soccer, FAMSA, and the Child Welfare Society set up a day care program for 3-6 year olds and a crèche for babies and toddlers. These programs were run from 11am-1pm every weekday until the end of the first week of December.

The DSD indicated it intended to liaise with trauma support NGOs to identify camp residents in need of trauma counselling sessions. It planned both mediated group sessions for the general population and personal trauma therapy for those in need of individual attention. The DSD indicated on 23 November 2009 that a gazebo would be assembled for mediation sessions. For those identified as having undergone severe trauma and needing more in-depth, one-on-one therapy, the DSD indicated that a room in a nearby school would be available. PASSOP never observed any implementation of this counselling.

In addition to having been the victims of xenophobic violence, losing belongings and homes and being displaced, many Zimbabweans in the community are still coping from the fires that raged through their homes last year and killed seven people¹¹. From these issues and others, a number of camp residents could greatly benefit, and in fact are in dire need of, structured, ongoing therapy⁷⁴. Unfortunately the DSD reportedly failed to provide such services beyond its announcement that they would do so.

For those in need of basic human needs such as counselling, there was no such option.

ANALYSIS

When compared to the internationally recognized SPHERE Minimum Standards in Disaster Response, the conditions at the De Doorns Safety Site have generally fallen short, often considerably so. Over the course of the eleven months that the Site was open, these sub-standard conditions adversely affected the well-being and potential risks of camp residents, for example by subjecting them to the risk of exposure to fires, the inability to

¹¹ <http://www.thedailynewszw.com/?p=12320>

access urgent medical care during critical post-injury time frames, psychological traumas, and many illnesses, from the stagnant water, for example. In some extreme cases, they contributed directly to the deaths of camp residents- by the lack of medical monitoring and care available to camp residents.

Too often have the narratives surrounding the xenophobic attacks in De Doorns centred around the causes of the attacks, which has inadvertently lent some legitimacy to the an underlying opinion that xenophobic violence is justified in some cases, for some causes. This, in turn, seems to have given rise to the sentiment that the victims of these xenophobic attacks are not entitled to the same rights and assistance as other disaster victims. Rather than treating the victims of the De Doorns xenophobic violence with the same dignity and respect that international guidelines afford all disaster victims, they were treated as 'second-class' disaster victims.

This argument is justified by PASSOP's observations of the low standards at the De Doorns Safety Site, as outlined in this report. These short-comings in the provision of services constitute a failure to adhere to internationally recognized minimum norms and standards for disaster response. The lack of consistent monitoring from government as well as the lack of independence of certain organisations was disappointing and was responsible in part for sub-standard conditions in the De Doorns safety site. Having illustrated the severity of the conditions at the Site, the next section highlights some recommendations and ways forward that can be used to determine appropriate action and ensure adequate standards if such an occurrence were ever to repeat itself in the future.

RECOMMENDATIONS

There is a need for a consistent standards for monitoring of IDP camps in South Africa, standards which must adhere to universal norms. The approach to monitoring should be independent and critical, but importantly, also constructive. It is essential to monitor conditions from the day of displacement until final camp closure in an independent and unbiased way. It also important that where there are short comings efforts are made to ensure improvements are made.

The roles played by civil society in monitoring and observing camp conditions, acceptable treatment of displaced persons and what services should be provided should be defined. It is necessary for civil society to be vocal to ensure that conditions are not allowed to deteriorate as seen in De

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Doorns and most previous camps we have observed. It is clear that civil society lack expertise in monitoring camps, with monitoring at present being done in an ad hoc and uncoordinated manor. As a result, civil society failed to sufficiently record the conditions and treatment of displaced persons during the camps' lifespans.

To improve this current situation in South Africa and to be able to ensure that in the future camp monitoring is done adequately, taking into consideration the international norms and standards, there is a need for the formation and training of a combined civil society monitoring team. This team would adhere to clearly set out guidelines and principles. In that regard, there is a need for government and civil society to meet and agree both on methods of monitoring and on minimum standards of camp conditions, services and management. In De Doorns the local municipality lacked the resources and the expertise to deal with mass displacement, provincial government appeared reluctant to take full responsibility and national government appeared largely un-involved. It is necessary for civil society to better understand government structures and who is responsible for the displaced. More importantly, it is necessary for government to clarify and impose an efficient internal process to deal with displacement. It is clear that government should be engaged.

Moreover, it is advisable that this group of civil society monitors is able to be vocal against any human rights violations that take place, while maintaining a constructive working relationship with all stakeholders. Finally, it is also advisable that the monitoring team is independent from service providers on the site.

PART II: MONITORING MANUAL

"Monitoring is the active collection, verification and immediate use of information to improve human rights protection."¹²

Introduction

This manual is intended to consolidate information regarding human rights monitoring in safety sites so that it can be used for future monitoring efforts. It seeks to outline the role of the monitor, monitoring principles, information gathering techniques and the reporting of data. It provides an overview which monitors can then apply to their specific roles and objectives. Further, it seeks to assist monitors in effectively performing their role.

Monitoring, by nature, takes place at a crucial time. This manual aims to prevent delays by providing monitors with information to immediately perform their roles effectively.

This manual does not focus on specific norms and standards for safety sites but rather provides monitors with guidance on the practical elements of monitoring. It should be used in conjunction with the SPHERE Minimum Norms & Standards. This manual is intended for use in all IDP camp monitoring.

The Role of a Monitor

The most important task of a monitor is to build trust within the community. Monitors may be observing sensitive political developments or victims' traumatic post-conflict experiences. In these situations, the monitoring role becomes even more important. A monitor should observe any irregularities and trends that are inconsistent with set guidelines and should report on this information. In addition to this section, which explains the role of a monitor and details the principals to which monitors should abide, please refer to the appendix for a Monitor's Code of Conduct.

The undertakings of a monitor include:

¹² Office of the High Commissioner for Human Rights. Professional Training Series No. 7.

- Establishing contacts and networks - this is important as people become familiar with the monitor's role in the community, and as the monitor gains visibility within the community. *(Please refer to the appendix for a blank community contact information form.)*
- Collecting different types of information (qualitative and quantitative) using different methods. *(See information gathering techniques)*
- Receiving and responding to queries and complaints from residents
- Validating and cross-checking information gathered from residents
- Comparing collected data with monitoring indicators
- Analysing, presentation and reporting information

Principles of Monitoring:

A professional monitor is guided by principles, which dictate actions during field monitoring processes. These principles include:

- **Objectivity:** A monitor should collect information without subjectivity. This means that monitors should not show personal feelings, favour or beliefs when collecting data.
- **Impartiality:** Monitors are expected to not take sides with the government, camp, or any stakeholder during the monitoring process.
- **Professionalism:** Professional conduct is imperative during the monitoring process. Politeness, courteousness and integrity must be shown to all parties at a monitoring site.
- **Confidentiality:** Residents may reveal confidential information. Monitors may not release confidential information, including residents' names, without proper consent.
- **Humility:** Monitors are typically working with under-resourced and vulnerable population. Monitors must continue to consider the challenges faced by residents as the monitoring project is conducted.
- **Accuracy and precision:** Monitors should record and interpret information accurately and precisely. Exaggeration and misrepresentation is considered both unprofessional and unethical.
- **Exercise good judgement:** A monitor should make informed decisions and show good judgement on collecting information.

Information Gathering

There are a variety of techniques one may employ to gather the appropriate information for site monitoring. To choose a technique, one must take into account the particular situation of the site being monitored. Further, one must take into account available resources – including number of monitors and timeframe – as well as accessibility of the site and accessibility of those within the site. When necessary, monitors should use translators to reduce any language barriers that may exist.

One common form of information gathering is diary-format observation. With this technique, monitors should be briefed on key focus areas (such as sanitation, health care, etc). Monitors will know to highlight focus areas, but may include other observations as they see fit. Monitors generally record their observations in diary format, but more structured forms may also be provided to ensure written responses to focus areas. Observations should be made as detailed as possible, always including the time and date, as well as specifics such as exact location or identity of person interviewed when available. Clearly, utilising the observation technique requires an on-site presence.

When it is important to concentrate monitors' attention on more specific aspects of the site, an effective form of information gathering is recording information on pre-made forms. With a pre-made form, multiple monitors will be sure to record information regarding the same aspects, thus providing enough perspectives to be verified once compiled. This technique is often useful in producing reports with quantifiable data. While diary format observations include useful narrative, on a pre-made form monitors may be asked to rank certain aspects on a gradation. Scaled responses such as these may be streamlined into a quantifiable report.

Similar to the above technique, but combining the benefit of first-hand accounts from site residents, is the use of a questionnaire for residents. With this technique, monitors use a pre-made questionnaire and speak directly with site residents to obtain answers. It is the residents' thoughts and responses that are recorded on the questionnaires. Again, the benefit of a questionnaire is that answers may be scaled and streamlined into reports. An important difference about this technique from the previous technique is that residents' observations are recorded, as opposed to the monitors'. (Please note, any combination of these techniques is acceptable, depending of course on the situation of the site.) For a sample resident questionnaire, please refer to the appendix.

When the most compelling information to be gathered is residents' first-hand accounts, perhaps the most effective information gathering technique is collecting direct testimony or affidavits. With this technique, monitors record residents' narratives. To do this, monitors may use a tape recording device and later transcribe, or they may record residents' thoughts as they are spoken aloud, or residents may write their own accounts and submit them to monitors. With this topic, residents may discuss the topic or events of their choosing. Monitors may wish to select a topic to help structure responses. It is important to have a signature page prepared, for residents to sign, attesting that the information in the affidavit is true and accurate to the best of their knowledge. If a translator is used to complete the affidavit, include a line for the translator, attesting that the translation is true and accurate and that the translator is fluent in both languages used.

Regardless of the technique utilised in information gathering, monitors will always benefit from establishing their presence in the camp and community. Residents should understand the monitors' role, and should see the monitors as nonthreatening and trustworthy figures. Once this is achieved, establishing and verifying facts will be easier and more accurate, as residents will be more willing to share information and will be less likely to censor their thoughts or observations.

Reporting

Once the necessary information has been gathered, it is important to report the information to relevant recipients. Recipients may include media, possibly donors, government figures, non-governmental organizations or NGOs, community members, camp residents, and any relevant stakeholder. The sooner recipients have access to information, the sooner actions can be made to raise standards in the camp and make necessary improvements. Therefore, it is important to compile and report information as efficiently as possible to encourage desired improvements in the camp.

Conclusion

It is our hope that this manual may be used in the unfortunate event of future displacement. This document provides guidance regarding the role and principles of the monitor, as well as information gathering techniques and data reporting suggestions. The appendix provides useful documents such as a Code of Conduct form, a sample resident questionnaire, and a blank community contact information form.

If used properly, this document will help prevent delays in implementing monitoring. If performed efficiently, proper monitoring can and should result in improved camp conditions and improved treatment of residents.

Recommendations

Monitors should be present from as early as possible and should carefully record their observations. It is important that monitors are able to speak out and express their concerns to authorities and media, particularly if there are major concerns. Where possible it is important to have extensive training before any monitoring and to use monitors with experience and a local knowledge. It cannot be disputed that governments, service providers and camp management need to be observed carefully and that even the behavior of civil society and NGOs needs to be observed. It is important to know that the role of monitors is not to conform and to agree, but rather to investigate and make definite records of specific concerns. It is also important that monitors act with integrity and are not influenced by stakeholders (who might have their own agenda).

Annex 1: Evaluation of Current Conditions

SHELTER

	SPHERE Minimum Norms & Standards	PASSOP Observations
<i>Tents</i>	Tents are not a satisfactory type of long-term shelter. Individual family shelter should always be preferred to communal accommodation.	Shelter in the camp consists of UNHCR donated tents. All residents have shelter. Large families have their own tent. Couples share tents and single men and women are in separate tents. There were no unaccompanied minors.
<i>Protection and Suitability Against the Elements</i>	Refugee shelter must provide shelter from the elements. Space to live and store belongings, privacy between the sexes, between different age groups and between separate families within a given household as required.	It is very hot in the tents during the day. Floors are not insulated; tents are cold at night. Rain seeps through the tent canopy in windy conditions.
<i>Sleeping Materials</i>	Blankets, mats and tarpaulin must be provided.	Residents have blankets, which were provided by an NGO and some residents have sleeping mattresses, which they have purchased.

TAPS

	SPHERE Minimum Norms & Standards	PASSOP Observations
<i>Number of Taps</i>	There should be at least one tap per 80 to 100 people.	There are 5 taps and an estimated 1,500 residents. There is one tap per 300 people; this falls grossly below the SPHERE Minimum Norms & Standards.
<i>Water Pressure</i>	It should take no more than 3 minutes to fill a 20-litre container.	Water pressure was not measured; however, when all taps are used simultaneously, water pressure drops significantly. It is unlikely that minimum standards are met.
<i>Water Source Queues</i>	Queuing time at a water source should be no more than 15 minutes.	Water source queuing is a problem after residents finish work. On weekends, when residents do their laundry, queues exceed one hour. Residents clearly need more taps.
<i>Containers for Water Storage</i>	Each household should have at least 2 clean water collecting containers to ensure the household always has water.	Residents have an estimated average of 2 buckets for storing water, but these buckets are unsealed and therefore do not prevent bacteria from entering the water.
<i>Laundry</i>	There should be private laundering areas available for women to wash and dry undergarments and sanitary cloths.	Residents use buckets for laundry purposes. Clothes are washed in buckets and hung on camp fencing to dry.
<i>Laundry</i>	Each person should be furnished	Residents must purchase their own soap, as

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<i>Soap</i>	with, or have access to, 200g of laundry soap per month.	this is not provided.
<i>Lighting</i>	Lighting should be provided for safe use of the facilities at night.	At night there is poor lighting around the taps, which makes access precarious due to mud, puddles, rocks and holes around taps.
<i>Drainage</i>	Sphere warns strongly against stagnant water because of diseases	There is stagnant water and poor drainage around all taps.

SHOWERS

	SPHERE Minimum Norms & Standards	PASSOP Observations
<i>Number of Showers</i>	The numbers, location, design, safety, appropriateness and convenience of facilities should be decided in consultation with users, particularly women, adolescence girls and any disabled people.	Within each shower area, there is no division or privacy between shower heads. There is no provision for warm water.
<i>Number of Shower Heads</i>	The should be 1 shower for every 50 people	There are 4 shower heads each in the men's and women's shower areas- 2 shower heads in the men's area are broken, 1 in the women's area is at waist height. If the outside taps and showers are used simultaneously, water pressure drops significantly; shower conditions fall beneath minimum standards.
<i>Separation of Men's & Women's Showers</i>	There should be sufficient bathing cubicles available, with separate cubicles for males and females.	There are 2 shower areas, one for men and one for women. Although separate, shower areas are located besides one another and the material comprising shower "walls" is quite thin.
<i>Drainage in and Around Showers</i>	There should not be any stagnant water and dirt surrounding the tap stands	There is stagnant water outside the shower areas, and poor drainage. The ground in the surrounding area is muddy.
<i>Soap</i>	Each person should be furnished with, or have access to, 250g of bathing soap per month.	Residents must purchase their own soap, as none is provided.
<i>Cleaning of Shower Areas</i>	Camp management should ensure that there is system in place to ensure cleaning.	Shower areas are only cleaned when camp residents do so themselves.
<i>Location</i>	Facilities should be located in central, accessible, well lit areas.	Showers are located at the edge of the camp, in poorly lit areas. Ground surrounding the showers is muddy and uneven.

TOILETS

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	SPHERE Minimum Norms & Standards	PASSOP Observations
<i>Number of Toilets</i>	Each family should be allocated a latrine for the best guarantee of proper maintenance. As a second option, no more than 20 people should use each toilet. If not possible immediately, a figure of 50 people per toilet can be used, decreasing to 20 as soon as possible.	92 toilets for an estimated 1,500 residents averages 16.3 people per toilet. However, 23 (about ¼ of the toilets) are “filthy” and 60 (about 2/3) are “poor” quality. Many door hinges are broken and therefore do not offer privacy. Many of the 92 toilets are virtually unusable, resulting in a much higher number of residents sharing each toilet.
<i>Facilities for Men & Women</i>	No clear guidelines but safety risks have been observed	Men and women do not have separate toilet facilities.
<i>Conditions of Toilets</i>	Cleaning arrangements are meant to be in place.	Toilets are rated as follows: Good:0 toilets, Average:9 toilets, Poor:60 toilets, Filthy: 23 toilets. Toilets do not flush, and many are full.
<i>Cleaning of Toilets</i>	Toilets should be maintained in such a way that they are used by all intended users.	Residents report toilets have not been properly cleaned for over 2 months. Toilets are emptied every 3 weeks, but are not cleaned. Occasionally toilets are hosed down, but never scrubbed.
<i>Toilet Paper</i>	Appropriate anal cleaning materials must be available at or near all latrines.	Toilet paper is not provided to any residents.
<i>Soap for Hand Washing</i>	There should be a constant source of water near the toilet for this purpose	Residents must wash their hands at one of the site’s 5 taps. Hand soap is not provided to any residents.
<i>Disposal of Sanitary Products</i>	No clear guideline	There is no provision for sanitary products. There are no waste bins in or around the toilets.
<i>Lighting</i>	Toilets must be safe for children, and lighting should be provided for safe use at night. Guards may become necessary.	Lightning around the area is very poor, resulting in unlit areas in and around toilets.
<i>Area Around Toilets</i>	There should be adequate drainage	The ground surrounding toilets is wet. The facilities’ foul smell emanates around the toilet area.

PRODUCTS

	SPHERE Minimum Norms & Standards	PASSOP Observations
<i>Sanitary Pads/ Tampons</i>	Women and girls should have access to sanitary materials for menstruation.	No longer provided.
<i>Nappies</i>	Infants and children up to 2 years old should have 12 washable nappies or diapers where these are typically used.	No longer provided.

FOOD

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	SPHERE Minimum Norms & Standards	PASSOP Observations
<i>Designated Cooking Areas</i>	Sphere strongly advises against the use of stoves inside tents, it also advises that there be designated cooking areas.	There are no designated cooking areas. Therefore, residents cook near tent entrances or inside tents if weather is windy or rainy. This presents an obvious fire hazard; tents have caught fire due to in-tent stove use. Residents use propane stoves which they purchased themselves.
<i>Cooking Utensils</i>	Each household should have access to a large sized cooking pot with handle and a pan to act as a lid; a medium sized cooking pot with handle & lid; a basin for food preparation or serving; a kitchen knife; & 2 serving spoons. Each person should have access to a dished plate, metal spoon & a mug or drinking vessel.	Residents have purchased their own cooking utensils. Many residents do not have access to the aforementioned list of items.
<i>Cleaning Cooking Materials</i>	There should be a designated cleaning area and adequate water supplied	Residents wash cooking materials at the limited taps provided. Materials are left outside to dry, which detracts from sanitary levels.
<i>Soap</i>	Each person has access to 250g of bathing soap per month. Soap should be supplied near all points of defecation	Residents purchase their own soap for dishwashing purposes.

HEALTHCARE

	SPHERE Minimum Norms & Standards	PASSOP Observations
<i>Transportation to Clinic/ Hospital</i>	All members of the community should have access to priority health interventions, including adequate supplies of safe water, sanitation, food, shelter, infectious disease control, basic clinical care and disease surveillance. Suitable transportation should be organized for patients reach the referral facility.	Residents must call an ambulance and wait. Wait time has exceeded 2 hours. Alternatively, residents can walk 2km to the nearest clinic.
<i>Access to Medication</i>	People should have access to a consistent supply of drugs.	No medication is provided on site. Some residents are reported to have Tuberculosis. ARVs are available to some at the clinic. Long queues at the clinic were reported.
<i>Health Information</i>	All people should have access to health information that allows them to protect and promote their own health and	No health information is provided on site.

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	well-being. Individuals experiencing acute mental distress after exposure to traumatic stressors should have access to psychological first aid at health service facilities and in the community.	
<i>Condoms</i>	Sufficient supplies of condoms are to be ordered immediately. People should be made aware of their availability and where they can be obtained.	No condoms are available at the safety site.