

Baseline Displacement AREA LGA Profile - Checklist Form – [B1F]

A. LOCATION AND TEAM MEMBERS

Date of Assessment	d	d	-	m	m	-	y	y	y	y	Researcher Name & Phone	Name	
												Phone	
State						LGA						Settlement	
											Type	<input type="radio"/> 1. Urban <input type="radio"/> 2. Rural	

B. DEMOGRAPHICS

Returnee population estimate, time of return and locations of displacement (summary estimates)

Are there returnees households/individuals in the LGA?											<input type="radio"/> 1. Yes <input type="radio"/> 2. No				
If Yes, What is the estimated number of current returnees population?							Number of Households				Number of Individuals				
Arrival of returnees in this LGA? (estimate the # number or % percentage of total number by time period and location of displacement of majority)															
2014				January/February 2015				March/April 2015				April/May 2015			
<input type="radio"/> 1. Yes <input type="radio"/> 2. No				<input type="radio"/> 1. Yes <input type="radio"/> 2. No				<input type="radio"/> 1. Yes <input type="radio"/> 2. No				<input type="radio"/> 1. Yes <input type="radio"/> 2. No			
# HH				# HH				# HH				# HH			
# IND				# IND				# IND				# IND			
FROM	<input type="radio"/> 1. Same State			FROM	<input type="radio"/> 1. Same State			FROM	<input type="radio"/> 1. Same State			FROM	<input type="radio"/> 1. Same State		
	<input type="radio"/> 2. Other State				<input type="radio"/> 2. Other State				<input type="radio"/> 2. Other State				<input type="radio"/> 2. Other State		
	<input type="radio"/> 3. Other Country				<input type="radio"/> 3. Other Country				<input type="radio"/> 3. Other Country				<input type="radio"/> 3. Other Country		
	Specify (Name)				Specify (Name)				Specify (Name)				Specify (Name)		
Specify Only if Other State			Specify Only if Other State			Specify Only if Other State			Specify Only if Other State			Specify Only if Other State			

Estimated numbers can be adjusted after completion and summarizing BF2 forms for each ward. For beginning best is to record best estimate that is known on LGA level

C. CATEGORY

Reason for displacement of returnees in the LGA? (Indicate time period when majority was displaced + estimated numbers of households and individuals)							
1. Insurgency - Conflict in the North East		2. Community Clashes (ethnic/land/cattle, religious, etc.)		3. Natural Disasters (flood, etc.)		4. Other, specify:	
<input type="radio"/> 1. Yes <input type="radio"/> 2. No		<input type="radio"/> 1. Yes <input type="radio"/> 2. No		<input type="radio"/> 1. Yes <input type="radio"/> 2. No		<input type="radio"/> 1. Yes <input type="radio"/> 2. No	
<input type="radio"/> Before <input type="radio"/> 2012/13 <input type="radio"/> 2014 <input type="radio"/> 2015		<input type="radio"/> Before <input type="radio"/> 2012/13 <input type="radio"/> 2014 <input type="radio"/> 2015		<input type="radio"/> Before <input type="radio"/> 2012/13 <input type="radio"/> 2014 <input type="radio"/> 2015		<input type="radio"/> Before <input type="radio"/> 2012/13 <input type="radio"/> 2014 <input type="radio"/> 2015	
# HH		# HH		# HH		# HH	
# IND		# IND		# IND		# IND	

D. STATUS OF THE HOUSE/RETURNEE POPULATION IN THE LGA

Status of returnee houses				#HHs	#IND
1	No damage	<input type="radio"/> Yes <input type="radio"/> No			
2	Partially burned or damaged	<input type="radio"/> Yes <input type="radio"/> No			
3	Emergency/makeshift shelter	<input type="radio"/> Yes <input type="radio"/> No			

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E. LIST OF WARDS WITH RETURNEE PRESENCE

List WARDS with returnee presence and define category in each.							
For Column B. Reasons for previous displacement: 1. Insurgency 2. Community Clashes 3. Natural Disaster. 4. Other							
	Name of the WARD	Reason for previous displacement	Name of the Location	Est HHs	Est IND	STATE of displacement of majority	LGA of displacement of majority
	A	B	C	D	E	F	G

F. KEY INFORMANT DETAILS

If Key informant agrees, please provide name. Contact will be used for follow up assessment on IDP conditions and needs.				
For Column C. Type use: 1.NGO/Humanitarian Aid Worker; 2.Community Leader 3. Religious leaders; 4.WARD Leader; 5. LGA administration				
	NAME AND SURNAME if informant agrees, if not mark XX and state the type and sex only	Type	Sex M/F	Contact Details (Phone or Address)
A	B	C	D	E
1				
2				
3				

G. ORGANIZATIONS ASSISTING IDPS IN THE LGA

	NAME OF ORGANIZATION	Type (e.g. NGO; Government; Religious, UN)	Type of assistance	Contact Person
1				
2				
3				