



- 1. Main committee .....
- 2. Health committee .....
- 3. Distribution .....
- 4. Women .....
- 5. Education .....
- 6. Sports & recreational .....
- 7. Protection .....
- 8. Child care .....
- 9. ....
- 10. ....

Comments on the committee performance .....

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Type(s) of registration maintained at site:

- 1. ....
- 2. ....
- 3. ....
- 4. ....
- 5. ....
- 6. ....
- 7. ....
- 8. ....
- 9. ....
- 10. ....

**A. Shelter**

Shelter agency (ies): 1. ....

2. ....

Care and maintenance by .....

**Type of shelter(s)                      Qty.**

Communal                      .....

Individual shelter                      .....

Any other comments .....

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**Other shelter facilities**

1. Child friendly space
2. Communal Kitchen
3. Distribution center
4. Shelter for medical clinic
5. ....
6. ....

**B. Watsan**

**1. Potable water resources**

	<u>Qty.</u>	<u>Agency</u>	<u>Frequency of filling</u>
Tank(s)	.....		
Tap points	.....		
Tube wells	.....		
Bladder	Qty. ....	Capacity.....L	Freq. of filling .....

**Type of water analysis perform at the site**

1. Turbidity .....
  2. Microbial test .....
  3. Chem. constituents (such as chlorine level) .....
- .....

**2. Water for hygienic maintenance such as bathing & latrine use**

	<u>Qty.</u>	<u>Fencing</u>	<u>Segregation for M/F</u>
Wells Permanent	.....	Yes/No	Yes/No
Temporary	.....	Yes/No	Yes/No

**Other comments** .....

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**3. Latrines**

	<u>Qty.</u>	<u>Constructed by</u>
Temporary Toilets	.....	.....
Permanent toilets	.....	.....

**Septic tanks Gully sucking**

Responsible agency .....

Frequency .....

Water source for latrine use .....

**4. Hygienic kits (such as soaps, shambo, disinfectants, woman needs etc.)**

Agency responsible for the provision .....

Regular/irregular Adequate/inadequate

**5. Garbage management**

Number of bins at the site ..... Adequate/inadequate

Agency ..... Regular/irregular

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**6. Whether Shramadna activity is organized at the site**

Regular/irregular

**7. PHI site visit regular/irregular**

**C. Health service**

Medical clinic/mobile services Yes/No

Responsible agency .....

Regular/irregular

Target group(s) concerned .....

**Protective measures to prevent infectious diseases**

**a) Awareness Program (such as meetings/Posters etc.)**

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**b) Vector control measures .....**

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**D. Food items distribution**

**1. Major food provided by ..... Adequate/inadequate**

**2. Supplementary food assistance .....**

**3. Dry food (such as milk powders for kids, Pregnant women , Feeding Mothers & Diabetic patients)**

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**4. Kitchen utensils (Comments on the cooking materials/kerosene stove/kerosene oil)**

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**E. Education & sports/ recreational activities**

**1. Details of schooling children ( Whether the CM maintain records on this/or not)**

**2. Preschool/Montessori**

Classes conducted by .....

Shelter/Child friendly spaces .....

**3. Evening classes for grown up children**

**4. Resources availability/identified/encaged by CM at the site**

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**5. Sports item availability .....**

Sports activities .....

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**5. Provision of uniform dresses to schooling children**

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**6. Text books for schooling children**

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**7. Any ill treatment/degrading acts/deprivation on IDP children at the school  
Comments on this**

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**8. Referrals etc.**

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**E. Protection measures**

1. Fencing around the site Yes/No
2. Entrance with/without gate
3. “Arm-free sign board” at the entrance Yes/No
4. Whether in/out registry is/is not maintained by the CM  
Any other registry (Specify) .....
5. Protection committee/Women committee Yes/No
6. Electricity lamp in the common places Yes/No
7. Fire extinguisher available/not available
8. Night movement possibility in case of emergency (Ambulances/transport etc.)
9. Contact list of Ambulance services Yes/No  
G.S Yes/No  
Police Yes/No  
Fire brigade Yes/No
10. Awareness programs organized by CM/any means for any reason  
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**11. Referrals**

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**F. Livelihood activities of the camp residents**

1. Registry for the skills of the camp residents is /is not maintained by CM
2. Livelihood training(s) provide for the camp residents

Types of trainings provided	By whom	No of beneficiaries
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....
4. ....	.....	.....
5. ....	.....	.....

**Any other foot notes:** .....  
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