

# Report on Displaced People at Safety Sites in Gauteng

3 September 2008

Summary of data collected



This report details the initial data collected for remaining camps and sites in Gauteng and serves to document the living circumstances of displaced people at these sites.

Pursuant to the order of the Constitutional Court dated 21 August 2008, a meeting was held on 27 August 2008 which was convened by the chairpersons of the South African Human Rights Commission (SAHRC), Mr Jody Kollapen, and the Task Team established by the Parliament of South Africa to probe attacks on non-nationals, Mr Obed Bapela. Representatives from civil society, international partners and displaced people agreed that (*inter alia*) there must be an immediate review of the conditions and documentation of remaining residents of the shelters undertaken by trusted groups. Oxfam agreed to fund a team of experienced assessors from the Western Cape, including the drafting of the report by an independent and experienced epidemiologist. A team of 4 assessors were requested to assess the safety sites in Gauteng (where possible) over a 2 day period – 2-3 September 2008. At some sites, access by assessors was not easily secured. The data collected during these assessments were collated and compiled into this report.

This report is the first step towards the process agreed to at the 27 August 2008 meeting, and will be tabled at the next meeting convened by the SAHRC and Parliament on 10 September 2008.



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## EXECUTIVE SUMMARY

1. Six locations were assessed. Many sites are in a state of flux with the impending closure of sites. Initially 8 sites were identified, but by the assessors had arrived, 2 had already closed.
2. Shelter conditions varied between good (Boksburg) and abysmal (Akasia and Malas). Very few sites had any electricity.
3. Food quantity and quality was mostly inadequate and poor, most notably at Akasia and Malas. Insufficient food for children and pregnant women was a problem across many sites. It remains unclear which government department or local authority is taking responsibility for the Akasia site.
4. Internationally agreed minimum sanitation norms and standards were not met at Malas, Rand Airport or REIT Family Guidance. Toilets were not cleaned, and soap and hot water were not available at many sites. Separate toilets and washing facilities for men and women were not available at REIT Family Guidance and Boksburg respectively.
5. Health conditions were reported to be deteriorating at most sites. Poor sanitation conditions and especially sewerage overflow from nearby factories spilling into IDP tents at Rand Airport pose a future health risk.
6. Security for IDPs and organizations providing relief was poor with many IDPs fearing for their safety both in and out of the sites.
7. Non-food items such as disposable nappies and sanitary towels were not available at most sites. Children were recorded as being able to attend school at only one site.



## RECOMMENDATIONS

Additional follow-up assessments of conditions at the Gauteng sites housing IDPs must be conducted in order to better understand the needs of IDPs at these and possibly other sites. Special focus on the health, nutrition and education needs of children is required. Given the manner in which consolidation took place on the days just prior to the assessments – in a rushed manner, additional access and time is required to conduct a second assessment of the remaining sites.

The sites:

The manner in which the Boksburg site is managed should be used to improve the living and other conditions at other sites.

Services should be re-introduced at all sites where services were discontinued owing to the impending closure of sites, especially the provision of food, access to water (Malas), cleaning of toilets and general improvement of sanitation in line with accepted norms and standards (Malas, Rand Airport and REIT Family Guidance sites).

Where health care at hospitals/clinics has been 'hostile' to IDPs this should be addressed. Access to services, especially for pregnant women and children, needs to be improved. At sites such as Malas and Rand Airport, where health conditions are deteriorating with large proportions of sick IDPs, interventions are required.

The 'prison-like' conditions at Rifle Range are a special concern.

Security of IDPs and organizations providing assistance needs to be improved at Akasia. Electrical lighting should be available at toilets and bathing areas, especially for the security of women and children. The reported increase in domestic violence requires attention. Brutalisation of IDPs at Rand Airport is a further concern. The allegations of police firing live ammunition into Akasia camp killing 3 or 4 IDPs need to be investigated.

Management and security at some camps needs to be improved, especially where there are allegations that donated food does not reach the IDPs.



# Gauteng Refugee Crisis Report: Six Sites as at 3 September 2008

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## INTRODUCTION

Site assessors from the Western Cape were sent to Gauteng on 2 and 3 September 2008 in order to conduct a rapid assessment of safety sites to record the conditions under which internally displaced persons (IDPs) were living in.

## LIMITATIONS AND THEIR IMPLICATIONS

The site assessors from the Western Cape obviously had not established the same relationship with site managers and IDPs in Gauteng that they enjoy in the Western Cape.

At some sites access to either management or the IDPs was blocked and so some of the data could not be verified by the site assessors and assessment of sensitive issues was therefore more difficult.

A more narrative data collection methodology was employed, thus the 'reconstruction' of data tables shows some missing data. Using a sample of sites is demonstrative of the range of conditions for IDPs but interpretation of the data should not be extended beyond the sites that were assessed.

## METHODOLOGY

Qualitative interviews and quantitative data were collected at the following locations in Gauteng: Akasia, Boksburg, Malas, Rand Airport, Reit Family Guidance, and Rifle Range. A questionnaire which was developed to answer to SPHERE minimum norms and standards and adapted over time for use in the assessment of locations in the Western Cape was used.

## OCCUPANCY

The total occupancy of the six sites was 3567 persons according to data provided by site managers (a head count could not be performed by site assessors). See Table 1.1 for the site by site breakdown and where available the demographic breakdown is also shown. Since certain sites are being closed, and not all sites are accepting new persons the occupancy data are in a greater state of flux than normal. The country of origin of the IDPs is also shown in Table 1.1.

## **FOOD**

### **Food Provision Distribution Information (Table 1.3)**

While the quantity of food was deemed sufficient at two of the sites the quality of the food i.t.o. nutritional value appeared to be poor. Designated food providers were known for only one site. At most sites only two meals (morning bread and juice and evening meal) each day were provided. Information regarding special food for children and milk supplements for babies was scarce. Since the camps are scheduled to be closed, food provision has become irregular.

## **SANITATION**

### **Sanitation Information (Table 1.4)**

At four sites where information on availability of soap was collected, no soap was available. The ratio of IDPs to toilets did not conform to SHPERE norms and standards at three sites, Malas, Rand Airport and REIT Family Guidance, where 200 people, 44 and 40 people respectively shared each toilet. At Rand Airport this is actually worse since many of the toilets were not working. Information on washing facilities was not collected in a standard fashion – the narrative report therefore better illustrates the inadequacies. Separate toilets for women were available at REIT Family Guidance and separate washing facilities for women were available at Boksburg.

## **SHELTER**

### **Shelter Information (Table 1.5)**

Shelter was provided mostly in the form of UNHCR tents, although overcrowding was especially a problem at Akasia. Families were not housed together at Akasia or at Rand Airport, but information was not available for Boksburg, Malas and Rifle Range. Electricity for lighting was only documented at REIT Family Guidance and security in general was very poor with only Boksburg reporting sufficient security. Refuse collection had been discontinued at Akasia, Boksburg and Rifle Range.

## **HEALTH**

### **Health Services Information (Table 1.6)**

Information on health was not collected in a standardized manner and thus the narrative portion of this report is probably more informative. All health facilities were provided by MSF, mostly using mobile units that provided a twice weekly service. Despite this, the health of the IDPs is deteriorating, especially at Rifle Range where about half the IDPs were complaining of fevers and coughs and a third of rash.

The poor sanitation conditions reported in the narrative portion of this report also pose a future health problem.

Transport to health facilities such as clinics or hospitals had been discontinued at two sites.

## **NON FOOD ITEMS, EDUCATION AND SERVICES**

### **Disposable Nappies, Sanitary Towels, Education and Other Services (Table 1.7)**

At no sites were disposable nappies still made available and at the five sites where information on sanitary towel provision was available, sanitary towels were not provided. Other information was scanty. Children were only being transported to school at Boksburg.

## INDIVIDUAL SITE CONDITIONS FOR CAMPS/SITES BASED ON OBSERVATIONS AND INTERVIEWS

### AKASIA

This camp has been politically unstable since the outset and the present IDP leadership, are de facto running the camp. The IDPs in Akasia have been left on their own as the Province and the Municipality have abdicated any responsibility, stating in a public statement that the 'UN is running the camp' (which it is not). This was done without consultation with the UN or any other stakeholder. As a result, very few organizations have been going there. Only Médecins Sans Frontières (MSF) attends Akasia on a regular basis.

Government has not been providing food for some time and all camp management left a month ago. People are completely on their own in an isolated area on what was a campground and shooting range. The majority of the population is Ethiopian and there were initially tensions between them and the Somalis in the camp. These tensions were both in regards to the current situation in their home countries and conflicts over leadership. The Somalis have moved and created their own, separate, camp further down the road.

### Health

There is a mobile clinic operated by MSF that comes twice a week and provides health care to the population of the camp. They also have counselors providing psychological counseling five days a week. MSF takes people to hospital; however transport is scarce in this area and often the taxis that drive by are full. Ambulances take quite some time and when people do arrive at hospital they often are scared to use the services provided there. There are a number of accounts of medical professionals refusing to allow people to enter with any friends or family at hospital.

Many people are going without treatment because they fear the hospitals. Very few, if any, pregnant women have been for ANC check-ups. Though chronic medication is currently being provided by MSF, there are many who fear what will happen if the camp closes and they are forced to go to the hospital to seek either their, or their children's, medication.

### Food

There have been no significant food deliveries in over two weeks. There is no consistency to deliveries of food donated by non-profits and faith-based organizations. As there is no electricity in the camp the IDPs have been forced to create kitchens outside of their living areas where they cook with wood gathered from the woods nearby. These fires are their only means for preparing food.

Most families have been able to afford some pap and rice, though little else. Many stalls selling vegetables, eggs and some basic supplies have been set up throughout the camp and they sell to the other IDPs. Many people appear malnourished. Breastfeeding mothers complain that they are not consuming enough to produce breast milk and their children are going hungry. Children have also not been provided with any extra food. It has been three weeks since the last distribution of baby food. One woman interviewed spoke of 'children who start crying early in the day and cry all through the night'.

## Shelter

The camp is in an isolated area on what was a campground and shooting range. There is an enclosed area with brick buildings that originally housed the manager's office. These are now empty.

The camp is divided into two sections. At the first, there are 47 military tents that are roughly 5m x 5m. Many of these tents have well over 20 people living in them, when they should only house about 10. There are also two 'shacks' that are self made using primarily blankets and wood. As well as the two residential tents there are two churches and a mosque that is also self-made.

In the second section of the camp, there are nine military tents that were intended to house the women and children, but are now inhabited by mostly by men. In the center of many of these tents, residents have dug out fire pits in order to heat them through the night. The majority of the camp lives in 40 'shacks', which were constructed with whatever material people could find, from blankets to plastic sheets to grass. The structures have been created with wood, sticks or metal pipes and they are all roughly 2.5m x 2.5m. There is a brick structure where some of the women and children currently reside (it was part of the original shooting range). The camp covers the first three large ditches, the third being the location of a mosque. The mosque was a large white tent that government recently removed. IDPs thought all the tents were provided by government so when government came to collect its tent it only removed the biggest tent which belonged to it and was being used as a mosque which offended many residents.

There is no electricity on the site and people make do with candles and fires. On a couple of occasions this has led to tents catching fire. For the most part the military tents have some ground cover that appears to have been put in place by the residents. The self-made 'shacks' have nothing whatsoever to protect their inhabitants from the dirt and the cold. The blankets are insufficient, as, even with spring on the way, it still gets cold at night. Approximately 60% of the residents have mattresses.

The overall security in the camp is dismal. There is no management or security present and the police drive by on occasion. Recently, there was an incident where the police allegedly fired live bullets at the residents and, apparently, killed three (or four) people. Many have reported that they do not feel safe in the camp either from possible attackers or the snakes in the neighboring fields. However, they feel safer in the camp than in the community.

## Sanitation

There are a total of 41 portable toilets in the first section, nine in the second. The toilets are not separated by gender. There is no longer a service emptying the toilets, and the first section has toilets which are in a terrible condition. The toilets are filling with urine and fecal matter and in many cases the contents are less than a foot from the lid. Fecal matter is spread all over the toilet seats and even the urinals are full.

There has been no toilet paper provided and for the toilets close to the tents there is no area to wash hands, nor soap to clean them with. Soap was initially provided by MSF but there are no supplies at this moment. As the toilets are no longer being emptied there is growing concern about disease.

The last distribution of baby feeds, nappies and sanitary pads was three weeks ago. The women say that when nappies were distributed, one packet of sanitary pads would be given out to each woman as well. Some mothers have been using towels to wrap their babies in.

There are also no showers provided in the camp. In the first camp women often wash in the toilets and babies are bathed in the basins as adults. In the second camp, a structure has been erected with wood and blankets to create a private area where people can go with buckets of water and wash.

Laundry is done in the containers provided by MSF and with whatever soap the IDPs can afford. Some clothing lines have been erected with material that people have managed to find (though none were provided); many of the clothes hang on the fence to dry.

There are eight taps available in a separate area at the back of the first camp. They are some distance from the furthest tents; however they remain within the sphere standard of 500 metres. The taps sit on an elevated concrete area with two on one side of the area and six (working) taps on the other side. Water collects in a puddle in the center. There is one tap available for the entire second camp. People complain that it is too far from their homes and they have to go too far to reach it, however it too is just within sphere standards.

The taps provide 5 litres of water per minute. There have been no complaints of diseases related to the water and people believe it is safe to drink. Though the water pressure is not ideal, it was not a common complaint amongst the camp residents.

## BOKSBURG

There is a clear management structure at this location. Management appears to be working with the IDPs. Food is regularly available, along with other services

### Health

MSF has a mobile clinic that comes twice a week and provides health care to the population of the camp. They also have counselors providing psychological counseling five days a week.

Though they no longer have a clinic on site (it closed in mid-August), the fire department is next door and the manager knows the people who work there. Ambulances arrive within 15 minutes and there are no major problems mentioned in regards to health.

### Food

There is regular food distribution of breakfast and dinner. The morning meal is four slices of bread with polony, tea and, sometimes fruit. The evening meal is pap and boerewors with soup, once a week they have rice instead of pap. Though people complain of the monotony, they have no other problems with the food. There are no vegetarian options available.

The Red Cross distributed one paraffin stove with three containers of fuel to every family. Until recently they also donated food supplies so people could make their own meals. Many did choose to do this and would not take the government prepared meals.

### Shelter

The entire camp is made up of UNHCR tents, which have a divider in the middle. The tents are allocated for four people (on average), two on each side of the divider. Tents are divided according to families. Families with one child will share with another family of same size, but if there are four children in a family they get their own tent.

Though condensation did collect on the inside of the tents in the early hours of the morning, this problem has been alleviated with the coming of spring. The tents are erected in lines and in between the lines there is a common area with washing lines and rubbish bins.

At the entrance to the camp there is a container where management is housed, next to a small paddock for the horses (provided for security personnel). Outside of this office there is a stand with eight fire extinguishers on it. Behind that is a pile of empty barrels fitted with taps and a hole so they can be propped on a metal stand and heated to create hot water. People are free to use these whenever they choose.

Though the residents feel the area surrounding the camp is not entirely safe, they feel safe inside the camp. There is sufficient security in the camp with guards at the gate and a fence around the entirety of the camp. The guards have been provided with horses and thus far there have been no security problems.

## Sanitation

There are 30 portable toilets in the camp and they are not divided by gender. The company that provided them cleans the toilets daily.

The Red Cross provided most of the supplies, but they stopped in mid-August when the camp was originally set to close. Since then, there have been no nappies or sanitary pads provided. Soap supplies stopped a month ago (both body and laundry), and they are doing their best to make do on their own. This is a blatant violation of international norms and standards for hygiene

There is a large wooden structure at the base of the camp that has ten showers inside it. It has two entrances and a dividing wall in between. Though there is no hot water, the showers appear clean.

There are 12 taps for the camp and residents complain that there is not enough access to water and the taps are too far from their tents.

There are a number of black garbage bins throughout the camp and three large metal bins. They have stopped removing garbage since the camps were supposed to have closed (mid-August). The amount of garbage collecting is growing rapidly.

## **MALAS**

The site is housed in an abandoned mechanic's shop.

### **Health**

MSF has been the only on-site access to health care, and many people have respiratory problems, as well as other sanitary related health concerns.

### **Food**

The Red Cross initially brought rations, but this has stopped in the past month. Although some food is intermittently donated by different organizations (once every two weeks or so), there has been no adequate food distribution at this site.

### **Shelter**

There are two covered structures (similar to lean-to garages) to which plastic sheets have been attached to the outside to create a shelter. People have sectioned off their own rooms with any materials available, and each resident has a mattress and blanket. There are no showers or toilets on site. There is no reliable access to water. The entire place is extremely filthy, there is no security, and the manager only comes for a few hours a day and mostly sits in her car.

### **Sanitation**

The only chemical toilet on site has not been cleaned in over a month. People have no access to showers, and everyone is extremely dirty. People cook within the shelters on charcoal fires, which increase the soot layering everything, as well as increasing respiratory problems. There are no nappies or sanitary towels available.

### **Communication**

There have apparently been a number of news articles written about the site, which have not resulted in any change in the conditions of residents there. People there also have very little access to information.

## RAND AIRPORT

### Health

The general health of people in the camp is deteriorating as services continue to deteriorate. There is a MSF van that parks inside of the camp in order to assist residents, but has been reduced to coming from three times a week to only two.

About 50% of people have flu, sore throats and coughs and abdominal pains are common. There is one TB patient and two people on ARVs. Approximately 30% of both children and adults have a rash.

### Food

People are fed twice a day. The morning meal is four pieces of bread, tea and two hot dogs. The evening meal is rice and meat sauce. Food is distributed by SASCOC. Men and women are separated during food distribution, as it was said that men had become too "pushy" during mealtimes and women and children were not getting food.

Everyone has to show their "registration card" in order to access the food. People who have lost their cards, or do not have a card for other reasons are forced by the security guards to leave the premises immediately.

Extra food for children, as well as baby formula distribution has become irregular in the last couple of weeks.

### Shelter

The camp is fenced in. Currently, there are 278 UNHCR tents, set up in various rows throughout the camp space. The tents, which are meant to house roughly four people, currently house up to ten. Those who have received money or who do not have registration cards were in the process of being expelled from the camp as site assessors arrived. Tents that were then not full as a result of forced removals, were then taken down, the residents consolidated in other tents. Some families remarked that they are being forced to share tents with single people, and new people are being moved in. This has caused many problems between residents, but also with camp management who allegedly brutalized residents when giving new tent assignments.

There is a centrally located tent used for distribution of food for women and children.

Near the front gate of the camp, there is an area partitioned off containing two trailers, one to be used for management, and the other as an office for MSF.

### Sanitation

The showers were removed about a month ago, after breaking. New ones have not been brought to the camp. Although management claims that toilets are cleaned daily, over half of them appear not to have been cleaned in weeks. There are 33 portable visible toilets, but management claims there are 40 (meant

to correspond with every 15 tents). Only a handful of them are actually functioning. Most of the toilets are filled to the brim with human waste, and present a health concern.

Sewer pipes have broken (from nearby factories), and human waste is flowing into the camp, and more specifically into tents. This has not been fixed for the last two weeks. People have attempted to thwart the flow around their tents by digging irrigation ditches.

There is only one water access point, with six functioning taps. People utilize this point for all sanitation needs, bathing, drinking, washing, etc. There is no private area to do washing or bathing. The entire area is littered with garbage, and there is a standing pool of filthy water near the taps.

Nappies, toiletries, sanitary towels and soap no longer are available in the camp

## REIT FAMILY GUIDANCE

### Health

MSF provides the only medical attention.

### Food

People are fed twice a day, the usual four pieces of bread for “brunch” and rice and sauce for dinner. The residents did not know who distributes the food. Women travel daily to Lindela to visit their husbands. Some are given more food by their husbands on these visits.

### Shelter

We were denied access to this site as it is on private property. According to the residents, there are separate sleeping areas for men and women, and electricity throughout.

### Sanitation

There are three flush toilets for women and one for men. There are four showers and two basins. None are adequately cleaned.

Nappies and sanitary towels are only available in small amounts and are not adequate.

### Communication

Residents are unsure when they will actually repatriate, and information relating to their status is scarce. Women are fearful of being separated from their husbands, and this has caused a strain on both sides.

## RIFLE RANGE

This camp is like a prison. The camp has closed itself to all NGOs except the Red Cross who enter daily. The camp recently accepted two other camps into it and the majority of its residents had only arrived two days prior to our visit. As such many of the people we spoke with did not have a clear view of life in this camp.

### Health

The ban on NGOs entering the camp has stopped MSF from gaining entry. At the moment they park their mobile clinic outside the gate and people must come out to see them.

We were informed that ambulances arrive within 15 minutes and there are no problems at the hospital but this information has yet to be verified by the IDPs themselves.

### Food

There is regular food distribution two times a day. The morning meal is four slices of bread with polony, tea and, on occasion fruit. The evening meal is pap and boerewors with soup, once a week they have rice instead of pap. Though people complain of monotony and say the food is not good, they admit the quantity is sufficient.

### Shelter

The entire camp is made up of UNHCR tents, which have a divider in the middle. The tents are allocated for four people (on average), two on each side of the divider. Though condensation did collect on the inside of the tents in the early hours of the morning, this problem has been alleviated with the coming of spring. The tents are erected in lines and in between the lines there is a common area with washing lines and rubbish bins.

There is a fenced in area at the entrance to the camp where management and government offices are (government is located in a container and management in a pre-existing brick structure).

There are a number of security guards on the premises and leadership is fond of the head security guard. However people do complain that the guards sit in the container all night and are not able to protect them as they would not see if anything were to happen.

### Sanitation

There are 40 portable toilets in the camp and they are not divided by gender. The company that provided them cleans the toilets daily. There are a total of 15 taps in the camp and they provide 5 litres of water per minute. They are located in two separate areas of the camp, one in the center with ten taps and one to the side with five.

In the week of 25 August 2008 the residents spent three days without water because some residents had stolen the tap fixtures. Site management closed the water supply but it took them three days to fix it and they did not make any other water supply available.

Though there are no showers in the camp there is a private bath area where residents can bring in water and clean themselves. Soap supplies stopped a month ago (both body and laundry), and they are doing their best to make do on their own.

The Red Cross provided most supplies though they stopped in mid-August when the camp was originally set to close. Since there have been no nappies or sanitary pads provided.

There are a number of bins and a few large metal bins. A company called "Mama Africa" has five employees that clean the camp every day.



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All the displaced people and other volunteers who assisted in reporting on conditions at the sites.

APPENDIX 1 TABULATIONS OF THE FOLLOW-UP DATA ACCORDING TO SITE

**Table 1.1 Demographics**

Location	Total*	Male	Female	Pregnant	Babies <1	Children (all ages)	Source Head Count	Country of origin
Akasia	±1000	?	?	?	?	?	No	
Boksburg	493	210	122	?	?	148	?	361 Mozambique 76 South Africa 53 Zimbabwe 1 Malawi 1 Morocco 1 Lesotho
Malas	200	?	?	6	3	22	?	
Rand Airport	1450	1021	429			67		700 South Africa 700 Mozambique
REIT Farm Guidance	162	12	120	?	14	20		
Rifle Range	262							187 Mozambique 30 DRC 28 Ethiopia** 10 Zimbabwe 7 Malawi
<b>TOTAL</b>	<b>3567</b>							

\*In most cases the demographic details are not know for the total population \*\* 18 additional Ethiopians were chased away

**Table 1.2 Arrivals and Departures**

No data was collected on arrivals and departures

**Table 1.3 Food Provision**

Location	Food sufficient	Regular Provider Designated	Food Provider	Meals Per Day	Milk Supplements Children	Milk Supp Frequency	Water
Akasia	No	No	Irregular (FBO)	Irregular	No	N/A	Taps 8+1
Boksburg	Yes	Yes		2			Taps 12
Malas	No	No	Irregular	0			No reliable access
Rand Airport	No	Yes	SASCOC	2	Yes	Irregular	
REIT Family Guidance	?	?		2			
Rifle Range	Yes	Yes		2			

**Table 1.4 Sanitation**

Location	Soap	Hot water	Number Toilets Total	Separate Toilets For Men And Women	Ratio of People to Toilets	Toilets Cleaned	Number Baths	Number Showers	Number Basins	Ratio of people to washing facilities	Ratio of people to basins	Washing Separate for Men and Women
Akasia	No		41+9	No	20.0	No	?	0	?	N/A	N/A	?
Boksburg	No	Yes***	30	No	16.4	Yes	0	10	0	43.9	N/A	Yes
Malas			1	N/A	200.0	No	0	0	0	N/A	N/A	N/A
Rand Airport	No		33*	?	43.9**	No	0	0	0	N/A	N/A	N/A
REIT Family Guidance	?		4	Yes	40.5	No	0	4	2	40.5	81.0	
Rifle Range	No		40	No	6.6	Yes	0	0	0	N/A	N/A	N/A

\*Management claims that there are 40 toilets, of the 33 only a few a functioning \*\* The ratio is therefore worse than this \*\*\*No hot water in showers – only available at entrance to camp

**Table 1.5 Shelter conditions**

Location	Shelter Type	Tents Number	Tents Size	Tents overcrowded	Families Sheltered Together	Bedding Mattresses	Bedding Blankets	Electricity	Security	Refuse collection
Akasia	Shacks and military tents**	47+9	25	Yes	No	60%	Insufficient	No	Poor	Discontinued
Boksburg	UNHCR tents	?							Sufficient	Discontinued
Malas	Lean-to garages and plastic	N/A				100%	100%			
Rand Airport	UNHCR tents	278*			No					Discontinued
REIT Family Guidance					Yes			Yes		
Rifle Range	UNHCR tents	?							Yes but inadequate	

\*Fewer now since tents removed when IDPs forcibly removed \*\* Most IDPs live in shacks with women and children in brick structure

**Table 1.6 Health**

Location	Health Transport To	Fever	Rash	Cough	Health Worker	Health Worker Days
Akasia	Yes				Yes, MSF mobile	2
Boksburg	Yes	?	?	?	Yes, MSF mobile	2
Malas					Yes, MSF, on-site	
Rand Airport		50%	30%	50%	Yes, MSF	2
REIT Family Guidance					Yes, MSF	
Rifle Range	Yes				Yes, MSF mobile	

**Table 1.7 Non Food Items and Other Services**

Location	Disposable Nappies Available <sup>1</sup>	Sanitary Towels Available	Children Attend School	Regular Information Dissemination
Akasia	No			
Boksburg	No	No	Yes	
Malas	No	No		
Rand Airport	No	No		
REIT Family Guidance	Inadequate	Inadequate		
Rifle Range	No	No		No