

## VIOLENCE PREVENTION THROUGH URBAN UPGRADING – VPUU NYANGA-GUGULETHU – BASELINE SURVEY QUESTIONNAIRE

Good day. My name is ..... I am interviewing residents of Nyanga-Gugulethu as part of the preparation for upgrading public areas and facilities. We also want to find out how you are feeling about safety and crime, and services from the city.

I am contracted by Violence Prevention through Urban Upgrading (VPUU) who are working with the City, and Nyanga-Gugulethu Leadership to agree upon an upgrading plan of public facilities to reduce violence and crime, and to promote safety and economic development. If you have questions, I can tell you when the next public meeting of the Nyanga-Gugulethu Stakeholders' Forum will be, so that you can ask anything you want to know.

I need to speak to one adult who lives permanently on this site. To give everyone an equal chance, we are speaking to the person who will next have a birthday. Who among those adults who live here, will next have a birthday?

When this person is identified, repeat the above.

The interview will take 35 minutes. Your answers will remain confidential, so nobody will know how you personally replied. Are you willing to be interviewed?

Name of interviewer \_\_\_\_\_

✓ Please tick area of residence of respondent

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> NEW CROSSROADS | <input type="checkbox"/> ZWELITSHA  | <input type="checkbox"/> SECTION 2      |
| <input type="checkbox"/> GREEN VILLAGE  | <input type="checkbox"/> BLACK CITY | <input type="checkbox"/> SECTION 3      |
| <input type="checkbox"/> MAU MAU        | <input type="checkbox"/> WHITE CITY | <input type="checkbox"/> SECTION 4      |
| <input type="checkbox"/> MKHONTO        | <input type="checkbox"/> LUSAKA     | <input type="checkbox"/> THAMBO VILLAGE |
| <input type="checkbox"/> FREEDOM SQUARE | <input type="checkbox"/> KTC        | <input type="checkbox"/> STATION PARK   |
| <input type="checkbox"/> MPETHA SQUARE  | <input type="checkbox"/> LOTUS PARK | <input type="checkbox"/> MALUNGA PARK   |
| <input type="checkbox"/> MPINGA         | <input type="checkbox"/> PHOLA PARK | <input type="checkbox"/> SAKHUMZI       |
| <input type="checkbox"/> SUPER NKATHAZO | <input type="checkbox"/> KWAKHI-KHI | <input type="checkbox"/> THAMBO SQUARE  |
| <input type="checkbox"/> HLAZO VILLAGE  | <input type="checkbox"/> SECTION 1  | <input type="checkbox"/> OTHER_____     |

**To help me know who to speak with, can you tell me which of the following most closely describes this dwelling? (Please tick)**

|                                |        |                            |  |
|--------------------------------|--------|----------------------------|--|
| Single Formal Dwelling (house) | Hostel | Informal Backyard Dwelling | Informal Settlement Dwelling (not in a backyard) |
| Other (specify)                |        |                            |  |

**Dwelling/ Site number** \_\_\_\_\_ **Map Ref Number** \_\_\_\_\_

**Street Name** \_\_\_\_\_

**Date of interview** \_\_\_\_\_ **Start time of interview** \_\_\_\_\_

**Gender of respondent**

|      |        |
|------|--------|
| Male | Female |
|------|--------|

**Check these important factors that influence living conditions.**

| Condition         | Observation  |   |                             |
|-------------------|--|---|-----------------------------|
| Electrical supply | Formal connection (there is an Eskom distribution box) | Informal connection (no Eskom distribution box) | No electrical supply at all |
| Floor level       | Floor level is above outside level                     |   | Level with outside          |
| Garden            | Yes  |   | No                          |
| Wall material     | bricks   | blocks  | wood                        |
|                   | corrugated iron  | other:  |                             |

## SECTION 1- INFORMATION ABOUT THE HOUSEHOLD

**1.1 Can you tell me which age band you are in? 18-25 26-35 36-55 56+**

**1.2 How many members are there in your household including yourself? \_\_\_\_\_**

|  |  |                                   |
|--|--|-----------------------------------|
| Number of adults (18+)   | Number of children under 18 and 6 years or older | Number of children younger than 6 |
|  |  |                                   |
| <b>Of the adults in the house, how many reached each level of education?</b> |  |                                   |
| post matric training   | matric (grade 12)                                | grade 8 to 10                     |

**1.3 Of the children under 6 years in the house, how many attend pre-school? \_\_\_\_\_**

**1.4 Of the children from 7-17 years in the house, how many participate in after school activities under the supervision of a responsible person? \_\_\_\_\_**

*Please specify type of activity* \_\_\_\_\_

**1.5 Of the young adults from 18-25 years in this house, how many have or have had access to post school education or training programmes? \_\_\_\_\_**

*Please specify type of activity* \_\_\_\_\_

**1.6 Is there a business of any sort operating from this dwelling?**

| Extractive               | Manufacturing         | Services           |                        |
|--------------------------|-----------------------|--------------------|------------------------|
| Animal rearing           | Building materials    | Car/taxi wash      | Mechanical repairs     |
| Gardening                | Carpentry / Furniture | Clothing sales     | Take away foods        |
| Herb growing             | Clothing making       | Communications     | Training               |
| Mining                   | Construction          | Creche/preschool   | Transport              |
|                          | Crafts                | Electrical repairs | Tourism                |
|                          | Ironwork/welding      | Hair Salon         | Shebeen                |
|                          |                       | Hardware sales     | Spaza                  |
|                          |                       |                    | Vegetables/fruit/herbs |
| If not sure, write here: |                       |                    |                        |

**Name of person running the business** \_\_\_\_\_

**Cell number** \_\_\_\_\_

**1.7 How many adults contribute to the household income?**

**1.8 What are your household income sources? (Can tick more than one)**

|                      |                        |        |  |          |       |
|----------------------|------------------------|--------|--|----------|-------|
| Formal<br>employment | Informal<br>employment | Grants | Child Support<br>Pension<br>Disability | Pensions | Other |
|----------------------|------------------------|--------|--|----------|-------|

**If other, explain** \_\_\_\_\_

*If unemployed, please skip questions 1.9 and 1.10*

**1.9 Where is the main breadwinner's place of work? (Please specify town or suburb)**

**1.10 Which mode of transport does the main breadwinner use to go to work?**

|     |       |     |      |         |      |                    |
|-----|-------|-----|------|---------|------|--------------------|
| Car | Train | Bus | Taxi | Bicycle | Walk | Other<br>(Specify) |
|-----|-------|-----|------|---------|------|--------------------|

**1.11 Do you grow vegetables or fruit?**

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**1.12 Does your household own any or all of the following at present:**

|               |     |    |                 |     |    |
|---------------|-----|----|-----------------|-----|----|
| <b>Car</b>    | Yes | No | <b>TV Set</b>   | Yes | No |
| <b>Fridge</b> | Yes | No | <b>Radio/CD</b> | Yes | No |

**1.13 Does your household have a room used ONLY as a:**

|                |     |    |                        |     |    |
|----------------|-----|----|------------------------|-----|----|
| <b>Kitchen</b> | Yes | No | <b>Bedroom</b>         | Yes | No |
| <b>Lounge</b>  | Yes | No | <b>Bathroom/toilet</b> | Yes | No |

**1.14 Which year did you arrive in Nyanga/Gugulethu? \_\_\_\_\_**

**1.15 How many dwellings are there on this plot of land?**

|  |
|--|
|  |
|--|

**1.16 Have you ever been evicted from your residence in your life?**

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**If Yes, which year? \_\_\_\_\_**

**1.17 Do you think that you will still be living in the same dwelling in 5 years' time?**

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**If No, Why?**

|                       |                           |  |                      |       |
|-----------------------|---------------------------|--|----------------------|-------|
| Moving closer to work | Moving for family reasons | Moving into a formal house/neighbourhood | No choice - Eviction | Other |
|-----------------------|---------------------------|--|----------------------|-------|

If other reason explain here \_\_\_\_\_

**1.18 Is anybody living here consuming alcohol?**

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**If Yes, where is it consumed?**

|         |                           |                          |             |                 |
|---------|---------------------------|--------------------------|-------------|-----------------|
| At home | Shebeen<br>(Specify name) | Tavern<br>(Specify name) | Street Bash | Other (specify) |
|---------|---------------------------|--------------------------|-------------|-----------------|

**If consumed at home, where is it purchased?**

|                        |                       |                               |                 |
|------------------------|-----------------------|-------------------------------|-----------------|
| Shebeen (Specify name) | Tavern (Specify name) | Supermarket<br>(Specify name) | Other (specify) |
|------------------------|-----------------------|-------------------------------|-----------------|

**SECTION 2 - HOW YOU FEEL ABOUT SERVICES & FACILITIES IN NYANGA-GUGULETHU AS A WHOLE**

**2.1 Are you satisfied with the condition and maintenance of the following in Nyanga-Gugulethu?**

|                      |     |    |            |                |
|----------------------|-----|----|------------|----------------|
| Roads or pathways    | Yes | No | Don't Know | There are none |
| Storm water drainage | Yes | No | Don't Know | There are none |
| Street lights        | Yes | No | Don't Know | There are none |
| Highmast lights      | Yes | No | Don't Know | There are none |
| Electrical Supply    | Yes | No | Don't Know | There are none |
| Water taps           | Yes | No | Don't Know | There are none |

|  |            |           |                   |                       |
|--|------------|-----------|-------------------|-----------------------|
| <b>Toilets</b>                         | <b>Yes</b> | <b>No</b> | <b>Don't Know</b> | <b>There are none</b> |
| <b>Refuse removal</b>                  | <b>Yes</b> | <b>No</b> | <b>Don't Know</b> | <b>There are none</b> |
| <b>Bushes</b>                          | <b>Yes</b> | <b>No</b> | <b>Don't Know</b> | <b>There are none</b> |
| <b>Open/public spaces</b>              | <b>Yes</b> | <b>No</b> | <b>Don't Know</b> | <b>There are none</b> |
| <b>Sport and Recreation Facilities</b> | <b>Yes</b> | <b>No</b> | <b>Don't Know</b> | <b>There are none</b> |

**2.2 Were there pools from rain water in your house last winter?**

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**2.3 Where are the closest of these public facilities and in what condition are they?**

| <b>Facility</b>                 | <b>Minutes to get there and back home</b> | <b>Is it working?</b> | <b>Been broken in past 12 months?</b> | <b>How long to repair?</b> |
|---------------------------------|---|-----------------------|---------------------------------------|----------------------------|
| Stand pipes for water           |   |                       |                                       |                            |
| Toilet that you normally use    |   |                       |                                       |                            |
| High mast light nearest to you  |   |                       |                                       |                            |
| Street light nearest to you     |   |                       |                                       |                            |
| Waste collection point          |   |                       |                                       |                            |
| Sport and Recreation Facilities |   |                       |                                       |                            |

**2.4 Are there places in your area where people can gather for meetings or talk with friends, play games, dance, have big meetings?**

| <b>Name of site</b> | <b>What it is generally used for</b> |
|---------------------|--------------------------------------|
|                     |                                      |
|                     |                                      |
|                     |                                      |

**2.8 Has the city made any improvements within Nyanga-Gugulethu within the past 2 years?**

|           |            |          |
|-----------|------------|----------|
| <b>NO</b> | <b>YES</b> | Details: |
|-----------|------------|----------|

**SECTION 3 HOW YOU FEEL ABOUT YOUR SAFETY**

I am going to ask you some questions about crime and violence, and about how safe you feel at different times and in different places. Please give your true opinion.

To record your answer, we will use a **5 points scale**: **5** means the issue is not a problem at all, **1** means it is so bad it not tolerable, you cannot put up with how things are. There is no right or wrong answer; we want to find out your point of view, what is true for you.

Please give me a number that best describes your view as a whole, for each question

3.1 HOW MUCH OF A PROBLEM is crime and violence where you live.

|                             |                   |                            |   |   |
|-----------------------------|-------------------|----------------------------|---|---|
| <b>Not a problem at all</b> | <b>Acceptable</b> | <b>Intolerable problem</b> |   |   |
| 5                           | 4                 | 3                          | 2 | 1 |

3.2 How does the crime and violence situation COMPARE TO THIS TIME LAST YEAR?

|               |                  |              |    |    |
|---------------|------------------|--------------|----|----|
| <b>Better</b> | <b>Unchanged</b> | <b>Worse</b> |    |    |
| +2            | +1               | 0            | -1 | -2 |

3.3 How safe are you at home during the day?

|                        |                   |                           |   |   |
|------------------------|-------------------|---------------------------|---|---|
| <b>Completely safe</b> | <b>Acceptable</b> | <b>Intolerably unsafe</b> |   |   |
| 5                      | 4                 | 3                         | 2 | 1 |

3.4 How safe are you at home at night?

|                        |                   |                           |   |   |
|------------------------|-------------------|---------------------------|---|---|
| <b>Completely safe</b> | <b>Acceptable</b> | <b>Intolerably unsafe</b> |   |   |
| 5                      | 4                 | 3                         | 2 | 1 |

3.5 How safe is your area during the day?

|                        |                   |                           |   |   |
|------------------------|-------------------|---------------------------|---|---|
| <b>Completely safe</b> | <b>Acceptable</b> | <b>Intolerably unsafe</b> |   |   |
| 5                      | 4                 | 3                         | 2 | 1 |

3.6 How safe is your area at night?

|                        |                   |                           |   |   |
|------------------------|-------------------|---------------------------|---|---|
| <b>Completely safe</b> | <b>Acceptable</b> | <b>Intolerably unsafe</b> |   |   |
| 5                      | 4                 | 3                         | 2 | 1 |

3.7 How safe do you feel walking to or from public transport facilities **in the morning**?

**Completely safe      Acceptable      Intolerably unsafe**  
**5                      4                      3                      2                      1**

3.8 How safe do you feel walking to or from public transport facilities **in the evening**?

**Completely safe      Acceptable      Intolerably unsafe**  
**5                      4                      3                      2                      1**

3.9 How safe do you feel while you are using public transport?

**Completely safe      Acceptable      Intolerably unsafe**  
**5                      4                      3                      2                      1**

3.10 Do you think the schools used by local children are safe places for children to learn?

**Completely safe      Acceptable      Intolerably unsafe**  
**5                      4                      3                      2                      1**

3.11 Do you think children from your area are safe when they walk to school?

**Completely safe      Acceptable      Intolerably unsafe**  
**5                      4                      3                      2                      1**

## THE CHALLENGES TO ACHIEVING SAFETY WITHIN NYANGA-GUGULETHU

**4.1** A local survey (2009) suggested that the following are the most important crimes. Which of all those listed, are the **TOP 3** priorities in your view? If you need to, you can add another type of crime to this list. **(Write 1, 2, or 3 opposite the chosen priority.**

Which if any of these crimes have effected you personally in the past 12 months?  
 Which if any of these crimes you think are related to alcohol consumption?

| <b>Priority crime/violence</b> | <b>Your TOP 3 priorities</b> | <b>Your own experience of crime over the past one year</b>            | <b>Yes or No</b> | <b>In your opinion, is alcohol part of the problem? (Tick if Yes)</b> |
|--------------------------------|------------------------------|---|------------------|---|
| Robbery                        |                              | Property taken from you personally with actual or threatened violence |                  |   |
| Housebreaking                  |                              | Actual forced entry into your home with intention to steal            |                  |   |
| Murder                         |                              | Do you feel someone made a serious effort to kill you?                |                  |   |
| Stabbings                      |                              | You have been cut or stabbed on purpose?                              |                  |   |
| Domestic violence              |                              | Have you experienced any form of violence within your household?      |                  |   |



|                      |  |   |  |  |
|----------------------|--|---|--|--|
| Rape                 |  | Have you experienced being raped or were really frightened you could be raped?  |  |  |
| Youth or gang crime  |  | Have you felt threatened by young people you see as part of a gang?   |  |  |
| Pedestrian accidents |  | Have you been injured by a car, bus, taxi or train? or have you injured yourself on broken pavements or missing drain covers? |  |  |
| Car hijacking        |  | Have you been hijacked or in a car that was hijacked?   |  |  |
| Arson                |  | Has any property of yours been destroyed by fire started on purpose?  |  |  |
| Hate crime           |  | Do you feel you have been the victim of violence because of your nationality, gender, race, or sexual preferences?            |  |  |
| Drug trafficking     |  | Have you been involved in crossfire or drug related violence?   |  |  |
|                      |  |   |  |  |

If you personally experienced any of the crime above, would you like a follow-up?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**4.2** Your top priority crime against ADULTS was .....

What is your top priority crime or violence against CHILDREN? .....

**Can you tell us who in your opinion is most at risk and when?**

| No                | Most at risk<br>Gender | Most at risk<br>Age  | Most risky<br>time of day   | Most risky<br>day of the week |
|-------------------|------------------------|--|---|-------------------------------|
| ADULT<br>priority |                        | 18-25 <input type="checkbox"/><br>26-34 <input type="checkbox"/><br>36-55 <input type="checkbox"/><br>56+ <input type="checkbox"/> | 0-6 <input type="checkbox"/><br>6-12 <input type="checkbox"/><br>12-18 <input type="checkbox"/><br>18-24 <input type="checkbox"/> |                               |
| CHILD priority    |                        | 0-6 <input type="checkbox"/><br>7-12 <input type="checkbox"/><br>13-18 <input type="checkbox"/>                                    | 0-6 <input type="checkbox"/><br>6-12 <input type="checkbox"/><br>12-18 <input type="checkbox"/><br>18-24 <input type="checkbox"/> |                               |

**4.3 What could be done to make the following places safer in your area?**

|                     |  |
|---------------------|--|
| Pedestrian walkways |  |
| Roads               |  |
| Open Spaces         |  |
| Homes               |  |
| Toilets             |  |
| Standpipes          |  |
| Sheebens            |  |

**4.4 Do you or any members of your household participate in violence or crime prevention initiatives in your section?**

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**4.5 (If yes) explain please what it is you are doing.**

|  |
|--|
|  |
|--|

**4.6 Are you interested in being part of a structure or project which helps to reduce violence and crime together with VPUU?**

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**4.7 Are you or any members of your household involved in any community based project in Nyanga-Gugulethu?**

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**If Yes, which area? (Please tick)**

|                      |         |                  |
|----------------------|---------|------------------|
| Early Childhood Dev. | Sport   | Food Garden      |
| Youth Development    | Culture | Soup Kitchen     |
| Education            | Safety  | Other (Specify): |

**If Yes, how is the project called?** \_\_\_\_\_

**Would you like to be informed when the Social Development Fund (SDF) is calling for project's proposals?**

|     |    |
|-----|----|
| Yes | No |
|-----|----|

**4.7 Do you have any questions or comments?**

Would you like more information about the Violence Prevention through Urban Upgrading programme in your area or to hear about what this survey finds out?

**If so, the next public meeting will be on (give date)**

Thank you for your time and information.

**Please sign here to show that you were willing to be interviewed**

**Name of person interviewed** \_\_\_\_\_

**Can we have a contact number? Some people we interview will be contacted by our supervisor to check on the work we are doing.**

**Cell number of person interviewed** \_\_\_\_\_

**End time of interview** \_\_\_\_\_

Data capture checked .....  
 Date.....  
 Data capture checked.....  
 Date.....  
 Verification with respondent.....  
 Verification outcome.....  
 Date.....