

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
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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	Below outside level
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
Of the adults in the house, how many reached each level of education?		
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 employment	Informal employment	Grants	Child Support Pension Disability	Pensions	Other
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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 (Specify)
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1.11 Do you grow vegetables or fruit?

Yes	No
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1.12 Does your household own any or all of the following at present:

Car	Yes	No	TV Set	Yes	No
Fridge	Yes	No	Radio/CD	Yes	No

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

Kitchen	Yes	No	Bedroom	Yes	No
Lounge	Yes	No	Bathroom/toilet	Yes	No

1.14 Which year did you arrive in Nyanga/Gugulethu? _____

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

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

Yes	No
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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
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If No, Why?

Moving closer to work	Moving for family reasons	Moving into a formal house/neighbourhood	No choice - Eviction	Other
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If other reason explain here _____

1.18 Is anybody living here consuming alcohol?

Yes	No
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If Yes, where is it consumed?

At home	Shebeen <i>(Specify name)</i>	Tavern <i>(Specify name)</i>	Street Bash	Other <i>(specify)</i>
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If consumed at home, where is it purchased?

Shebeen <i>(Specify name)</i>	Tavern <i>(Specify name)</i>	Supermarket <i>(Specify name)</i>	Other <i>(specify)</i>
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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

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

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

Yes	No
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2.3 Where are the closest of these public facilities and in what condition are they?

Facility	Minutes to get there and back home	Is it working?	Been broken in past 12 months?	How long to repair?
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?

Name of site	What it is generally used for

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

NO	YES	Details:
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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.

Not a problem at all	Acceptable	Intolerable problem
5	4	3
		2
		1

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

Better	Unchanged	Worse
+2	+1	0
		-1
		-2

3.3 How safe are you at home during the day?

Completely safe	Acceptable	Intolerably unsafe
5	4	3
		2
		1

3.4 How safe are you at home at night?

Completely safe	Acceptable	Intolerably unsafe
5	4	3
		2
		1

3.5 How safe is your area during the day?

Completely safe	Acceptable	Intolerably unsafe
5	4	3
		2
		1

3.6 How safe is your area at night?

Completely safe	Acceptable	Intolerably unsafe
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?

Priority crime/violence	Your TOP 3 priorities	Your own experience of crime over the past one year	Yes or No	In your opinion, is alcohol part of the problem? (Tick if Yes)
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
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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 Gender	Most at risk Age	Most risky time of day	Most risky day of the week
ADULT priority		18-25 <input type="checkbox"/> 26-34 <input type="checkbox"/> 36-55 <input type="checkbox"/> 56+ <input type="checkbox"/>	0-6 <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18-24 <input type="checkbox"/>	
CHILD priority		0-6 <input type="checkbox"/> 7-12 <input type="checkbox"/> 13-18 <input type="checkbox"/>	0-6 <input type="checkbox"/> 6-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 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
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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
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4.7 Are you or any members of your household involved in any community based project in Nyanga-Gugulethu?

Yes	No
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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
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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.....