I. BACKGROUND

Hostilities began in May 2015 when alleged paramilitary groups occupied several villages in Davao del Sur, causing the mass displacement of lumad communities from their ancestral land.

The Lumad is a group of indigenous people in Southern Philippines. It is composed of several ethnolinguistic groups including the Manobo.

The recent displacement beginning in September 2015, was caused by the killing of a local NGO executive director and two lumad leaders in Diatagon, Lianga, Surigao del Sur. The casualties included the leaders of Malahutayong Pakibigso Angla Sumusulong (Mapasu), a group that has campaigned for the protection of ancestral domain against mining interests and has been vocal about the human rights abuses by military and paramilitary forces.

In close coordination with the local government units and the DSWD, IOM Cotabato conducted an assessment mission on 17 September in Tandag City Sports Center where more than 2,000 IDPs remain displaced. Using the Displacement Tracking Matrix (DTM) IOM was able to identify the most pressing needs and concerns of the displaced population.

Profile of Displacement
As of 17 September 2015

**Tandag City Sports Center**
Displacement site assessed

572
Total DTM assessed displaced families

2,886
Total DTM assessed displaced persons

**Ethnolinguistic Group**
- **Manobo**: 98%
- **Cebuano**: 2%

**Sex Distribution**
- Male: 50%
- Female: 50%

**Places of Origin**
- Lianga: 2,886
- San Agustin: 2,886
- Tago: 2,886
- San Miguel: 2,886
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**Age Distribution**
- 0-4: 160
- 5-9: 183
- 10-14: 203
- 15-19: 624
- 20-29: 406
- 30-59: 1,221
- 60+: 89

**Persons with Vulnerabilities**
- Breastfeeding: 37
- Pregnant: 34
- Male single-headed: 17
- Female single-headed: 17
- With physical disabilities: 4
- With vision, hearing...: 3
- Elderly headed: 3
- With mental impairment: 2
- Childheaded: No data available
- Unaccompanied minor: No data available
- With chronic medical...: No data available
- With physical disabilities: No data available

*Data shown in the chart above are based on available data on vulnerable groups at the time of data collection.*
## SECTORAL NEEDS AND CONCERNS

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<tr>
<th>Camp Coordination Camp Management</th>
<th>Shelter</th>
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<td>Registration of IDPs remains a challenge, as few affected families have returned home, while others opted to stay at with relatives and friends. PSWDO of Surigao del Sur is trying to complete the registration of all IDPs, using the Displacement Assistance and Family Access Card (DAFAC), a DSWD tool, to ensure accuracy of IDPs’ profiles. There is also a discrepancy of IDP data between PSWDO, PDRRMO and IPHO, but continuing discussion among these agencies is on-going in order to come up with consistent data. The current displacement figures are based on the PSWDO’s data, whose displaced families have been issued with DAFAC. There is an immediate need for continuing CCMC support to ensure that all sectoral issues and concerns of the IDPs are addressed especially on durable solutions, while most of the IDPs are returning home.</td>
<td>Shelter is one of the most pressing concerns in the displacement site. A number of IDPs are staying in makeshift shelters and tents. These makeshift shelters and tents are made of light materials that offer no safety/privacy features. These rudimentary shelters offer little protection against the inclement weather and possible flooding in the area. The majority of IDPs (400 families) are staying in concrete bleachers/benches within the sports complex, where they are also without privacy partitions. The current shelter situation onsite can have adverse effects on the health, safety, privacy and overall well-being of IDPs, especially children, pregnant and breastfeeding women, elderly persons and persons with special vulnerabilities. Majority of shelters in sites do not have protection features such as doors, locks, proper privacy partitions and basic lighting.</td>
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### Food and Nutrition

There is reported food distribution on site, twice a week. However, food security remains a concern for the displaced population. There are reportedly no food security activities conducted as of the date of the assessment. Without access to their land and primary source of livelihood, food security activities become a critical need of the IDPs.

### Water, Sanitation and Hygiene (WASH)

Water Sanitation and Hygiene is among the key concern of IDPs in the displacement site. Sanitation facilities such as latrines and bathing cubicles are severely lacking. There are only 15 functional latrines and one bathing cubicle onsite. This places the facility to person ratio at 1:192 and 1:2886 for latrines and bathing cubicles respectively—well below the SPHERE standard of 1:20 and 1:50. The lack of proper protective features such as lockable doors, lighting inside the latrines, as well as assistive devices pose greater risk for children, women and vulnerable groups. Water supply is delivered daily, through fire trucks. However, as reported by DOH-Health Emergency Management Bureau, out of 12 water samples, 8 tested positive with Coliform and E. Coli bacteria. Testing was made on 11 & 17 September. DOH-HEMB/IPHO maintains its course of action, by distributing aquatabs and regular chlorination of all water deliveries for drinking.

### Livelihood

IDPs are in great need of livelihood intervention and support. Lumad communities are heavily dependent on agriculture and foraging as their primary means of subsistence and livelihood. Prevented from accessing their land, their displacement, will have severe implications on their ability to cope for survival especially if the situation leads to protracted displacement.

### Health

Health referral is available onsite. The Integrated Provincial Health Office (IPHO) and Department of Health from the Caraga region have already provided mental health and psychosocial support services to 1,346 IDPs. There remains a large caseload for psychosocial services. Accessibility of health facilities such as health posts as well as capacity of the host medical health unit can affect efforts to address IDP’s health concerns. Midwives (2), nurses (2), a medical doctor, personnel trained in handling GBV issues, and personnel providing psychosocial support (2) are available to provide health services onsite. Malnutrition screening is also being conducted.

### Protection

Protection needs demand immediate attention and prompt action. Referral pathways on protection issues, such as Gender-Based Violence, health and complain mitigation are in place. There is a daily 24 hour patrolling of the area provided by the PNP. However, steps must be made to ensure women patrols. A Women and Children Police Desk (WCPD) has also been set-up. While a child-friendly space is available (10 meters away), women-friendly spaces and other safe non-stigmatizing spaces are not available. In addition, just as there psychosocial services are available, IDPs have no access to psychosocial support information. While there is no legal documentation support available for women, men, and children if they lose any personal documents, this was not identified as a pressing concern at the time of the assessment.

### Non-Food Items

While there have been distributions of NFI onsite, these are reportedly not enough to sufficiently cover the needs of all IDPs. Jerry cans and water containers as well as hygiene kits have been distributed to IDPs. However, there are no agencies providing protection NFI such as flashlights, solar lights, radio and whistles.

*The data presented above is based on the DTM results and direct observations during the assessment missions conducted by IOM and DSWD.*

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