

# DISPLACEMENT TRACKING MATRIX (DTM)

Surigao del Sur and Davao City

The Displacement Tracking Matrix (DTM) is an information management tool used by the CCCM Cluster to gather baseline information on displaced populations and the conditions in the areas where they have temporarily settled. The DTM has been rolled out in over 20 countries including Haiti, Pakistan, Mali, The Democratic Republic of Congo and the Philippines.

23 OCTOBER 2015

## I. BACKGROUND

In September 2015, the Executive Director of ALCADDEV, Emerito Samarca and two lumad leaders were killed by a paramilitary attack in Sitio Hanayan in Barangay Diatogon. The Lumad is a local term for indigenous peoples (IP) in Southern Philippines.

Due to the violence and fear for their safety, massive numbers of IPs left their homes and fled to the municipalities of San Miguel, Tago, Marihatag, San Agustin and Lianga. As of 22 October, 806 families or 4,000 persons are staying in three displacement sites.

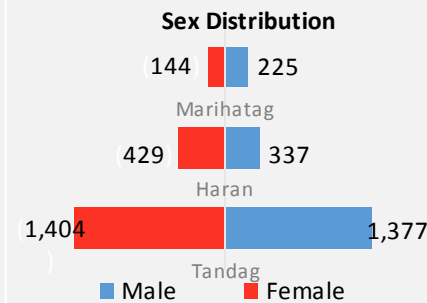
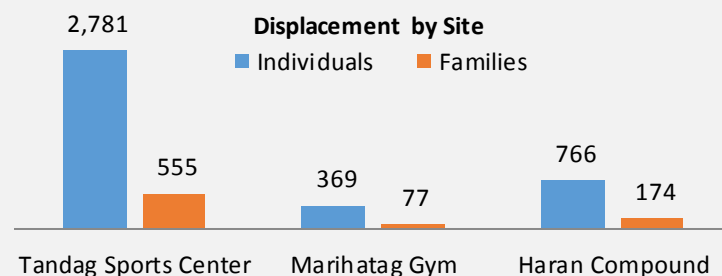
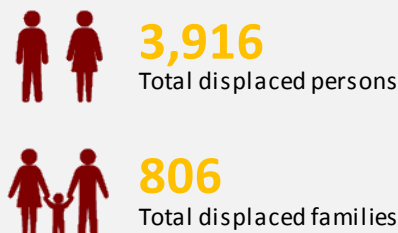
The perpetrators are reported to belong to Magahat-Bagani, an armed group in Southern Philippines.

The Philippines Department of Justice has already called for an investigation on the situation. UNHCR also called attention to the human rights violations reportedly perpetrated against the Lumad.

In close coordination with the local government units and the DSWD, IOM Cotabato conducted an assessment mission on 22 October in all three displacement sites. Some 4,000 IDPs remain displaced. With the Displacement Tracking Matrix (DTM), IOM highlights here the most pressing needs and concerns of the displaced IPs.

## Profile of Displacement

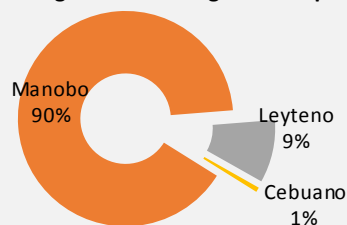
As of 23 OCTOBER 2015



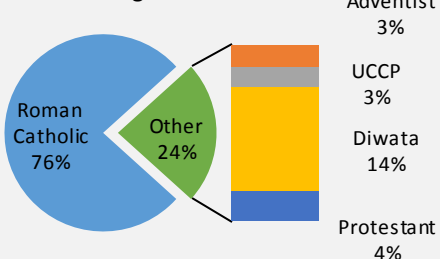
### DEMOGRAPHICS

- There are 3,916 displaced persons or 806 families staying in three displacement sites. There is almost equal number of men and women in all sites.
- About 90% of the IDPs belong to the Manobo ethnic group. This necessitates culturally appropriate interventions that respect the IP's identity and culture
- Tandag site has the most number of persons with special vulnerabilities
- Around 60% of the IDPs in Marihatag are children, compared to Tandag's (49%) and Haran's (60%).

### Ethnolinguistic and Religious Groups



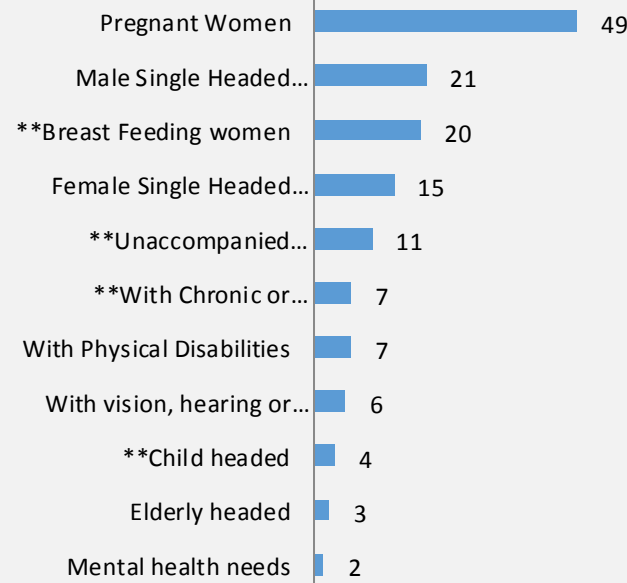
### Religious Affiliation



### CRITICAL NEEDS AND GAPS

- Prolonged displacement with inadequate shelter increases IDPs' vulnerability
- IDPs in all sites report insufficient NFI assistance
- Shelter, WASH and other communal facilities onsite still lack protection features such as privacy partitions, doors, locks and basic lighting
- All sites have positive cases of water borne diseases
- Without access to their primary sources of livelihood, IDPs experience increasing food insecurity

## Persons with Vulnerabilities



\*Data shown in the chart above is based on available data on vulnerable groups at the time of data collection  
 \*\* No data available for Tandag  
 \*\*\*No data available from Haran

## II. SECTORAL NEEDS AND CONCERNS

Camp Coordination Camp Management	Shelter and Non-Food Items
All sites are managed. CSSDO, PASAKA are providing site management in Haran, PSWD and MSWD provide site management in Tandag and Marihatag respectively. All residents have been registered in DAFAC. As the situation turns into prolonged displacement of IDPs, camp managers will need additional CCCM support and capacity building on CCCM standards and protocols to improve the general camp site condition to include stabilization and durable solution activities and mechanisms.	<p>Shelter remains a pressing concern. IDPs in Haran and Tandag are reported to be staying in makeshift shelters and tents that are made of light materials that offer no safety/privacy features; and offer little protection against the inclement weather and natural hazards. Other IDPs in Tandag and all IDPs in Marihatag are staying in large halls without privacy partitions. In addition, the lack of protection features in shelters such as privacy partitions, doors, locks, proper privacy partitions and basic lighting have yet to be addressed. There is also a need to provide communal facilities as this has been identified to be lacking. The current shelter situation and IDPs' prolonged displacement increases their vulnerability. Those especially vulnerable are children, pregnant and breastfeeding women, elderly persons and persons with special vulnerabilities.</p> <p>The quantity of NFIs was rated low by IDPs. All sites report that there is not enough assistance. IDPs in Marihatag site in particular report that they did not receive the same NFI kits with some only receiving sleeping kits and some only kitchen sets. Other IDPs in Marihatag also reported receiving incomplete hygiene kits. There are also those in the site who did not receive any NFI assistance. In Haran, it is reported that some specific groups are also not receiving NFIs. In addition, Tandag and Marihatag sites report that there is still an incomplete list of families in the site.</p>
Food and Nutrition	Health
There has been regular weekly food distribution in Tandag site. On the other hand, in Marihatag and Haran sites, food distribution has been reduced to once every two weeks from once every week. Despite this change in regularity of distribution, families in Marihatag and Haran still receive the same number of food packs. There are also 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.	Health stations are available in all three sites. Both Haran and Tandag have medical personnel providing services onsite including BHW, midwives, nurses, doctors and personnel equipped to handle GBV and or psychosocial problems. While BHW and a midwife are present in Marihatag site, they do not have other health personnel including those trained on GBV and Psychosocial issues. Bronchiolitis, influenza, malnutrition, measles/chicken pox, pneumonia, skin diseases, tuberculosis/primary complex, water borne diarrhea, amoebiasis and asthma are the common illnesses reported. Because of the shelter situation and access to safe drinking water, the spread of infectious and communicable diseases such as measles and tuberculosis as well as water-borne illnesses such as diarrhea and amoebiasis should be looked into.
Water, Sanitation and Hygiene (WASH)	Protection
<b>All sites</b> have positive cases of water borne diarrhea and cholera. Currently, IDPs are using jerry cans, gallons and uncovered buckets to store water. Sanitation onsite is a concern as there are not enough sanitation facilities such as latrines and bathing cubicles (1:45 for latrines and approximately 1:270 for bathing cubicles), and open defecation is practiced by both children and adults. This highlights a need for hygiene promotion with key messages on hand washing, boiling of water and the proper usage of toilets. While there are separate male and female toilets, there remains no security features installed (locks, lighting inside). Paths to WASH facilities are lighted and are located five meters from dwelling areas. There are no assistive devices/PWD sensitive facilities as well as no sanitary protection materials for women and the elderly. Haran site was reported to be very dirty by IDPs with a high rate of pest infestation. Waste disposal in Haran site is through garbage pick-up only once a week. While two out of three sites report that there are no standing or stagnant water onsite, the drainage system still needs to be improved, especially in anticipation of the rainy season.	Protection needs are cross-cutting and must be addressed promptly in order to ensure the well-being of IDPs. IDPs in all three sites report that they feel safe onsite. There is daily 24 hour patrol by the community security committee, PNP and barangay tanod in Haran, Tandag and Marihatag respectively. However, there are still no women in any of the patrols. All sites have WCPD. Referral pathways for GBV victims, and women and child friendly spaces are available. Psychosocial services for women and children in Haran site are provided by local support groups from schools and universities. In Tandag, the DOH and DSWD Region as well as local support groups are conducting PSS for all displaced persons. In Marihatag site, PSS for children and adults were conducted only once. There is now currently no one providing PSS in Marihatag site. Identity documentation is a reported concern of IDPs. There are no reported incidents of sexual and gender based violence and exploitation including trafficking. There are also no reports of child labor and child abuse. Similarly, there are no reported accounts of alcohol or drug-related concerns and conflict among members of the community.
Livelihood	Education
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. Alternative source of income, such as, but not limited to vegetable gardening, weaving and other means of living, need to be considered if displacement lasts longer than two months.	According to IDPs, displaced children who are attending classes in Haran evacuation site have received educational kits. Educational learning materials have also been provided to Haran volunteer teachers, to improve their teaching tools, knowledge and techniques. Most of the children in Haran are still having hard time in catching up with the basic lessons (Filipino, English, Math, among others) as many of them have not been in school due to absence of facilities in their places of origin. In Haran, children from 12 to 17 years old have still no access to education. There are no child friendly and alternative learning spaces in Marihatag Evacuation Center, where all children have not attended classes since the onset of the displacement. No classes being held in the evacuation center of Marihatag.

The data presented above is based on the DTM results and direct observations during the assessment missions conducted by IOM and DSWD. The map shown above was produced by UN-OCHA based on the latest DTM results.

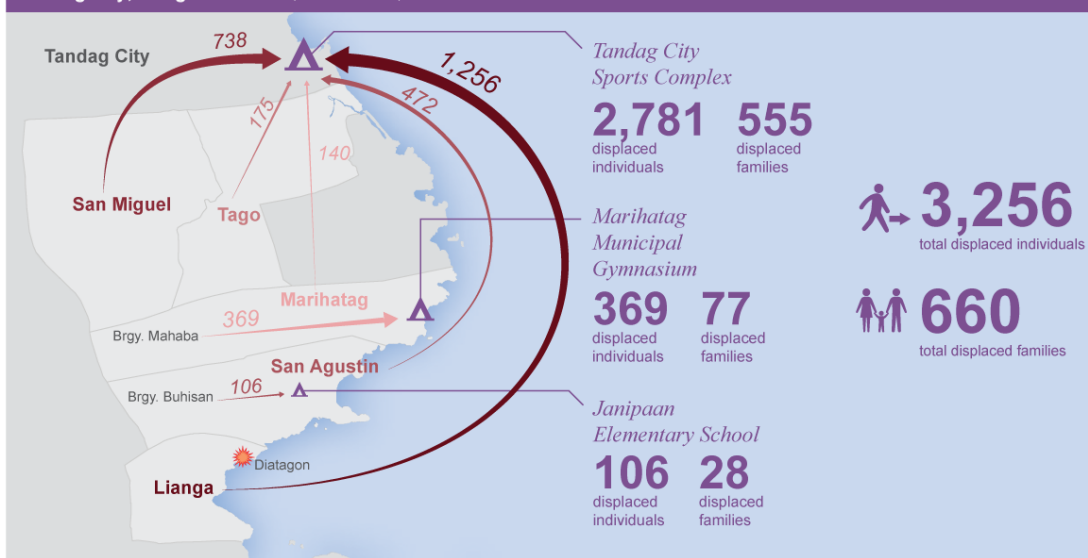
**For more information, kindly contact:**

**Mr. Samuel Cobrado**

**IOM Cotabato Acting Head of Office**

**Telephone: +63644211366 | Email: [scobrado@iom.int](mailto:scobrado@iom.int) | Website: [www.philippineresponse.iom.int](http://www.philippineresponse.iom.int)**

Tandag City, Surigao del Sur (as of 22 Oct 2015)



UCCP Haran, Davao City (as of 23 Oct 2015)



**4,032+**  
total displaced individuals

Number of IDPs and locations

3,256  
Surigao del Sur

776  
Davao del Sur

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.



Sources: Government, IDPs Creation Date: 28 Oct 2015 Feedback: victorino@un.org www.reliefweb.int philippines.humanitarianresponse.info

For more information, kindly contact:

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IOM Cotabato Acting Head of Office

Telephone: +63644211366 | Email: [scobrado@iom.int](mailto:scobrado@iom.int) | Website: [www.philippineresponse.iom.int](http://www.philippineresponse.iom.int)