Displacement Tracking Matrix

DTM - DOMINICA

Hurricane Maria Response
DISPLACEMENT IN COLLECTIVE CENTERS
February 2018
KEY FACTS AND FIGURES

The following are the findings from collective centers assessed during the fourth round of DTM assessments, conducted from 15 to 27 of January 2018.

25 collective centers remain open sheltering Internally Displaced Persons (IDPs) in Dominica and

These 25 centers house 114 households (352 individuals).

All schools reopened, the last families in grammar school are moving to the long house and Bath State Community center.

56% of the IDPs residing in collective centers have one or more vulnerabilities.

96% of the residents in the collective centers reported that their houses were damaged or destroyed.

33% of the population in the assessed collective centers needs mosquito nets.

16% of the collective centers do not have access to hygienic latrines.

48% of the residents mention a lack of privacy in the centers.
INTRODUCTION

The country of Dominica has been devastated by the passage of Hurricane Maria. The hurricane made landfall on the island on 18 September 2017 as a category 5 hurricane, causing the death of at least 26 persons and extensive damage to buildings and infrastructure. As per an aerial survey from the Pacific Disaster Centre, 67 per cent of the 26,085 buildings in the country were damaged (moderately or severely) and 23 per cent were destroyed. Many families who took refuge in pre-identified evacuation shelters (hereafter referred to as collective centers) across the country prior to and during the hurricane, still reside in these centers.

To identify the existing collective centers and monitor displacement across the country, IOM established its Displacement Tracking Matrix (DTM) in Dominica. The DTM is an integrated set of tools used to track and monitor the movement and living conditions of displaced populations. Baseline data is collected across an affected area, processed by IOM’s own DTM team and shared with key government and humanitarian partners. This enables timely identification of vulnerable populations and their needs, thus strengthening the coordinated efforts of all humanitarian actors. DTM captures the movement and trends of a constantly shifting population and provides ongoing and up to date information with increased frequency during new crises.

The DTM aims to track population movement in Dominica through a set of tools including observation, cartography, key informant interviews, and physical counting.

Preliminary site verifications of collective centers were completed on 6 October, including the compilation of data gathered by the government as well as assessments by IOM teams, starting with the 143 official centers and expanding to new, unofficial collective centers. Rapid site assessments began on 11 October 2017 and resulted in a report on the first round of assessments being published on 20 October 2017. A second and third round of DTM were conducted during the months of November and December and highlighted the changing needs of the population and the movements of the displaced population in the collective centers.

This report presents the data collected by IOM teams during the period of 15 to 27 January 2018.
DISPLACEMENT TRACKING MATRIX – MISSION

The Displacement Tracking Matrix (DTM) is a system to track and monitor the displacement and population mobility. It is designed to regularly and systematically capture, process and disseminate information to provide a better understanding of the movements and evolving needs of displaced populations, whether on site or en route. The DTM has been continuously refined and enhanced through years of operational experience in countries in both conflict and natural disaster settings. It plays an essential role in providing primary data and information on displacement, both at the national and at the global level. A DTM exercise can include one or more of the following distinct components:

- **Mobility Tracking**: regularly tracks cross-sectoral needs and population movements to target assistance in locations of displacement, locations of origin or possible relocation sites to support sustainable solutions to displacement;
- **Flow Monitoring**: tracks movements of displaced populations at key transit points;
- **Registration**: individual and household level information used by site managers for beneficiary selection, vulnerability targeting and programming;
- **Surveys**: gathers specific information through population sampling, in regard to return intentions, displacement solutions, community perceptions, and other thematic information related to displacement.

DTM IN DOMINICA

Currently, the DTM in Dominica is assessing evacuation centres (collective centres) through the Mobility Tracking component. Through field visits, observation, physical counts and key informant interviews, the DTM Evacuation Center/Site Assessment produces a master list with information on population movement and mobility within emergency shelters identified pre- and post-hurricane. It includes information on multi-sectoral needs and services in each evacuation center or group site, ranging from shelter and non-food item (NFI) needs, water, sanitation and hygiene (WASH), food and nutrition, and health to protection and education. The analysis of context-appropriate GBV and Counter Trafficking risks provides an overview of specific risks encountered by affected population residing in evacuation centers/sites and thus better informs the humanitarian response, allowing for targeted assistance.

The DTM team is comprised of two DTM officers who are supported by 12 field enumerators collecting data in centers.
2.5 collective centers remain open and house a total of 114 households (352 internally displaced persons).

The highest number of open collective centers are in the parish of Saint George (6) which shelters 44 per cent of the total number of IDPs.

Access to sectorial service provision in the collective centers is still a country-wide challenge.
8

56% of the displaced population present one or more vulnerabilities. 42% of the vulnerable displaced population are single male-headed households while 36% are elderly persons and 35% are single female-headed households.

**COLLECTIVE CENTERS COORDINATION AND MANAGEMENT (CCCM)**
77% of the displaced population have indicated that no site management committee is present at the centers. 84% of interviewed IDPs feel that the sites are not crowded. 96% of the displaced population remain in the collective centers because of the damage to their houses.

ACCESS TO SERVICES IN COLLECTIVE CENTERS

48% of the households in collective centers have no access to a private living area and 32% of the collective centers provide privacy to less than 25% of the total IDPs sheltered. 76% of the assessed IDPs have no access to electricity and 60% say there is no shelter support being provided at the sites.

The lack of privacy and light is a serious protection issue, particularly for women and children. This must be solved as soon as possible in order to guarantee the protection of the most vulnerable.
IDPs mostly require mosquito nets (33% of collective centers), hygiene kits (27% of collective centers) and kitchen Sets (25%)

**DAMAGE AND SHELTER NEEDS FOR REPAIR**

52% of IDPs require shelter repair materials

The most needed NFI for IDPS are timber/wood (42%), roofing sheets (33%) and other materials (17%), such as windows and toilet materials, to enable repairs to their homes.
WATER, SANITATION AND HYGIENE (WASH)
Most of the collective centers have fully operational water points (54%) with most of them supplying potable drinking water (84%). However, a need for water storage still remains, as 72% of collective centers do not have water storage tanks at their disposal.

52% of the sites have between 5 and 10 liters of water available per day and per person, being close to the minimum required by the Sphere standards. These sites will require prompt action to ensure an upgrade of their water supply.

**LATRINES AND BATHING AREAS BATHING**

84% of the collective centers have an available bathing area and 56% of the bathing area are segregated for males and females.

Out of the 25 open collectives centers only one lacks toilets (Scott Head collective center). 52% of the sites have separated toilets by sex and in 80% the hygiene conditions are considered good.
Displaced populations in all open collective centers have indicated that they have a solid waste management system in place. The main source of garbage disposals are garbage pits (68%), the second one are garbage collection trucks (24%) and 8 per cent of the sites burn the waste.

**FOOD**

50% of the collective centers lack access to food because the food distribution was discontinued. The IDPs reported cash (92%) being the most common source to obtain food. Access to markets remains a challenge in 40% of the sites, which could explain the lack of access to food. Still, 60% of collective centers indicate that there is a market available near the site.
In 76% of the assessed collective centers, there is no presence of prevalent health problems, while 20% of the centers indicated cough-like illnesses being the most common health problem and 72% of the sites have regular access to medicine.

88% of the sites have access to a health facility, out of which 64% indicated that the nearest health facility is more than 3 kilometers away from the collective centers, while 16% indicated a distance of less than 3 kilometers.
60% of the sites have access to formal or informal education services for displaced children. 16% of the children in collective centers face difficulties in accessing education. 68% of the children are able to access schools within a distance of 2 kilometers. 12% of displaced children have to travel up to 5 kilometers.

**CLOSURE OF COLLECTIVE CENTERS**

**OVERALL DECREASE**

There has been a noticeable decline in population in the collective centers since the first round of DTM. More than 30% of the collective centers were closed during the last three months.

While the decrease in the affected population was relatively large during the first rounds of DTM assessments (60% decrease between rounds 1 and 2), the overall decrease during the subsequent rounds has been found to be less important. Indeed, the displaced population has decreased by 31% from round 2 to round 3 and 24% from round 3 to round 4. This trend further confirms that the remaining population in collective centers are among the most vulnerable ones, with limited options of return and thus will require specific efforts aimed at funding durable solutions for their dignified assistance and return.

From the original 30 collective centers assessed by IOM teams during the third round of DTM assessments, five (all of which are schools) are no longer open.
EXPECTED CLOSURE OF COLLECTIVE CENTERS

96% of the population in collective centers does not know or is not aware of the centers they reside in closing in the near future.

Two collective centers (representing 4% of the total) indicate that the center is expected to close within the next month (Wesely Pentecostal Church and the Dominica Grammar School). Authorities are relocating the families who are currently housed in the Dominica Grammar School to two collective centers in Roseau, Bath State community center (soon to be opened) and to the long house NDC collective center.

This relocation of displaced families currently housed at schools will facilitate the school’s reopening and the return of enrolled students to attend classes.

CLOSURE STRATEGY

The strategy used by the Government of Dominica, through the Ministry of Education, to prioritize the reopening of schools has been successful and classes have resumed in all the schools that were formerly occupied by displaced persons.

IOM is looking to coordinate with shelter programs in order to assist the most vulnerable that still reside in collective centers. Beneficiaries will be identifying through the consultation of village council lists of beneficiaries which will be compared to the list obtained through the IOM household intention survey. Land owners will be provided with a transitional shelter and the most vulnerable individuals will be prioritized. In order to tailor the assistance accordingly, also other factors that prevent the population from leaving the collective centers will be identified.
Annexes
Annex 1: Key Definitions

C
Child: An individual being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier. (Art. 1, UN Convention on the Rights of the Child, 1989) (IOM, 2011)

Collective Centers: Pre-existing buildings that are used to host displaced populations. Examples of such buildings include schools, barracks, community halls, sports facilities, warehouses, abandoned factories, and unfinished buildings.

I
Internally displaced persons (IDPs): Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, who have not crossed an internationally recognized State border. (Guiding Principles on Internal Displacement, UN Doc E/CN.4/1998/53/Add.2.) (IOM, 2016)

M
Migrant Flow: The number of migrants counted as moving or being authorized to move, to or from a give location in a defined period of time. (IOM, 2011)

Migration: A process of moving, either across an international border or within a State. It is a population movement, encompassing any of movement of people, whatever its length, composition and causes; it includes migration of refugees, displaced persons, uprooted people, and economic migrants. (IOM, 2011)

Minor: A person who, according to the law of the relevant country, is under the age of majority, i.e. is not yet entitled to exercise specific civil and political rights. (IOM, 2011)

S
Separated Children: Children who are separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other family members. In the terms of the Statement of Good Practice, 2004, in the Separated Children in Europe Program (SCEP), separated children are “children under 18 years of age who are outside their country of origin and separated from both parents and their previous legal/customary primary caregiver.” The SCEP uses the term “separated” rather than the term “unaccompanied” because “while some children appear to be “accompanied” when they arrive in Europe, the accompanying adults are not necessarily able or suitable to assume responsibility for their care. (IOM, 2011)

U
Unaccompanied Children/minors: Persons under the age of majority in a country other than that of their nationality who are not accompanied by a parent, guardian, or other adult who by law or custom is not responsible for them. Unaccompanied children present special challenges for border control officials, because detention and other practices applied to undocumented adult non-nationals may not be appropriate for children. (IOM, 2011)
## ANNEX 2:

### LIST OF ASSESSED COLLECTIVE CENTERS

<table>
<thead>
<tr>
<th>Site ID (SSID)</th>
<th>Site Name</th>
<th>Site Location (Parish)</th>
<th>Latitude</th>
<th>Longitude</th>
<th>HH</th>
<th>Ind.</th>
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<td>Saint George</td>
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<td>DOM_120</td>
<td>Bellevue Baptiste Church</td>
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<td>Grandbay Resource Centre/ Community Centre</td>
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</tr>
</tbody>
</table>

26 collective centers assessed: 114 352
DONORS

The Displacement Tracking Matrix (DTM) in Dominica are made possible by the contribution of the following donor:
All DTM products presented in this document (report, masterlist, kmz) are available at the following address: http://rosanjose.iom.int/site/en/caribe

For more information please contact: Jan-Willem Wegdam (jwegdam@iom.int) or consult http://rosanjose.iom.int/site/en/caribe