1. INTRODUCTION, OBJECTIVES AND METHODOLOGY // 3
2. GENERAL INFORMATION // 4
3. KEY FACTS AND FIGURES // 5
4. CHILDREN’S EMERGENCY HOSTEL // 6
5. RANFURLY HOMES FOR CHILDREN // 9
6. NAZARETH CENTRE // 12

Recommended citation:
As part of the Hurricane Dorian emergency response coordinated by NEMA and its partners, the International Organization for Migration (IOM) presents the Site Profiles Report for Children-only Collective Sites Hosting Evacuees on the Island of New Providence, The Bahamas. This document is part of a series of ongoing efforts conducted by IOM in close coordination with the Protection Working Group (PWG) to inform service providers and humanitarian actors on main needs while reducing survey fatigue of key informants by streamlining assessment activities.

Before Hurricane Dorian, the collective sites presented in this report provided essential services to children under the care of the state. After the hurricane, the sites started receiving evacuees and currently house over 40 affected children, mostly from Grand Bahama. IOM in close coordination with the PWG commends the managers, staff, volunteers and donors of the Ranfurly Homes for Children, the Children’s Emergency Hostel and the Nazareth Centre for their dedication to the children and support in providing information for this report.

Lastly, IOM in coordination with the PWG advises to include the entire population in these collective sites as beneficiaries to ensure adherence to the protection principle, as outlined in the Humanitarian Charter, to “Ensure people’s access to assistance according to need and without discrimination.”

General Objective:
Provide information on population and main needs of Children-only Collective Sites Hosting Evacuees affected by Dorian Hurricane in the Island of New Providence.

Specific Objectives:
1. Streamline relevant and timely information for all humanitarian partners involved in the emergency response.
2. Identify main gaps or needs by sector to support response coordination.

Methodology:

Instrument: semi-structured questionnaire with categorical variables developed in coordination with the protection working group partners.

Data Collection: key informant interviews (collective center managers and/or staff) complemented by field visits and observation.

Reference period: 2-3 October 2019.
1,805

AFFECTED POPULATION IN OFFICIAL COLLECTIVE CENTERS AND PRIVATE HOUSING IN NEW PROVIDENCE
11 October 2019 (17:00 Hrs. GMT-5)

GENERAL INFORMATION

AFFECTED POPULATION UNDER SHELTER SUPPORT

894 in Official Collective Centers
46 in Children-only Collective Sites Hosting Evacuees
865 in housing provided by the Bahamas National Disaster Housing Association (not shown in the map)

POPULATION IN OFFICIAL COLLECTIVE CENTERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Occupancy 11 Oct</th>
<th>Change since 10 Oct</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sir Kendall Isaacs Gym</td>
<td>682</td>
<td>6.4%</td>
</tr>
<tr>
<td>2. Bahamas Academy Gym</td>
<td>150</td>
<td>0.0%</td>
</tr>
<tr>
<td>3. Fox Hill Community Center</td>
<td>40</td>
<td>0.0%</td>
</tr>
<tr>
<td>4. All Saints Community Centre</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>5. Calvary Haitian Baptist Church</td>
<td>62</td>
<td>0.0%</td>
</tr>
<tr>
<td>6. Pilgrim Baptist Church</td>
<td>0</td>
<td>-100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>894</td>
<td>-0.7%</td>
</tr>
</tbody>
</table>

Pacific Disaster Center (PDC) https://www.pdc.org/events/hurricane-dorian-response-2019

CHILDREN-ONLY COLLECTIVE SITES HOSTING EVACUEES*

<table>
<thead>
<tr>
<th>Name</th>
<th>Occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Rainfury Home for Children</td>
<td>24</td>
</tr>
<tr>
<td>8. Children’s Emergency Hostel</td>
<td>15</td>
</tr>
<tr>
<td>9. Nazareth Centre</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
</tr>
</tbody>
</table>

*Only evacuated children as reported by site managers

CHANGE OVER TIME SIR KENDALL ISAACS GYM VS OTHER SITES COMBINED

DTM - HURRICANE DORIAN, THE BAHAMAS // 04
**KEY FACTS AND FIGURES**

**EVACUEES IN CHILDREN-ONLY COLLECTIVE SITES**

- 46 evacuees
- 33 females
- 13 males

**VULNERABLE GROUPS**

- 4 evacuees with physical disabilities
- 1 evacuees with mental disabilities
- 7 evacuees with potential chronic illnesses

**EDUCATION**

- Children in these sites have **ACCESS TO EDUCATION SERVICES** both formal (off-premises) and informal (in the premises).
- **MOST OF THE CHILDREN (>75%)** attend local schools.

**MAIN NEEDS**

- Key informants in 2 out of 3 sites reported **soap** as one of the **most frequent needs** for its population.

- Key informants in 2 out of 3 sites reported **clothing and blankets** as one of the **most frequent needs** for its population.

- Key informants of one site reported specific needs on **medicines and medical equipment** for several health problems (e.g.: heart problems, hypertension, etc.)

**HEALTH**

All of the sites have **access to regular medicines and health facilities**. However, in one of them, access to health is off-site.

**Reported health problems include:**
- hypertension, diabetes, cerebral palsy, seizure disorder, scoliosis, asthma, chest pain, etc.

**INSIGHTS**

- Most of evacuated children in these sites arrived from Grand Bahama on 7 September.
- There is no information on potential relocation of evacuated children.
The Children Emergency Hostel was founded in 1962 and houses children between 1 and 12 years old. It is currently managed by The Children´s Emergency Hostel, a Non-Profit Organization (https://www.facebook.com/pg/Bahamas-Childrens-Emergency-Hostel-214776449980/about/).

Small repairs and renovations are needed.

**15 EVACUEES IN THIS COLLECTIVE CENTER**

*This represents 28% of the total population on-site, which is 53.

**SHELTER AND SETTLEMENT**

Small repairs and renovations are needed.

**PROTECTION**

Site not included in the emergency response as regular recipient of humanitarian assistance.

**WATER, SANITATION AND HYGIENE**

Water coolers, bottled water and soap are needed.

**HEALTH**

The main reported need was counseling and specialised services to support mental health and psychosocial well-being.
## Protection, NFI and WASH

### Vulnerable Groups

- 2 Evacuees with physical disabilities
- 1 Evacuees with mental disabilities
- 0 Evacuees with potential chronic illnesses

### Education

- Access to informal education services for children: <25% of children attending local schools

### Non-Food Items

<table>
<thead>
<tr>
<th>% of children who...</th>
<th>Most needed NFI (according to Key Informants on-site)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live indoors (solid walls)</td>
<td>100%</td>
</tr>
<tr>
<td>Have access to electricity</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Clothing</td>
</tr>
<tr>
<td></td>
<td>Soap</td>
</tr>
<tr>
<td></td>
<td>Water coolers and Bottled water</td>
</tr>
</tbody>
</table>

### Water

- The drinking water IS potable
- Main sources of drinking water: Tankers, Bottled water
- Average amount of water available /day/person >15L
- There ARE NO complaints about drinking water quality

### Sanitation and Hygiene

- Present daily pick up of garbage? ✓
- Good (hygienic) condition of most toilets? ✓
- Number of functioning toilets on-site? 9
- Separate male/female toilets? ✓
- Separate male/female bathing? ✓
- Toilets/bathrooms with lock from inside? ✓
- Availability of hand-washing stations filled with water and soap close to the toilets? ✓
- Is there evidence of hand-washing practices? ✓
- Hygiene promotion campaign/information? ✓
MAIN REPORTED HEALTH PROBLEMS

The most common reported need was counseling and specialised services to support mental health and psychosocial well-being.
The Ranfurly Home for Children was created in the mid-1950s and houses children between 11 and 18 years old. It is currently managed by the The Ranfurly Homes for Children foundation. It receives annual funding from the Government of the Bahamas, as well as other private national and international donors (https://ranfurlyhome.org/).

**Main Needs of the Site**

**Shelter and Settlement**
Small repairs and renovations are needed, as well as IT equipment and materials for informal education activities in the premises.

**Protection**
Site not included in the emergency response as regular recipient of humanitarian assistance.

**Health**
The main reported need was counseling and specialised services to support mental health and psychosocial well-being.

**Communications**
Site managers report receiving questions from the children regarding future plans or relocation.
**VULNERABLE GROUPS**

- 1 Evacuees with physical disabilities
- 0 Evacuees with mental disabilities
- 7 Evacuees with potential chronic illnesses

**EDUCATION**

Access to informal education services for children: 75% of children attending local schools

**NON-FOOD ITEMS**

- % of children who...
  - Live indoors (solid walls): 100%
  - Have access to electricity: 100%

Most needed NFI (according to Key Informants on-site)

- Medicines
- Medical equipment

**WATER**

- The drinking water is potable
- Main sources of drinking water:
  - Piped water supply
  - Bottled water
- Average amount of water available/day/person: >15L
- There are no complaints about drinking water quality

**SANITATION AND HYGIENE**

- Present daily pick up of garbage? ✔
- Good (hygienic) condition of most toilets? ✔
- Number of functioning toilets on-site? 8
- Separate male/female toilets? ✔
- Separate male/female bathing? ✔
- Toilets/bathrooms with lock from inside? ✔
- Availability of hand-washing stations filled with water and soap close to the toilets? ✔
- Is there evidence of hand-washing practices? ✗
- Hygiene promotion campaign/information? ✔
HEALTH AND FOOD SECURITY

HEALTH

ACCESS TO...

REGULAR MEDICINES

BOTH

HEALTH FACILITIES

FOOD SECURITY

There IS Access to food on-site (everyday)

There IS Screening for malnutrition

There IS Supplementary feeding for children

MAIN REPORTED HEALTH PROBLEMS

Additional support is needed for treating hypertension, diabetes, asthma, seizure disorders, as well as provision of echocardiogram tests.

MEANS OF COMMUNICATION

Site managers report receiving questions regarding future plans or relocation. Uncertainty of plans is one of the main stressors.
The Nazareth Centre for Children was founded in 2001 and houses children between 1 and 12 years old. It is currently managed by the Archdiocese of Nassau and receives public and private donations.

**Main Needs of the Site**

**Shelter and Settlement**
Small repairs and renovations are needed.

**Protection**
Site not included in the emergency response as regular recipient of humanitarian assistance.

**Water, Sanitation, and Hygiene**
Bottled water, soap and hygiene kits are needed.

**Health**
The main reported need was counseling and specialised services to support mental health and psychosocial well-being.
PROTECTION, NFI AND WASH

VULNERABLE GROUPS

- 1 Evacuees with physical disabilities
- 0 Evacuees with mental disabilities
- 0 Evacuees with potential chronic illnesses

EDUCATION

- Access to informal education services for children: >75%
- In the premises
- Of children attending local schools

NON-FOOD ITEMS

% of children who...
- Live indoors (solid walls): 100%
- Have access to electricity: 100%

Most needed NFI (according to Key Informants on-site)
- Shoes
- Blankets
- Towels
- Soap

WATER

- The drinking water is potable
- Main sources of drinking water:
  - Pipied water supply
  - Bottled water
- Average amount of water available/day/person: >15L
- There are no complaints about drinking water quality

SANITATION AND HYGIENE

- Present daily pick up of garbage: ✓
- Good (hygienic) condition of most toilets: ✓
- Number of functioning toilets on-site: 12
- Separate male/female toilets: ✓
- Separate male/female bathing: ✓
- Toilets/bathrooms with lock from inside: ✓
- Availability of hand-washing stations filled with water and soap close to the toilets: ✓
- Is there evidence of hand-washing practices: ✓
- Hygiene promotion campaign/information: ✗
HEALTH

ACCESS TO...

REGULAR MEDICINES

FOOD SECURITY

FOOD SECURITY

MAIN REPORTED HEALTH PROBLEMS

The most common reported need was counseling and specialised services to support mental health and psychosocial well-being.

ACCESS TO...

BOTH

HEALTH FACILITIES

Location of health facilities

- On-site
- Mobile clinic
- Off-site (<3Km) ✔

HEALTH AND FOOD SECURITY

HEALTH

There IS Access to food on-site (everyday)

There is NO Screening for malnutrition

There IS Supplementary feeding for children