

DISPLACEMENT TRACKING MATRIX (DTM)

North Cotabato and Maguindanao

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.

02 Mar 2015

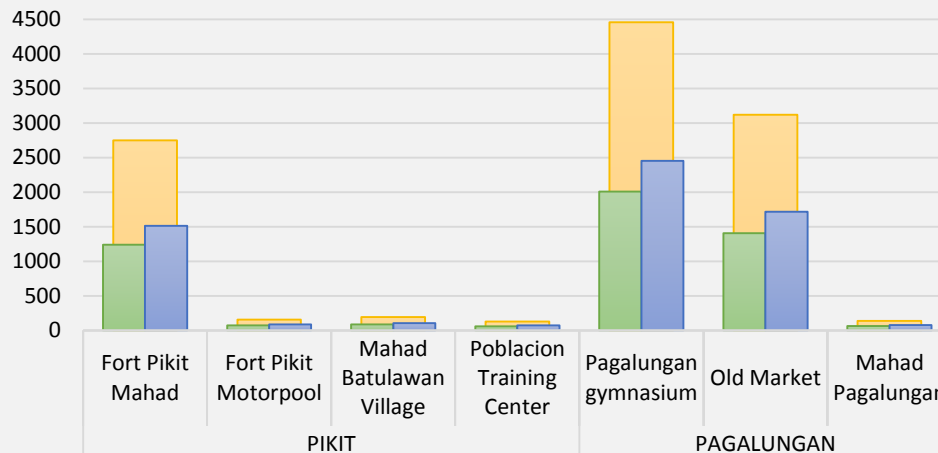
I. BACKGROUND

Since February 04, thousands of civilians from Barangays Buliok, Kalbugan, and Bagoinged, in the municipality of Pagalungan, Maguindanao and Kabasalan, Rajah Muda, Bulol, Buliok and Barungis in the municipality of Pikit, North Cotabato have fled their homes due to intense armed clashes between the Bangsamoro Islamic Freedom Fighters (BIFF) and Moro Islamic Liberation Front (MILF). According to reports shared by Municipal Social Welfare and Development offices of Pikit, Pagalungan, Sultan sa Barongis and ARMM-HEART, a total of **72,833** displaced persons have taken temporary shelter in evacuation centers and host communities (home-based) as of March 2, 2015.

In close coordination with the local government units, IOM Cotabato has conducted assessment missions in the affected sites to identify the most pressing needs and concerns of the IDPs for possible response and referrals. To date, IOM Cotabato has assessed seven sites (four in Pikit, North Cotabato and three in Pagalungan, Maguindanao).

Displacement by Municipality

DTM assessed Sites as of 19 Feb 2015



Individuals	2750	158	195	129	4458	3120	138
No. of Male	1237	71	88	58	2006	1404	62
No. of Female	1513	87	107	71	2452	1716	76



10,948

Total DTM assessed displaced persons



1,879

Total DTM assessed displaced families

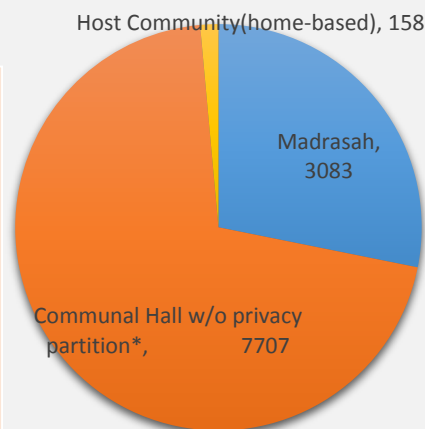


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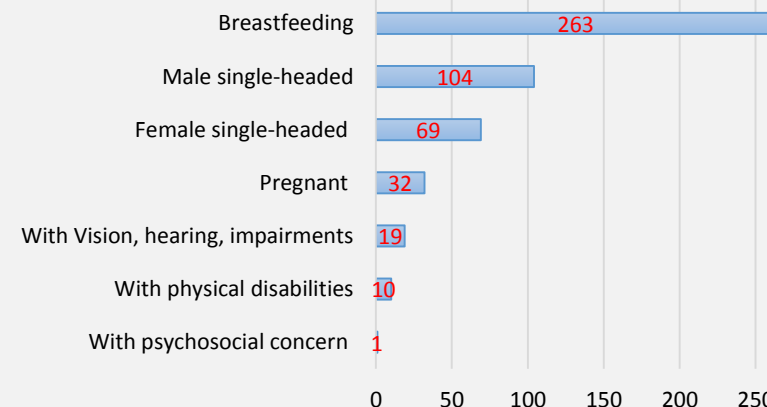
Displacement sites assessed

70% of the displacements are in the municipality of Pagalungan.
55% of the IDPs are female.

**Some of the IDPs are staying in tents provided by humanitarian organizations and DSWD.
*Home-based IDPs refer to IDPs staying with relatives and friends outside of the evacuation centers.
10,790 persons are staying in evacuation



Persons with Vulnerabilities



*Data shown in the chart above are based from sites with available data on vulnerable groups at the time of data collection.

SECTORAL NEEDS AND CONCERNS

<p>Camp Coordination Camp Management</p> <p>With support from partner humanitarian agencies, DSWD manages all the displacement sites. An immediate need to support DSWD in organizing Evacuation Center-based CCCM committees to ensure that all sectoral issues and concerns of the IDPs are addressed, should displacement prolong, is critical.</p>	<p>Shelter and Non-Food Items</p> <p><i>Shelter.</i> With the present average ratio of 1 sq.m per person, the “evacuation centers” (i.e. tents, community training centers, madrasah) currently occupied by IDPs are congested and fall below the sphere standards of 3.5 sq.m per person. Made of light materials, most of these evacuation centers have no safety/protection features like walls, roofing and privacy partitions that can affect the health, safety, privacy and well-being of IDPs, specifically among children, pregnant and breastfeeding women, elderly, and persons with special vulnerabilities.</p> <p><i>Non-Food Items.</i> Other humanitarian agencies have distributed, albeit insufficient, non-food items to the IDPs. Among the most essential non-food items identified are: <i>mats, mosquito nets, blankets, water containers, aqua tabs, cooking utensils, solar lamps.</i></p>
<p>Food and Nutrition</p> <p>With no supplemental feeding (i.e. community kitchen) activities conducted yet, an increase in the current food distribution efforts is urgent. The nutritional requirements of vulnerable groups with specific nutritional needs such as pregnant women, breastfeeding, children and elderly can be looked into.</p>	<p>Health</p> <p>Health posts should be readily accessible / available in the displacement sites. The limited /lack of capacity of host barangay’s health unit (i.e. limited medical personnel; medicines, etc.) can affect the efforts to address immediate health issues of the IDPs. The most pressing health concerns identified by IDPs are water-borne diarrhea, skin diseases and influenza.</p>
<p>Water, Sanitation and Hygiene (WASH)</p> <p>For majority of the sites, source of drinking water are located more than 100 meters away, exposing children and women fetching water to potential protection risks. Moreover, these existing water sources (ie. hand pumps, deep well), currently at Level I, have not been certified safe for drinking by local sanitary inspector. With poor lighting and not separated for men and women, latrines and bathing cubicles, are also insufficient. In the largest site in Pagalungan, for example, only three (3) latrines are available for the 5022 IDPs. Hygiene kits (includes sanitary materials for women and elderly) need to be distributed to IDPs as well.</p>	<p>Protection</p> <p>Protection services such as referral pathways, psychosocial services; friendly spaces for women, children and other vulnerable groups are <u>NOT</u> available in the already congested sites. There is no legal documentation support available for women, men, and children if IDPs lost any personal documents. Also, IDPs have limited access to information about issues related to conditions/status of their return sites. Presence of security personnel patrolling the sites is limited or lacking. In sites where there is security personnel presence, the patrolling activities are irregular. There are no women in the security personnel.</p> <p>Majority of the evacuation centers have very poor lightings.</p>

Note: Data presented above are base from the DTM results and direct observations during the assessment missions conducted by IOM and DSWD.

For more information, kindly contact:

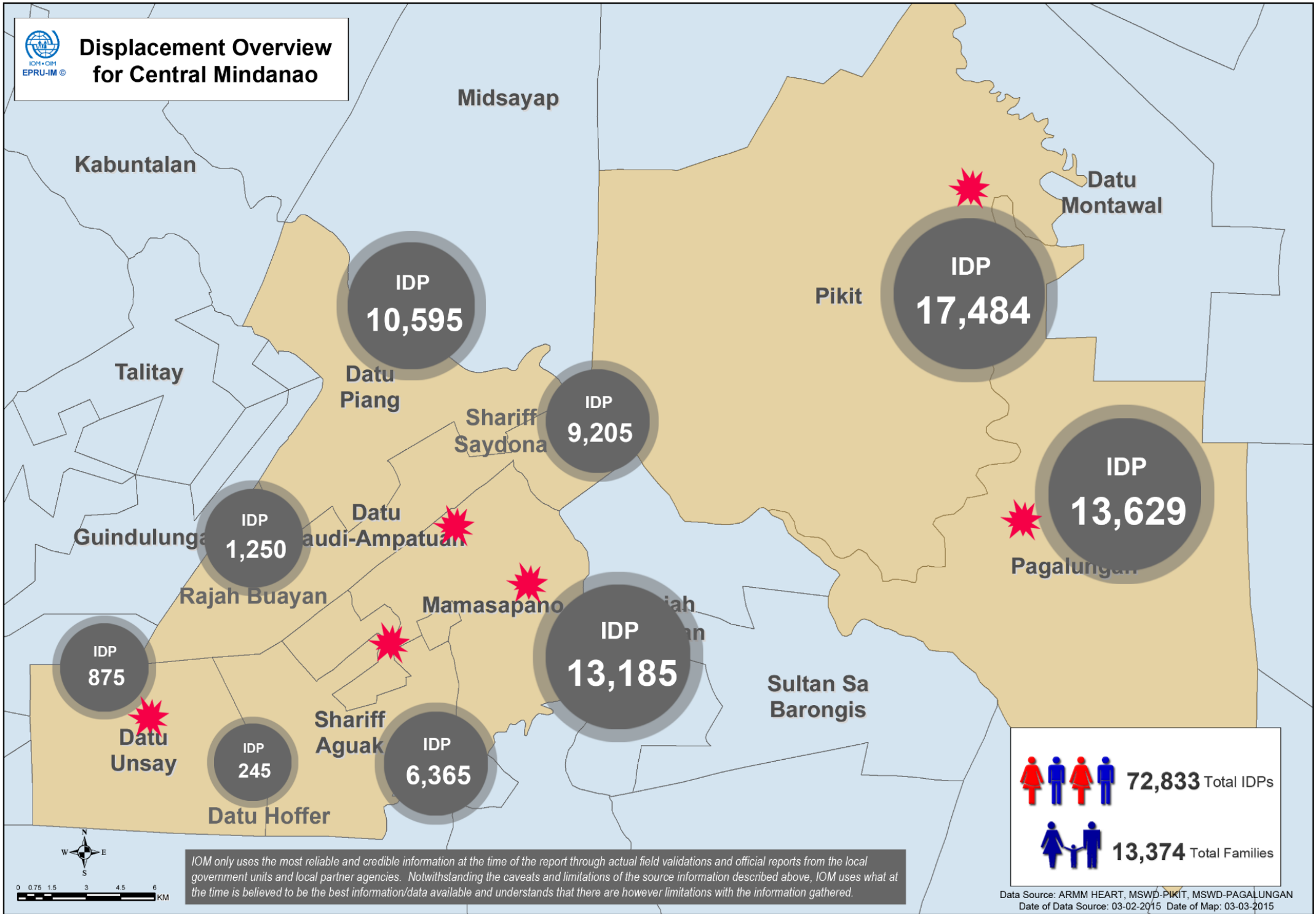
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Displacement Overview for Central Mindanao



72,833 Total IDPs

13,374 Total Families

IOM only uses the most reliable and credible information at the time of the report through actual field validations and official reports from the local government units and local partner agencies. Notwithstanding the caveats and limitations of the source information described above, IOM uses what at the time is believed to be the best information/data available and understands that there are however limitations with the information gathered.

Data Source: ARMM HEART, MSWD-PIKIT, MSWD-PAGALUNGAN
Date of Data Source: 03-02-2015 Date of Map: 03-03-2015

