

Displacement Tracking Matrix Report for Earthquake-Affected Communities Hela, Southern Highlands and Western Provinces

20 April 2018



An IDP family at their house damaged by the earthquake in Puren, Hela © Peter Murorera. IOM/ UN Migration Agency

HIGHLIGHTS:  **11,041** Displaced HHs  **9,789** in Affected Communities  **1,252** in Care Centres

Situation Overview

Following a 7.5 magnitude earthquake which hit the Highlands Region of Papua New Guinea (PNG) and affected an estimated 544,000 people in five provinces¹, assessment teams visited 38 displacement sites² in the Hela, Southern Highlands and Western Provinces of PNG between 10 – 27 March 2018. Data was collected from key informants including councilors, village leaders, church leaders, teachers and healthcare workers.

The assessments showed that the most urgent needs of the displaced populations were water and shelter first and foremost, as well as kitchen utensils and food. Displacement sites such as Lau, Timu and Levani located in Hela Province are extremely isolated and were identified to be in urgent need of food rations following the destruction of food gardens and the limited food supply available. Many of the affected populations also suffer from continued trauma as aftershocks of the earthquake continue to hit the region.

¹ See, <https://reliefweb.int/report/papua-new-guinea/papua-new-guinea-highlands-earthquake-situation-report-no-1-10-march-2018>

² These consisted of care centres and affected communities. According to the common definitions proposed by the Shelter/NFI/Camp Coordination Camp Management cluster to help guide the response, “care centres” are displacement sites where people are hosted, away from their community/area of origin, and “affected communities” refers to communities where people affected by the earthquake are still living within their community even if displaced locally from their damaged/destroyed home.

Assessment Findings



Demographics and Displacement Characteristics

All IDPs (100%) in the assessed sites were displaced by the earthquake. 42,577 displaced individuals living in 11,041 IDP households were identified during the assessments. 6,260 IDPs comprising 1,252 households, or 14% of IDPs, resided in care centres, while 36,317 IDPs comprising 9,789 households, or 86% of IDPs, lived in affected communities.³

All IDPs in displacement sites for which data was available are displaced by the earthquake within their Provinces of origin. Of the nine care centres assessed, seven are located in Southern Highlands and host 1,127 households. Care centres in Western (Adumari) and Hela (Andire Sub-Health Centre) hosted 79 and 46 households respectively during the time of the assessment. Among the affected communities, the largest group of IDP households was from Hela (60%) followed by Southern Highlands (39%) and Western (1%).



Site Type and Site Management

76% of assessed displacement sites, or 29 sites, were affected communities, while 24%, or 9 displacement sites, were care centres. All of the care centres are short-term sites, while IDPs from 21 affected communities (84% of communities for which data was available) are living in host communities temporarily, and 4 communities⁴ (16%) were protracted displacement sites.

Site Management Committees (SMCs) were in place in 10 affected communities, or 40% of affected communities where data was available, and in four of the five care centres (80% of care centres) for which there was available data. The displaced community participated in all the SMCs in place.

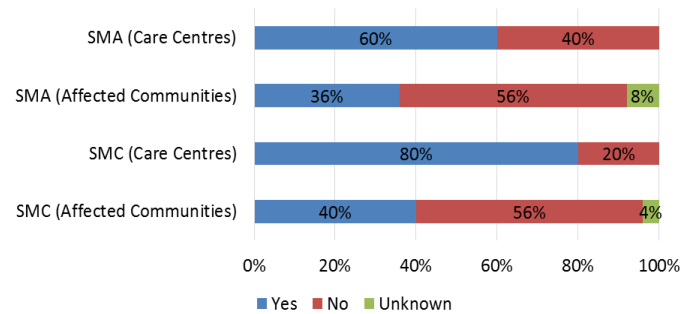
In addition, Site Management Authorities (SMAs) were in place in 9 affected communities (36% of communities with data available), as well as in 2 care centres, or 40% of care centres where data was available (Figure 1). Almost all of the SMAs are either religious entities or pri-

³ 76% of the assessed site were affected communities and 24% were care centres.

⁴ Three of these communities are in Southern Highlands (Humbra, Kondi 1 and Merap 2/Pondal, and the other one is in Hela (Hewate 1).

vate (in one case, the government is the entity managing the displacement site).

Figure 1: Presence of SMAs and SMCs in Affected Communities and Care Centres



A service provider contact list was available in 5 affected communities, or 20% of affected communities for which data was available, and in two of five care centres (40% of care centres).

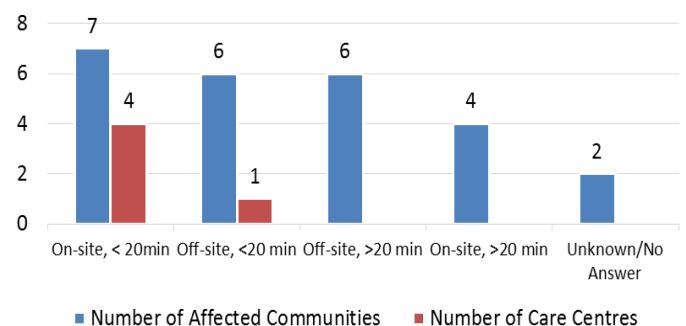


Water, Sanitation and Hygiene (WASH)

In the majority of affected communities for which data was available (13, or 52% of communities), the main water source is located within 20 minutes walking distance. However, most of the water sources are located off-site (reported by 12, or 48% of communities). In one case, water was acquired by collecting rain water.

In all of the five care centres for which data was available, the main water source was less than a 20-minute walk away. It was off-site in only one of the five care centres (Figure 2).

Figure 2: Distance to Main Water Source in Affected Communities and Care Centres



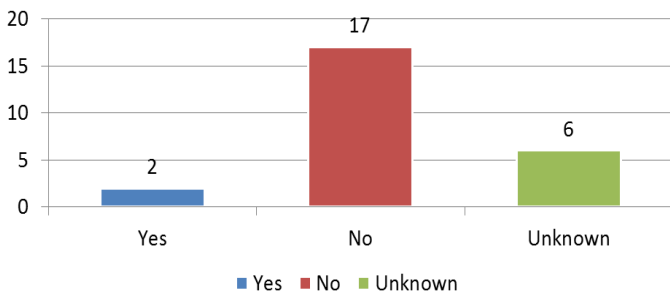
There were wide differences in the number of latrines available in affected communities: 64% of affected communities for which data was available had no latrines, while 21% of sites had over 100 latrines. In 14% of sites, there were either two or three latrines available.



Toilet used by IDPs in Lil care centre in Southern Highlands. © Andrew Lind. IOM/ UN Migration Agency

Only two affected communities, or 8% of communities, had gender-segregated latrines (17, or 68% of affected communities did not have gender-segregated latrines, and it was unknown for six, or 24% of communities). In addition, no displacement site had gender-segregated bathing areas (unknown for 6 sites).

Figure 3: Availability of Gender-Segregated Latrines in Affected Communities

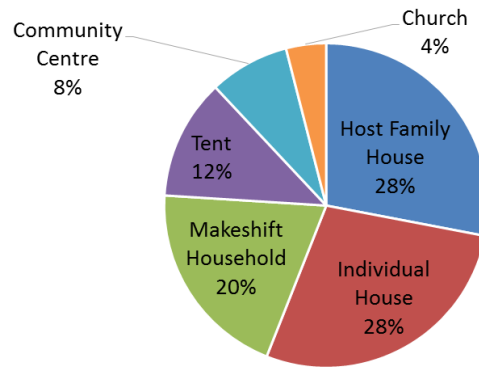


The situation was starkly different in the five care centres where data was available, which all reported having two functioning and gender-segregated latrines. None of the care centres, however, had separate male and female bathing areas.

Shelter and Settlement

The most common type of shelter in care centres were makeshift shelters (in 60% of care centres), followed by tarpaulins (40% of care centres). The two most prevalent types of shelter in affected communities were host family houses and individual houses: they were reported as the most common shelter type in 28% of communities each. They are followed by makeshift houses, which are the most common shelter type in 20% of sites (Figure 4).

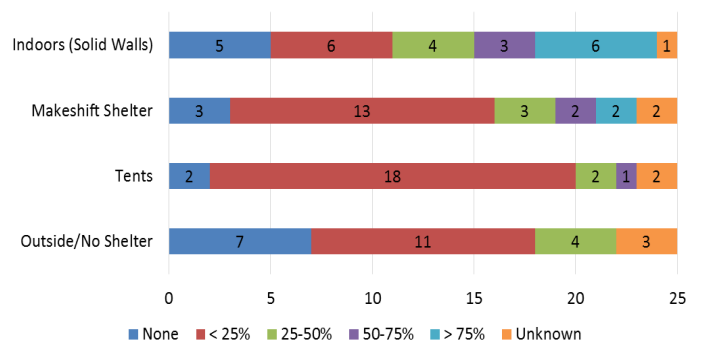
Figure 4: Shelter Types (Affected Communities)



A large number of households staying in affected communities lived indoors. Indeed, in nine communities (36%), at least 50% of the affected population lived in shelters with solid walls, while in 10 communities (40%) some households lived in solid-wall shelters. In 5 sites, none of the households lived indoors. In 7 affected communities, or 28% of affected communities with available data, every household had a shelter, while in 11 sites (44% of sites), less than a quarter of the households did not have a shelter, and 25-50% lacked shelter in 4 communities (16%).

In 18 affected communities (72% of communities), less than 25% of the households lived in tents, while at least 25% lived in tents in 12% of sites. Finally, 0-25% of IDPs lived in makeshift shelter in 52% of sites, while in 16% of sites, at least 50% of the displaced population lived in makeshift shelter (in 12% of sites, none of the IDPs lived in makeshift shelters) (Figure 5).

Figure 5: Number of Affected Communities, by Percentage of Displaced Households Living in Each Shelter Type

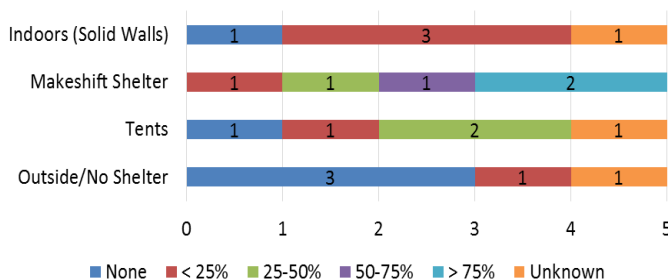


Few IDPs living in the care centres lived in shelters with solid walls: one centre reported that no IDP was in this situation, while three reported that less than 25% of IDPs lived in solid-wall shelters. The proportion of IDPs living in makeshift shelters, on the other hand, is high: in three of the five care centres, at least 50% of IDPs



resided in makeshift shelters, while in two care centres, some IDPs, but fewer than 50%, lived in makeshift shelters (Figure 6).

Figure 6: Number of Care Centres, by Percentage of Displaced Households Living in Each Shelter Type

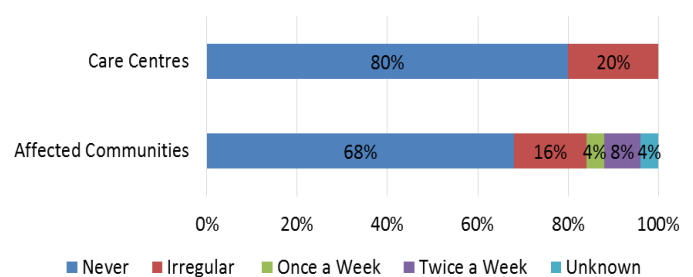


Overall, the majority of the IDPs are in need of shelter support as well as building tools. Those living in care centres can be supported with shelter kits to enable them to return to their homes (where it is safe to do so) and rebuild their houses .

Food and Nutrition

Food insecurity was reported in some affected communities such as Lau, Timu and Levani as well as in care centres. Food distribution in both care centres and affected communities was limited during the time of the assessment. In 68% of affected communities for which data was available, there had never been a food distribution, while food distribution was irregular in 16% of affected communities (Figure 7).

Figure 7: Frequency of Food Distribution in Affected Communities and Care Centres



On the other hand, food distribution was conducted either once or twice a week in 12% of communities.

In 80% of care centres, it was reported that no food distribution had taken place, while in 20% of care centres, food distribution was irregular.

Moreover, no affected community offered supplementary feeding for pregnant and lactating mothers, while only one offered supplementary feeding for children. In three cases, no supply was available. The situation was similar in the care centres, none of which offered supplementary feeding for either of these groups.

Health

The most prevalent health problem in affected communities is diarrhoea, reported as such by 44% of affected communities for which data was available, followed by malaria (28% of communities). Injuries were reported as the second-most prevalent health problem in 40% of sites. The most prevalent health problem in the four sites (care centres) where data was available is diarrhoea. Cases of malaria were also reported. Some key informants contacted during the assessments reported

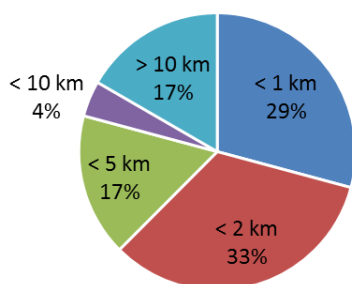
cases of skin diseases among children and increase in number of people suffering from diarrhoea, and most of those who were sick received treatment from nearby health facilities. A number of people in remote areas such as Timu and Levani have limited access to health services and reported they use herbs from the bush.

Education

Access to education for children of displaced households in affected communities is evenly split: displaced children had access to education services in 50% of affected communities, while they did not have access to education in 50% of communities, including two cases where the school was either damaged or closed indefinitely.

In three of the five care centres for which data was available, displaced children had access to education services, while this was not the case in 2 care centres. In a majority of the affected communities, the nearest education facility was relatively close: It was within 1 or 2 km in 60% of sites. However, the nearest school was farther than 10 km away in 16% of communities (Figure 9).

Figure 9: Distance to Nearest School Facility (Affected Communities)



The nearest education facilities at care centres are all within a distance of up to 2km. School attendance among displaced children in both affected communities and care centres was low: In 60% of communities, no child was attending school, while in one site, less than 25% of children go to school. In 16% of sites, 50-75% of children were attending school, while in only two sites, or 8% of sites, do more than 75% of children attend school.

As for care centres, none of the displaced children were attending school in 80% of centres (4 care centres), although 50-75% of children are attending school in one care centre.

Protection

Security is one of the primary issues faced by displaced populations in affected communities. Security was provided in 16% of affected communities, while in 68% of communities, no security was provided (unknown in 16% of sites). Security incidents were only reported in 8% of communities. They were not reported in 76% of communities (unknown in 16%).



A child from an affected family in Pureni carrying firewood, Hela. © Peter Murerera. IOM/ UN Migration Agency

Moreover, none of the affected communities had a referral mechanism in place for survivors of Gender-Based Violence (GBV): 15 sites had no mechanism in place, while it was unknown in 10 sites.

Lighting is a major challenge in affected communities. No community has adequate lighting: 22 sites where data is available, or 88% of sites, did not have lighting at all, while in 3 sites (12% of sites), lighting was not adequate.

Security was provided in two of the five care centres where data was available, or 40% of care centres, while no security was provided in 60% of care centres. No security incidents were reported in any of the care centres.

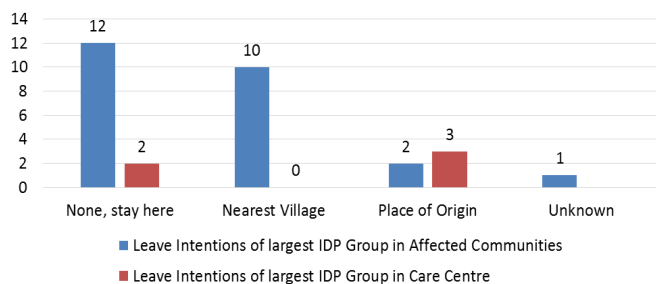
Only one care centre (20%) had a referral mechanism in place for survivors for GBV. Similarly to the situation in

affected communities, none of the care centres had adequate lighting.

Intentions

In 50% of affected communities, displaced people were living in their place of displacement, while they were staying in 50% of sites. In the majority of affected communities (48%), the largest IDP group did not have any intention to leave and wished to stay. In 40% of com-

Figure 10: Number of Affected Communities and Care Centres by Leave Intentions of largest IDP Group



munities, the majority of IDPs wished to be resettled to the nearest village, while in two sites, most of the IDPs hoped to return to their place of origin (Figure 10).

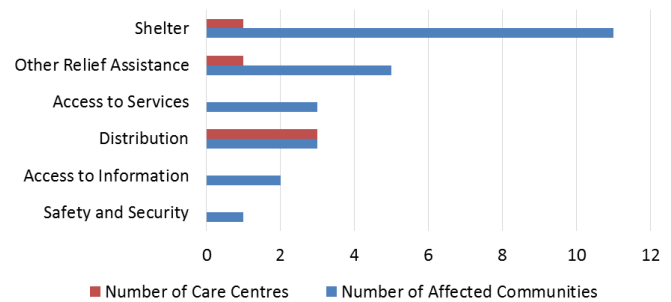
The situation in care centres is starkly different from that in affected communities: in all the care centres in which IDPs are leaving (60% of care centres), the largest IDP group intend to return to their place of origin. In 40% of care centres, IDPs are not leaving the site. Discussions with some of the IDPs during field work shows their homes were either buried by landslides or located in areas at risk of landslides.

Communication

The main topic which displaced populations in affected communities wished to obtain information about was shelter, reported by 11 sites, or 44% of sites for which data was available. Information on access to services, distribution, and other relief assistance were also important to displaced populations in affected communities, reported by 20%, 12% and 12% of sites respectively. IDPs in three care centres (69% of care centres for which data is available) wish to have more information about distribution (IDPs are seeking more information about shelter and other relief assistance in one care centre each).

⁵ See also, <https://reliefweb.int/report/papua-new-guinea/assessment-report-pureni-levani-and-fugwa-hela-province-18-march-2018> <https://reliefweb.int/report/papua-new-guinea/rapid-assessment-report-hides-4-lau-and-timu-hela-province-12-march-2018>

Figure 11: Main Topic on Which Most IDPs in Affected Communities Wish to Have More Information



Relocation was not discussed in a majority of affected communities where data was available (13 sites, or 52% of sites). In the five sites where relocation was discussed, relocation to the nearest village was discussed in three cases, and relocation to Tari Urban was discussed in two cases. Relocation opportunities were not discussed in any of the care centres. Relocation was not discussed in two care centres (unknown for three care centres).



Preliminary Recommendations⁵: This report recommends the provision of lighting and, temporary shelter/ tarpaulins and building tools to people living in care centres (household return kit) and affected communities (community shared kit). Classroom tents are needed for schools. Water and sanitation facilities requires repair/rehabilitation and/or installation. Provision of WASH NFIs and delivery of health and hygiene awareness is also needed. Communities such as Lau, Timu and Levani (remote and not accessible by road) and people in care centres require food assistance as well as nutritional supplements. The majority of people living in care centres are in need of agricultural tools and seeds to help them recover from food insecurity when they return to their homes. Seeds are also needed in some of the affected communities.

DISPLACEMENT OVERVIEW

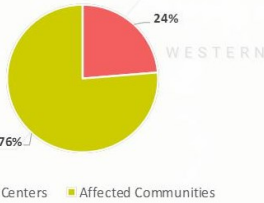
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Hela, Southern Highlands and Western Provinces, Papua New Guinea

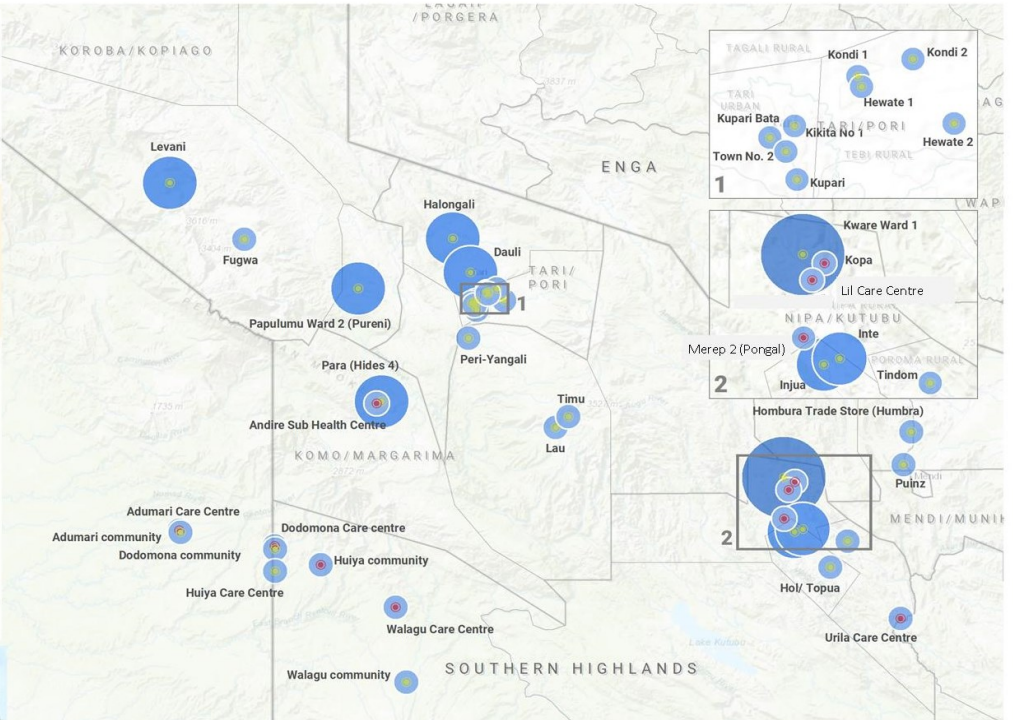
EARTHQUAKE RESPONSE 2018
DISPLACEMENT TRACKING MATRIX (DTM)

11,041 Displaced Families
9,789 in Affected Communities
1,252 in Care Centers

Percentage of number of assessed sites by site types



No road network to Lau, Timu and Levani located in Hela. It takes 5-6hrs by walking to reach these communities from the nearest drop-off point).



DTM
<https://displacement.iom.int/papua-new-guinea>

Disclaimer: This map is for illustrative purposes only. Names and boundaries on this map do not imply official endorsement or acceptance by IOM.
Site locations have not been validated by IOM in the field.
Data source: Displacement Tracking Matrix (DTM)
Basemap source: ESRI, OSM, OCHA

Site type

- Care Centre
- Affected Community

Number of individuals

- > 4,000 - 8,000
- > 2,000 - 4,000
- 1 - 2,000

Please visit live version at <https://arcg.is/19rGj0> and provide feedback on errors or new locations and populations to the IOM PNG DTM team: iompngmdac@iom.int



Displacement Tracking Matrix assessment team talking to affected persons in Papulumu Ward 2, Hela Province.

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