



MARAWI CRISIS DISPLACEMENT TRACKING MATRIX

REPORT # 8 DATA AS OF 3 OCTOBER 2017



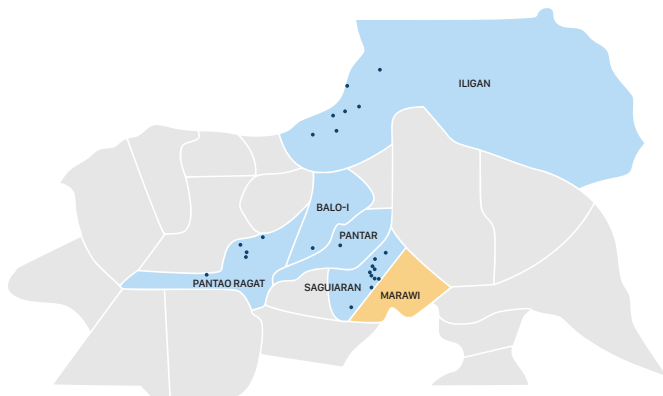
In this issue...

Focus on Home-based/ Community-based IDPs

The data in this report is representative of 23% of the total number of home-based/community-based IDPs identified by DSWD. Profiling is ongoing to achieve a minimum of 40% representation of the total IDPs in each barangay in each of the five priority locations. These numbers are expected to increase considerably as new data comes in.

The results are categorized into barangays (unless stated as a per-site calculation) in each municipality to condense the large volume of data.

▲ A DTM enumerator from EcoWEB, one of IOM's implementing partners, interviews a home-based IDP in Balo-i, Lanao del Norte, one of the priority locations identified in the CERF-funded project.



Home-based Population Demographics



7,181 families



This map represents the approximate locations of the barangays of the IDPs who were interviewed for this report. The dots represent the barangays in all of IOM's five priority locations: the city of Iligan and the municipalities of Balo-i, Pantao Ragat and Pantar in Lanao del Norte; and the municipality of Saguwaran in Lanao del Sur. See full list on page 7.

Highlights

- Food is a primary and urgent concern in home-based sites in Iligan City, Balo-i, Pantao Ragat, Pantar ang Saguwaran. While agencies work to bring food packs to as many areas and as quickly as possible, many sites still report a low frequency of food distribution, especially in locations that are difficult for service providers to access.
- Medicine distribution is facing reluctance from many IDPs as they prefer the medicine they are accustomed to. They are particular about brands that they are familiar with and oftentimes refuse the generic pharmaceuticals being distributed.
- Since camp management is largely unneeded in home-based sites utilizing existing residences that satisfy the minimum requirements for shelter facilities, CCCM has mobilized barangay structures to accommodate IDPs who cannot be sheltered with home-based hosts.

232,997

total persons displaced

in Lanao del Norte, Misamis Oriental, Misamis Occidental and Bukidnon as of Oct 5, Region X DROMIC

95%

are in home-based sites

184,321

total displaced persons

in Lanao del Sur and Maguindanao including Cotabato City as of Oct 2, ARMM-CMC

359,680

total displaced persons

from the Marawi Crisis as Sep 2, National DSWD DROMIC

The Displacement Tracking Matrix

The Displacement Tracking Matrix (DTM) is an information management tool used by the Camp Coordination and Camp Management (CCCM) Cluster to gather baseline information on displaced populations and the conditions in the areas where they have temporarily settled. The DTM rolled out in over 30 countries, including Haiti, Pakistan, Mali, The Democratic Republic of the Congo and the Philippines. The DTM was first rolled out in the Philippines in 2009 following Typhoon Ketsana (Ondoy) and has since been used to support response efforts after Typhoons Washi (Sendong), Bopha (Pablo), Haiyan (Yolanda), Bohol Earthquake and Zamboanga Crisis.

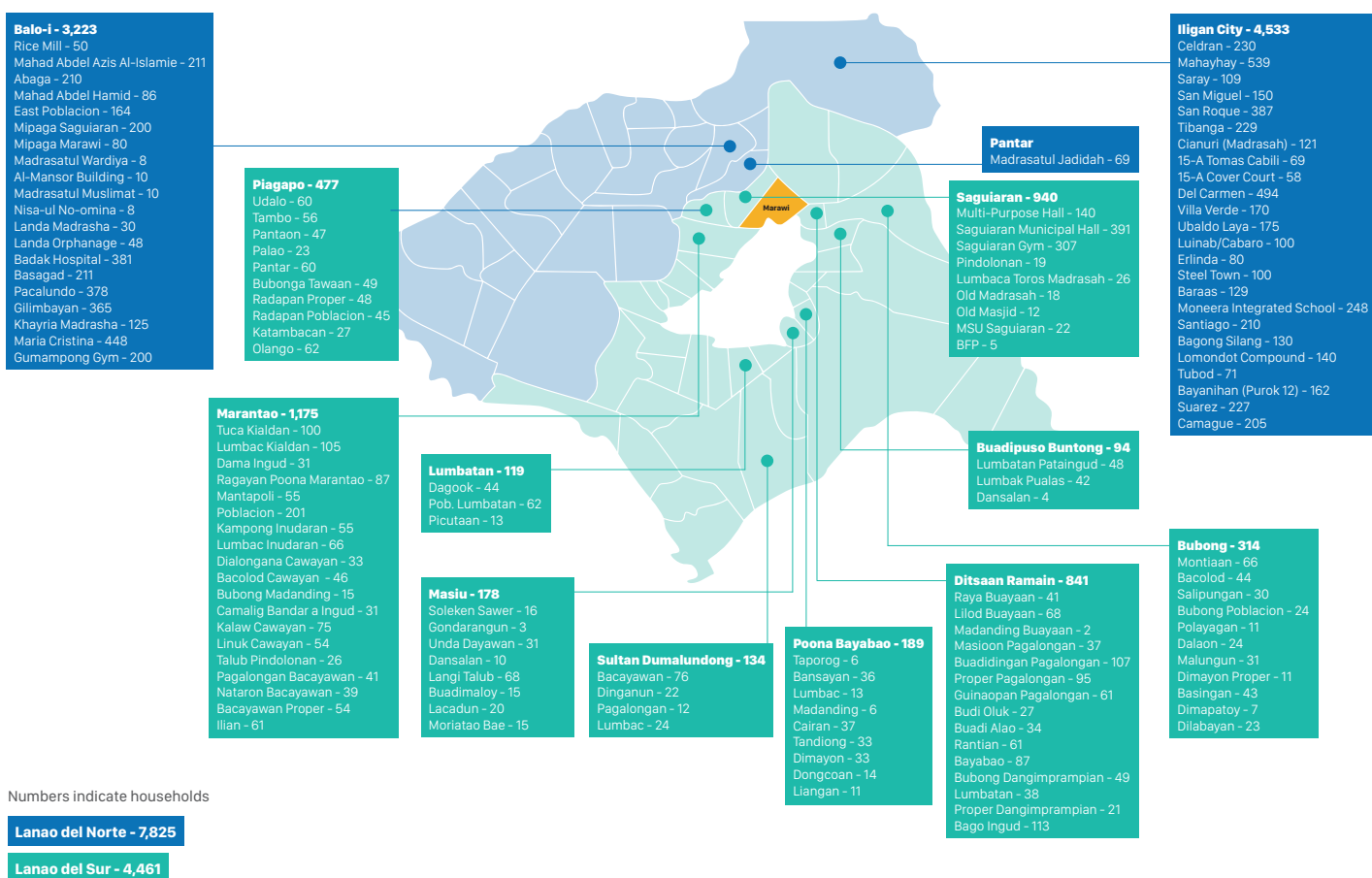
Background

On 23 May 2017, a group of rebel fighters called the “Maute Group” attacked the city of Marawi in Lanao del Sur, population: 211,000+. The assault has displaced hundreds of thousands of persons, throwing them into uncertainty.

Evacuation centers are taking in an increasing number of IDPs, as home-based sites are narrowly reached by basic and primary aid especially food and health. Evacuation centers, which house only 10% of the total number of displaced persons, are more recognized to the aid community than home-based sites. This opens 90% of IDPs to a greater risk of deteriorating conditions.

List of Evacuation Centers and Home-based/Community-based IDPs in Lanao del Norte and Lanao del Sur

This map of evacuation centers and its number of sheltered IDPs in Lanao del Norte and Lanao del Sur—both formally recognized by the Department of Social Welfare and Development and community-based sites that are not recognized as full-fledged evacuation centers—is a list sourced from the Maranao People Development Center (MARADECA), one of IOM’s implementing partners on the ground. It is by no means a complete, exhaustive list of all sites, but is a welcome addition to the pool of information needed to support IDPs, in a time when many areas have still not been accessed or even heard of by service providers. This list will be updated as new information comes in.



Base map source: WikiMedia Commons. This map is for illustration purposes only. The depiction and use of boundaries, geographic names and related data shown on maps and included in this report are not warranted to be error free nor do they imply judgment on the legal status of any territory, or any endorsement or acceptance of such boundaries by IOM.

Durable Solutions to IDPs' Return

In the running time that IDPs have settled in evacuation centers and home-based/community-based sites, the looming question of their return or any form of departure from their current settlement was only begging to be asked. It isn't even a question of if, but when. Despite the ongoing military operations in the city of Marawi, 2,425 out of the 2,490 families interviewed, want to return home.



2,425 IDPs want to return to Marawi 65 IDPs do not want to return anymore

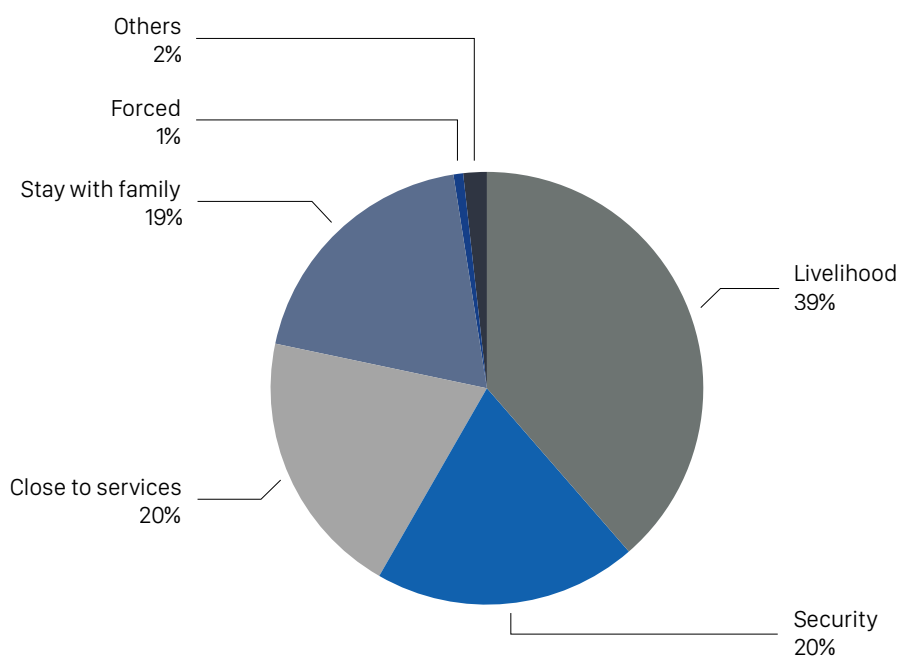
The primary purpose of this data is to sustainably support IDPs in their eventual return to Marawi, or, in some cases, their journey elsewhere. Interviews are currently being conducted in all five locations that IOM serves, with the intention of capturing the movement of IDPs from their temporary sites to more permanent settlements. This opens up a system of support from the government and its partners, to assist IDPs in both the return process and the succeeding reconstruction of the homes they have lost.

There are a few IDPs—65 to be exact—who do not

wish to go back. While they comprise only a little over 2% of the ones interviewed, they are just an important group of people as the ones who will return. The most dominant reason is also livelihood, although this means that these IDPs have found or plan to find a source of living elsewhere, away from the remnants of their city.

In the subsequent reports, the datasets will go beyond the intent to return. They will delve into mapping the IDPs' locations before, during and after the crisis. This will allow responding agencies to identify where needs will arise and how best to swiftly address them.

Reasons for going back to Marawi





Shelter

- Shelter is mostly a non-issue in home-based sites as pre-existing structures are used to settle IDPs. Still, it should be noted that while these homes have stood long before the surge of displacement, whatever previous shelter issues they had also came with them.
- Home-based IDPs are largely concerned with issues that come after their arrival, including payments for electricity and water bills that surge the longer they stay and the longer the assistance to support them comes.
- Because of the large number of families that flock to home-based sites, they are also in need of privacy partitions, of whose lack is not dignifying to IDPs who share their personal spaces with eight other families on average.

96%

sites with access to electricity

93%

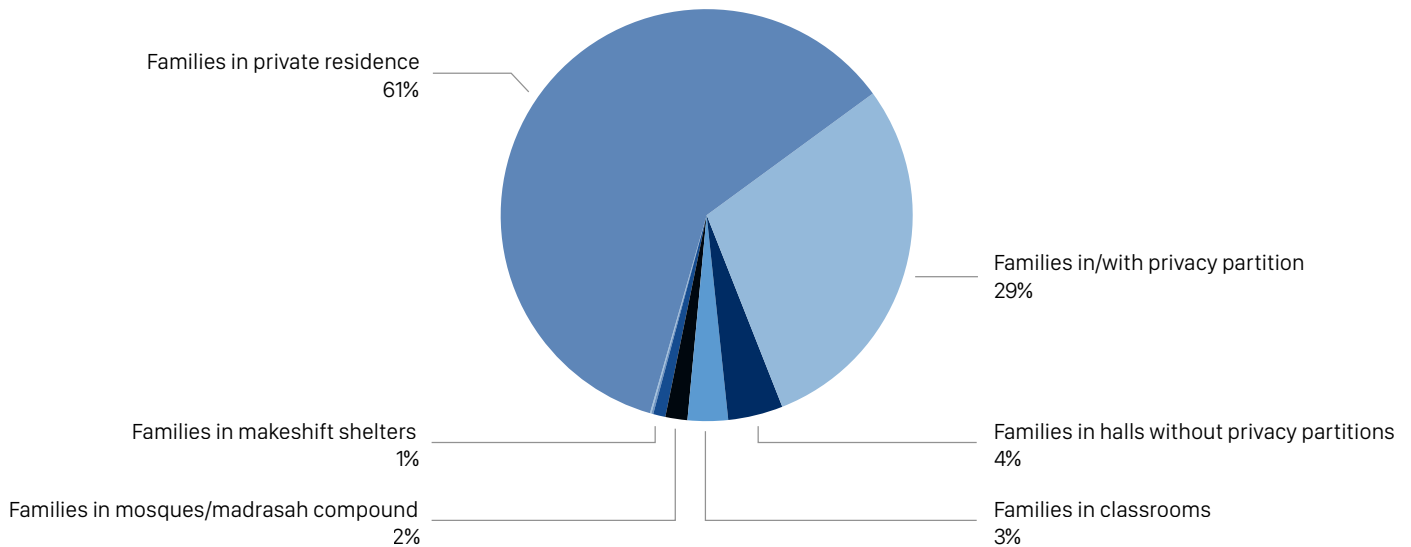
sites equipped with proper lighting

89%

sites safe from natural hazards

79%

sites with proper ventilation



Health

- There are several reasons that some IDPs do not attend medical missions. One is the distance between the medical mission the IDPs from far-flung areas which make it difficult for providers to reach their locations. Another is the lack of medicine, while another is that the generic medicines that are being distributed do not suit the liking of IDPs, as they look for pharmaceutical brands that they are accustomed to.
- In a small group discussion (SGD) with field enumerators, it has come to their attention that some health centers do not have sufficient facilities to accommodate all IDPs, so they are instead referred to the city hospital, the transportation to which they cannot afford.

7%

sites provided with MHPSS

715 m

average distance of health facilities from home-based sites

Food & Non-Food Items

- Food is an immediate and critical concern. 21% of sites have not received food packs, while 28% of those that have report that they receive food once a month.
- One of the issues raised during the SGD with field enumerators is IDPs have resorted to selling food packs to have money to buy better quality rice and food, because food distributed in home-based sites are the same food packs since the crisis began. This is a problem because the sale of relief goods is disallowed, even if this mandate fails to recognize the underlying cause that IDPs sell them in the first place.
- IDPs are requesting, as channeled through the field enumerators, that instead of being provided coffee for the adults, they are given milk for their children. However, it should be noted that the Health Cluster does not advocate breastmilk substitute distribution since this entails subsequent health issues brought upon by the quality of available water in sites and the stringent requirements of proper milk storage practices, among other concerns. But breastfeeding is also an issue for some mothers who are just as undernourished as their children to produce breastmilk.
- IDPs are also requesting for food security support like gardening, to augment the available food being provided in their sites, as well as add to the variety of nutrients they receive from unchanging food sources.

18%

sites with available food security support

14%

sites that provide supplemental feeding for children

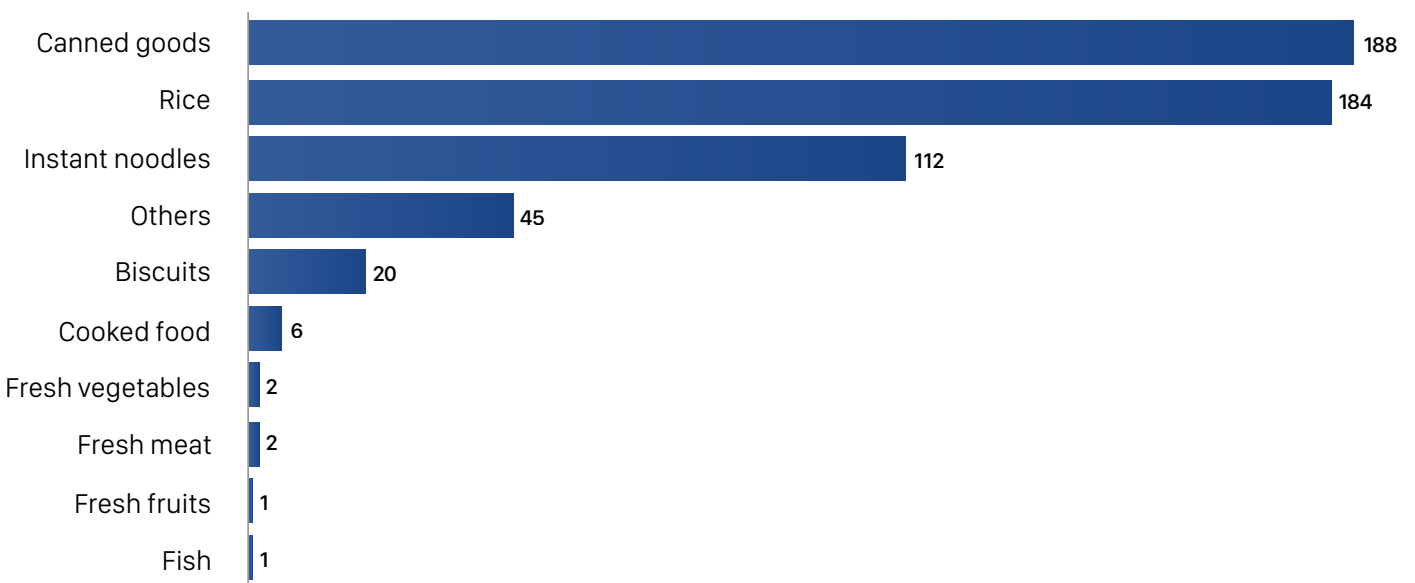
11%

sites that provide supplemental feeding for lactating/pregnant women

7%

sites that provide communal feeding

Food typically distributed in home-based sites





Livelihood

- As Maranaos are business-minded people, they are requesting for business capital support to return to their livelihood that they have become used to before the crisis. This was coursed through the field enumerators.
- The Department of Social Welfare's cash-for-work program was a positive step forward for IDPs who are capable of skilled work, as this supported their purchase capability. However, the payment for these skilled workers have been delayed for a month.



Water, Sanitation & Hygiene

- While 82% of barangays have onsite water sources, 75% of these water sources are being sourced for both domestic and drinking water uses. 57% of these water sources being used for human and household consumption has never been tested.
- 25 sites have reported cases of diarrhea. Nine of these sites have untested water sources for domestic use that is also sourced for human consumption.



Education

- While 54% of students are going back to school, they—especially including the students who are unable to return to formal education—are in need of subsidies for their miscellaneous fees, including school supplies and transportation costs.
- The gaps in education are widened further since only 36% of barangays have temporary learning spaces and only 25% have conducted informal activities.



Protection

- 97% of IDPs feel safe in home-based sites, which is an important figure in a displacement situation.
- A large issue in barangays is the lack of critical information, including information on their return (only 14% are informed), access to assistance (25%) and livelihood (14%), peace and rehabilitation (14%), and their rights as IDPs (36%). Even information on the protection referral pathway is largely missing (14%).

Barangays covered for home-based data

This rollout covered 28 out of 128 barangays in all five priority municipalities. The total number of families here is still 23% of the overall number of IDPs identified by DSWD's DROMIC. Issues identified in this report come from these locations.

Succeeding reports are expected to present a longer list that will identify more areas with IDPs hosted in home-based sites.

Barangay	Municipality	No. of Families
Santiago	Iligan City	20
Sta Elena	Iligan City	2,327
Tibanga	Iligan City	105
Tomas Cabili	Iligan City	260
Tubod	Iligan City	2,612
Ubaldo Laya	Iligan City	503
Upper Hinaplanon	Iligan City	95
Mamaanun	Balo-i	57
Maria Cristina	Balo-i	278
West Poblacion	Balo-i	152
Campong	Pantar	52
Bubong Radapan	Pantao Ragat	3
Calawe	Pantao Ragat	12
Maliwanag	Pantao Ragat	14
Matampay	Pantao Ragat	3
Poblacion East	Pantao Ragat	22
Poblacion West	Pantao Ragat	4
Alinun	Saguiaran	25
Batangan	Saguiaran	3
Bubong	Saguiaran	18
Limogao	Saguiaran	83
Linao	Saguiaran	13
Lumbacatuos	Saguiaran	76
Mipaga	Saguiaran	61
Pantaon	Saguiaran	24
Pawak	Saguiaran	145
Pindolonan	Saguiaran	155
Sunggod	Saguiaran	59



A DTM enumerator from MARADECA, one of IOM's implementing partners, interviews a home-based IDP in Limogao, Saguiaran, Lanao del Norte.

Conclusion & Recommendations

The unique situation of the Marawi crisis ushers in new challenges for both IDPs and responding agencies. The Philippines has grown accustomed to the accessibility and centrality of evacuation centers. So it is a striking awakening for responders to find that 90% of those displaced have shunned evacuation sites altogether and relocated in droves to home-based communities instead. While this phenomenon is not particularly new, the enormity of this demographic shift has left aid in a lingering state of surprise. What this means for IDPs in home-based sites is that primary and basic services do not reach them as swiftly and as urgently as sites that have already been recognized by the government.

Shelter issues are existent mostly due to the scale of displacement. But the management of the home-based sites have been eased since the resources of the barangays have been tapped, leading to a localized administration of support.

Food is the largest problem in home-based sites, which has resulted in IDPs seeking for various means to support their meager provisions. While some sites have received food packs from the responders, they also have to deal with the same food packs for the most of the last four months.

Health is also a crucial problem in many sites as medical missions have not reached their areas due to the cruelty of the terrain that inhibits medical professionals from attending to the IDPs. This is also one of the reasons that other aid and services have not gotten ahold of the people who need them.

The number of families in the data collected by the DTM is bound to swell as profiling is still ongoing. Other issues may arise that have not been discussed in this report as enumerators gradually penetrate far-flung areas that have not been reached before.

The concentration of aid to evacuation centers has left home-based sites in a wretched condition. While evacuation centers are not necessarily fully provided for, they have received enough aid saturation to warrant apportioning of relief to home-based sites that now need them more. Even if the conflict in Marawi ends soon, it does not mean the end of the crisis—far from it. It only means that the coast will clear for civilian entry into the once-battle zone, but not for aid to decelerate as if it has already reached sufficient coverage.



IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in meeting the operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants.

For queries, please contact:

Conrad Navidad

CCCM Program Officer

Email: cnavidad@iom.int

Phone: +63 908 865 4543

Marco Boasso

Chief of Mission / MAC Director

Email: mboasso@iom.int

The opinions expressed in the report are those of the authors and do not necessarily reflect the views of the International Organization for Migration (IOM). The designations employed and the presentation of material throughout the report do not imply the expression of any opinion whatsoever on the part of IOM concerning the legal status of any country, territory, city or area, or of its authorities, or concerning its frontiers or boundaries.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without the prior written permission of the publisher.