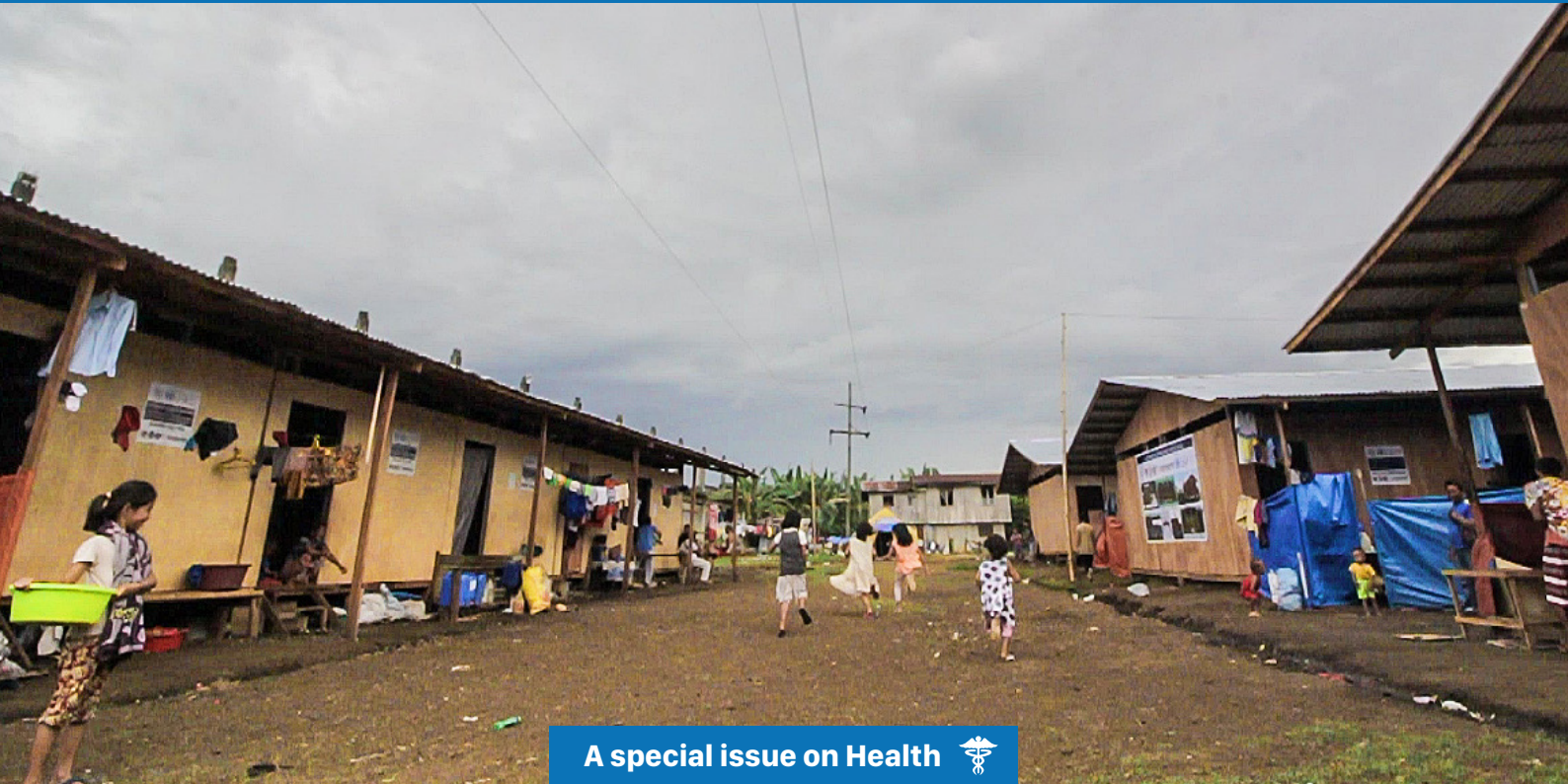




MARAWI CRISIS DISPLACEMENT TRACKING MATRIX

REPORT # 10 DATA AS OF 1 NOVEMBER 2017



▲ Children play in Madrasah Mahad Markazie in Balo-i, Lanao del Norte, where the CERF-funded construction of the Alternative Dwelling Spaces was piloted by IOM.

With the declaration from the government of Marawi's liberation from the terror group and the ongoing sweep for unexploded ordnance, IDPs have begun to return. From the evacuation centers covered by the Displacement Tracking Matrix, 82 families have gone back to their respective barangays in the areas identified by the government as safe for return. Many IDPs who went back to their barangays, however, eventually returned to the evacuation site.

Nonetheless, the returnees account for only 2% of the total population covered by the DTM. All other IDPs are still settling in evacuation centers and home-based sites until it is possible for them to go home. This means that they still require the delivery of their needs, especially health concerns that continue to persist in these communities.

232,913
total persons displaced
in Lanao del Norte, Misamis Oriental,
Misamis Occidental and Bukidnon
as of Oct 23, Region X DROMIC

184,321
total displaced persons
in Lanao del Sur and Maguindanao
including Cotabato City
as of Oct 2, ARMM-CMC

353,921
total displaced persons
from the Marawi Crisis
as Nov 1, National DSWD DROMIC

Population Demographics

Evacuation Centers



families



males



females

Home-based/Community-based Sites



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.

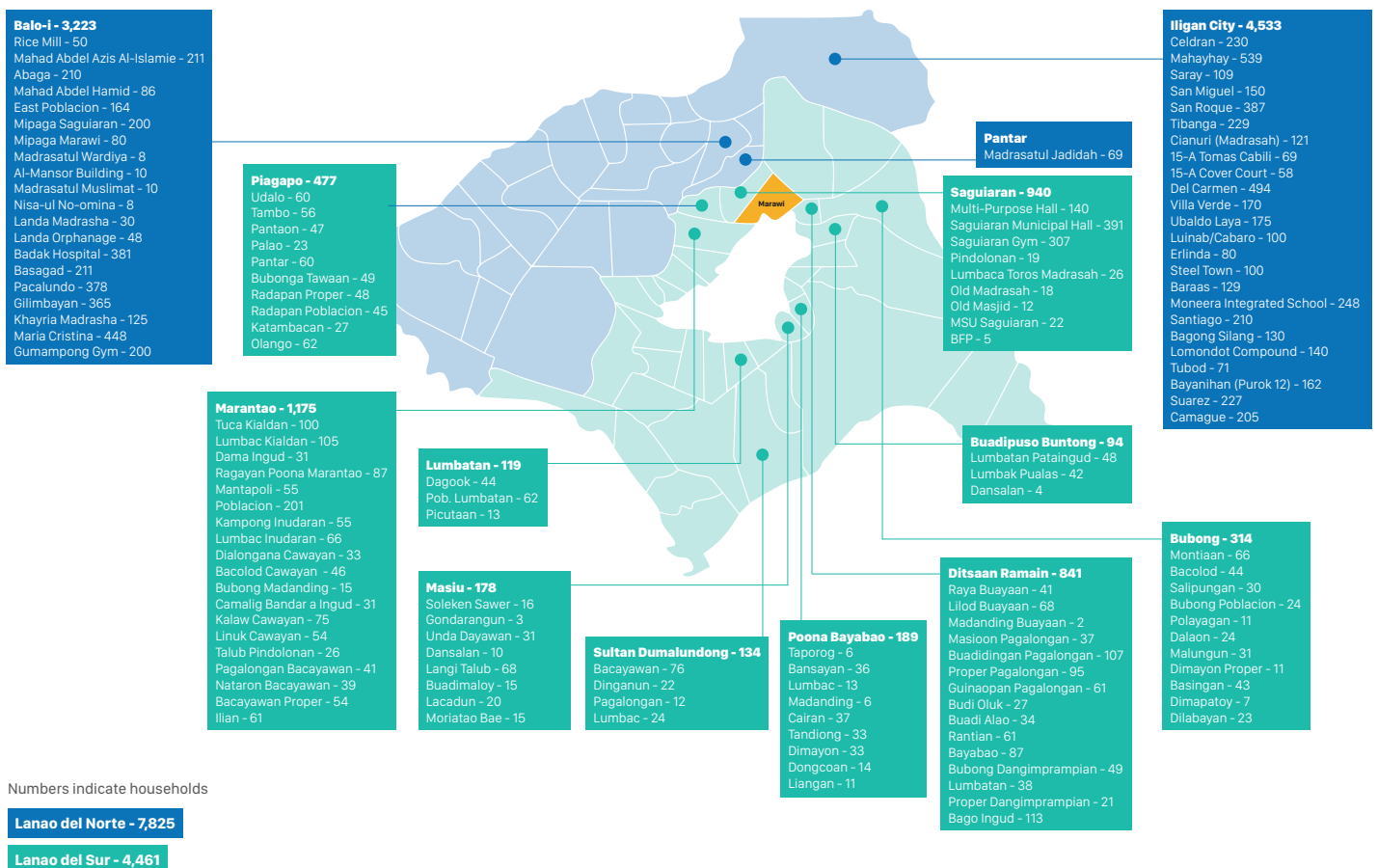
Background

The Marawi crisis 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 roughly 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

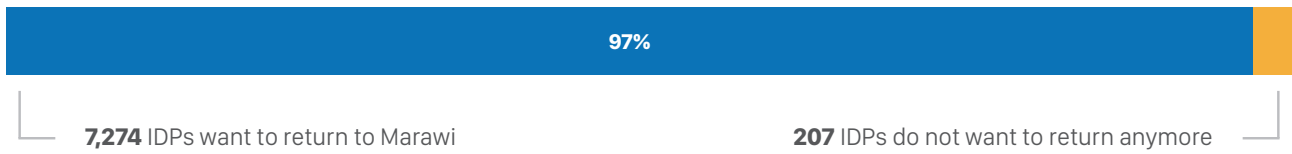
This map of evacuation centers and its number of sheltered IDPs in Lanao del Norte and Lanao del Sur—both formally recognized by the Department of Social Welfare and Development and community-based sites that are not recognized as full-fledged evacuation centers—is a list sourced from the Maranao People 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

IDPs are now being prepared for return, after the government declared the city of Marawi liberated. While the military clears the area for safe passage and occupancy, IDPs are eagerly expecting to be the first ones to return. Out of the 7,481 families interviewed, 7,274 of them want to return to their places of origin.



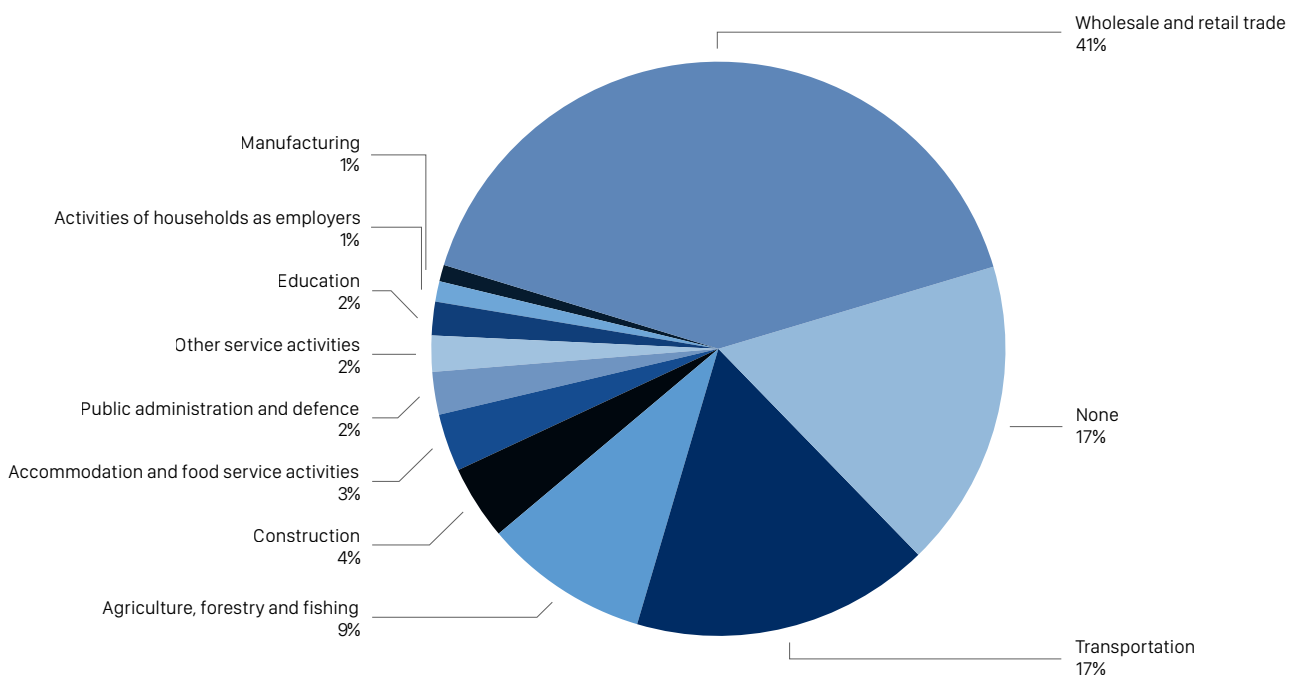
The primary purpose of this data is to sustainably support IDPs in their eventual return to Marawi, or, in some cases, their journey elsewhere. Interviews are currently being conducted in all five locations that IOM serves, with the intention of capturing the movement of IDPs from their temporary sites 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.

Some 207 IDP families do not wish to return. Comprising roughly 3% of the total interviewed, they

are just as important a group of people as the ones who will return.

The primary reason for returning (or not returning) is livelihood. It can be seen that 41% of these IDPs worked in wholesale and retail, a testament to the business-mindedness of Maranaos. However, a significant percentage of IDPs were jobless before the crisis (or refused to divulge their previous livelihood). This is an important number: many of the IDPs who fled the terrors of conflict barely have anything to go back to, even while most of them have to begin from scratch when they return.

IDP's livelihood before the Marawi crisis



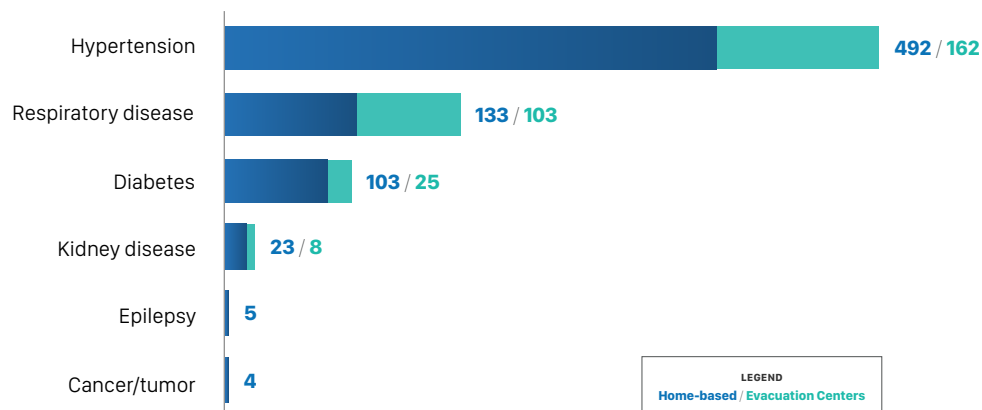


Health Checkup

Health facilities are faced with the large amount of medical issues that they need to attend to. Many facilities are running out of supplies or are not well-equipped in the first place to handle the volume of cases that came with the displacement. Many barangays in Balo-i do not even have health facilities nearby, forcing IDPs

to two primary options: head for the nearest hospital (some sites report that the “nearest” facility is in Iligan City) or wait for medical missions to arrive. This is further exacerbated by the fact that doctors in remote areas, particularly in Iligan City, visit barangay health centers only once a month.

Number of chronic illnesses in evacuation centers and home-based sites



Medical missions aim to augment health services in as many barangays and for as many IDPs as possible. Mobile health teams from the Health Cluster are spread out to the numerous barangays, albeit thinly, due to the massive number of IDPs that need their attention. Geographical constraints are also at play: many home-based sites, especially in Pantao Ragat, are accessible only by motorcycle (locally known as ‘habal-habal’) or by foot. This makes it difficult for both the medical team to reach far-flung home-based sites and for the IDPs to either

submit themselves to the medical mission or even know that they have arrived.

For most areas, medical drugs is a large issue for two related reasons. One, they are lacking in areas that are inaccessible to aid, correlatively increasing the number of health issues that remain untreated and giving rise to more generic drugs to prevent any spread of sickness. However, two, many IDPs are unreceptive to the generic drugs being distributed as they opt for the brands they are familiar or more suited with.

64%

evacuation centers have health referral systems

89%

evacuation centers have nearby health facility

20%

evacuation centers report abnormal increase in illness

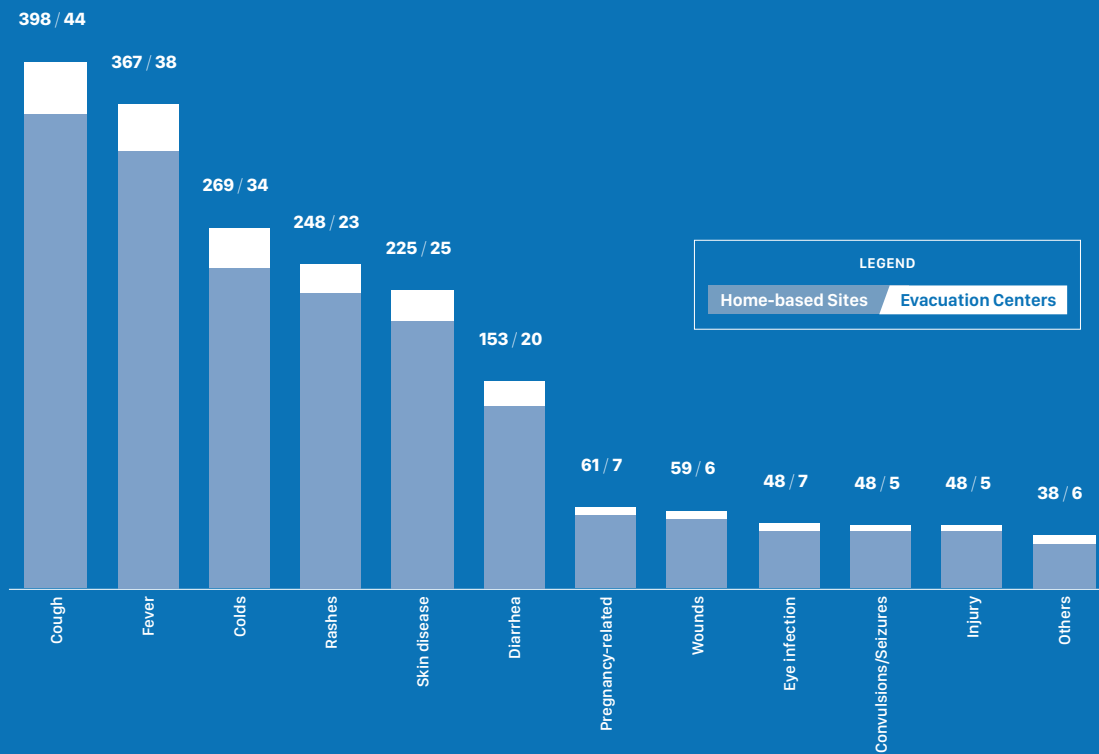
13%

home-based sites have malnutrition screening

31%

home-based sites have health referral systems

Number of health cases in evacuation centers and home-based sites



Evacuation centers are more fortunate because of their formal government recognition. For example, mental health and psychosocial support (MHPSS) is available to 51% in evacuation centers while it is provided to only 15% in home-based sites. Again, it is important to note that IDPs in evacuation centers comprise only 10% of the total displaced persons.

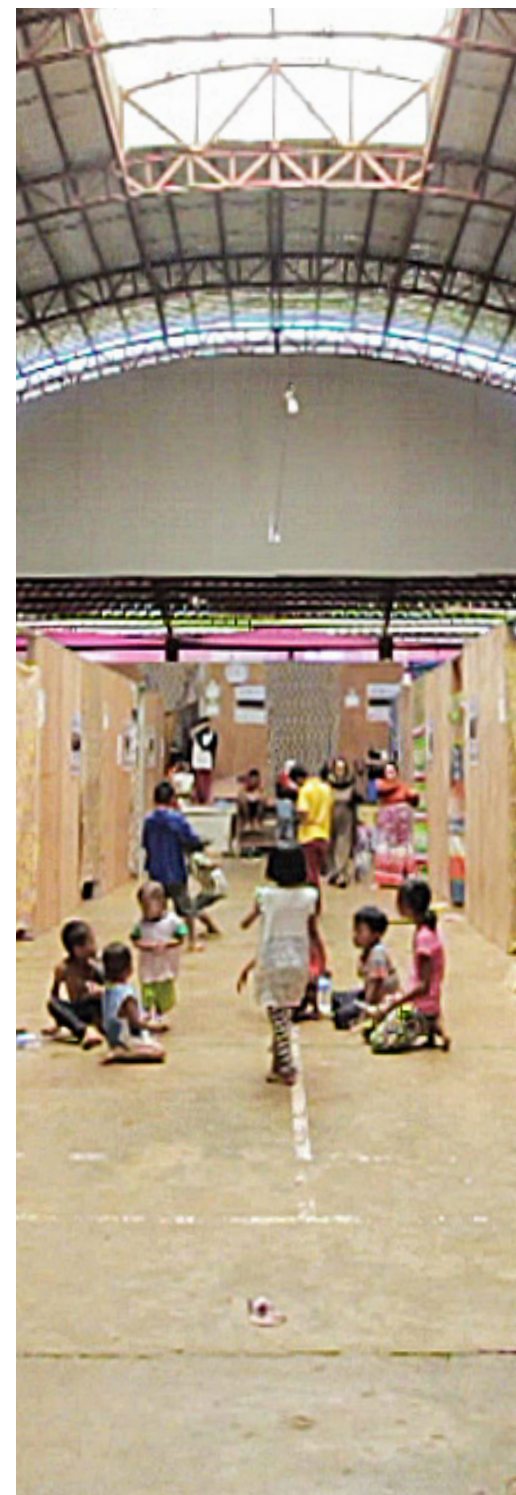
What is indiscriminate of settlement type, however, is the presence of chronic illnesses and other health cases, with hypertension as the

leading ailment across both evacuation centers and home-based sites. Milder illnesses such as cough, colds and fever also top the list. Rashes and other skin diseases afflict 521 IDPs; although cases may have existed before displacement, many IDPs report that rashes have begun to crop up because of the food being distributed to them, especially canned sardines. Many other chronic illnesses also exist that need medical attention, including respiratory disease, diabetes, kidney disease, epilepsy and cancer.

	Evacuation Center	Municipality	No. of Families
1	Maria Cristina Gymnasium	Iligan City	174
2	Buru-un School of Fisheries	Iligan City	169
3	Bayanihan Gymnasium	Iligan City	257
4	Tibanga Gymnasium	Iligan City	84
5	Buru-un Gymnasium	Iligan City	63
6	Gomampong Ali Gymnasium / Balo-i Gymnasium	Balo-i	165
7	Mahad Abdel Azis	Balo-i	160
8	Madraza Mahad Markazi (Madraza Sapacan)	Balo-i	173
9	Nangka Barangay Hall	Balo-i	38
10	Al-Quariya Madrasa	Balo-i	68
11	Landa Madrasah Evacuation Center	Balo-i	197
12	Mahad Abdul Hamid Evacuation Center	Balo-i	176
13	Babool Torril Evacuation Center	Balo-i	80
14	Al-Bironi Evacuation Center	Balo-i	79
15	Sarip Alawi Evacuation Center	Balo-i	108
16	Momungan Learning Center (Pamana Building)	Balo-i	49
17	Brgy. Bubonga Evacuation Center	Pantao Ragat	57
18	Calawi Auditorium	Pantao Ragat	53
19	Natangcopan Evacuation Center	Pantao Ragat	59
20	Brgy. Lomidong (Pamana Building)	Pantao Ragat	6
21	Brgy. West Poblacion (Pamana Building)	Pantao Ragat	7
22	Brgy. West Poblacion (Madrasah)	Pantao Ragat	21
23	Brgy. Bubong Radapan (Pamana Building)	Pantao Ragat	9
24	Brgy. Pantao Marug (Pamana Building)	Pantao Ragat	10
25	Brgy. Pansor (Pamana Building)	Pantao Ragat	10
26	Brgy. Madaya (Pamana Building)	Pantao Ragat	8
27	Brgy. Tangcal (Pamana Building)	Pantao Ragat	30
28	Brgy. Tangcal (Madrasah)	Pantao Ragat	30
29	Bryg. Matampay (Pamana Building)	Pantao Ragat	18
30	Brgy. East Poblacion (Pamana Building)	Pantao Ragat	22
31	Brgy. Dimayon (Pamana Building)	Pantao Ragat	10
32	Brgy. Aloon (Pamana Building)	Pantao Ragat	78
33	Brgy. Tongcopan (Pamana Building)	Pantao Ragat	24
34	Tent City of Pantar	Pantar	109
35	Peoples Plaza (Brgy. Poblacion)	Saguiaran	134
36	Covered Court (Brgy. Poblacion)	Saguiaran	373
37	MSU-Saguiaran High School (Brgy. Poblacion)	Saguiaran	26
38	Pantao Raya Warehouse	Saguiaran	26
39	Maito Basak Elementary School	Saguiaran	26
40	Lumbayanague Evacuation Center	Saguiaran	63
41	Saguiaran Central School	Saguiaran	59
42	Pantaon Health Center	Saguiaran	16
43	Mipaga Primary School	Saguiaran	69
44	Lumbacatoros Madrasah	Saguiaran	22
45	Bubong Elementary School	Saguiaran	309

Evacuation centers

As of October 25, there are 45 evacuation centers being covered by IOM. This is representative of 100% of all evacuation centers in the five priority locations.



Children play along the corridor of Calawi Auditorium in Pantao Ragat, Lanao del Norte. CERF funded through IOM the partitions that provide privacy for families.

Barangays covered for home-based data

This rollout covered 75 out of 128 barangays in all five priority municipalities. The total number of families here is 52% of the overall number of IDPs identified by DSWD's DROMIC.

	Barangay	Municipality	No. of Families
1	Bagong Silang	Iligan City	50
2	Del Carmen	Iligan City	1,209
3	Luinab	Iligan City	783
4	Mahayahay	Iligan City	2,046
5	Santiago	Iligan City	471
6	Saray	Iligan City	488
7	Sta Elena	Iligan City	2,327
8	Sto Rosario	Iligan City	159
9	Tibanga	Iligan City	117
10	Tomas Cabili	Iligan City	260
11	Tubod	Iligan City	2,662
12	Ubaldo Laya	Iligan City	503
13	Upper Hinaplanon	Iligan City	95
14	Abaga	Balo-i	211
15	Adapun Ali	Balo-i	176
16	Angayen	Balo-i	109
17	Angndog/Bulao	Balo-i	40
18	Bangko	Balo-i	48
19	Basagad	Balo-i	112
20	Buenavista	Balo-i	51
21	Cadayonan	Balo-i	75
22	East Poblacion	Balo-i	593
23	Landa	Balo-i	28
24	Lumbac	Balo-i	76
25	Mamaanun	Balo-i	57
26	Maria Cristina	Balo-i	298
27	Matampay	Balo-i	51
28	Nangka	Balo-i	172
29	Pacalundo	Balo-i	227
30	Sandor	Balo-i	83
31	Sangkad-Cormatan	Balo-i	136
32	Sarip Alawi	Balo-i	164
33	Sigayan	Balo-i	57
34	West Poblacion	Balo-i	415
35	Bangcal	Pantar	40
36	Cabasaran	Pantar	33
37	Camong	Pantar	200
38	Kalanganan East	Pantar	93

	Barangay	Municipality	No. of Families
39	Poblacion	Pantar	69
40	Punod	Pantar	133
41	West Pantar	Pantar	100
42	Bubong Radapan	Pantao Ragat	3
43	Bubonga Pantao Ragat	Pantao Ragat	18
44	Cabasagan	Pantao Ragat	11
45	Calawe	Pantao Ragat	19
46	Lomidong	Pantao Ragat	2
47	Madaya	Pantao Ragat	10
48	Maliwanag	Pantao Ragat	14
49	Matampay	Pantao Ragat	14
50	Natangcopan	Pantao Ragat	1
51	Pantao Marug	Pantao Ragat	10
52	Poblacion East	Pantao Ragat	53
53	Poblacion West	Pantao Ragat	9
54	Tongcopan	Pantao Ragat	5
55	Alinun	Saguiaran	25
56	Bago ingud	Saguiaran	18
57	Batangan	Saguiaran	94
58	Bubong	Saguiaran	50
59	Cadingilan	Saguiaran	9
60	Comonal	Saguiaran	118
61	Dilausan	Saguiaran	55
62	Gadongan	Saguiaran	7
63	Limogao	Saguiaran	83
64	Linao	Saguiaran	29
65	Lumbacatuos	Saguiaran	105
66	Lumbayanague	Saguiaran	64
67	Maliwanag	Saguiaran	10
68	Mipaga	Saguiaran	61
69	Pagalamatan	Saguiaran	93
70	Panggao	Saguiaran	4
71	Pantaon	Saguiaran	24
72	Pawak	Saguiaran	145
73	Pindolonan	Saguiaran	155
74	Poblacion	Saguiaran	31
75	Sunggod	Saguiaran	134



Tents get uncomfortably warm, especially on a sunny day like this in Landa Madrasah Evacuation Center in Balo-i, Lanao del Norte, posing possible health risks to IDPs.

While IDPs are gradually returning to Marawi City, 98% still remain in settlement sites, awaiting for the green light from the government. Health centers still need to attend to patients who may or may not return to their places of origin soon. Consequently, health centers continue to need support to keep their medical supplies reasonably stocked, as majority of IDPs are here to stay for at least a few more months.

While the number of health cases afflict only 4% of the IDP population covered in this rollout, the lack of medical resources may worsen the conditions of existing cases or spread disease before they can be cured. Especially in home-based areas that face aid accessibility issues, disease may befall on IDPs before health teams can attend to them or even know that pockets of IDP families settle in these areas.

Health issues are further worsened by financial constraints. Since health centers cannot adequately provide for all its patients, IDPs are forced to travel to different barangays, even different municipalities in some cases (field enumerators in Balo-i report that some IDPs travel to Iligan for hospitalization), to find relief. This entails transportation costs for IDPs who have already lost more than they can spend.

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.

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