



CAMP COORDINATION
AND CAMP MANAGEMENT

Displacement Tracking Matrix

<http://ph.one.un.org/response/clusters/cccm/index.php>



SURVEY DETAILS

Date of Current Survey:	Date of Previous Survey:
Interviewer Name:	Position:
Recording Agency:	
Phone:	Email:

SITE DETAILS

Site Name:	PCODE:	Lon:	Lat:
Alternate Name:	Sitio/Purok/Zone:		
Barangay:	Municipality/City:		
Province: Bohol	Region:		
Site is accessible by: <input type="checkbox"/> Land <input type="checkbox"/> Water <input type="checkbox"/> Air	Maximum Travel Time from Urban Center:		

Date Opened:	<input type="checkbox"/> Existing	<input type="checkbox"/> Closed	Date of Closure:
Site Type:	Property Used:	<input type="checkbox"/> Public	<input type="checkbox"/> Private:
<input type="checkbox"/> Evacuation Center	<input type="checkbox"/> School	<input type="checkbox"/> Building In Use	<input type="checkbox"/> Open Lot
<input type="checkbox"/> Transitional Site	<input type="checkbox"/> Unused Building	<input type="checkbox"/> Covered Court	<input type="checkbox"/> Others
<input type="checkbox"/> Spontaneous Settlement	Please specify:		

DISPLACEMENT DETAILS

Displacement Causes <input type="checkbox"/> Armed Conflict <input type="checkbox"/> Natural Disaster	Specifics:
Barangay/s of Origin:	

POPULATION DEMOGRAPHICS

Number of Families:	Gender	Infants (0-2 y)	Toddlers (3-5 y)	Children (6-14 y)	Youth (15-18 y)	Adults (19-59 y)	Elderly (60y up)	TOTAL
	Combined							
	Male							
	Female							

PERSONS WITH SPECIAL NEEDS

Number of Pregnant Women	Breastfeeding Mothers	Persons w/ Physical Disabilities	Persons w/ Mental Disabilities	Psychosocial Cases
Persons w/ Chronic Diseases/Serious Medical Conditions	Unaccompanied Minors	Singe-headed Households	Members of Religious/Ethnic Minorities	

SITE MANAGEMENT

Is there a site management committee (SMC)? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are evacuees / IDPs part of the SMC? <input type="checkbox"/> YES <input type="checkbox"/> NO
Site Contact Name:	Position:
Phone:	Email:
Resident families (all/some/none) have been registered using the DAFAC (DSWD Disaster Assistance Family Access Card) and given their copies.	All <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/> Date
Site closure timeframe? <input type="checkbox"/> W/in a month <input type="checkbox"/> More than a month <input type="checkbox"/> No information	Are the residents moving voluntarily? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have the majority of residents been consulted on the closure? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where are the majority of residents going? <input type="checkbox"/> Place of Origin <input type="checkbox"/> Other IDP site <input type="checkbox"/> Permanent Relocation Other (Specify):

SHELTER

Congested: <input type="checkbox"/> YES <input type="checkbox"/> NO	Safe on-site cooking counters <input type="checkbox"/> YES <input type="checkbox"/> NO			
Safe from Natural Hazards <input type="checkbox"/> YES <input type="checkbox"/> NO	On-site electricity <input type="checkbox"/> YES <input type="checkbox"/> NO			
Specify hazard:				
Number of Families in Tents	Number of Families in Makeshift Shelters	Number of Families in Classrooms	Number of Families in Plastic Sheet Partitions	Number of Families in Transitional Shelters
Shelter Kits (plywood, GI sheets, plastic sheet, tents, etc.) were distributed to (all/some/none of) the site residents after the last survey:			All <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/>	Date

Site Name:

Date of Current Survey:

Reason why they are unable to go back home?		<input type="checkbox"/> Danger Zone	
Build Zone But Needing:		<input type="checkbox"/> Needing Shelter Materials, Totally Damaged House	<input type="checkbox"/> Needing Shelter Materials, Partially Damaged House
FOOD			
Food Distribution Frequency:		<input type="checkbox"/> Daily	<input type="checkbox"/> Three times a week
		<input type="checkbox"/> Two times a week	<input type="checkbox"/> Weekly
		<input type="checkbox"/> Every 2 weeks	<input type="checkbox"/> Monthly
		<input type="checkbox"/> Never	<input type="checkbox"/> No expected schedule
Pack Size:	<input type="checkbox"/> Good for 1 day	<input type="checkbox"/> For 1 week	Date of last distribution:
Please name groups that have distributed infant formula/milk products/feeding bottles. Who? What items?			
Supplementary feeding for children?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Supplementary feeding for pregnant/lactating mothers?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Malnutrition screening?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Designated breastfeeding area?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
WATER, HYGIENE, SANITATION (WASH)			
Are there complaints about drinking water quality? <input type="checkbox"/> Smell <input type="checkbox"/> Taste <input type="checkbox"/> Color			
Where is the site's main water source? <input type="checkbox"/> On-Site <input type="checkbox"/> Off-Site			
Water Source	Existing	Functioning	Doubtful
			Primary Drinking Water Sources
Tanks			Bottled Purified
Shallow Wells			Mineral Water
Hand Pumps			Water Pipelines
Other (Specify)			Water Trucks
			Others (Specify)
TOTAL			TOTAL
Do the residents have household drinking water containers? <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None			
IDP's are able to use latrines at their original houses Yes [] No []	Total	Male	Female
			PWD
Number of Latrines at site			
Number of Bathing Areas with Privacy Partitions			
Are there reports of residents being denied access to sanitation facilities?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are the toilets located a safe distance from the shelters?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Separate male & female toilets?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Toilets and baths w/ locks inside?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Well lit toilets/bathrooms?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Well lit paths to toilets/baths?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hygiene promotion programs?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mosquito problems at the site?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Conducted by (Specify):		Drainage problems at the sites? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Is there a solid waste problem at the site?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is segregation practiced at the site?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type of garbage disposal (Multiple selection):			
<input type="checkbox"/> Pick-up <input type="checkbox"/> Garbage pit <input type="checkbox"/> Burning <input type="checkbox"/> Nearest body of water <input type="checkbox"/> No waste disposal system			
HEALTH			
DOH conducted Surveillance in Post Extreme Emergencies and Disasters (SPEED) at the site? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Health problems at the site (Multiple selection):			
<input type="checkbox"/> Diarrhea <input type="checkbox"/> Amoebiasis <input type="checkbox"/> Cough <input type="checkbox"/> Colds <input type="checkbox"/> Fever			
<input type="checkbox"/> Skin disease <input type="checkbox"/> Injury <input type="checkbox"/> Wound Infection <input type="checkbox"/> Eye infection <input type="checkbox"/> Other (Specify)			
Groups providing health services at the site?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Specify:			
Psychosocial services provided at the site?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Specify:			
Health referral system?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Emergency transport?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Specify:			
EDUCATION			
Are children going to school?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there a temporary learning space at the site?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any informal education activities being conducted at the site? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PROTECTION OF CHILDREN, WOMEN & OTHER PERSONS WITH SPECIAL NEEDS			
24-hour security provided on-site?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Female tanod/police presence?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Protective services/ facilities available:	<input type="checkbox"/> Women friendly space	<input type="checkbox"/> Breast feeding area	<input type="checkbox"/> Child-friendly space
	<input type="checkbox"/> Psychosocial support for children	<input type="checkbox"/> Awareness-raising on VAW/CP issues	<input type="checkbox"/> Confidential VAW/CP response services
Vulnerable Groups Provided with Protective Services / Facilities	<input type="checkbox"/> For elderly	<input type="checkbox"/> For chronically ill persons	<input type="checkbox"/> For persons w/ disabilities
	<input type="checkbox"/> For ethnic / religious minorities	<input type="checkbox"/> For single-headed households	
Reported incidences of the ff:	<input type="checkbox"/> Sexual harassment/ molestation	<input type="checkbox"/> Rape/ attempted rape	<input type="checkbox"/> Exchange of goods/food for sex
	<input type="checkbox"/> Child physical abuse	<input type="checkbox"/> Child emotional abuse	<input type="checkbox"/> Child sexual abuse
	<input type="checkbox"/> Alcohol/ drug-related problem	<input type="checkbox"/> Friction among site residents	<input type="checkbox"/> Friction w/ host community
	<input type="checkbox"/> Domestic violence		

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NON-FOOD ITEMS					
The following were distributed to site residents (all/some/none) after the last survey:	All	Some	None	Agency/Org Providing	Date
Hygiene Kits (jerry can, soap, towel, toothbrush, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cleaning Kits (cleaning materials, walis, timba, tabo, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Family Kits (kitchen/eating utensils, blankets, mats, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other Kits (Please Specify.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

COMMUNICATION WITH COMMUNITIES

What are the main sources of information in the camp?	WHO?	WHAT?	<input type="checkbox"/> Others : _____ _____
	<input type="checkbox"/> Government (local officials/officers) <input type="checkbox"/> Community leaders <input type="checkbox"/> Church leaders <input type="checkbox"/> Family and friends	<input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Newspaper/newsletters <input type="checkbox"/> Cellular phones <input type="checkbox"/> Word of mouth	

What are the 3 most important information needs of the camp at the moment?

<input type="checkbox"/> Aid/Assistance <ul style="list-style-type: none"> ○ Food ○ Shelter (Relocation <input type="checkbox"/> ; Materials <input type="checkbox"/>) ○ Livelihood (Emergency <input type="checkbox"/> ; Recovery <input type="checkbox"/>) ○ Health (Services <input type="checkbox"/> ; Facilities <input type="checkbox"/>) ○ Water, Sanitation & Hygiene ○ Security and Protection of Women and Children ○ Education 	<input type="checkbox"/> Local government response/recovery plans <input type="checkbox"/> Disaster Assistance Family Access Card (DAFAC) <input type="checkbox"/> Beneficiary selection process <input type="checkbox"/> Earthquake and hazard information and updates <input type="checkbox"/> Typhoon/Weather forecasts <input type="checkbox"/> Current events Notes: _____ _____
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ADDITIONAL COMMENTS (on residents' needs and /or recommendations regarding them)

Site Name:

Date of Current Survey:

SITE LOCATION MAP/WRITTEN DIRECTIONS

