

PAPUA NEW GUINEA

Dandan Care Centre – Wewak (East Sepik)

On 5 January, volcanic activity on Kadovar Island, one of the six Schouten Islands of Papua New Guinea, prompted all 591 residents to evacuate. The islanders have been relocated to the Dandan Care centre, located in Turubu LLG (East Sepik Province). The 3.5 hectare site is located on a narrow strip of land physically bound by steep hills on the inland side and the sea. The ground is low-lying and sandy. It is prone to flooding during heavy rains as two running creeks (flowing from inland) flow through either side of the site as they flow out to sea. Access to the main planned resettlement site (of approximately 40 hectares) remains an outstanding issue.

DEMOGRAPHIC BREAKDOWN OF PEOPLE AT DANDAN (as of May 2018 assessment)

Age Group	Male	Female
0 - 2	38	28
2 - 5	18	29
5 - 18	120	113
18 - 60	132	132
60 plus	15	12
Total	323	314

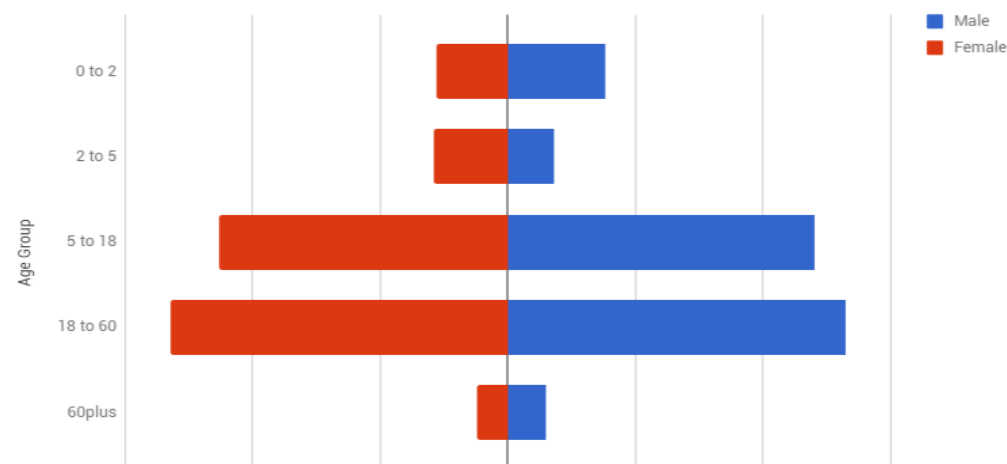


Photo: Sandie Walton-Ellery / Dandan Care Centre 2018

Humanitarian constraints



Dandan centre is not accessible by car. The only way to access the centre is by boat from Wewak (60 minutes) or a 30 minutes drive from Wewak to the Log point followed by a 15 minute boat ride. Weather conditions affect access.

Dandan Centre Location S03°42'13.1", E143°54'05.9"

Assessment Team

ACAPS – Sandie Walton-Ellery, Claudia Manili
 UNDP – Gerard Ng, Mary Konobo Jr
 SAVE THE CHILDREN – David Bono
 Data was collected with the assistance of staff at Dandan and volunteers from the community.

Limitations

This assessment was conducted while field-testing questionnaires. Tools used were newly developed. There is no updated registry of the Dandan centre's population, so demographics are based on primary data collection through key informants.

Summary of key concerns, risks and needs

- People at Dandan are almost entirely dependent on food distributions, which are irregular and insufficient. All stakeholders acknowledge that there are periods where there is very little food at the site. Without a clear strategy on dealing with the food security issue tensions within the community is a concern. There are concerns that children are at risk of malnutrition due to the inadequate diet and insufficient food supply.
- Crowded shelters in the unplanned site do not provide adequate privacy or protection from the elements. Continued living in close proximity to one another with insufficient privacy will heighten risks of general violence, violence against children, GBV and unplanned pregnancies, all of which are already anecdotally reported by the community.
- Lack of solid waste management will create unhygienic conditions at the site if not addressed.
- The end of the Save the Children/Oxfam response phase (scheduled for end May/early June) will result in the end of support to onsite education, protection and WASH services. This will lead to gaps in service provision, as district support in these areas is yet to become fully active. There are particular concerns about the withdrawal of Save the Children from the school. Currently this is a very positive aspect of the centre; should attendance reduce children would be subject to increased protection risks.
- With this significant reduction in support, IDPs are likely to feel the need to encroach beyond established boundaries, particularly in search of opportunities to source food; this will risk conflict with host communities. The staff at Dandan currently operates as one unified team composed of government and non-government stakeholders with an evident spirit of collaboration and commitment. Changes in this would likely have an overall negative impact on the care centre operations.
- The IDPs are currently heavily dependent on aid. Unless there are significant changes to the way their situation is managed (including access to the planned resettlement site), this will continue. While there are concerns that the absence of medium to longer-term livelihoods strategies will create a dependency on relief assistance, the current situation prevents moves towards this as there is insufficient land and no legal rights for the community to continue with their known livelihoods options of gardening and fishing. There is currently no foreseeable prospect of them returning to Kadovar Island.

- A lack of clear information and information sources for the IDPs makes them uncertain about what will happen to them and inhibits them being able to manage their resources.

Methodology

This assessment was conducted by a team from ACAPS and UNDP during a visit to Dandan Care Centre to field test needs assessment tools developed in collaboration with the National Disaster Centre (NDC). In line with the proposed NDC assessment approach, data was collected through Community Group Discussions (CGD), Key Informant Interviews and Direct Observation (KIDO), by both the team and a volunteer team of assessors. The assessment took place in Dandan (East Sepik) over 3 days from 8 May to 10 May. On the first day the stakeholders and community at Dandan was briefed, a team of field assessors was identified and orientation on the CGD form took place. On the second day, the core team instructed the field assessors on how to use the KIDO form. The core team collected also carried out Key Informant Interviews and made their own observations of the site. On the third and final day, the core team collected the feedback on the questionnaires from the field assessors. This report was compiled by ACAPS on the basis of 5 CGDs (2 male and 3 female), 3 KIDO formats.

Crisis impact and background

Of the 591 people reported to have evacuated Kadovar Island in January 2018, the assessment now found there to be 637 (149 households) living in the Dandan Centre. There are a number of possible reasons for this small increase. The official registry has not been updated recently and the reported movements of people coming in and out of the centre. It was reported there are now more children living with their families in Dandan, as prior to evacuation some households were known to send their children away to live with relatives so they could attend school as the school on the island had not functioned since 2012. Some of these children have now joined their parents at Dandan where an elementary school now functions.

The community has maintained the same organisation it had in the island, living in groups according to five villages with one ward counsellor as the representative of the community.

Recent heavy rain two weeks ago flooded both the aid-post and school tents (damaging drug supplies and teaching material).



Food: On the island the Kadovar community was largely self-sufficient in terms of food production. Their diet consisted of fish that they caught, chickens they raised and the produce of their gardens. At the Dandan care centre agricultural activities are not taking place at present due to the combination of a lack of space and landownership issues. The population at Dandan is almost completely dependent on the delivery of food assistance. Rations are reported to be coming every two or three weeks, not on a precise schedule. At the time of the assessment, there had been no food distributions by District authorities since 9 April. It was reported that this was a result of a delay in release of district funds. The ration is reported to be less than in the initial months. As a coping strategy, the community reports to have reduced the amount of food consumed and the frequency of meals, with adults choosing to eat less in order to prioritise food for children.

The community has had to adapt to a significant change in diet, with rations consisting mainly of rice and tinned fish. Food quality has been reported as poor. Some fishing is taking place however this is only on a small scale because officially the Kadovar community does not have permission to fish in the waters off the site.

Key food concerns:

- Food rations do not represent a balanced food basket.
- Rations are not consistent in their size or frequency and this lack of predictability causes stress to the population.
- Increasing self-reliance by either fishing or gardening is seriously hampered by the issues surrounding land ownership and space.



WASH: Recent upgrades to the WASH facilities in the camp by Oxfam have made a significant improvement to access to water as well as the state of latrines. 10 new Ventilated Improved Pit Latrines have been constructed. These are separate male and female toilets that include accessible water points for hand washing and solar powered lighting of the area surrounding the latrines. These toilets are in addition to two for the camp staff. At the time of the assessment these toilets were on the verge of completion and would soon be used by women and children in the community, complementing a cluster of 13 latrines to be used by the men which were located in an unlit section of the camp considerable distance from where the shelters were constructed and close to the ocean.

These older toilets were not gender segregated and women reported feeling unsafe due to the lack of lighting around the latrines and the distance away from where people stayed.

Oxfam has also installed a gravity-fed water system including a mini-dam upstream of the site, water storage tanks and tap stands. In addition to this each village also has 1 5000 litre water tank with rain-harvesting roof.

Water for cooking and washing is provided via the pipelines from a dam. Water for drinking is provided through rainwater harvesting. Water is reported as not treated by the displaced and they reportedly drink water from both the rainwater tanks and the dam. Soap is reported to be utilised for hand washing. IDPs are reported to be washing and bathing in the two creeks located on either side of the camp. There is an observed lack of privacy between men's and women's bathing areas. Stagnant water has been observed in the camp.

Solid waste disposal: Rubbish can be observed in many areas of the centre, particularly in and around the creeks, and no waste disposal system has been established. Rubbish are also reportedly disposed off by burying in hand-dug pits on the beach.

Key WASH concerns:

- Establishment of a waste management system is required to maintain hygiene at the site.
- Concerns that with Oxfam reportedly leaving the site soon that the latrines and other WASH infrastructure will not be maintained.
- The combination of stagnant water and waste may result in increased disease risks.



Health: One clinic is operational in Dandan centre, with three dedicated staff provided by the provincial health department: two females and one male. One is a nurse and the two others are health workers. The clinic is hosted in a small tent with no power supply and a dirt floor. The host communities within walking distance of the centre are able to access the clinic and have been reported to do so. Clinic staff report a shortage of medicine and supplies as well as inadequate space to treat people and safely store materials. Cases of suspected malaria are reported daily and if confirmed treated at the centre. Other common health

problems noted by the health staff include respiratory problems; coughs and pneumonia.

Serious cases are referred to Wewak Hospital and transported there by boat with the support of Save the Children. The care centre has a dingy with fuel on standby for medical evacuation to Wewak Hospital (1-hour boat ride).

The population reports skin diseases, malaria, fever, respiratory infections and diarrhoea as health concerns. The general perception of the health situation by the IDPs is that it has worsened since the displacement.

Five babies have been born at the centre since January. Seven women are known to be pregnant now (three of these are reported to be unplanned pregnancies). To date there have been no childbirth complications, the babies are delivered by traditional birthing attendants from among the community with the clinic staff on standby. Clinic staff report that they have been engaging in awareness raising and provision of access to family planning at the site.

Key health concerns:

- The physical state of the clinic is inadequate in terms of space and conditions. It has already been damaged by floods and further rain will cause damage to the clinic tent and health supplies.
- Drug supply irregular and there is no cold chain facility.
- Violence is a concern at the site. So far no serious injuries have been reported. Crowded conditions and a lack of privacy are thought to be the main reasons for outbursts of violence and there are concerns this will worsen over time.



Shelter: The 149 households (nuclear families) are living in less than 100 shelters. In some shelters up to 4 households are sleeping under the same roof. This does not reflect the living arrangements on the island where nuclear families lived in their own homes. The current arrangements appear to be the consequence of insufficient shelter materials and an absence of site planning in the hurry to establish the care centre and they result in a lack of space and privacy.

There had been no updated layout/map of the care centre, the one attached at the rear of this document was developed by UNDP during the course of the assessment. People belonging to the same communities have built their shelters next to each other;

as result the camp is divided into five “villages”. The shelters are self-built from locally found materials including wood and thatch and then covered with tarpaulins that were provided by stakeholders in January. The communities’ main concerns about the shelters are that individual shelters are overcrowded, that they do not offer sufficient protection from the elements and that they do not offer sufficient privacy these concerns were largely the same across all 5 CGDs, for both men and women.

The observations of the assessment core team confirmed these findings and it is difficult to see how the shelters would withstand a storm or sustained rainfall. The tarpaulins are showing signs of wear and tear.

Key shelter concerns:

- Currently shelters provide insufficient protection from the elements, privacy and dignity.
- A lack of site planning does not make the best use of the limited space available.
- Stakeholders believe that the lack of privacy is a key reason for violence at the site.



Education: As of May, education has been provided at Dandan through the establishment of an elementary school with four classes. Kadovar islanders have not been receiving education on the island since 2012, so some of the school students at the care centre are older than would be expected.

The elementary school at the site has four classes in two tents supplied by UNICEF. Teaching is provided by Save the Children, which also provides teacher training for volunteer teachers from among the displaced population. 156 students are enrolled (including 14 from host community villages).

Classes are crowded and the tents, which have been each divided into 2 classrooms, are located in a low part of the site and have recently been flooded causing damage to teaching and learning materials. There are two additional tents dedicated to the primary school (from 12 years old up), but this is not active as yet because of the lack of teachers. The IDPs have contributed by constructing classroom furniture from wood sourced locally.

The official head teacher appointed by the government education department remains the same as when on Kadovar Island. It was reported this teacher was not attending classes since 2012 which is why access to education for students on Kadovar ceased.

Key education concerns:

- The current location of the school tents will face increasing flood risks unless they can be relocated or raised.
- The strong relationships built by the Save the Children Education team, which include with the teacher-volunteers, students, other stakeholders at site and broader community are a major reason for the success of the education provision. This may be compromised if the staff move away from the centre.



Livelihoods: Livelihood options are currently non-existent for the care centre residents. The lack of space does not allow the cultivation of gardens to grow food for family consumption. Encroaching on more land will be difficult because of the terrain and unresolved issues over land ownership. Men are engaging in some fishing, but there are concerns that increased fishing activity will result in issues with the landowners in the area. The community is carving canoes for fishing from locally available wood.

The community has been introduced to craft activities, weaving bilums and sewing. Although the crafts people from Wewak plan to provide access to the markets in town for the sale of these products, it is difficult to see this making a significant contribution to livelihoods in the short term. It is an activity appreciated and enjoyed by residents.

Key livelihoods concerns:

- On the island the community lived largely by subsistence. Some fish were sold in Wewak and the proceeds of this used to purchase items on the mainland but this was a minor contribution to overall incomes, thus cash literacy may be limited.
- A few community members are enthusiastically volunteering in the school or constructing latrines and the crafts are appreciated but many adults can be seen with nothing to do.



Nutrition: Women's CGDs report a decrease in breast-feeding and meal frequency and the absence of usual foods for children under the age of 2.

Due to children's rejection of relief food supplies and concern over the risk of increased malnutrition a provincial health officer (nutritionist) has conducted a malnutrition screening, the results of this are pending. (Save the Children to follow-up on accessing the report). The assessment team heard that 5 cases of acute malnutrition were treated at Wewak hospital but as yet numbers of moderately malnourished children are unknown.

Most community group discussions also report that people believe the health of their children has decreased since being in the care centre.

Key nutrition concerns:

- Unless the situation regarding food supply and diversity at the centre the island is addressed children's nutrition will be a concern.
- Accessing the nutrition report is a priority.



Protection: & Gender: Violence is a concern at Dandan and CGDs report an increase in violence since the displacement. Fights are reported to be mainly due to lack of privacy. As noted above, unwanted pregnancies are reported but it is unclear if these are associated with sexual violence.

IDPs at Dandan are confined to the care centre and are not permitted to travel outside the site however the assessment team was told that this is not strictly enforced and some movement does take place as women walk 1-2 hours to host communities to trade items for fresh food.

The community at Dandan note security concerns from the communities outside of the camp. At the opening of the centre there were security officers, but they have now been removed. Effort is made by stakeholders to include host communities in as many activities of the care centre as possible in an effort to promote goodwill between the groups. This currently includes the school and health provision.

Lighting at the site is powered by 5 solar panels and 100 car batteries contributed by BSP (See schematic layout). This includes lighting established at the new latrines (on the hillside above the shelters) and in common areas closer to the beach.

Children spend mornings in school and afternoons playing at the beach. Children appear happier and relaxed and this is confirmed by the community (they were not able

to play on the beach at Kadovar due to the steep slopes dropping off into open sea). Some community groups report an increase to violence against children and there are concerns that if the school activities are discontinued or become less motivating for children they will be more exposed to violence.

Wewak based organization, Family for Change (a partner of Oxfam), has been in the centre raising awareness about issues around gender, violence and protection. This well regarded local NGO is ready to set up a post within the centre if funding allows.

Some adults are actively engaged in activities at site such as the volunteer teachers and WASH volunteers working with the Oxfam staff member on the water supply and sanitation construction. These opportunities appear to be enthusiastically taken up. The majority of adults however can be seen with nothing much to do at site.

Key protection concerns:

- **The current living conditions are likely to deteriorate unless there is a change to the current arrangements in the centre. There are concerns that frustration will grow within the community and that this will exacerbate community tensions and violence.**

Humanitarian and operational constraints

The remote location of the Dandan Care Centre affects the timely delivery of humanitarian aid. Logistics have to be extremely well organized and the time that external stakeholders spend at the Care Centre heavily depends on the weather as the boat ride back to Wewak can be risky in rough seas. Delivery of items can come exclusively by small boat. There is a makeshift helipad but it has only been used once for a high-profile visitor.

A road is being constructed to the site but work on this has stopped around 700m - 1 km away due to issues around land ownership. The key stakeholders (government and non-government) have staff based at the centre. These people rarely leave, work every day and live in conditions very similar to the IDPs. As noted above there is a strong commitment and collaborative working arrangement between these stakeholders.

Aggravating factors

Location, access and communication

The remote location of the Dandan care centre is an issue. Humanitarian access is constrained and dependant on good weather conditions. There is no mobile coverage at the facility, and people are reported to be walking uphill for approximately one hour to get a mobile signal. The location right on the beach exposes the Dandan centre to flooding and tides. The deforestation that has taken place to create more space and for the utilisation of timber may have created a risk of landslides at the rear of the camp.

Land ownership issues

The greatest constraint to improving the lives of the IDPs is the land ownership issues. They are unable to return to their island. It is presently a no-go zone patrolled by the government and has been reportedly plundered by nearby islanders. The community is unable to resume a similar lifestyle in the current conditions.

The construction of the planned road to provide the care centre with vehicle access has been blocked due to land ownership issues. The same issues affect the plan to provide the IDPs with a bigger space in order to enhance the livelihoods and living conditions: although the Dandan centre was supposed to be a three to six months temporary reception centre, a more durable solution has been delayed. The lack of space significantly affects the community life and the ability to engage in livelihoods activities.

Response capacity

Local and national response capacity

The community at Dandan is currently almost entirely dependent on aid. After the community self-evacuated from Kadovar, the first official responders were the Provincial Disaster Office, but now the management of the Dandan Care Centre has been handed to the District Disaster Office, who is paying the land fee, dealing with the payments for the enlargement of the site and the construction of a new road to enhance access and responsible to organize the food distribution. There is one permanent camp manager at the site who has been in place since being appointed by the Province. Arranging the release of funds at the district level is an obstacle noted by District Officials in ensuring sufficient, adequate and regular rations for the population. Government medical staff are present at the centre and local expertise is available in Wewak. Local NGOs from East Sepik (e.g. Family for Life mentioned above) could increase presence in the centre.

International response capacity

INGOs based in Wewak including Save the Children and Oxfam are already involved in the provision of services (particularly Education and WASH).

Save the Children Papua New Guinea is active in the Dandan Care Centre and is providing education with two staff members permanently staying in the facility. Oxfam is active with WASH projects, with one staff member permanently on site. These INGOs are working with resources provided by NZ MFAT. ADRA, Caritas and PNG Red Cross previously provided NFIs while IOM supported with initial assessments and household registration.

The projects they have initiated are due to conclude at the end of June. They contributed to the work initiated by ADRA that is reported to have concluded its activities some weeks ago.

Information Gaps

More analysis regarding the vulnerability to the area from flooding and cyclones needs to be undertaken. This will enable the community are adequately prepared for upcoming extreme weather events.

Map

