

Data collection period 05 - 08 May 2020

## OVERVIEW



71 sites



19,660 households

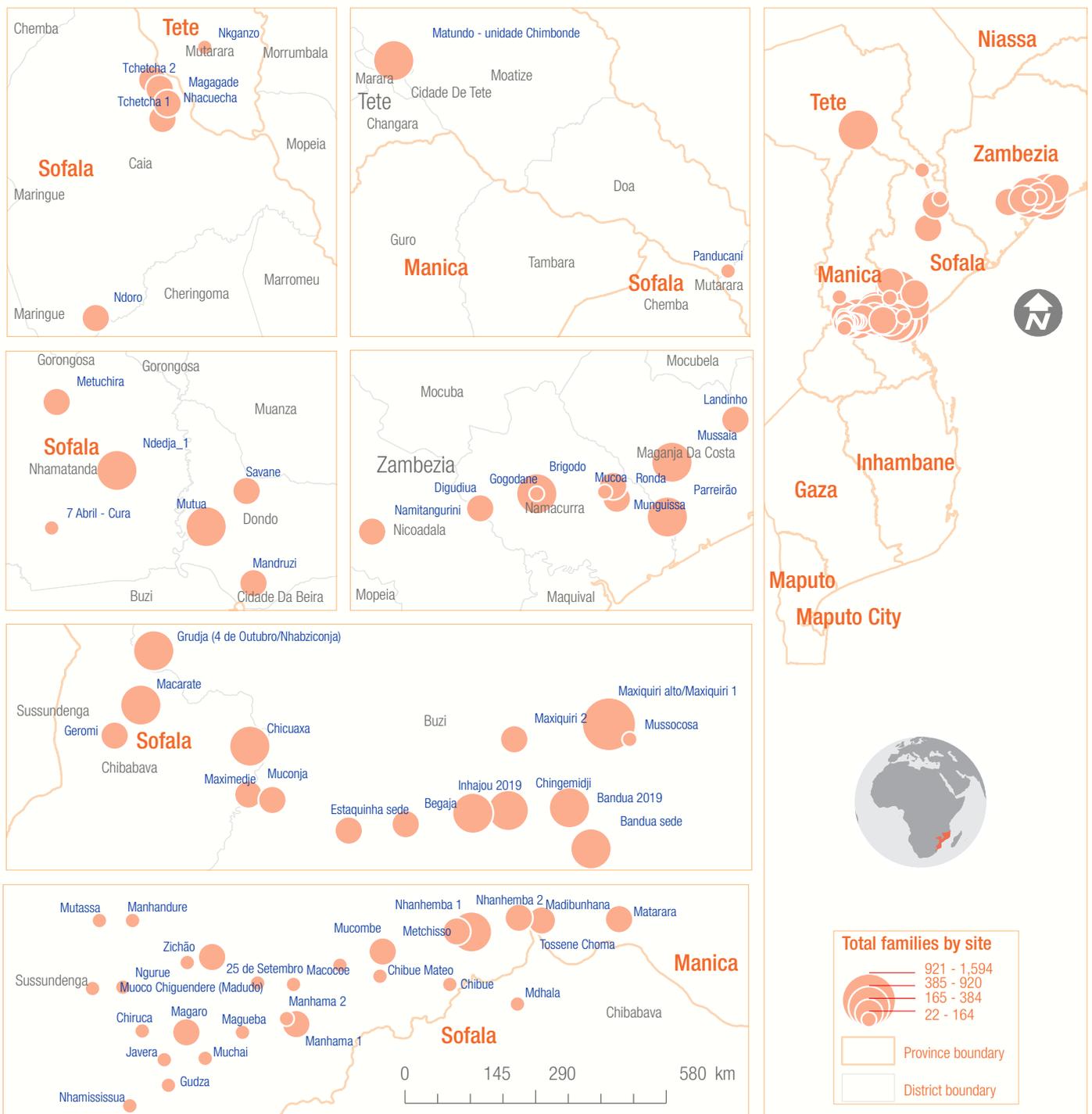
17,179 by Cyclone Idai  
2,481 by floods



95,338 individuals

86,805 by Cyclone Idai  
8,533 by floods

From 05 to 08 May 2020, in close coordination with Mozambique's National Institute for Disaster Management (INGC), IOM's Displacement Tracking Matrix (DTM) teams conducted multi-sectoral location assessments (MSLA) in resettlement sites in the four provinces affected by Cyclone Idai (March 2019) and the floods (between December 2019 and February 2020). The DTM teams interviewed key informants capturing population estimates, mobility patterns, and multi-sectoral needs and vulnerabilities.



## Geographic Coverage

Of the 71 sites assessed, 82% are located in Sofala and Manica provinces which represent 81% of the displaced population

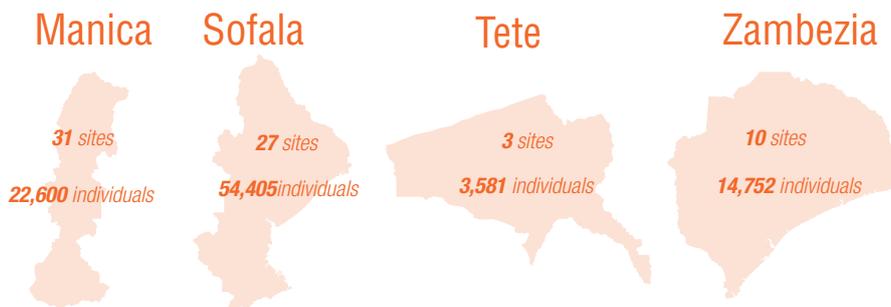


Table 1: Number of sites and population by province

Province	# Sites	Total number of families displaced due to Cyclone Idai	Total number of families displaced due to flood (December 2019 - February 2020)	Total households	Total individuals
Manica	31	4,542	150	4,692	22,600
Sofala	27	10,119	723	10,842	54,405
Tete	3	708	-	708	3,581
Zambezia	10	1,810	1,608	3,418	14,752
Grand Total	71	17,179	2,481	19,660	95,338

## DEMOGRAPHIC PROFILE

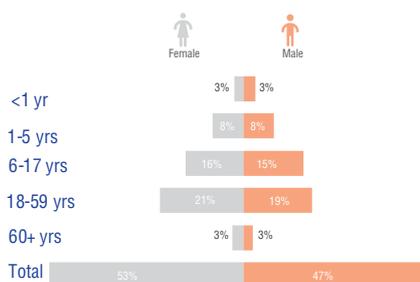


Figure 1: Population by age groups and gender

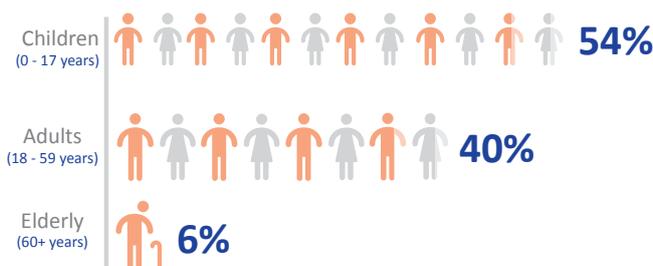


Figure 2: Percentage of population by age groups

## PHYSICAL ACCESSIBILITY STATUS

Of the 71 resettlements sites assessed, 79 per cent (17,292 households in 56 sites) are fully accessible while the remaining 21 per cent (2,368 households in 15 sites) can only be accessed either by a boat or 4x4 vehicle. In event of a natural disaster, 51 per cent (8,935 households in 36 sites) of the resettlement sites will become inaccessible.



Figure 3: a) Accessibility status b) Accessibility in event of disaster

## URGENT NEEDS

Of the 71 resettlement sites assessed, 51 sites reported food as their greatest need (representing 14,768 households) followed by shelter (representing 8,173 households in 30 sites), and healthcare (representing 7,328 households in 25 sites).



Figure 4: Urgent needs

## ORIGIN OF DISPLACED FAMILIES

All the families living in the resettlement sites originated from the districts of their resettlement location as illustrated in the figure below:

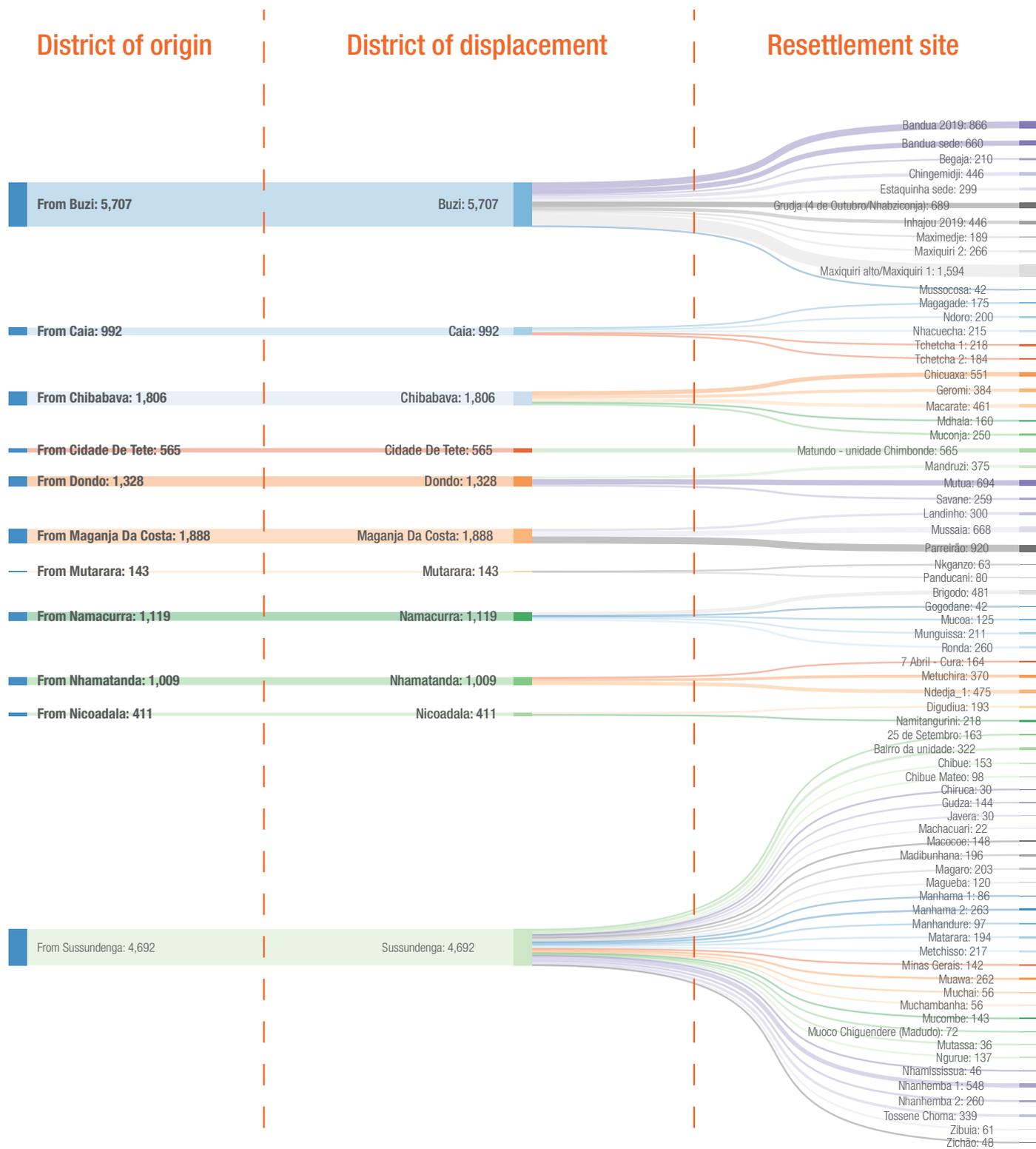


Figure 5: Origin of families in resettlement sites

## SHELTER/NFI

In the 71 resettlement sites assessed, 74 per cent (16,630 households) are living in emergency shelter whilst the remaining 26 per cent (5,170 households) are living in permanent shelter.

The top three NFI items needed but not accessible to IDPs in the site are: 1) items for sleeping (mats, blankets...) in 55 sites, 2) mosquito nets in 54 sites, and 3) cooking items (pots/pans) in 31 sites. Seventy-seven per cent (down from 83% when compared with previous round) of resettlement sites assessed (representing 15,341 households in 55 sites) reported not being able to access needed NFIs due to lack of financial means, followed by three per cent (740 households in 2 sites) who reported that market is not accessible, and one per cent (920 households in 1 site) reported that items sold are too expensive, the remaining 18 per cent reported other reasons.



Figure 6: a) Reasons for not accessing these needs b) Top 3 NFI needs

## WASH

The assessment shows that 79 per cent of the latrines on sites are individual latrine (used by 1 to 2 families) whilst the remaining 21 per cent are communal latrines (used by many families). Ninety per cent of resettlement sites assessed (19,028 households in 64 sites) reported having access to functional latrines on sites whilst the remaining 10 per cent (632 households) reporting no access to functional latrines are located in Sussundenga district (4 sites) in Manica province; and Buzi (1 site) and Caia (1 site) districts in Sofala province; and Mutarara district (1 site) in Tete province.

Sixty-nine per cent of sites assessed (12,283 households in 49 sites) reported using hand pumps as their main source of water, followed by 13 per cent using small water system (4,305 households in 9 sites), four per cent using tanks (754 households in 3 sites), four per cent open well (281 households in 3 sites), one per cent using lagoons and waterways (72 households in 1 site), one per cent using protected well (689 households in 1 site), one per cent using water truck (565 households in 1 site).

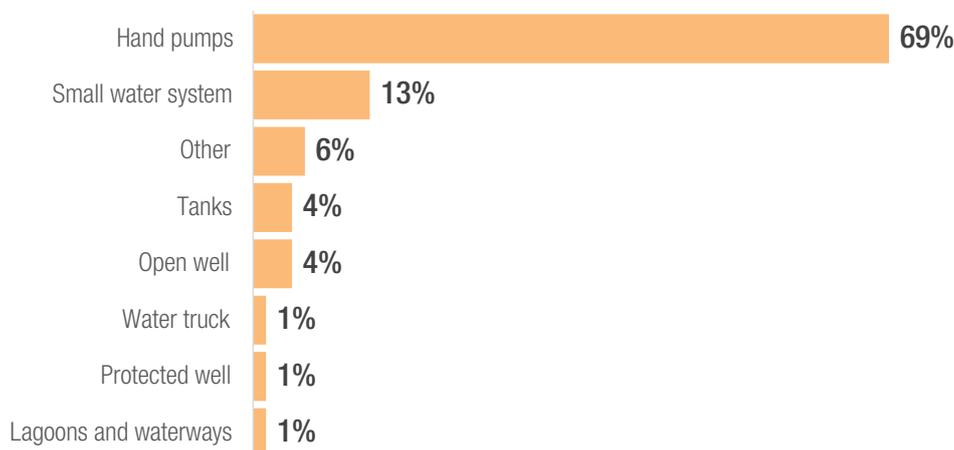


Figure 7: Water sources

## FOOD SECURITY

Of the 71 resettlement sites assessed, 34 per cent reported having access to a functioning market (11,380 households in 24 sites). The 66 per cent of sites that reported not having access to a functioning market (8,280 households in 47 sites) are located in Sussundenga in Manica province; Caia, Chibabava, and Nhamatanda districts in Sofala province; Cidade De Tete and Mutarara districts in Tete province; Namacurra and Nicoadala districts in Zambezia.

Ninety-three per cent (18,819 households) of sites reported receiving food distribution, the remaining seven sites that reported not receiving food distribution are located in Sussundenga district of Manica, Dondo district in Sofala, and Namacurra district of Zambezia. Of the sites that reported food distribution, 58 per cent (9,735 households in 38 sites) received one in the last 14 days, 36 per cent (7,348 households in 24 sites) received one more than three weeks ago, and six per cent (1,527 households in 4 sites) received one in the last seven days.

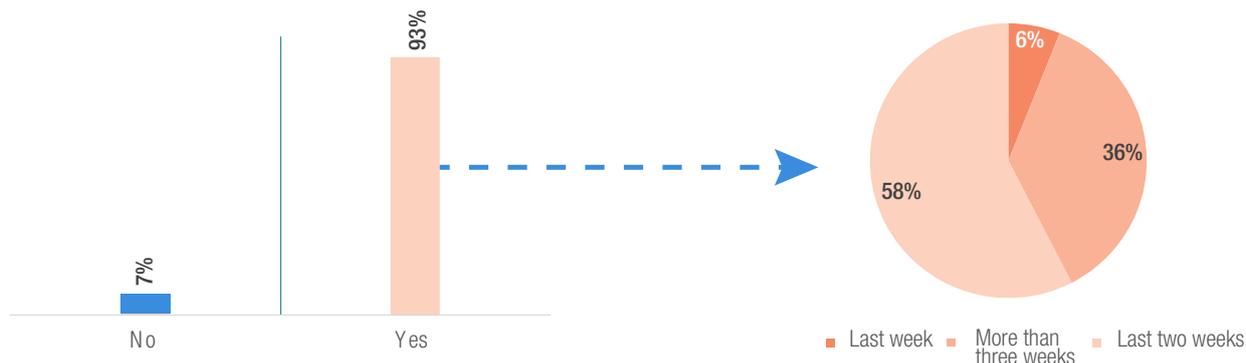


Figure 8 a) Food distribution in sites b) Frequencies of distribution

## HEALTH

Of the 71 resettlement sites assessed, 18 per cent (7,677 households in 13 sites, down from 32% when compared with previous round) report having access to healthcare services on-site, whilst the remaining 82 per cent (11,983 households in 58 sites) access healthcare off-site. Of the sites that access healthcare off-site, 64 per cent require more than 60 minutes walk to the nearest health facility, 24 per cent can reach the health facility within 31-60 minutes, and 12 per cent within 16-30 minutes. The sites that require more than 60 minutes walk are located in Sussundenga district (21 sites) in Manica province; Buzi (4 sites), Caia (3 sites), Chibabava (3 sites), and Dondo (1 site) districts in Sofala; Mutarara district (1 site) in Tete province, and Maganja Da Costa (1 site), Namacurra, and Nicoadala (1 site) districts in Zambezia province.

82% of healthcare centres are off-site

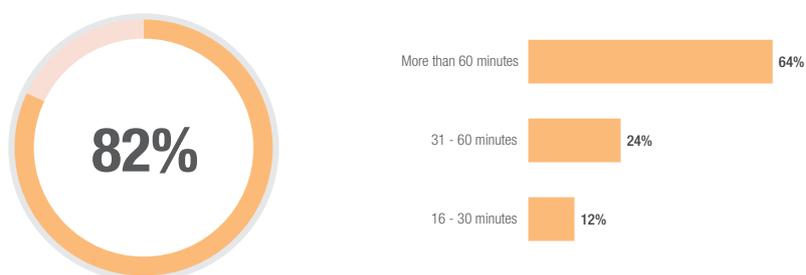


Figure 9 a). Health care facility locations b). time spent in reaching the location

Of the 18 per cent of resettlement sites with access to health facilities on-site, 77 per cent are on-site clinic (6,277 households in 10 sites) and 23 per cent mobile clinic (1,400 households in 3 sites).

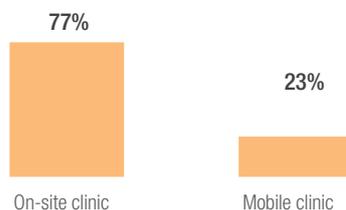


Figure 10: Health care facility types

## EDUCATION

Reportedly, all the primary school aged children have access to primary school but of the primary schools accessible by the individuals on-site, only 34 per cent are functional. The 66 per cent of sites (2,501 households in 8 sites) which report non-functional primary schools are located in Sussundenga district (24 sites) in Manica province; Buzi (9 sites), Chibabava (4 sites), Dondo (3 sites) and Nhamatanda (3 sites) districts in Sofala; Cidade de Tete (1 site) and Maganja Da Costa (1 site), Namacurra and Nicoadala (1 site) districts in Zambezia province.

Of the 71 sites assessed, only 38 per cent (9,406 households in 27 sites) have access to secondary school. These sites are located in Sussundenga district (22 sites) in Manica province; Buzi (1 site), Caia (5 sites), Chibava (5 sites), and Dondo (1 site) districts in Sofala; Cidade de Tete (1 site) in Tete province; Maganja Da Costa (1 site), Namacurra (5 sites), and Nicoadala (2 sites) districts in Zambezia province.

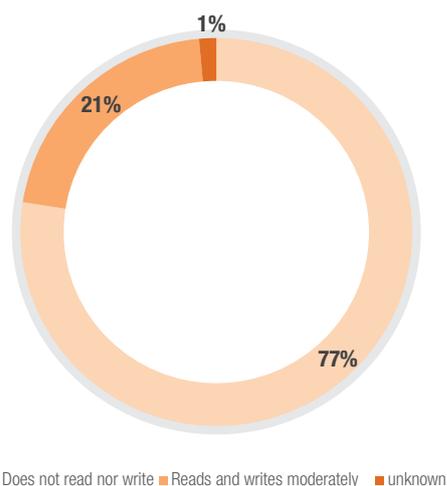


Figure 11: Literacy level

## PROTECTION

Of the 71 resettlement sites assessed, 76 per cent (12,083 households in 55 sites) report the presence of protection desk on site. The remaining 23 per cent without protection desk (7,577 households in 16 sites) are located in Sussudenga district (27 sites) in Manica province; Buzi (4 sites), Caia (5 sites), and Chibabava (5 sites) districts all in Sofala province; Cidade de Tete (2 sites) and Mutarara (1 site) districts in Tete province; and Maganja de Costa (3 sites) Namacurra (5 sites) and Nicoadala (2 sites) districts all in Zambezia province.

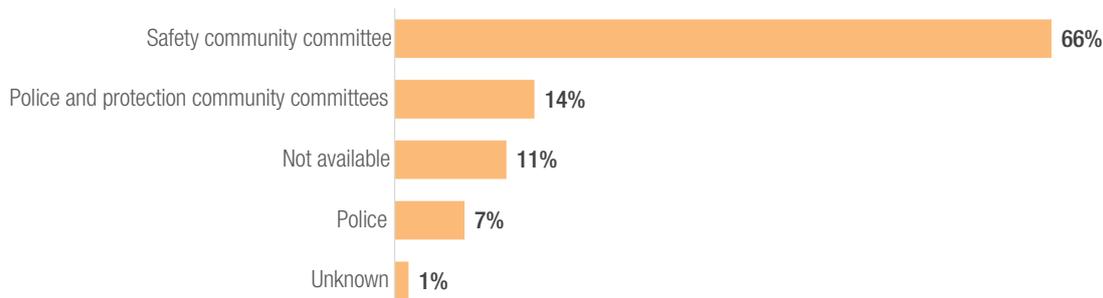


Figure 12: structure where people can report incidents (Crime, conflict and disputes, violence, abduction, etc.)

## LIVELIHOOD

Ninety-seven per cent (up from 94% when compared with previous assessment) of resettlement sites assessed (18,931 households in 69 sites) have access to farming land. The remaining three per cent that have no access are located in Nhamatanda district of Sofala province and Cidade de Tete district of Tete province. Of the farmers that have access to farmland 86% (17,847 households in 61 sites) have received agriculture inputs (seeds and tools) and the 14% (1,813 households in 10 sites) that have not received are located in Sussundenga district in Manica province; Buzi, Caia and Chibava districts in Sofala and Namacurra district in Tete province.

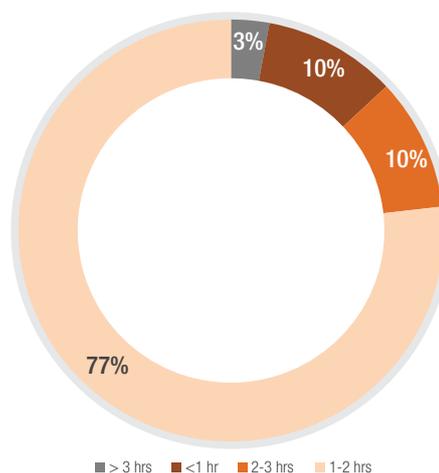


Figure 13: Time taken to reach farmland



## COMMUNITY ENGAGEMENT

Ninety-three per cent of resettlement sites assessed (18,306 households in 66 sites) report that there are volunteers conducting social mobilization activities on site. The top three sectors of mobilization activities were reported as Health (54 sites), WASH (48 sites), and Protection (32 sites). The seven per cent (2,878 households) that report no social mobilization volunteers on site are located in Buzi district in Sofala province; Sussundenga district (2 sites) in Manica province; Buzi district (2 sites) in Sofala province; and Nicoadala district (1 site) in Zambezia province.

According to respondents, the three most common channels used by communities to reach the humanitarian organizations are: local government office (59 sites), community leader or group (54 sites), and radio programme in-calls (21 sites). In the other direction, organizations communicate with communities mainly through community leader or group (55 sites), and staff from humanitarian agencies (44 sites).

When asked if the majority of family members have legal documentation (birth certificate, ID, etc), 69 per cent (10,783 households in 49 sites) responded no, whilst the remaining 31 per cent (8,877 households in 22 sites) report having.

## METHODOLOGY

To ensure a more robust and targeted response for the humanitarian community, DTM provides key information and critical insights into the situation on internally displaced (IDP), affected persons and returning populations across the affected areas. Specifically, DTM implements three component activities:

- 1) Daily Monitoring: rapid daily assessments of IDP population numbers (individuals & households) at accommodation centres and resettlement sites.
- 2) Multi-Sectoral Location Assessment: multi-sector assessment at resettlement sites providing in-depth information on mobility, needs, and vulnerabilities.
- 3) Baseline Locality Assessment: multi-sector assessment of affected localities to determine the number of affected populations and returnees along with basic shelter and access to service information.
- 4) Thematic Survey: DTM conducts surveys to provide a deeper understanding of the intentions/perceptions of populations of concern and to describe communities' socio-economic characteristics. DTM surveys are carried out on a sample of the population.

For this assessment, resettlement sites are defined as sites where populations have voluntarily move to after staying in accommodation centres. Since all accommodation centres have formally closed, DTM activities continue in the remaining resettlement sites.

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.

For more information or to report an alert, please

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