

MOZAMBIQUE: TROPICAL CYCLONE IDAI AND FLOODS MULTI-SECTORAL LOCATION ASSESSMENT - ROUND 16



Data collection period: 22 - 24 September 2020





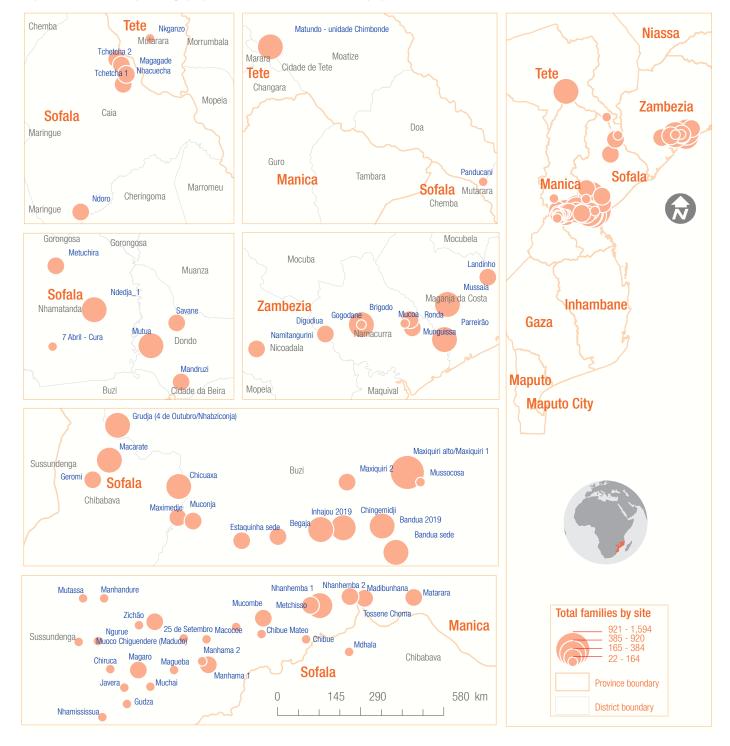
19,492 IDP households

16,869 by Cyclone Idai 2,623 by floods



81,251 by Cyclone Idai 12,073 by floods

From 22 to 24 September 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 hosting internally displaced persons (IDPs) in the four provinces affected by Cyclone Idai (March 2019) and 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

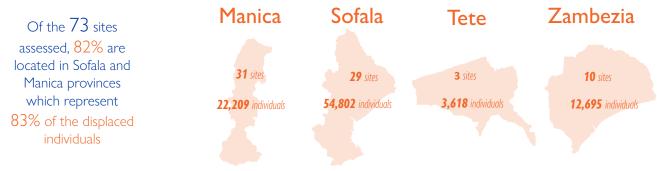


Table 1: Number of sites and population by province

Province	# Sites	Total families displaced due to Cyclone Idai	Total families displaced due to flood	Total families	Total individuals
Manica	31	4,416	150	4,566	22,209
Sofala	29	9,947	1,360	11,307	54,802
Tete	3	712	-	712	3,618
Zambezia	10	1,794	1,113	2,907	12,695
Grand Total	73	16,869	2,623	19,492	93,324

DEMOGRAPHIC PROFILE

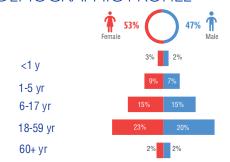


Figure 1: Population by age groups and sex

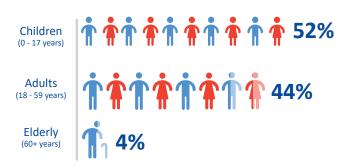


Figure 2: Percentage of population by age groups

PHYSICAL ACCESSIBILITY STATUS

Of the 73 resettlements sites assessed, 81 per cent (16,791 households in 59 sites) are fully accessible while the remaining 19 per cent (2,701 households in 14 sites) can only be accessed either by a boat or 4x4 vehicle. In the event of a natural disaster, 25 per Accessible cent of the resettlement sites (4,798 households in Limited access (only by boat) Limited access (only 4x4 vehicles) 18 sites) could become inaccessible.

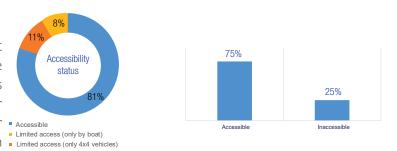


Figure 3: a) Accessibility status b) Accessibility in the event of a disaster

URGENT NEEDS

Of the 73 resettlement sites assessed, key informants in 56 per cent of the sites (41 sites representing 9,934 households) reported shelter as the most urgent need, followed by food (22%, 16 sites representing 4,885 households), and healthcare (10%, 7 sites representing 1,883 households). According to key informants, the second most urgent needs were food (18 sites), shelter (15 sites) and water (12 sites). Finally, key informants reported healthcare (18 sites), household items (18 sites) and food (11 sites) as third most urgent needs.

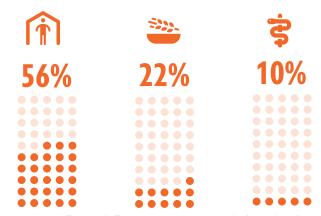


Figure 4: First most urgent needs (top three)

ORIGIN OF DISPLACED FAMILIES

Over 98 per cent of the families living in the resettlement sites originated from the districts of their resettlement sites location, the remaining 1 per cent are IDPS in Savane resettlement sites (267 IDPs) in Dondo district that originated from Beira as illustrated in the figure below:

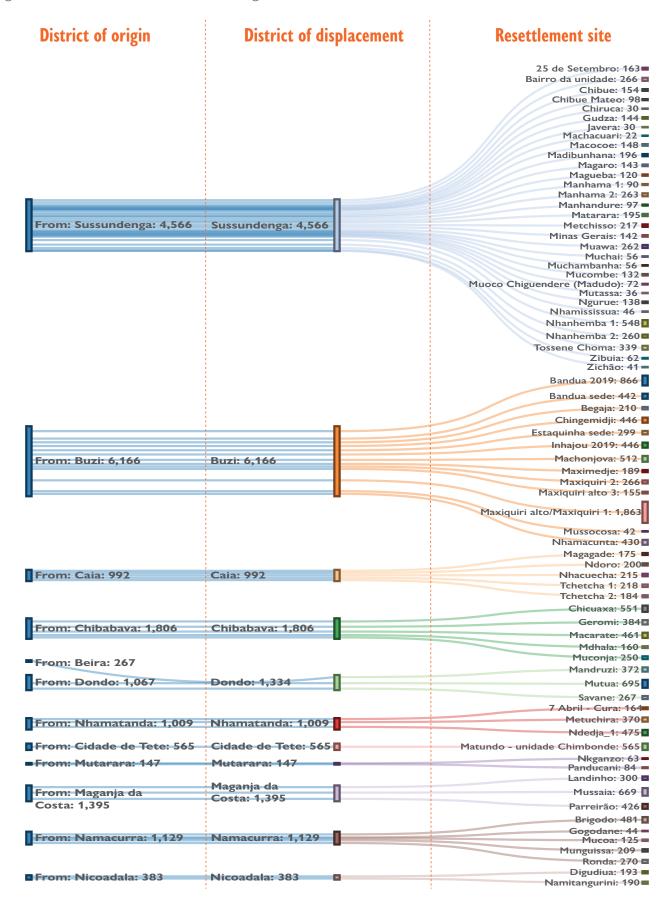


Figure 5: Origin of families in resettlement sites



SHELTER/NFI

In the 73 resettlement sites assessed, 66 per cent of the IDP households (12,371 households) currently live in emergency shelter whilst the remaining 34 per cent (6,584 households) live in permanent shelter. According to key informants, none of the households was reported as living outdoors.

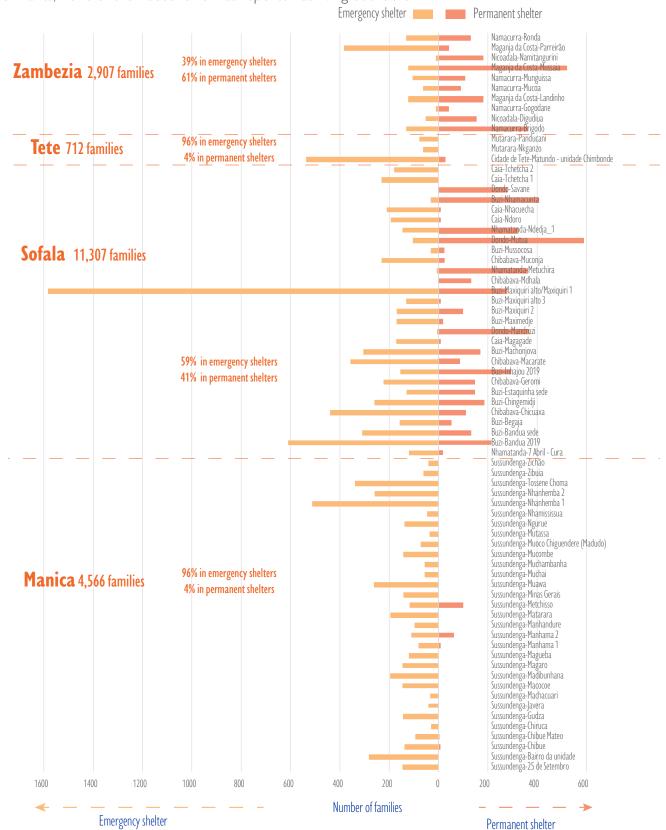


Figure 6: Number of families living in resettlement by site and shelter type

The top three NFI items needed but not accessible to IDPs in the site are: 1) mosquito nets in 38 sites, 2) closed containers to transport or store water in 17 sites, and 3) items for sleeping (mats, blankets, etc.) in 12 sites. As in the previous round, the primary barrier to access NFIs in all assessed sites is the lack of financial means.

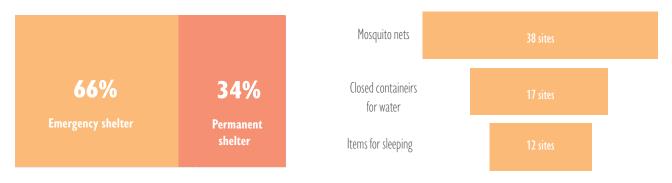


Figure 7: a) Type of shelter in the assessed sites b) Top three NFI needs

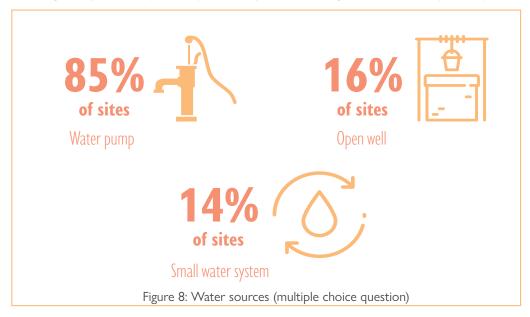


The assessment shows that key informants in 85 per cent of the assessed sites reported the availability of individual latrines (used by one to two families), moreover 27 per cent of the sites reported the presence of communal latrines (used by many families). Ninety-six per cent of resettlement sites assessed (70 sites hosting 19,327 households) reported having access to functional latrines on sites. The remaining 4 per cent (3 sites with 165 households) reporting a lack of access to functional latrines are: Javera and Muoco Chiguendere (Madudo) sites in Sussundenga district of Manica province; and Nkganzo site in Mutarara district of Tete province. In 86 per cent of the sites (63 sites), key informants reported that latrines are not adapted to persons with disabilities or elderly people, while another 10 per cent reported that latrines adapted to persons with disabilities or people are available but too few to meet the needs. Only 3 per cent of sites have sufficient such latrines.

Functional bathing spaces are available in 96 per cent of the sites (70 sites with 19,327 households), with the remaining sites being the same sites with non-functional latrines: Javera and Muoco Chiguendere (Madudo) sites in Sussundenga district of Manica province; and Nkganzo site in Mutarara district of Tete province. Handwashing stations with soap are available in 58 per cent of the sites (42 sites with 13,548 households), while handwashing stations without soap are available in 38 per cent of the sites (28 sites with 5,779 households). Key informants in the following sites reported the absence of handwashing stations: Javera and Muoco Chiguendere (Madudo) sites in Manica province; and Nkganzo site in Tete province.

Hygiene promotion campaigns have been conducted in 97 per cent of the sites, although in 16 per cent of the sites they were held more than two weeks ago. The two sites where these campaigns have not been conducted are situated in Buzi district in Sofala province (Machonjova and Maxiquiri alto 3).

Eighty-five per cent of sites assessed (62 sites) reported using hand pumps as their main sources of water, followed by 16 per cent using an open well (12 sites) and 14 per cent using a small water system (10 sites).



Of the 73 resettlement sites assessed, 44 per cent (down from 45% when compared with the previous assessment) reported having access to a functioning market (12,168 households in 32 sites). The remaining sites that reported not having access to a functioning market (7,324 households in 41 sites) are located in: Sussundenga (29 sites) in Manica province; Caia (5 sites) and Chibabava (4 sites) districts in Sofala province; Cidade de Tete (1 site) and Mutarara (2 sites) districts in Tete province. It is notable that all the 10 sites assessed in Zambezia province have access to a functioning market. Long distances and absence of market in the area were reported as main factors for the lack of access to a functioning market.

Key informants in 93 per cent of sites (68 sites or 17,905 households) reported that the site received food assistance; the remaining five sites not targeted for any food distribution are: Javera and Minas Gerais sites located in Manica province; Maxiguiri Alto 3 and Mutua sites in Sofala province; and Matundo - unidade Chimbonde in Zambezia province. Of the sites that reported food distribution, 60 per cent (11,357 households in 41 sites) received it last week, 9 per cent (1,083 households in 6 sites) received it in the last two weeks, 7 per cent (668 households in 5 sites) received it more than two weeks ago and 24 per cent (4,797 households in 16 sites) received one distribution more than a month ago.

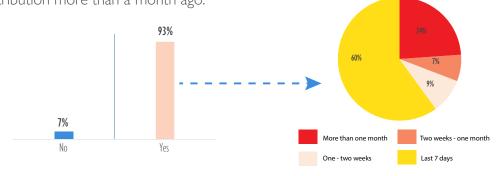


Figure 9 a) Food distribution in sites b) Frequencies of distribution



Of the 73 resettlement sites assessed, 41 per cent (12,051 households in 30 sites, up from 33% in the previous round) reported having access to healthcare services on-site, whilst the remaining 59 per cent (7,441 households in 43 sites) reported accessing healthcare off-site. Of the sites that access healthcare off-site, 65 per cent require more than 60 minutes walk to the nearest health facility, 28 per cent can reach the health facility within 31-60 minutes and 7 per cent within 16-30 minutes. The sites that require more than 60 minutes walk are located in: Sussundenga district (20 sites) in Manica province; Caia (2 sites) and Chibabava (3 sites) districts in Sofala province; Mutarara district (2 site) in Tete province; and Namacurra (1 site) district in Zambezia province. Of the 30 resettlement sites with access to health facilities on-site, 20 sites have access to a mobile brigade, 7 sites have on-site clinic, while 3 sites, situated in Buzi (2 sites) district in Sofala province and Maganja da Costa (1 site) district in Zambezia province, have access to both.



Figure 10 a). Health care facility locations b). Time spent in reaching the closest health facility

For basic care, key informants reported that in 40 per cent of the sites, community workers (APEs) are active on site, in 12 per cent of the sites the APE is situated in a nearby village, while in 2 per cent there is an APE (either on site or in a nearby village) but is not active. However, in 45 per cent of the sites, an APE is not available.

Regarding the availability of medicines at the site, key informants in 47 per cent of the sites (13,364 households in 34 sites) reported that medicines are of good quality and people can afford them, while in 10 per cent of the cases (7 sites with 1,298 households) the quality of the medicines is considered insufficient. Finally, in 42 per cent of the sites (4,349 households in 31 sites) medicines are not normally available to the majority of the population.

E EDUCATION

According to key informants, the majority of households can write and read moderately in 16 per cent of the sites (12 sites with 2,913 households), while in 84 per cent of the sites (16,579 households in 61 sites) the majority of the population does not read or write. The majority of the primary school aged children have access to primary school in all sites (up from 96% in the previous assessment). However, in 47 per cent of the assessed sites the school is not functional. The sites with accessible but non functional primary schools (7,490 households in 34 sites) are located in: Sussundenga district (24 sites) in Manica province; Buzi (3 sites) and Chibabava (4 sites) districts in Sofala; Cidade de Tete (1 site) in Tete province; Maganja da Costa (1 site) and Namacurra (1 site) districts in Zambezia province.

Of the 73 sites assessed, only 38 per cent (10,461 households in 28 sites) have access to secondary school. The sites that have no access to secondary school are located in: Sussundenga district (28 sites) in Manica province; Caia (5 sites) and Chibabava (5 sites) districts in Sofala; Maganja da Costa (2 sites) and Namacurra (5 sites) districts in Zambezia province.

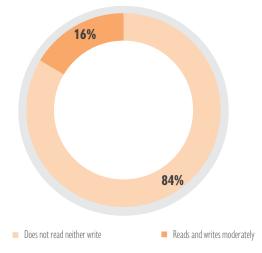


Figure 11: Literacy level of majority of households in the site



PROTECTION

Of the 73 resettlement sites assessed, 36 per cent (9,624 households in 26 sites) reported the presence of a protection desk on site. The remaining 64 per cent without protection desks (9,868 households in 47 sites) are located in: Sussudenga district (20 sites) in Manica province; Buzi (6 sites), Caia (5 sites) and Chibabava (4 sites) districts in Sofala province; Cidade de Tete (1 site) and Mutarara (2 sites) districts in Tete province; and Maganja Da Costa (2 sites) Namacurra (5 sites) and Nicoadala (2 sites) districts in Zambezia province.

Among the assessed resettlement sites, key informants reported the presence of the following structures where people can report incidents: a safety community committee in 47 per cent of the sites (34 sites with 6,816 households), both police and protection community committees in 36 per cent of the sites (26 sites with 9,676 households) and police in 14 per cent of the sites (10 sites with 2,561 households). The remaining 4 per cent of the sites (3 sites, 439 households), which do not have any structure where people can report incidents, are situated in Sussundenga district in Manica province (Muchambanha) and in Nicoadala district in Zambezia province (Digudiua and Namitangurini).

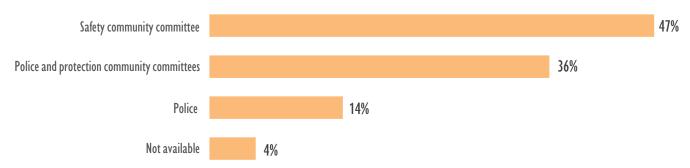


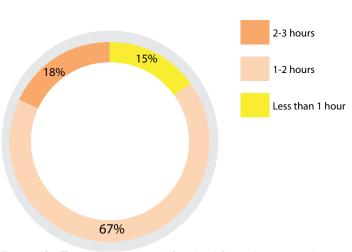
Figure 12: Sites with structure where people can report incidents (crime, conflict and disputes, violence, abduction, etc.)



LIVELIHOOD

Ninety-nine per cent (up from 97% in the previous assessment) of resettlement sites assessed (18,927 households in 72 sites) have access to farmland. The only site with no access to farmland is Matundo - Unidade Chimbonde site, located in Cidade de Tete district, in Tete province. About two thirds of the sites can reach farmlands in one-two hours, while 18 per cent require more than two hours to reach farmlands from the site and 15 per cent need less than one hour to reach farmland.

Of the farmers that have access to farmland, 79 per cent (16,491 households in 58 sites) have received agriculture inputs (seeds and tools); the remaining sites (3,001 households in 15 sites) that have not received agriculture Figure 13: Time taken to reach farmland from the assessed sites inputs are located in: Sussundenga district (10 sites) in Manica province; Buzi (1 site), Caia (1 site), Chibava (1 site) and Nhamatanda (1 site) districts in Sofala province and Cidade de Tete (1 site) district in Tete province.





COMMUNITY ENGAGEMENT

Eighty-nine per cent of resettlement sites assessed (18,311 households in 65 sites) reported that there are volunteers conducting social mobilization activities on site. The top three sectors of mobilization activities were reported as Health (41 sites), WASH (35 sites) and Protection (24 sites). The 11 per cent of sites (1,584 households in 8 sites) that report no social mobilization volunteers on site are located in: Sussundenga district (2 sites) in Manica province; Namacurra (4 sites) and Nicoadala districts (2 sites) in Zambezia province.

According to key informants, the three most common channels used by communities to reach humanitarian organizations are: local government office (60 sites), community leader or group (49 sites) and staff from humanitarian agencies (47 sites). In the other direction, organizations communicate with communities mainly through local government office (67 sites), community leader or group (56 sites) and staff from humanitarian agencies (51 sites).



Figure 14: Top three sectors of social mobilization activities

MFTHODOLOGY

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 persons (IDPs), affected persons and returning populations across the affected areas. Specifically, DTM implements four component activities:

- 1) Daily Monitoring: rapid daily assessments of IDP population numbers (individuals and 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 moved after staying in accommodation centres. Since all accommodation centres have formally closed, DTM activities continue in the remaining resettlement sites.

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