



73 resettlement sites
64 sites affected by
Cyclone Eloise



19,505 IDP households
8,755 households affected by
Cyclone Eloise in the resettlement sites

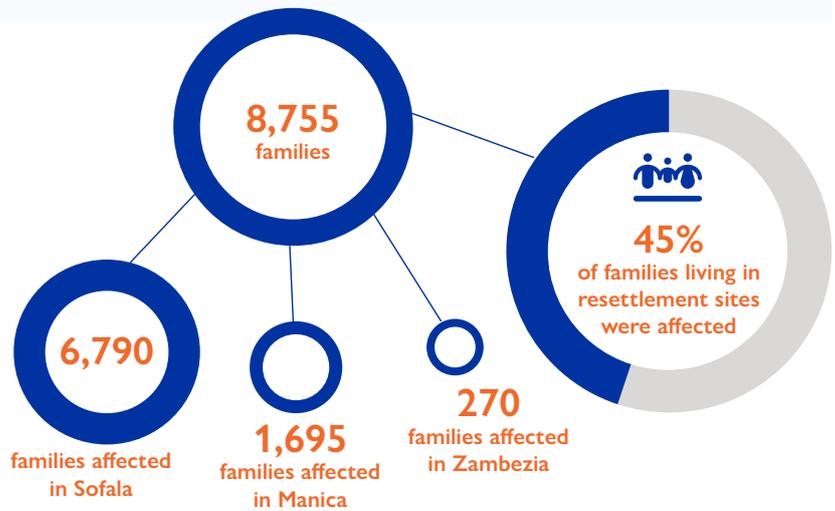


93,392 IDPs

From 25 to 29 January 2021, in close coordination with the Mozambique's National Institute for Disaster Management and Risk Reduction (INGD), International Organization for Migration (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).

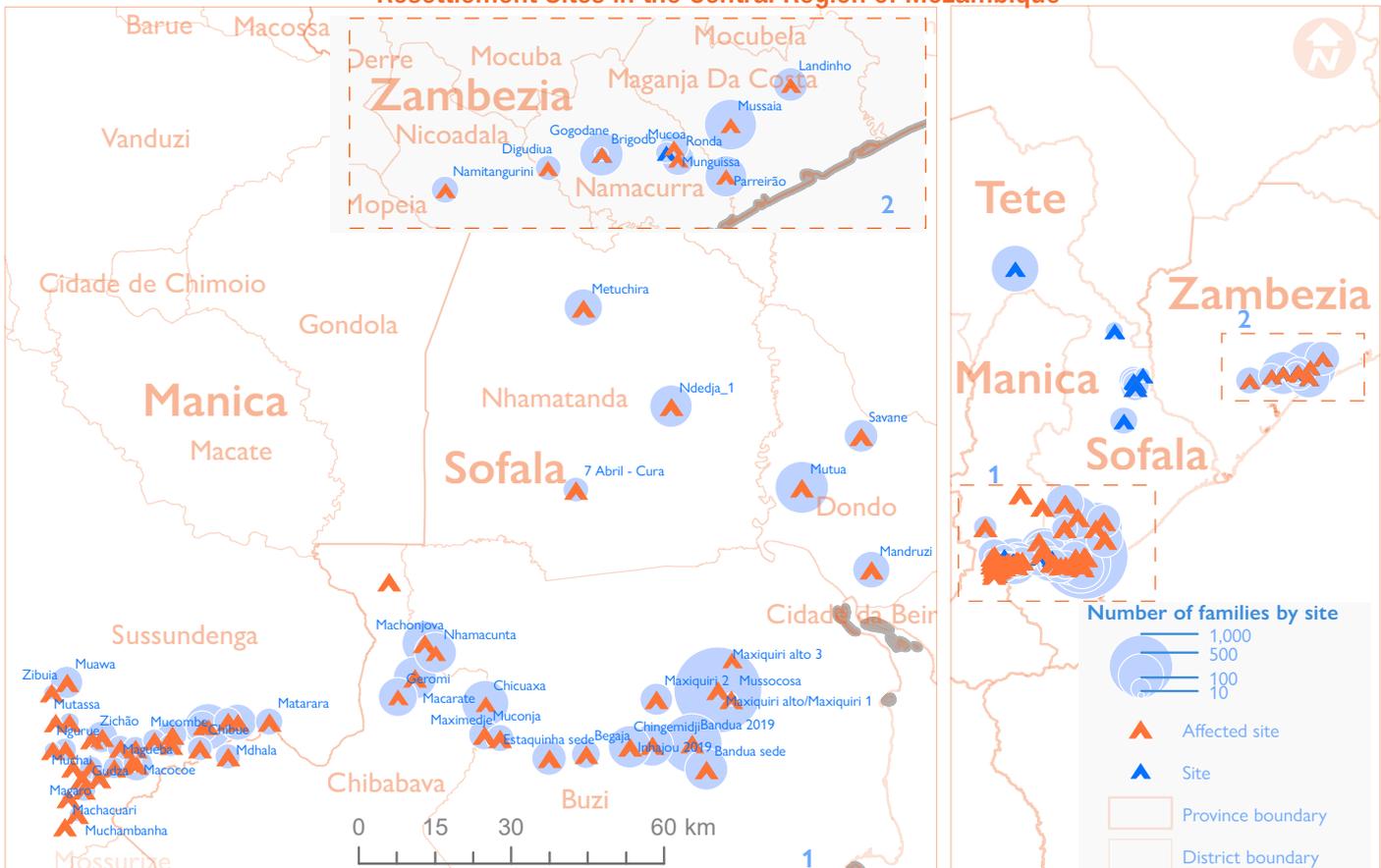
The assessments were carried out in the immediate aftermath of Tropical Cyclone Eloise¹, which hit the central region of Mozambique on 23 January 2021. The most affected districts were Buzi, Dondo Nhamatanda, and Chibabava in Sofala province.

The results from the assessment show that there is no significant displacement into the resettlement sites, however, 8,755 families in the resettlement sites had their tents and shelters destroyed/partially destroyed as a result of Tropical Cyclone Eloise.

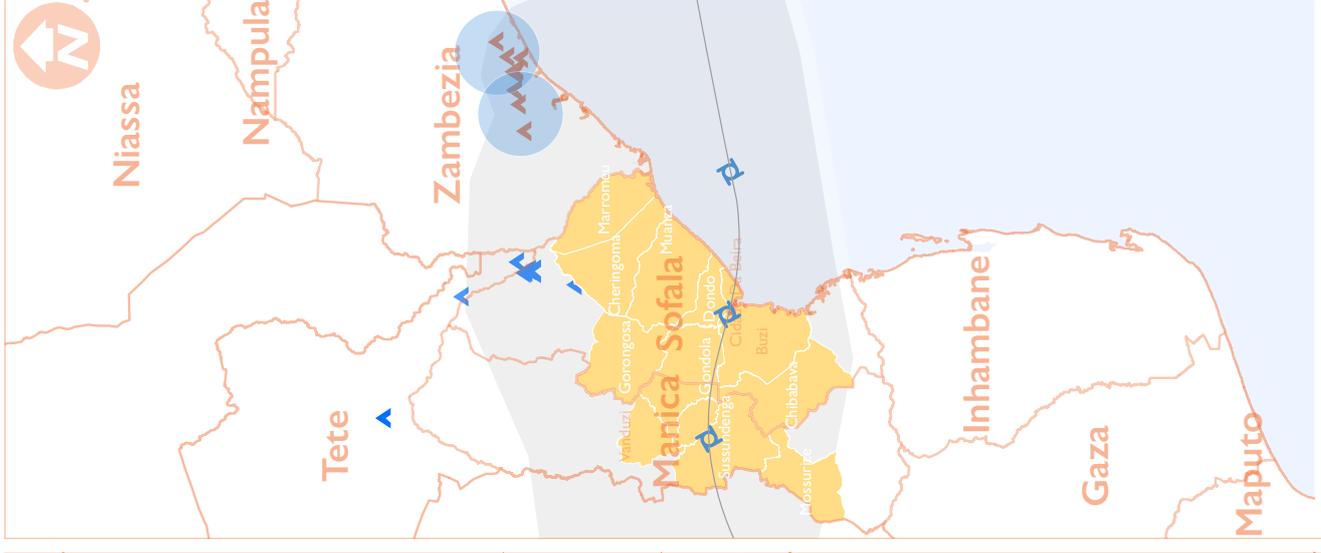
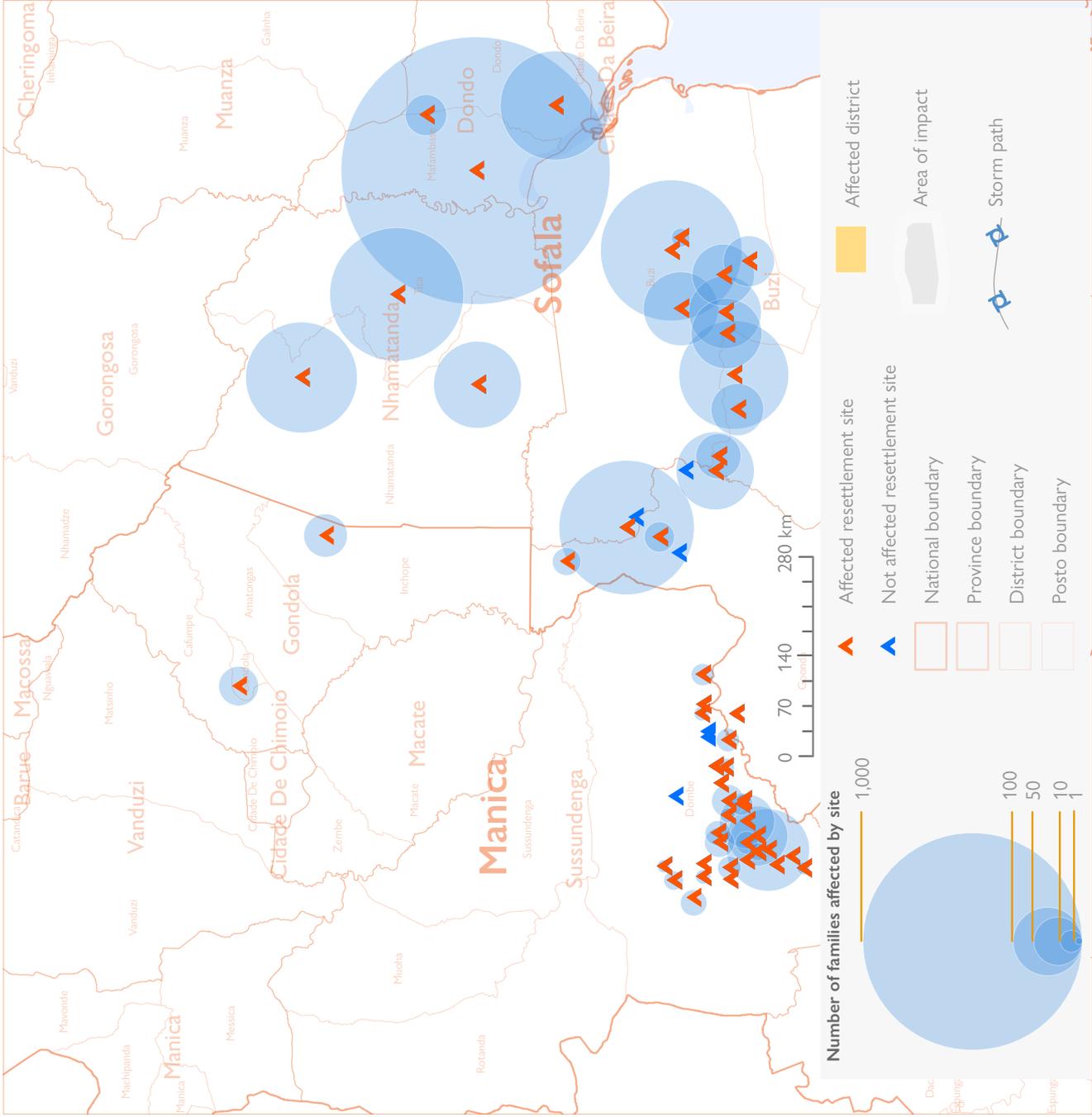


Caseload of families affected by Cyclone Eloise in the resettlement sites

Resettlement Sites in the Central Region of Mozambique



¹ For more details about the impact of Tropical Cyclone Eloise in resettlement sites, please consult Flash Report 16 at: <https://displacement.iom.int/reports/mozambique-%E2%80%93-93-flash-report-16-tropical-cyclone-elouise-january-2021?close=true>



8,755
Shelters affected

64
Sites affected

5,292
Latrines damaged

8
Water points damaged

6
Health centres partially destroyed

11
Schools damaged

Impact of Tropical Cyclone Eloise on the resettlement sites in the central region of Mozambique

GEOGRAPHIC COVERAGE

Of the 73 sites assessed, 82% are located in Sofala and Manica provinces which represent 83% of the displaced individuals



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	4,477	120	4,597	22,206
Sofala	29	9,981	1,340	11,321	54,935
Tete	3	715	-	715	3,642
Zambezia	10	1,757	1,115	2,872	12,609
Grand Total	73	16,930	2,575	19,505	93,392

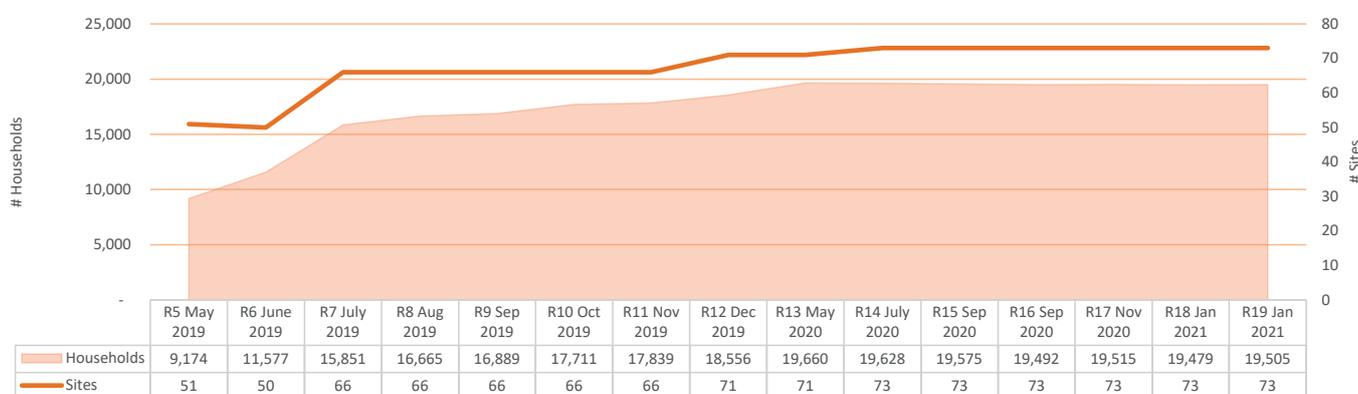


Figure 1: Evolution of the number of displaced households and resettlement sites

DEMOGRAPHIC PROFILE

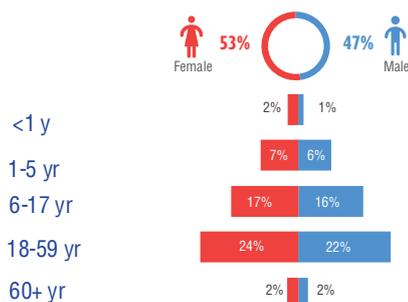


Figure 2: Population by age groups and sex

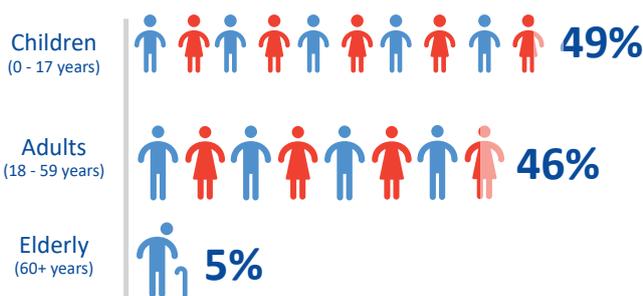


Figure 3: Percentage of population by age groups

PHYSICAL ACCESSIBILITY STATUS

Of the 73 resettlements sites assessed, 73 per cent (53 sites with 16,148 households) are fully accessible, with 15 per cent (11 sites with 1,187 households) only accessible by boat, 5 per cent only accessible with 4x4 vehicles and 3 per cent accessible only on foot. In contrast with previous assessments, three sites (961 households) have been reported as not accessible since the passage of Eloise cyclone: Chicuxa, Mdhala and Muconja, all situated in Sofala province. This might be due to the impact of Tropical Storm Chalane and Tropical Cyclone Eloise that hit Sofala province in the last month.

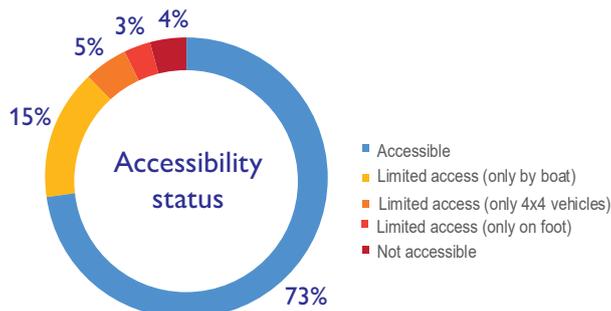


Figure 4: Accessibility status

ORIGIN OF DISPLACED FAMILIES

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

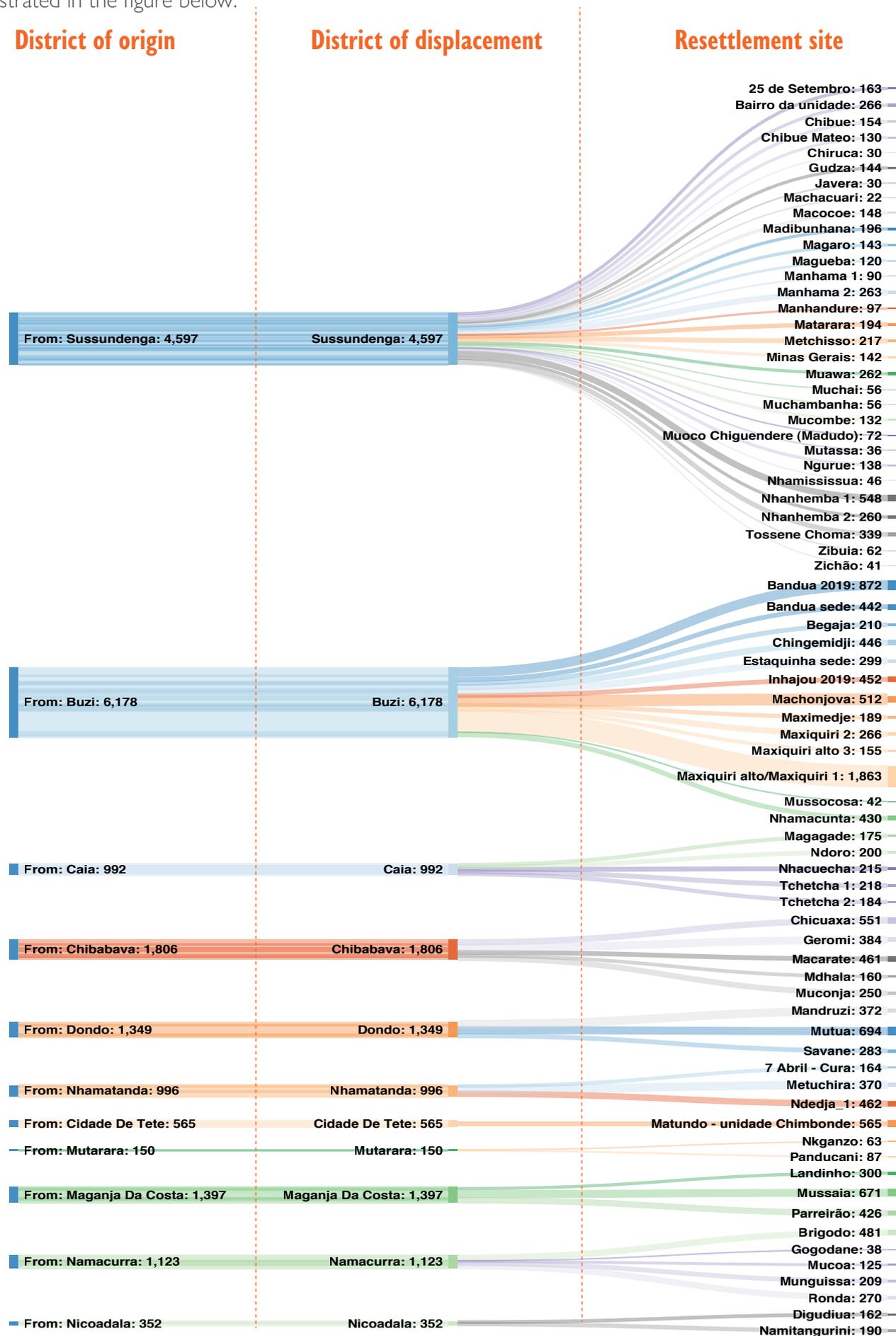


Figure 5: District of origin of families in resettlement sites

PRIORITY NEEDS

Of the 73 resettlement sites assessed, key informants in 51 per cent of the sites (37 sites representing 9,398 households) reported shelter as the most urgent need, followed by food (34%, 25 sites representing 7,364 households), and healthcare (5%, 4 sites representing 1,096 households). According to key informants, the second most urgent needs were shelter (29%, 21 sites), NFI (18%, 13 sites) and healthcare (16%, 12 sites). Finally, key informants reported healthcare (27%, 20 sites), food (21%, 15 sites) and NFI (14%, 10 sites) as third most urgent needs.

For the fifth assessment in a row (since September 2020), shelter was the most mentioned first urgent need (51%, compared to 58% in the previous round), which may be linked to the onset of the rainy season. Food remained the second most mentioned first urgent needs with a significant increase compared to the previous round (21% in the previous round). It is noteworthy that healthcare, the third most urgent first need, experienced a significant increase in the percentage of key informants reporting them as second and third most urgent needs.

Figure 6: First most urgent needs (top three)

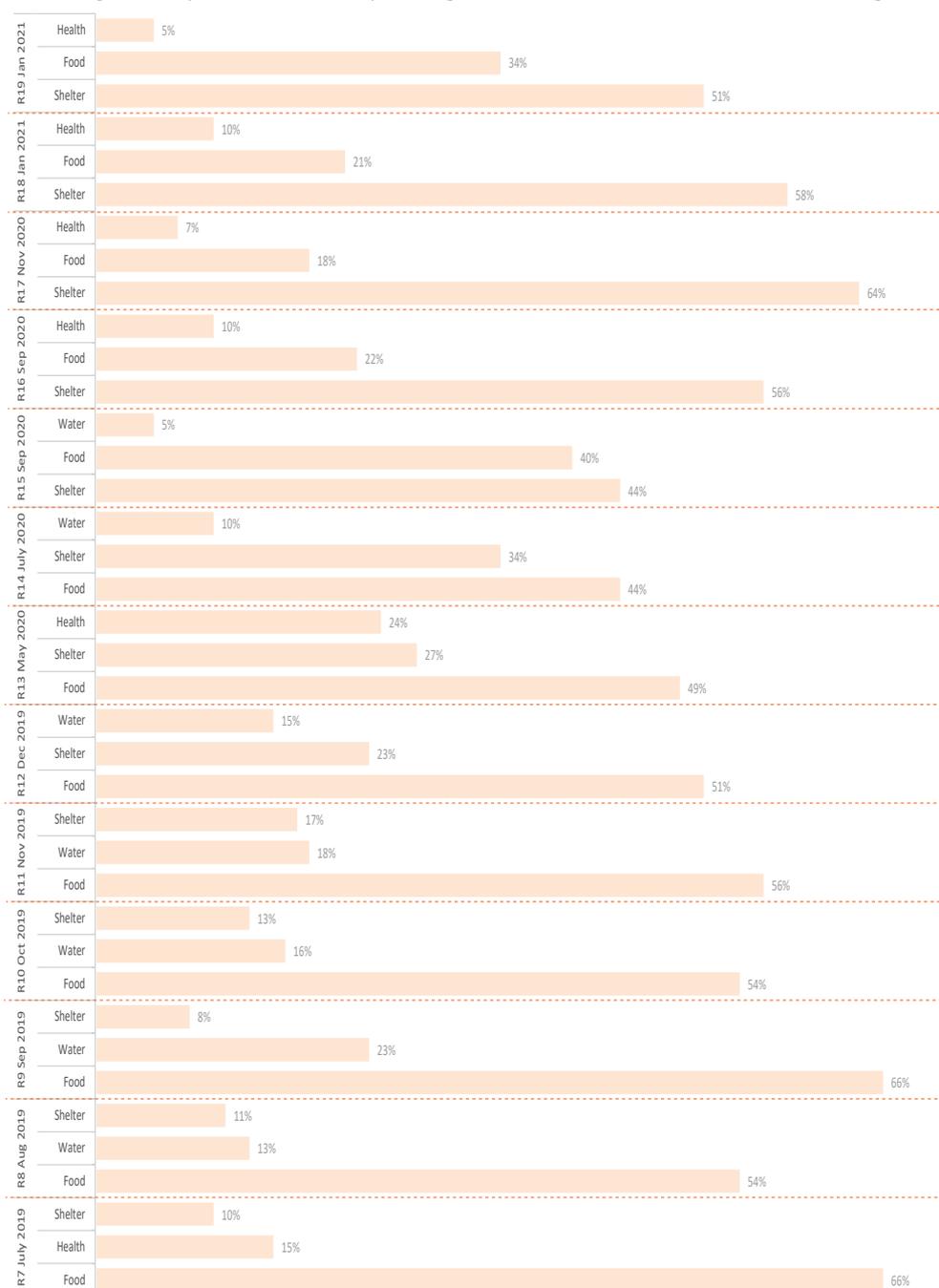
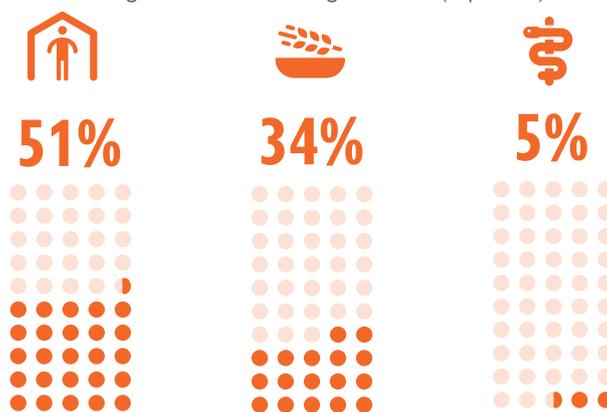


Figure 7: Top three first urgent needs in resettlement sites by round

 SHELTER/NFI

In the 73 resettlement sites assessed, 53 per cent of the IDP households (10,346 households compared to 51% or 9,967 households in the previous round) currently live in emergency shelter whilst 47 per cent (9,149 households compared to 49% or 9,512 households in the previous round) live in permanent shelter. According to key informants, 10 households are currently sleeping outdoors in Mutua and Inhajou 2019 sites in Sofala province.

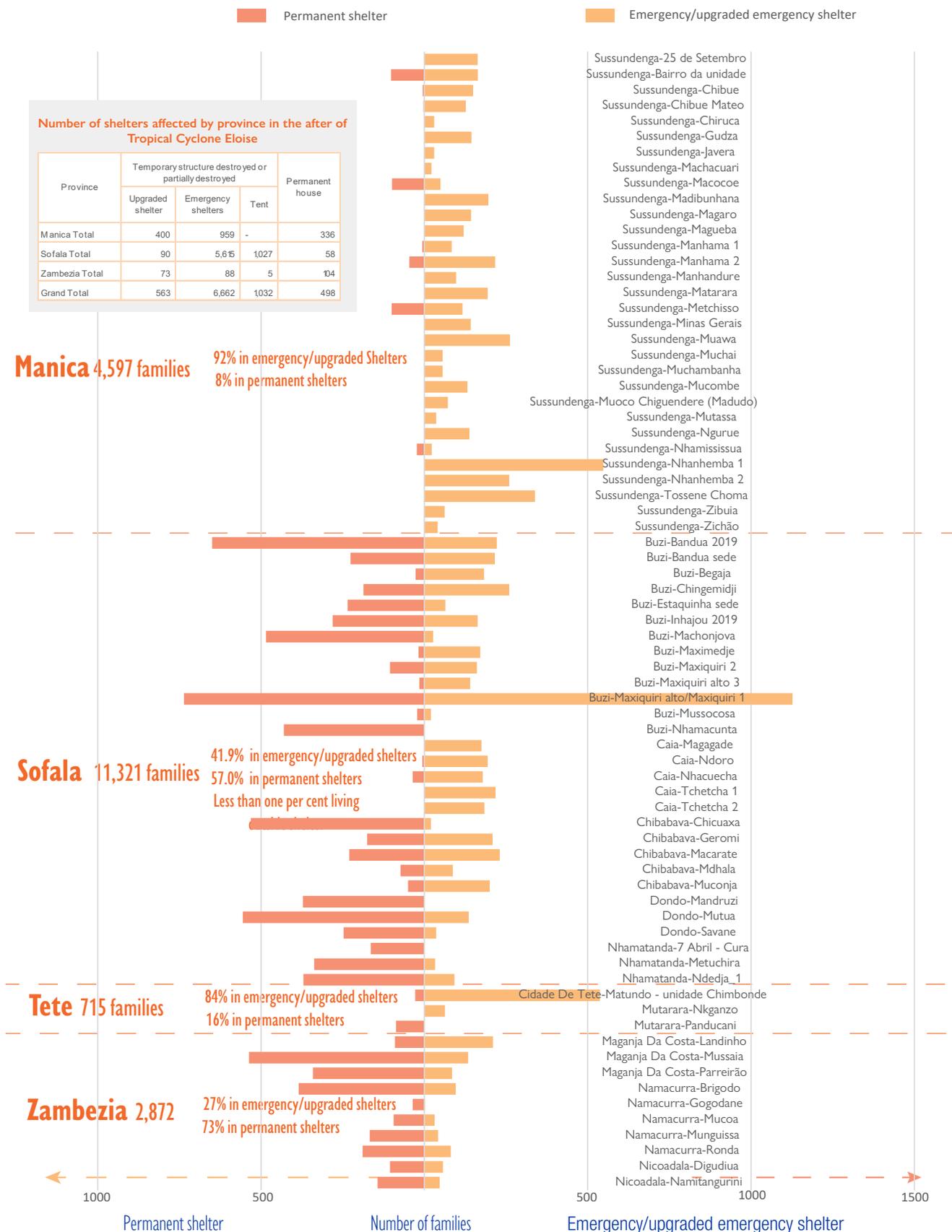


Figure 8: Number of families living in resettlement by site and shelter type



Figure 9: Evolution of the number of families living in permanent shelters, emergency shelters and outside

The priority Non-Food Items needed but however not accessible on site are: 1) Sleeping items and/or bedding materials in 26 sites; 2) Jerri-can and/or tapped water containers to transport and store water in 23 sites, and 3) shoes and clothes in 11 sites. Lack of economic means to purchase those items was mentioned as the main reason why IDPs are unable to access these NFIs.



Eighty-four per cent of resettlement sites assessed (61 sites hosting 17,505 households) reported having access to functional latrines on sites, compared to 99 per cent in the previous assessment. The sites reporting a lack of access to functional latrines were situated in Sussundenga district (8 sites) in Manica province, Buzi (1 site), Chibabava (1 site) and Dondo (1 site) districts in Sofala province, and Mutarara district (1 site) in Tete province. Assessment shows that 88 per cent of assessed sites reported the availability of household latrines (used by one to two families), while 19 per cent of the sites reported the presence of communal latrines (used by many families). In 89 per cent of sites (65 sites), key informants reported that latrines are not adapted to persons with disabilities or elderly people, while the remaining 11 per cent reported that latrines adapted to persons with disabilities or people are available but too few to meet the needs. Open defecation is frequently visible in 22 per cent of the sites.

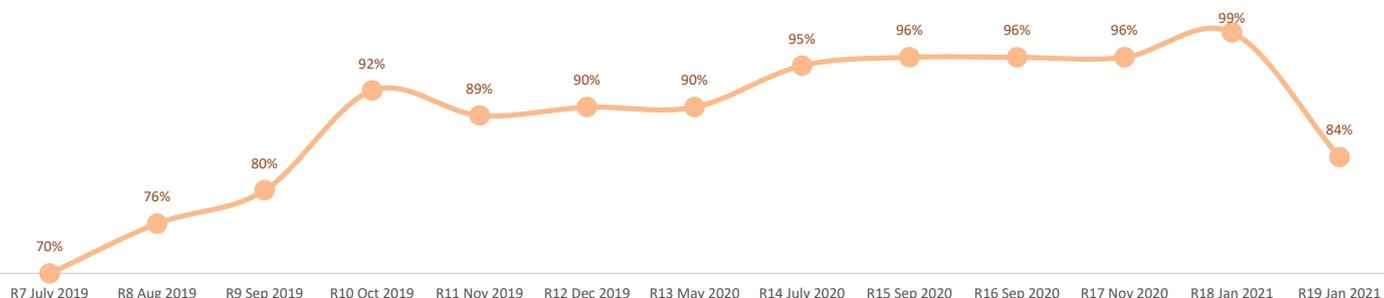


Figure 10: Evolution of the percentage of sites reporting the presence of functional latrines

Functional bathing spaces are available in 92 per cent of the sites (67 sites with 18,422 households), compared with 99 per cent in the previous round. The sites without bathing spaces were located in Sussundenga district (5 sites) in Manica province and Mutarara district (1 site) in Tete province. Hand-washing stations with soap are available in 44 per cent of the sites (32 sites with 12,238 households), while hand-washing stations without soap are available in 44 per cent of the sites (32 sites with 5,513 households). Non-functioning hand-washing stations are available in four sites (485 households), while five sites reported the complete absence of any hand-washing station (1,269 households).



Figure 11: Evolution of the percentage of sites reporting the presence of functional bathing spaces

Hygiene promotion campaigns have been conducted recently in 84 per cent of the sites, while in 12 per cent of the sites they were held more than two weeks ago. The only sites where these campaigns have not been conducted are Mutua (Dondo district), Metuchira and Ndedja_1 (Nhamatanda district) in Sofala province.

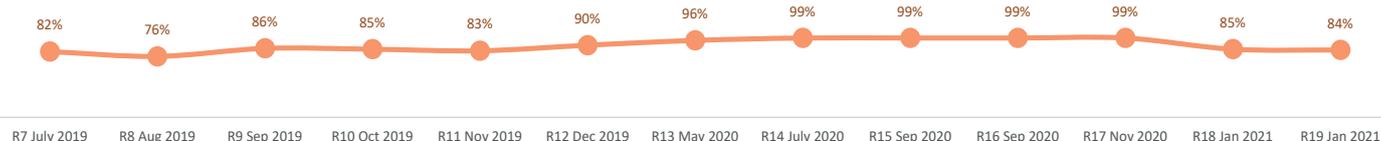


Figure 12: Evolution of the percentage of sites reporting hygiene promotion campaigns

In terms of cleanliness of sites, key informants in 41 per cent of the sites (30 sites) stated that the site was clean, while 55 per cent (40 sites) stated that their site was more or less clean. Only three sites are reported to be very clean. Regarding the drainage system, key informants reported that it is functioning as following: very well in 1 per cent of the sites (1 site), well in 34 per cent (25 sites), more or less functioning in 21 per cent (15 sites), poor in 15 per cent (11 sites), and very poor in 29 per cent (21 sites). The sites reporting poor drainage systems are located in Sussundenga district (5 sites) in Manica province, Dondo(2 sites), Nhamatanda (1 site) and Chibabava (1 site) districts in Sofala province and Namacurra (1 site) and Nicoadala (1 site) districts in Zambezia province; while very poor conditions of the drainage system have been reported in Sussundenga district (16 sites) in Manica province, Chibabava district (4 sites) in Sofala province and Namacurra (1 site) district in Zambezia province.

Regarding water sources, 74 per cent of the assessed sites (58 sites) reported using hand pumps as their main sources of water, followed by 8 per cent using an open well (6 sites) and 8 per cent using other water sources (6 sites). The main problems with water reported by key informants were long waiting times/queues in 11 per cent of the sites, flavour/taste (6%), shortage for human consumption (3%), and long distance (1%). Regarding the time spent in queues for water, key informants reported that on average people do not have to wait in 51 per cent of the cases, while the waiting time is less than 15 minutes in 22 per cent of the sites, between 16 and 30 minutes in 18 per cent of the sites, between 31 and 60 minutes in 5 per cent of the sites and more than 60 minutes in 4 per cent of the sites.

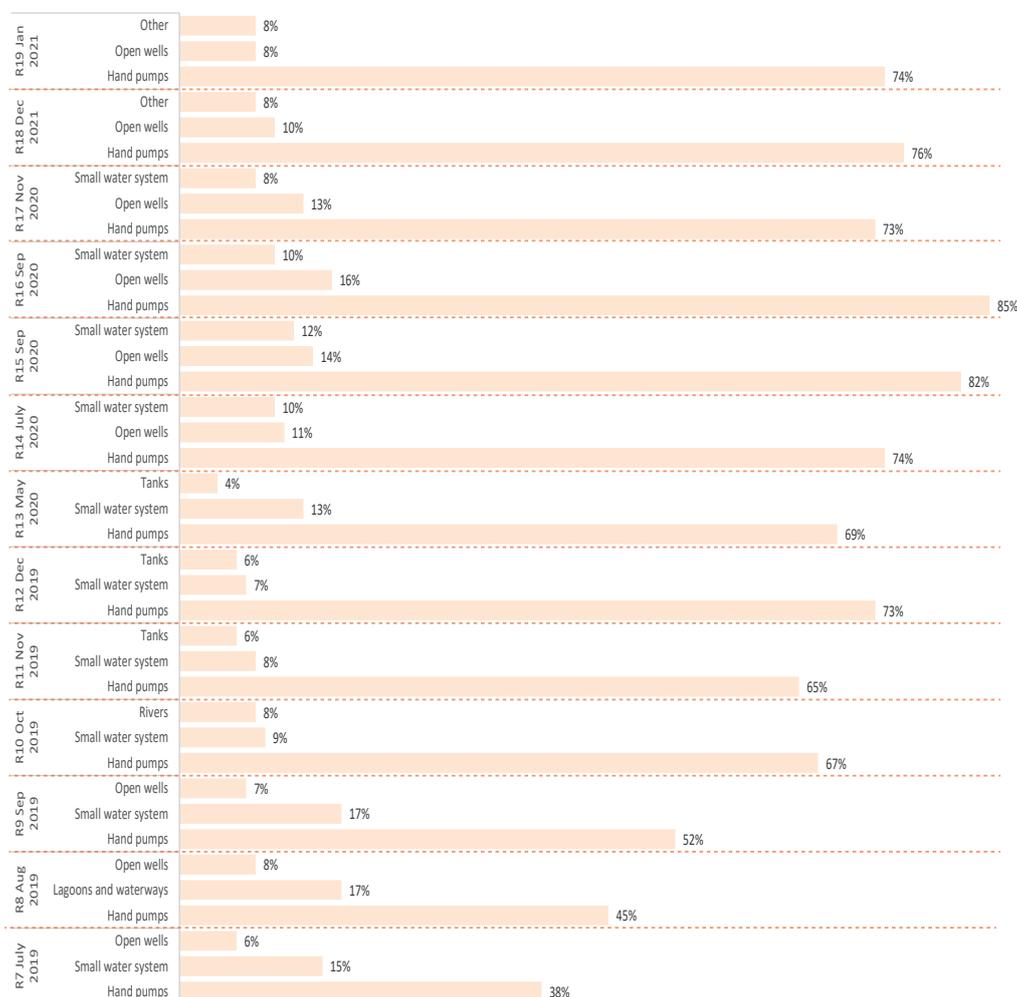


Figure 13: Evolution of main water sources in resettlement sites

FOOD SECURITY

Of the 73 resettlement sites assessed, 44 per cent (as in the previous assessment) reported having access to a functioning market (12,548 households in 32 sites). The remaining sites that reported a lack of access to a functioning market (6,597 households in 41 sites) are located in: Sussundenga district (29 sites) in Manica province; Caia (5 sites), Chibabava (4 sites) and Nhamatanda (1 site) districts in Sofala province; and Mutarara district (2 sites) in Tete province. Long distances and the absence of a market in the area were reported as the main factors for the lack of access to a functioning market.

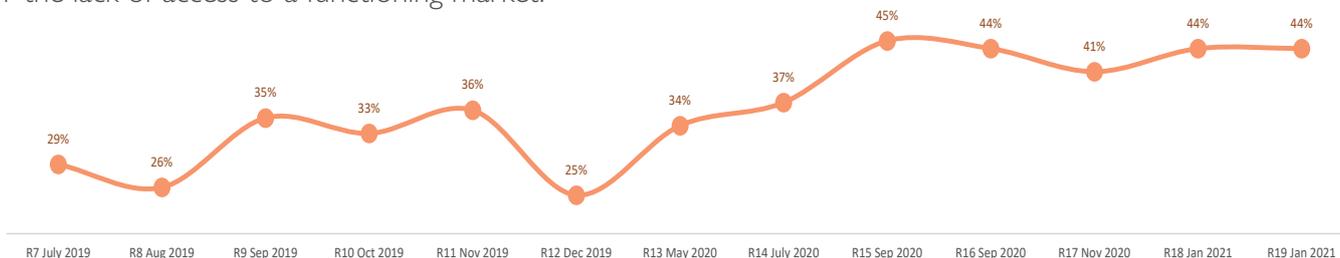


Figure 14: Evolution of the percentage of sites reporting access to a functioning market

Key informants in 93 per cent of sites (68 sites hosting 19,006 households, compared with 63 sites or 86% in the previous round) reported that the site received food assistance; the remaining 7 sites reporting having never received food assistance are: Javera site located in Manica province; Maxiquiri Alto 3 and 7 Abril - Cura sites in Sofala province; Nknganzo and Panducani sites in Tete province. Of the sites that reported having received food assistance, 43 per cent (8,155 households in 29 sites) received it last week, 28 per cent (5,150 households in 19 sites) received it in the last two weeks, 20 per cent (3,418 households in 14 sites) received it more than two weeks ago, and 9 per cent (2,283 households in 6 sites) received one distribution more than a month ago.

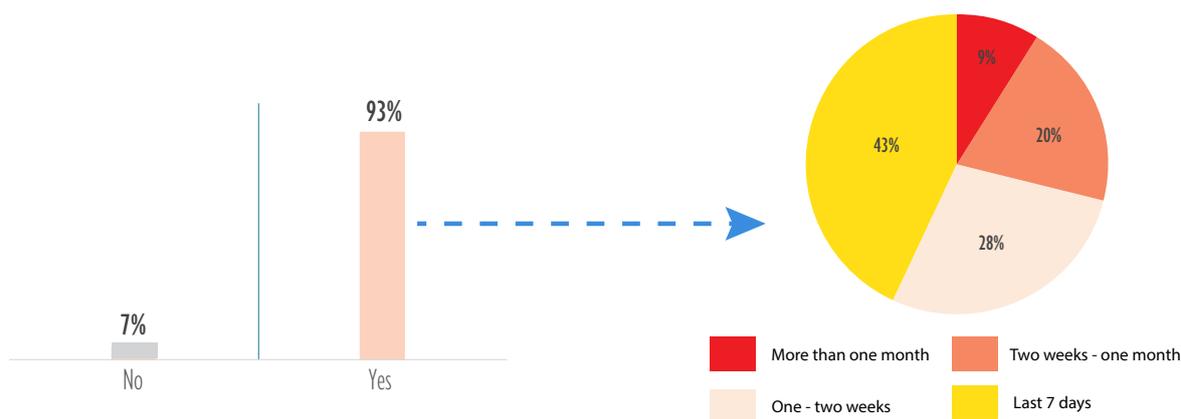


Figure 15: a) Have people received food from a distribution at this site? b) When was the last food distribution at this site?

HEALTH

Of the 73 resettlement sites assessed, 37 per cent (11,224 households in 27 sites, down from 28 sites or 38% in the previous round) reported having access to healthcare services on-site, whilst the remaining 63 per cent (8,281 households in 46 sites) reported accessing healthcare off-site. The sites that do not have access to healthcare services on-site are located in: Sussundenga district (26 sites) in Manica province; Caia (4 sites), Chibabava (3 sites), Dondo (2 sites) and Nhamatanda (2 sites) districts in Sofala province; Mutarara district (2 sites) in Tete province; Namacurra (5 site) and Nicoadala (2 sites) districts in Zambezia province. Concerning the time required to reach the nearest health facility, 38 per cent require more than 60 minutes walk, 26 per cent can reach the health facility within 31-60 minutes, 25 per cent within 16-30 minutes and 11 per cent in less than 15 minutes.

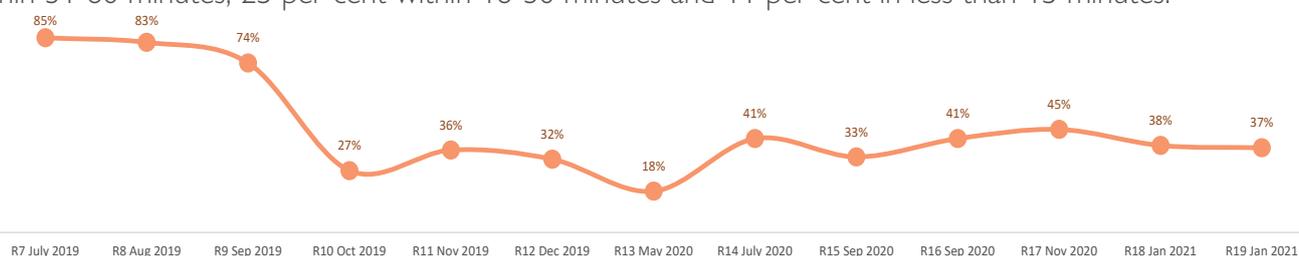


Figure 16: Evolution of the percentage of sites reporting access to healthcare services on-site

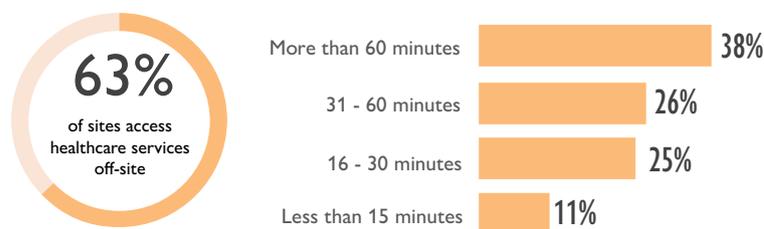


Figure 17 a). Health care facility locations b). Time spent in reaching the closest health facility

For basic care, key informants in 41 per cent of the sites reported that community workers (APEs) are active on site, while APEs are situated in a nearby village in 8 per cent of the sites, and are present but not active in 2 per cent. In addition, in 48 per cent of the sites, an APE is not available.

Regarding the availability of medicines at the site, key informants in 51 per cent of the sites (37 sites with 13,530 households) reported that medicines are of good quality and people can afford them, while in 5 per cent of the cases (6 sites with 1,223 households) the quality of the medicines is considered insufficient. Finally, in 40 per cent of the sites (29 sites with 3,927 households) medicines are not usually available to the majority of the population.

EDUCATION

According to key informants, the majority of households can write and read moderately in 16 per cent of the sites (12 sites with 3,547 households), while in 84 per cent of the sites (15,958 households in 61 sites) the majority of the population does not read or write. As in the previous round, the majority of the primary school aged children have access to primary school in all sites. However, as in the previous round, in 45 per cent of the assessed sites the school is not functional. The sites with accessible but non functional primary schools (6,849 households in 33 sites) are located in: Sussundenga district (24 sites) in Manica province; Buzi (2 sites) and Chibabava (4 sites) districts in Sofala province; Maganja da Costa (1 site), Namacurra (1 site) and Nicoadala (1 site) districts in Zambezia province.

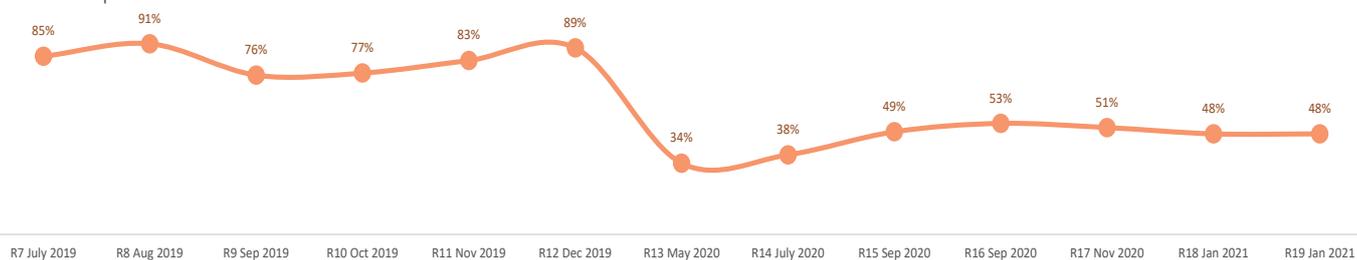


Figure 18: Evolution of the percentage of sites reporting access to a secondary school

Of the 73 sites assessed, 48 per cent (35 sites with 12,454 households) have access to secondary school, as in the previous round. The sites that do not have access to secondary school are located in: Sussundenga district (27 sites) in Manica province; Caia (5 sites) district in Sofala province; Maganja da Costa (2 sites) and Namacurra (3 sites) districts in Zambezia province.

PROTECTION

Of the 73 resettlement sites assessed, 25 per cent (7,285 households in 18 sites, down from 21 sites or 29% in the previous round) reported the presence of a protection desk on-site, representing the lowest level since May 2020. The remaining 71 per cent without protection desks (12,220 households in 55 sites) are located in: Sussudenga district (24 sites) in Manica province; Buzi (9 sites), Caia (5 sites), Chibabava (5 sites) and Nhamatanda (1 site) districts in Sofala province; Cidade de Tete (1 site) and Mutarara (2 sites) districts in Tete province; and Maganja Da Costa (1 site) Namacurra (5 sites) and Nicoadala (2 sites) districts in Zambezia province.



Figure 19: Evolution of the percentage of sites reporting the presence of a protection desk on-site

Among the assessed resettlement sites, key informants reported the presence of the following structures allowing people to report on incidents were reported: a safety community committee in 41 per cent of the sites (30 sites with 6,324 households), both police and protection community committees in 36 per cent of the sites (26 sites with 8,738 households) and police in 21 per cent of the sites (15 sites with 4,127 households). The only sites reporting the absence of any structure where people can report incidents were: Muchambanha and Nhanhembra 2 sites both located in Sussundenga district in Manica province.



Figure 20: Evolution of the percentage of sites with structure where people can report incidents

Child protection committees were functioning in 38 per cent of the sites (28 sites hosting 9,769 households), compared with 47 per cent in the previous round. Finally, as in the previous assessment, in 51 per cent of the sites (37 sites, hosting 13,094 households) key informants reported the availability of a mechanism for referral of Gender-Based Violence (GBV) survivors.

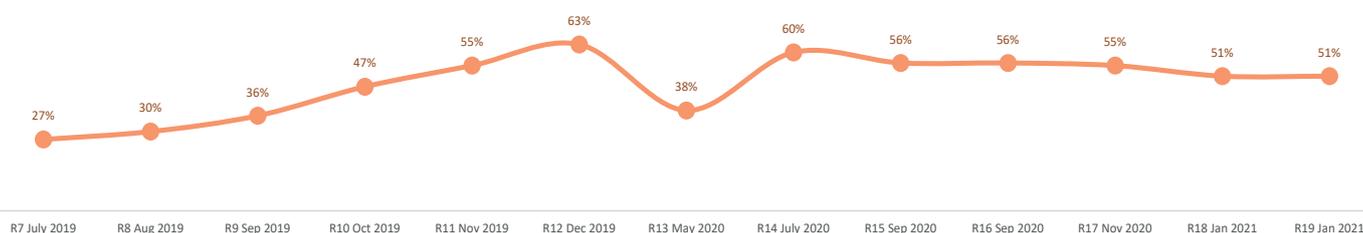


Figure 21: Evolution of the percentage of sites with mechanism for referral of GBV survivors



LIVELIHOOD

IDP families have access to farmland in 93 per cent of the sites (68 sites hosting 18,171 households, down from 100% in the previous round). The sites without access to farmland are located in Sussundenga district (4 sites) in Manica province and Nhamatanda district (1 site) in Sofala province. Households in 72 per cent of the sites can reach farmlands in one-two hours, while 16 per cent require more than two hours to reach farmlands from the site and 12 per cent need less than one hour to reach farmland.

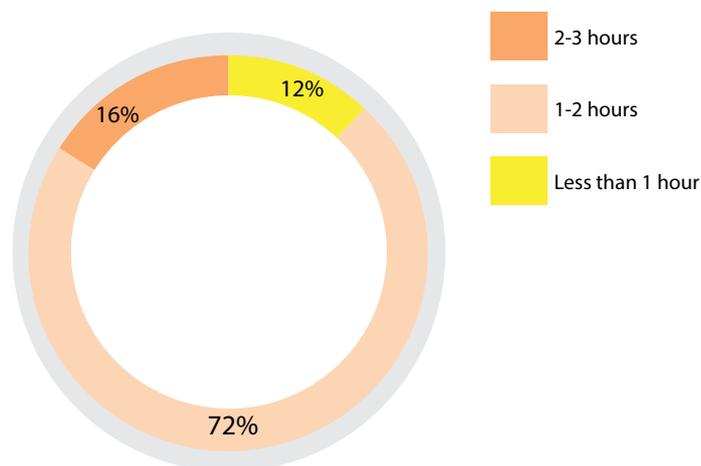


Figure 22: Time taken to reach farmland from the assessed sites

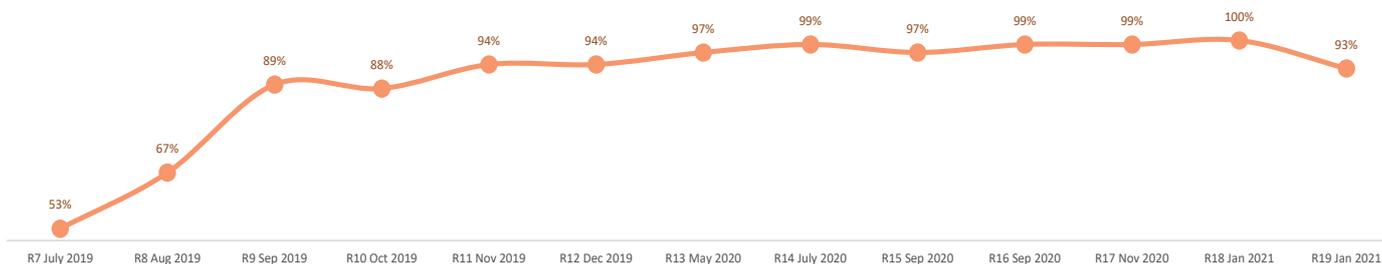


Figure 23: Evolution of percentage of sites reporting access to farmland

Of the farmers that have access to farmland, 93 per cent (18,640 households in 68 sites) have received agriculture inputs (seeds and tools); the remaining sites (865 households in 5 sites) that have not received agriculture inputs are: Gudza, Magueba and Minas Gerais sites in Sussundenga district (Manica province); Mandruzi in Dondo district (Sofala province); and Pundacani site in Mutarara district (Tete province).



COMMUNITY ENGAGEMENT

Eighty-five per cent of resettlement sites assessed (62 sites with 16,813 households, up from 86% in the previous round) reported that there are volunteers conducting social mobilization activities on site. The 15 per cent of sites (11 sites with 2,692 households) that report a lack of social mobilization volunteers on site are located in: Sussundenga district (1 site) in Manica province; Buzi district (3 sites) in Sofala province; Namacurra (5 sites) and Nicoadala (2 sites) districts in Zambezia province.

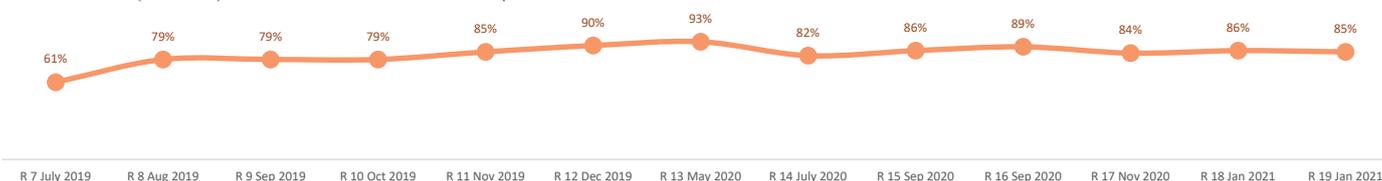


Figure 24: Evolution of percentage of sites reporting the presence of volunteers conducting social mobilization activities on site

According to key informants, the three most common channels used by humanitarian organizations to reach the communities are: the local government office (65 sites), staff from humanitarian agencies (56 sites) and community leaders or groups (50 sites).

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 persons (IDPs), affected persons and returning populations across the affected areas. Raw data, data visualisation, dashboard and analysis are also available. Specifically, DTM implements four component activities in Mozambique:

- 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, including household level assessments, to provide a deeper understanding of the intentions/perceptions of affected population and to understand and analysis, socio-economic characteristics, needs and inform sound planning. DTM surveys are carried out on a sample of the population.

For this assessment, since the passage of cyclone Idai, 2020 floods and disasters, 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.

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.

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