

Accommodation centres - Tropical Cyclone Eloise Aftermath

Data collection period: 28 January - 05 February 2021

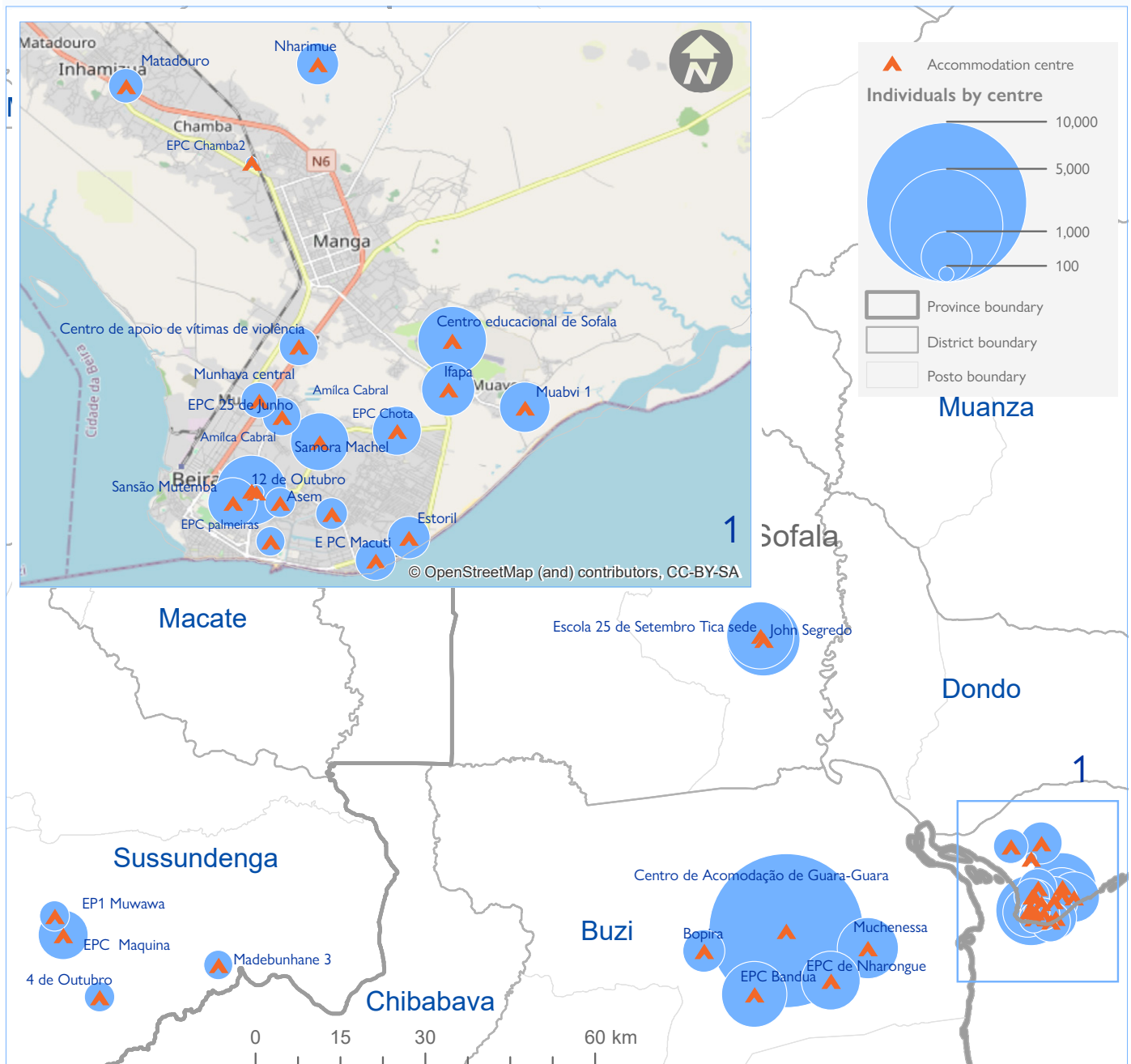
31 accommodation centres

7,901 IDP households

29,861 IDPs*

From 28 January to 05 February 2021, in close coordination with 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 accommodation centres hosting internally displaced persons (IDPs) in Manica and Sofala provinces. Multisector assessments were carried in accommodation centers opened after Eloise Cyclone. Population data currently on site is as of the 5th of February.

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.



This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

*Information updated as of 5th January in coordination with the INGD based on site closures.

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-flash-report-16-tropical-cyclone-eliose-january-2021?close=true>

GEOGRAPHIC COVERAGE

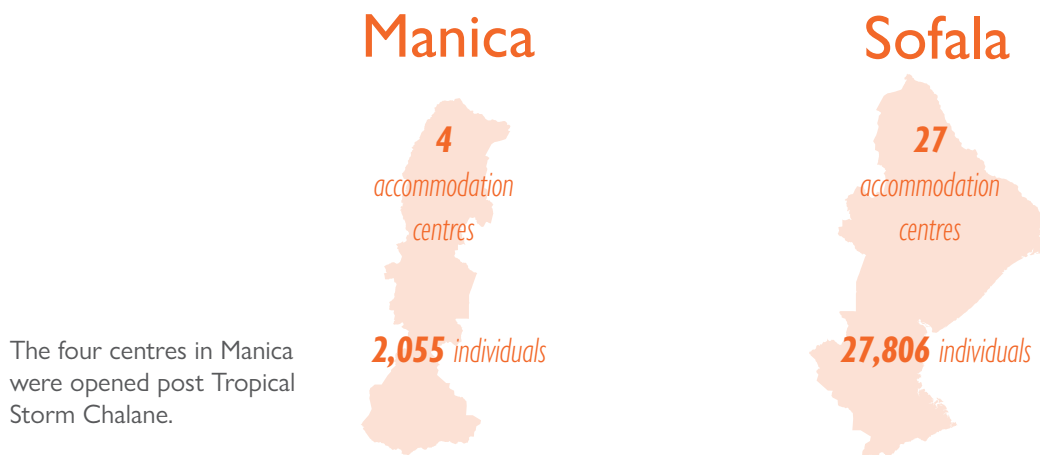


Figure 1: Accommodation centres and displaced population by province as of 5 February

DEMOGRAPHIC PROFILE

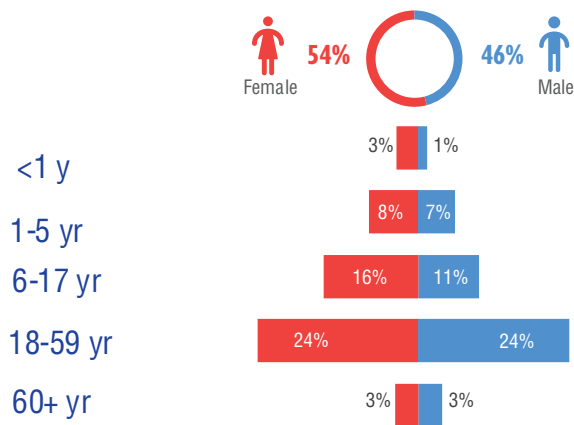


Figure 2: Population by age groups and sex

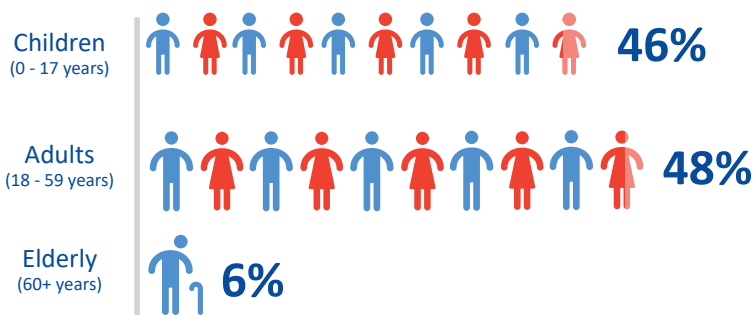


Figure 3: Percentage of population by age groups

PHYSICAL ACCESSIBILITY STATUS

Of the 31 accommodation centres assessed, 81 per cent (25 centres hosting 7,363 households) are fully accessible, with 10 per cent (3 centres with 783 households) only accessible by boat, 3 per cent (1 centre with 210 households) accessible only on foot and 3 per cent only accessible with 4x4 vehicles (1 centre with 57 households).

One accommodation centre (EPC Bandua in Sofala province hosting 423 households) is currently inaccessible.

According to key informants, in the event of a disaster, there is a possibility that 4 out of the 25 accessible accommodation centres might become inaccessible.

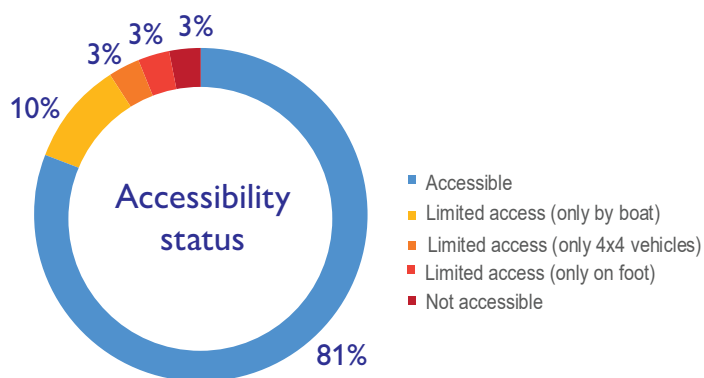


Figure 4: Accessibility status

ORIGIN OF INDIVIDUALS IN ACCOMMODATION CENTRES

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

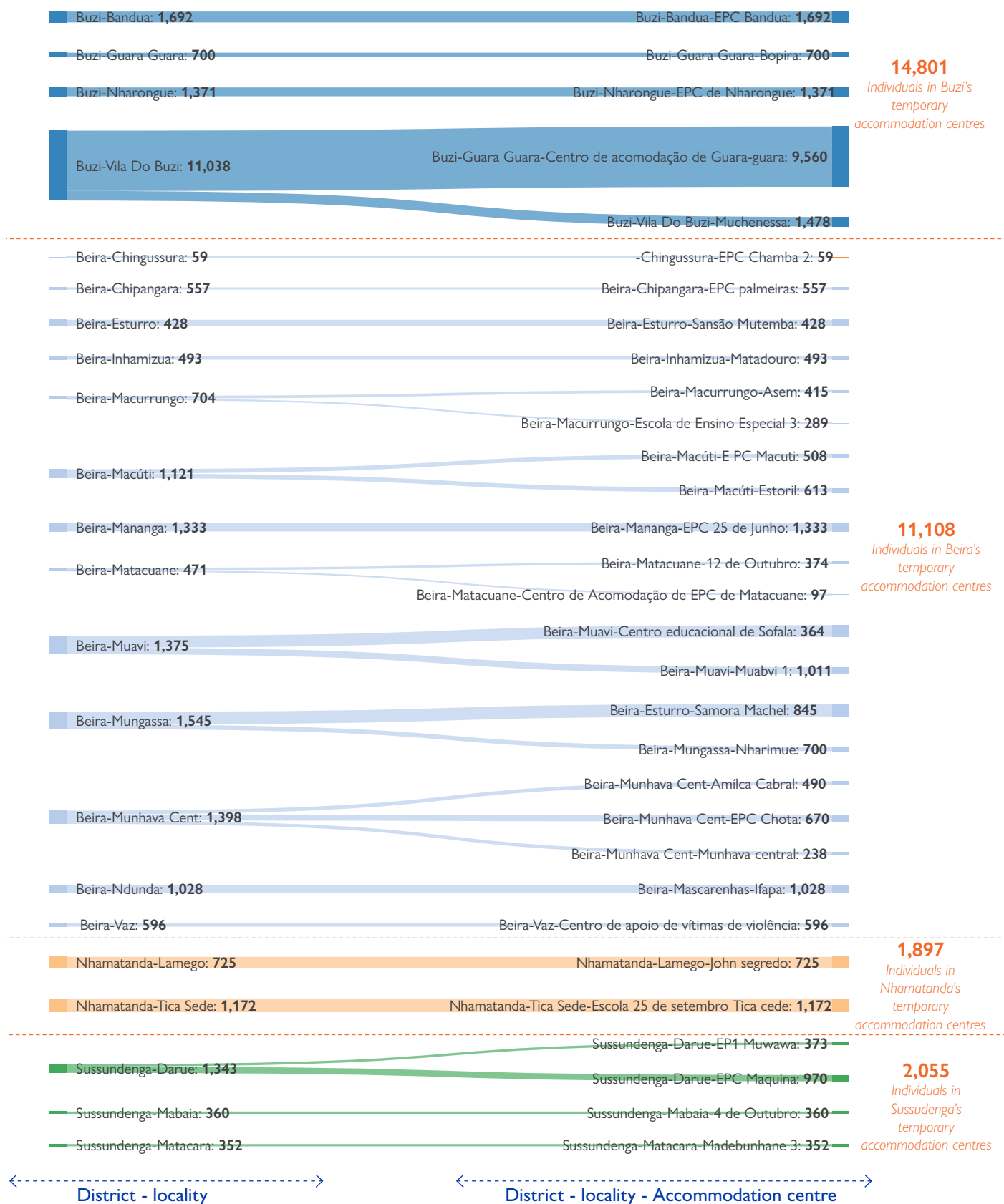


Figure 5: Origin of individuals in temporary accommodation centres

RETURN INTENTIONS

According to key informants, the majority of the population in 52 per cent of the accommodation centres (16 centres with 3,575 households) wishes to go back to their place of origin. On the other hand, 39 per cent of the centres (12 centres hosting 4,156 households) reported that the IDP population in their location does not want to return to their respective place of origin.

At site level, the main reasons reported as preventing families to return to their place of origin are as follows: house damaged/destroyed (reported by 14 centers hosting 3,017 households.), lack of food (11 centres with 2,879 households), basic infrastructure damaged (4 centres with 1,328 households), lack of safety (3 centres with 801 households) and lack of materials to rebuild home (4 centres with 731 households).

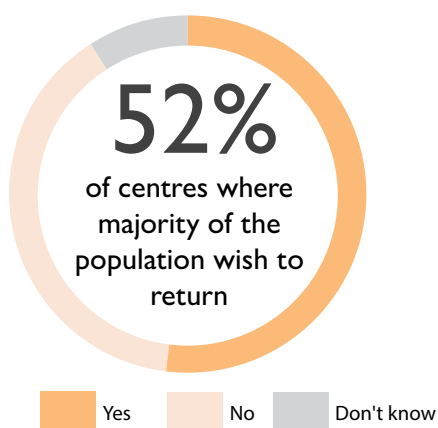


Figure 6: Return Intentions

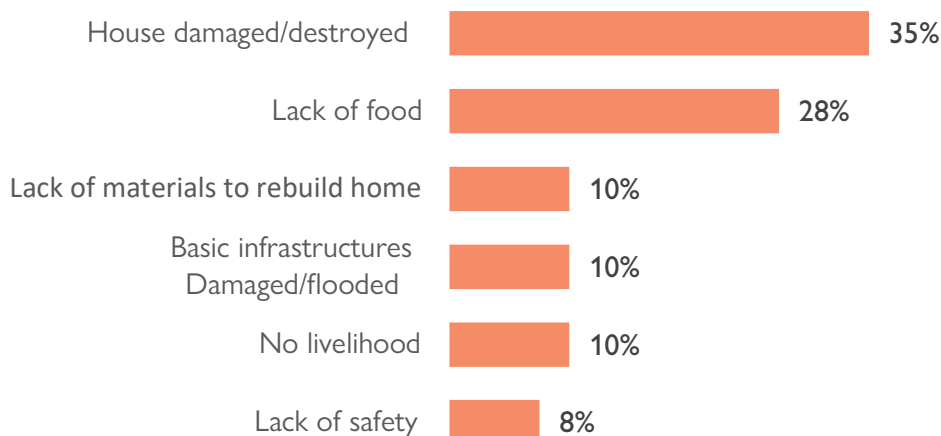


Figure 7: Reasons preventing IDPs to return to their place of origin

PRIORITY NEEDS

Of the 31 accommodation centres assessed, key informants in 80 per cent of the sites (25 centres hosting 7,673 households) reported food as the first most urgent need, followed by water (10%, 3 centres hosting 903 households), and shelter (10%, 3 centres hosting 260 households).

According to key informants, the second most urgent needs were shelter (26%, 8 centres), water (26%, 8 centres) and latrines (13%, 4 centres).

Finally, key informants reported healthcare (23%, 7 centres), NFI (19%, 6 centres) and water (19%, 6 centres) as third most urgent needs.

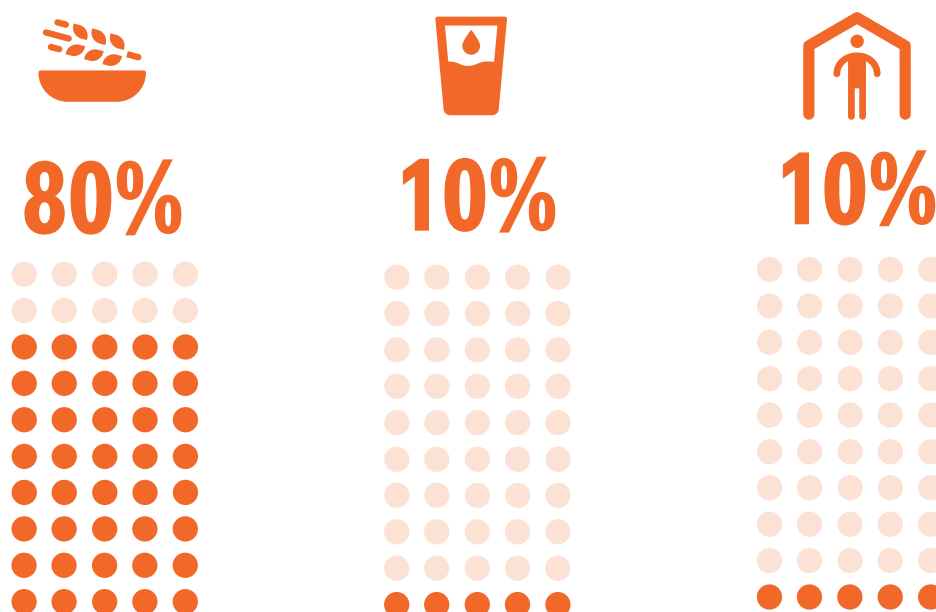


Figure 8: First most urgent needs in the assessed accommodation centres

 SHELTER/NFI

As first most urgent Non-Food Items (NFIs) needed but not accessible to IDPs in the accommodation centre, focal points mentioned: mosquito nets in 17 centres; sleeping items and/or bedding materials in 15 centres, hygiene products in 15 centres, cooking items in 13 centres and Jerrican and/or tapped water containers to transport and store water in 12 centres. The lack of money to purchase these items was mentioned as the main reason why IDPs are unable to access these NFIs.


An estimates of **1,017** families live in outside shelter

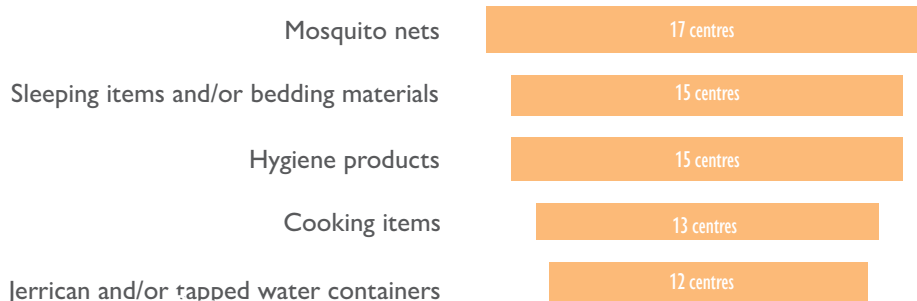


Figure 9: Most urgent NFI needed but not accessible to IDPs

 WASH

Eighty-one per cent of accommodation centres assessed (25 centres hosting 7,196 households) reported having access to functional latrines. The centres reporting a lack of access to functional latrines (6 centres with 1,640 households) are: EPC 25 de Junho, EPC Chota, Centro educacional de Sofala, Centro de apoio de vítimas de violência in Beira, Nharimue in Sofala province and Madebunhane 3 in Manica province. The assessment shows that key informants in 97 per cent of the assessed sites reported the availability of communal latrines (used by many families), while only Madebunhane 3 in Manica province reported the presence of individuals latrines (used by one to two families), even though not functional, as previously mentioned. In 97 per cent of the centres, key informants reported that latrines are not adapted to persons with disabilities or elderly people, with the only exception of Centro de acomodação de Guara-guara in Sofala province that reported that such latrines are available but too few to meet the needs. Open defecation is frequently visible in 36 per cent of the assessed centres.

Functional bathing spaces are available in 55 per cent of the accommodation centres (17 centres with 5,448 households). The centres without bathing spaces are located in Cidade de Beira (11 centres) and Buzi (1 site) districts in Sofala province and in Sussundenga district (2 centres) in Manica province. Handwashing stations with soap are available in 40 per cent of the accommodation centres (14 centres with 3,531 households).

Hygiene promotion campaigns have been conducted in 52 per cent of the accommodation centres (16 centres hosting 3,472 households).

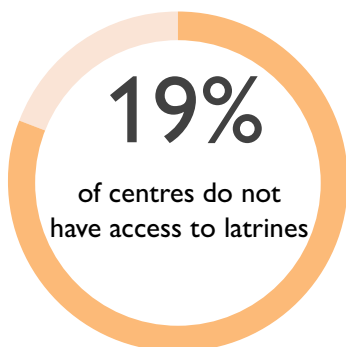


Figure 10: Access to latrines

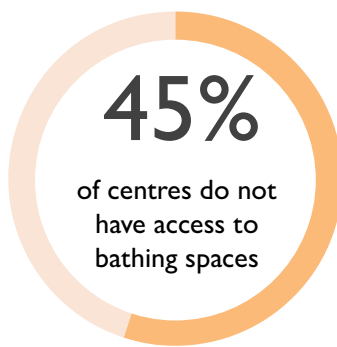


Figure 11: Access to bathing spaces

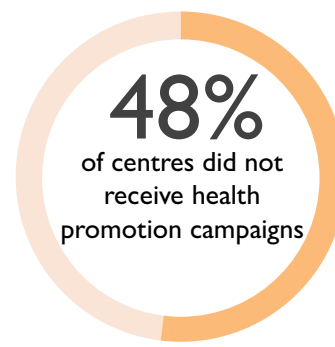


Figure 12: Health promotion campaigns

In terms of accommodation centres' cleanliness, key informants in 6 per cent of the centres (2 centres) stated that the site was very clean, with 42 per cent (13 centres) reported as clean, while 39 per cent (12 centres) stated that the accommodation centre was more or less clean. Three centres (Amílca Cabral and Munhava central in Sofala province and Madebunhane 3 in Manica province) were reported as dirty, while the accommodation centre "EPC Chota" in Sofala province was reported as very dirty. Regarding the drainage system, key informants reported that it is functioning as following: very well in 2 accommodation centres, well in 3 centres, more or less functioning in 11 centres, poorly in 8 centres, and very poorly in 7 centres. The sites reporting poor drainage systems are located in Sussundenga district (1 centre) in Manica province, Cidade de Beira (6 centres) and Nhamatanda (1 centre) districts in Sofala province; while very poor conditions of the drainage system have been reported in Sussundenga district (2 centres) in Manica province, Buzi (1 centre), Cidade de Beira (3 centres) and Nhamatanda (1 centre) districts in Sofala province.

Regarding water sources, the main reported sources of water for the population hosted in the assessed accommodation centres are: tanks (10 centres), small water systems (7 centres), hand pumps (7 centres) and other water sources (6 centres). Regarding the time spent in queues for water, key informants reported that on average people do not have to wait in 61 per cent of the cases, while the waiting time is less than 15 minutes in 26 per cent of the centres, between 16 and 30 minutes in 6 per cent of the centres and between 31 and 60 minutes in 6 per cent of the centres.

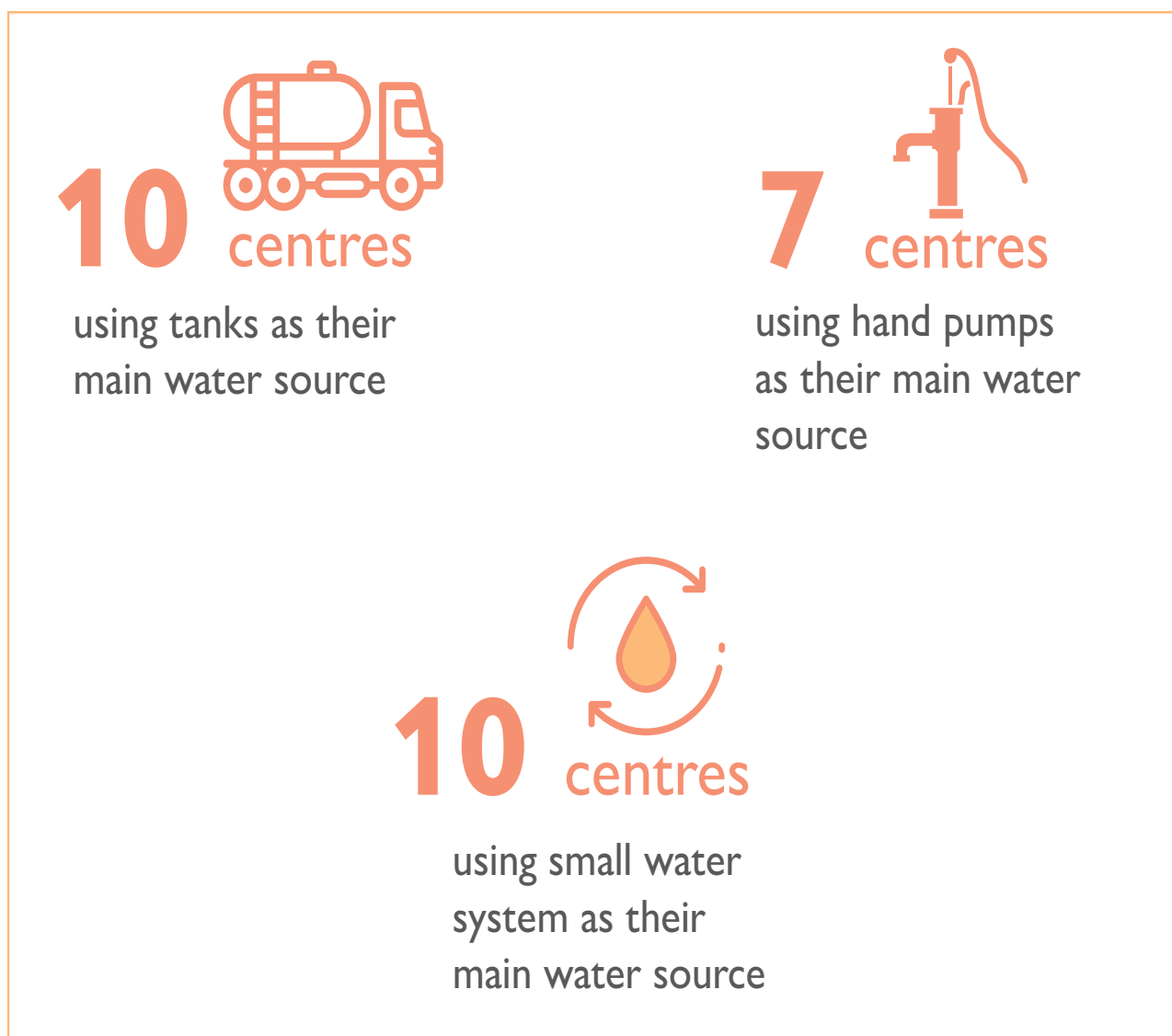


Figure 13: Main water sources

FOOD SECURITY

Of the 31 accommodation centres assessed, 74 per cent reported having access to a functioning market (6,781 households in 23 centres). The centres that reported a lack of access to a functioning market (1,844 households in 7 centres) are: Centro educacional de Sofala, John segredo, Nharimue and Samora Machel in Sofala province; EP1 Muwawa, EPC Maquina and Madebunhane 3 in Manica province.

Key informants in 81 per cent of the accommodation centres (25 centres hosting 7,852 households) reported that the IDPs received food assistance; the remaining 6 centres reporting having never received food assistance are: 12 de Outubro, E PC Macuti and Samora Machel in Sofala province, 4 de Outubro, EP1 Muwawa and Madebunhane 3 in Manica province. Of the centres that reported having received food assistance, 96 per cent (7,432 households in 24 centres) received it last week and 4 per cent (1 centre with 420 households) received in the last two weeks.

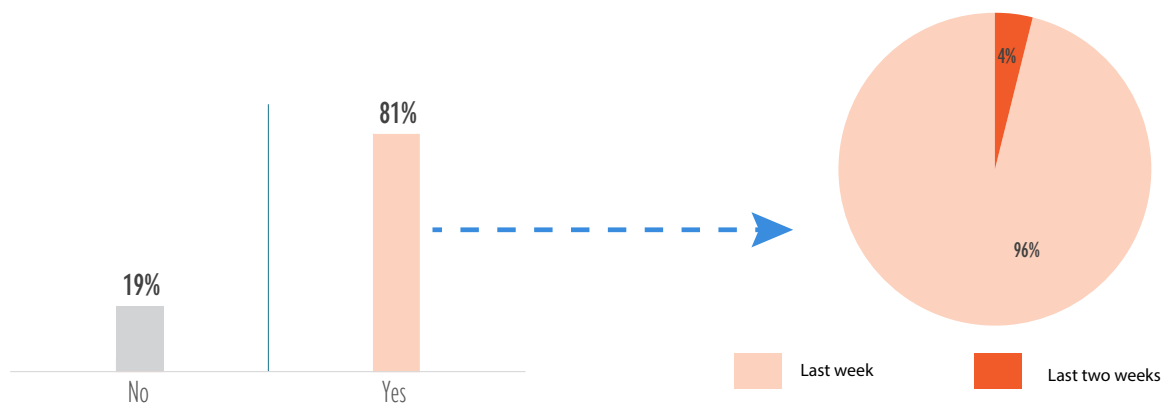


Figure 14: a) Have people received food from a distribution at this centre? b) When was the last food distribution at this centre?

HEALTH

Of the 31 accommodation centres assessed, 77 per cent (6,932 households in 24 centres) reported having access to healthcare services on-site, whilst 25 per cent (1,418 households in 6 centres) reported they cannot access healthcare on-site. The centres that do not have access to healthcare services on-site are: EPC Chamba2, Escola 25 de setembro Tica cede, Muchenessa and Nharimue in Sofala province; EP1 Muwawa and EPC Maquina in Manica province. Concerning the time required to reach the nearest health facility, 10 per cent require more than 60 minutes walk, 10 per cent can reach the health facility within 31-60 minutes, 35 per cent within 16-30 minutes and 45 per cent in less than 15 minutes.

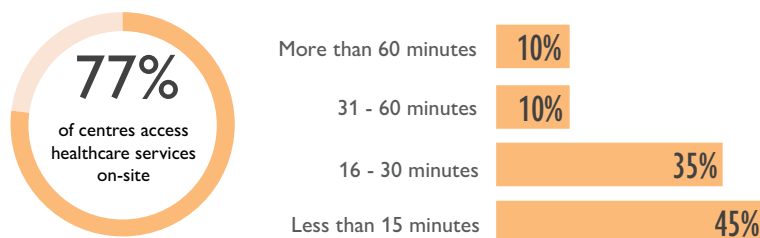


Figure 17 a). Health care facility locations b). Time spent in reaching the closest health facility

For basic care, key informants in 26 per cent of the centres reported that community workers (APEs) are active on site, while APEs are situated in a nearby village in 6 per cent of the centres, and are present but not active in 3 per cent. Finally, in 65 per cent of the accommodation centres, an APE is not available.

Regarding the availability of medicines at the site, key informants in 68 per cent of the centres (21 centres with 6,466 households) reported that medicines are of good quality and people can afford them, while in 16 per cent of the cases the quality of the medicines is considered insufficient. Finally, in 10 per cent of the centres (3 centres with 355 households) medicines are not usually available to the majority of the population.

EDUCATION

The majority of the primary school aged children in the accommodation centres have access to primary school in 77 per cent of the accommodation centres (24 centres with 6,945 households). The centres that reported the lack of access to primary schools are: 12 de Outubro, E PC Macuti, Escola 25 de setembro Tica cede, Nharimue and Samora Machel in Sofala province. According to key informants in 19 per cent of the centres (6 centres with 1,494 households), local primary schools are not functional. The centres with accessible but non functional primary schools (400 households in 2 centres) are: EP1 Muwawa in Manica province and Centro educacional de Sofala.

Of the 31 accommodation centres assessed, 71 per cent (22 centres with 6,988 households) have access to secondary school. The centres that do not have access to secondary school are: 12 de Outubro, Escola 25 de setembro Tica cede, Escola de Ensino Especial 3 and Samora Machel in Sofala province, and EP1 Muwawa, EPC Maquina and Madebunhane 3 in Manica province.

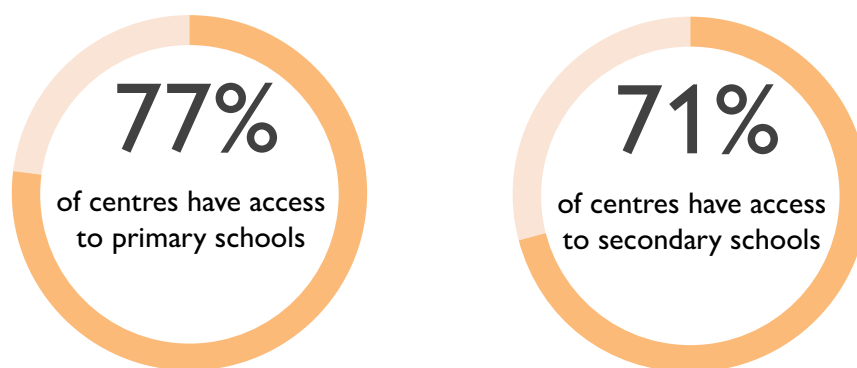


Figure 18 a). Access to primary schools b). Access to secondary schools

PROTECTION

Of the 31 accommodation centres assessed, only 16 per cent (5 centres with 3,179 households) reported the presence of a protection desk on-site. The accommodation centres without protection desks (5,237 households in 25 sites) are located in: Cidade de Beira (17 centres) and Buzi (4 centres) districts in Sofala province and Sussundenga district (4 centres) in Manica province. Child protection committees were functioning in 16 per cent of the centres (5 centres hosting 3,223 households). Finally, in 32 per cent of the centres (10 centres hosting 4,356 households) key informants reported the availability of a mechanism for referral of Gender-Based Violence (GBV) survivors.

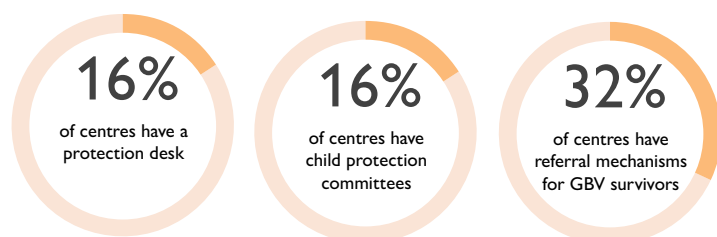


Figure 19: Presence of protection desks, child protection committees and referral mechanisms for GBV survivors in assessed centres

Among the assessed accommodation centres, key informants reported the presence of the following structures where people can report incidents: police in 39 per cent of the centres (12 centres with 2,731 households), both police and protection community committees in 29 per cent of centres (9 centres with 3,534 households), and a safety community committee in 23 per cent of the sites (7 sites with 2,101 households). The only centre reporting the absence of any structure where people can report incidents was: 12 de Outubro accommodation centre, located in Sofala province.

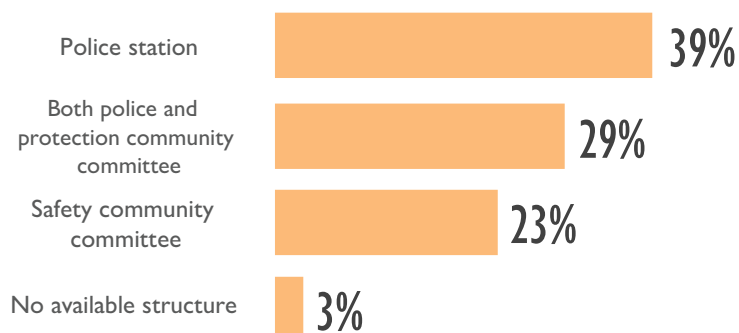


Figure 20: Presence of structures where IDP families can report incidents



LIVELIHOOD

According to key informants, IDP families have access to their farmland only in 6 per cent of the accommodation centres: 4 de Outubro and EP1 Muwawa in Manica province, which together hosts 161 households. IDP households in these accommodation centres can reach farmland in 1-2 hours. According to key informants, the population currently hosted in accommodation centres has not received any agricultural input (e.g. seeds or tools).

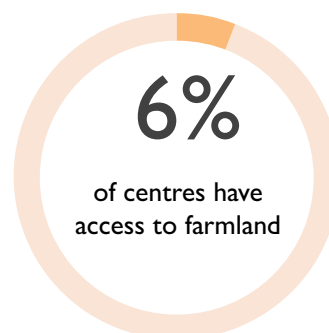


Figure 21: Access to farmland



COMMUNITY ENGAGEMENT

Key informants in 35 per cent of the accommodation centres (11 centres with 4,458 households) reported that there are volunteers conducting social mobilization activities on site. The accommodation centres (19 centres with 3,958 households) that reported a lack of social mobilization volunteers on site are located in: Sussundenga district (2 centres) in Manica province; Cidade de Beira (14 centres) and Buzi (3 centres) districts in Sofala province.

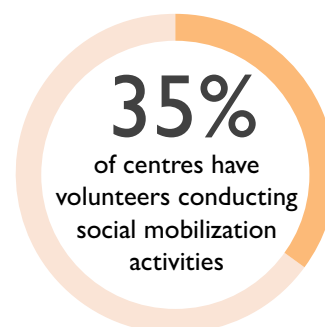


Figure 22: Social mobilization activities

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 and/in displacement locations 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 information related to access to services and shelter.
- 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 analyse, socio-economic characteristics, needs and inform sound planning. DTM surveys are carried out on a sample of the population.

For more information or to report an alert, please contact:

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DTM information products:

<http://displacement.iom.int/mozambique>