



34 assessed sites



30,090 IDP
households



125,774 IDPs



Site Assessment in Katapua Relocation Site, in Chiure district

DTM activities are supported by:



EXECUTIVE SUMMARY

This Multi-Sectoral Location Assessment (MSLA) report, which presents findings from the International Organization for Migration's (IOM) Displacement Tracking Matrix (DTM) Round 3 assessments, aims to enhance understanding of the extent of internal displacements and the needs of affected populations in conflict-affected districts of Mozambique's Cabo Delgado province. The report covers the period from 19 May to 2 June 2021 and presents trends from 33 assessed sites hosting internally displaced persons across eight districts in Cabo Delgado, and 1 site in Nampula.

In total, 125,774 internally displaced persons (IDPs) (an increase of 38% since the previous round, mainly due to coverage expanding from 25 to 34 sites) or 30,090 households were mapped living in sites assessed during this MSLA. Reported figures, however, exclude displaced individuals living in host community settings. According to DTM Round 12 Baseline, as of April 2021 an estimated 662,828 IDPs were identified in living in both host communities and sites, in Cabo Delgado.

Sites under assessment in this report included relocation sites, temporary sites or transit centers, and host community extensions as classified by the Camp Coordination Camp Management (CCCM) cluster. Relocation sites are planned by local authorities and sometimes with CCCM partners with certain minimum criteria for households (e.g. minimum space per family). Temporary sites are locations with pre-existing infrastructure, like schools, that have been re-purposed in this period of crisis. Given the active and fluid nature of displacement trends in Northern Mozambique, it is important to note that the number of sites or locations with displaced IDPs exceeds the number of sites assessed for this round.

The MSLA included an analysis of sector-wide needs, including shelter and non-food items (NFIs), water, sanitation and hygiene (WASH), food and nutrition, health, education, livelihoods, protection, community engagement and energy.

This report pays special attention to the dynamics of forced displacement into sites in the province of Cabo Delgado, which has been hit the hardest by the conflict in Northern Mozambique.

METHODOLOGY

IOM's Displacement Tracking Matrix (DTM) is the leading humanitarian data provider to support response planning. Information on conditions and needs of affected communities and displacement trends as well as in-depth thematic assessments are of key importance in addressing current HRP indicators and identifying priorities for the different sectoral responses.

The Multi-Sectoral Location Assessment (MSLA) captures detailed information on the internally displaced persons (IDPs) in sites, including demographic information, place of origin, age and sex breakdown, vulnerabilities, and detailed sectoral needs (shelter and NFI, WASH, food, nutrition, health, education, livelihoods, communication, protection, and energy). Information is collected through direct interviews with Key Informants (KI) and local representatives, through direct observations, as well as through Focus Group Discussions.

COVID-19 preparedness measures were also captured in this assessment.

OVERVIEW: Cabo Delgado and Nampula

From 19 May to 2 June 2021, in close coordination with the provincial government of Cabo Delgado, the International Organization for Migration (IOM)'s Displacement Tracking Matrix (DTM) teams conducted Multi-Sectoral Location Assessments (MSLA) in 34 sites hosting 122,549 internally displaced persons (IDPs) in Cabo Delgado province and 1 site with 3,225 IDPs in Nampula province, in response to the mass displacements caused by the insecurity situation in the north. In all sites, the majority of IDPs were displaced by the insecurity situation. The districts hosting the largest numbers of IDPs in sites were Metuge (67,741 individuals), Montepuez (26,679), and Ancuabe (10,332).

The results from the assessment show that Quissanga is the district of origin for the largest number of IDPs (in sites holding 66,451 individuals), followed by Mocimboa da Praia (25,486), and Macomia (16,473).

Of the total 125,774 individuals in the assessed sites, there are an estimate 31,466 (or 25%) are women, 26,023 (21%) are men, and 68,285 (54%) are children. Demographic data in Figures 2 and 3 is a sample collected through random sampling of twenty households per site.

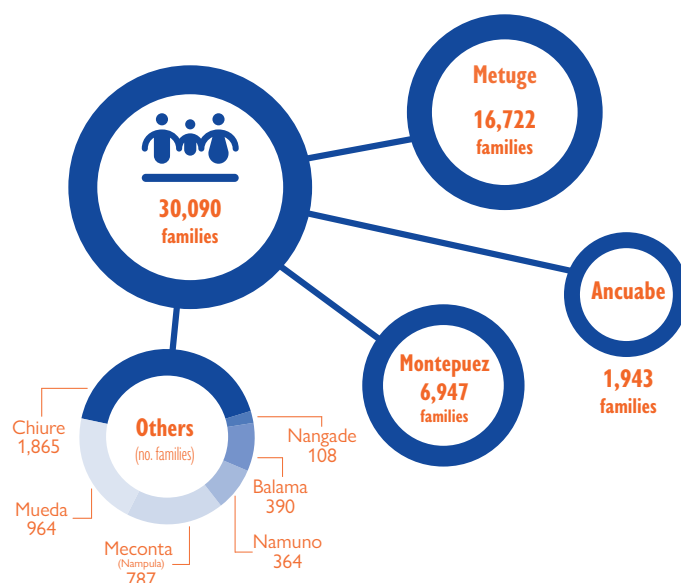


Figure 1: IDP households per district in Cabo Delgado and Nampula

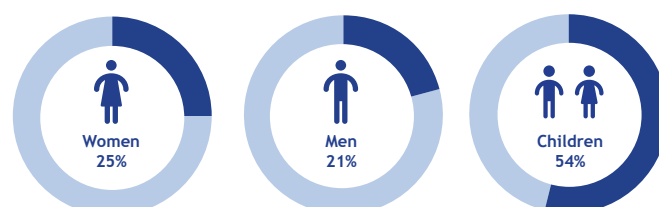


Figure 2: Proportion of adult female, adult male, and child IDPs

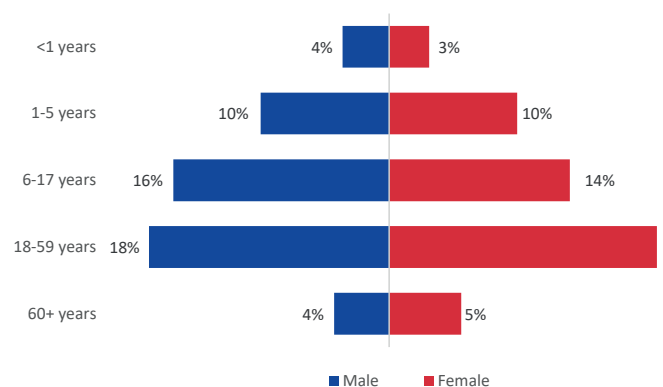


Figure 3: Sex and age demographics of IDPs in Cabo Delgado and Nampula

Based on demographic data, gathered through a random sampling of IDPs in the sites, 50% of IDPs are female and 50% are male. According to the sampling, 54% of the IDP population is under 18 years of age. Based on the data, there are an estimated 6,879 infants (under 1 year of age) in the IDP population, and 24,285 children aged 1 to 5 years old.

Demographic data for Round 3 is summarized in the table below, with a breakdown of vulnerable groups by district.

| District | No. IDPs | No. HH | Pregnant women | Breastfeeding mothers | Disabilities | Chronic conditions | Unaccompanied Minors | Elderly without carers | Child-headed households | Elderly-headed households |
|--------------------|----------------|---------------|----------------|-----------------------|--------------|--------------------|----------------------|------------------------|-------------------------|---------------------------|
| Ancuabe | 10,332 | 1,943 | N/a | N/a | 22 | N/a | 0 | 19 | 0 | 0 |
| Balama | 1,545 | 390 | 9 | 23 | 24 | 37 | 68 | 7 | 0 | 39 |
| Chiure | 9,121 | 1,865 | 84 | 0 | 21 | 0 | 3 | 0 | 0 | 0 |
| Metuge | 67,741 | 16,706 | 521 | 419 | 196 | 80 | 880 | 447 | 23 | 83 |
| Montepuez | 26,679 | 6,947 | 135 | 1,257 | 22 | 129 | 95 | 62 | 6 | 80 |
| Mueda | 4,354 | 941 | 123 | 126 | 2 | 3 | 20 | 3 | 15 | 24 |
| Namuno | 1,830 | 364 | 13 | 31 | 2 | 7 | 8 | 0 | 8 | 0 |
| Nangade | 657 | 108 | 0 | 26 | 1 | 0 | 0 | 1 | 0 | 18 |
| Meconta (Nampula) | 3,225 | 787 | 24 | N/a | 18 | 0 | 0 | 0 | 0 | 24 |
| Grand Total | 125,484 | 30,051 | 909 | 1,882 | 308 | 256 | 1,074 | 539 | 52 | 268 |

SITE COVERAGE AND ACCESS

A total of 33 sites were assessed throughout Cabo Delgado province, housing 122,259 IDPs (29,264 households). Also, 23 per cent of the total camp/site IDP population resides in a EPC 25 de Junho), 14 per cent in EPC de Nangua, and 11 per cent in Centro de Ntele. Of the 33 sites, 23 are relocation sites, and 10 are temporary sites. As per CCCM classification, relocation sites are planned by local authorities and sometimes with CCCM partners with certain minimum criteria for households (e.g. minimum space per family). Temporary sites are locations with pre-existing infrastructure, like schools, that have been re-purposed in this period of crisis.

All sites are reported as open, and physically accessible, but access was limited in 2 sites in in Montepuez and only accessible on foot, and three sites in Mueda, which were accessible only using 4x4 vehicles. Of the 28 sites that are fully accessible, 4 do not risk becoming inaccessible in the event of a natural disaster. All sites are reported as safe and secure for access by humanitarian partners.

IDP MOBILITY

The insecurity situation was the main cause of displacement of IDPs in all of the 33 sites assessed. In 61 per cent of sites, the majority of the IDP population arrived more than six months ago, 18 per cent between three and six months ago, and 6 per cent between one and three months ago. In the past month four new sites have been opened, but they shelter one per cent of the total IDP population. Whilst displacements are still occurring, 96 per cent of the IDP population are in sites where the majority arrived at least three months ago. In 21 per cent of sites, the number of IDPs remains constant, in 9 per cent it is decreasing, and in 70 per cent it is increasing compared to MSLA 2.

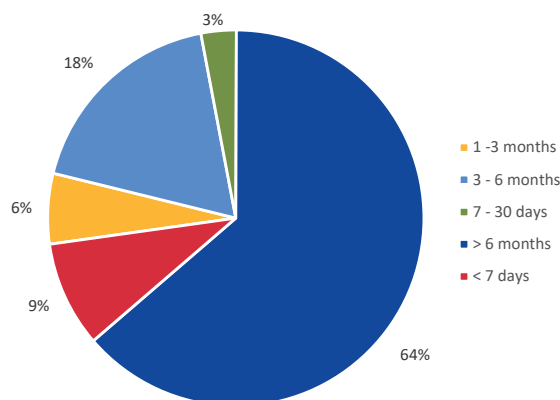


Figure 4: When did IDPs first arrive at the site, as percentage of total sites

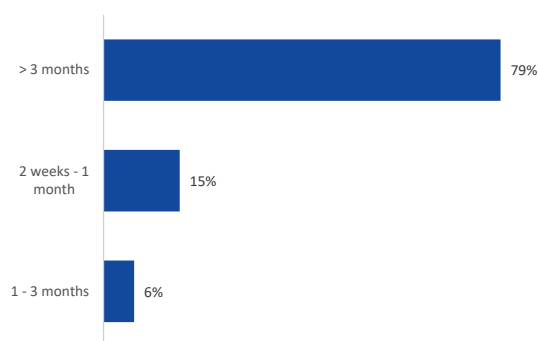


Figure 5: When do IDP anticipate they will return, as percentage of total sites

In 82 per cent of sites, the majority of IDPs would like to return to their place of origin in the future. In 79 per cent of sites (representing 89% of the total IDP population in the sites) IDPs intend to remain in the sites for longer than 3 months, with most indicating that they will stay in the sites until the conflict ends.

Key Informants at the sites reported 5,272 individuals arriving in the past month. Fifty-seven per cent of all the measured arrivals were in sites in Montepuez. The largest individual influx was in Centro de Ntele, with 2,501 arrivals.

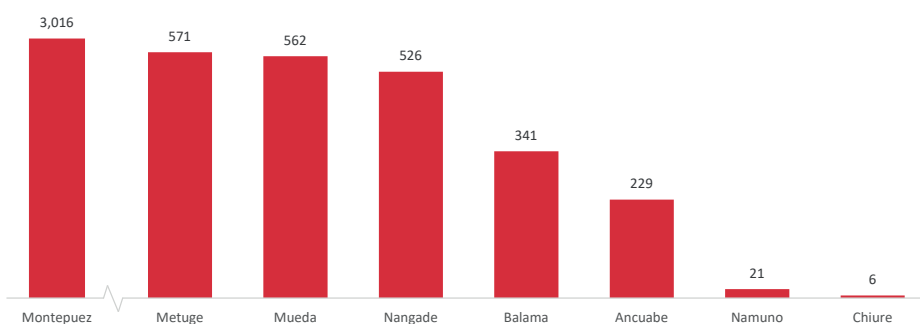
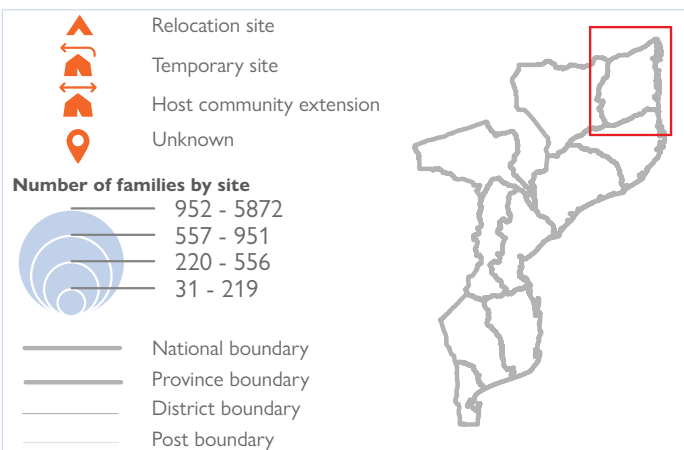
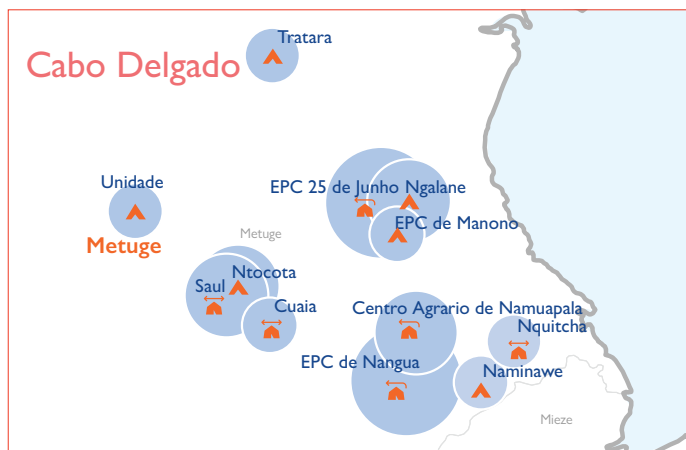
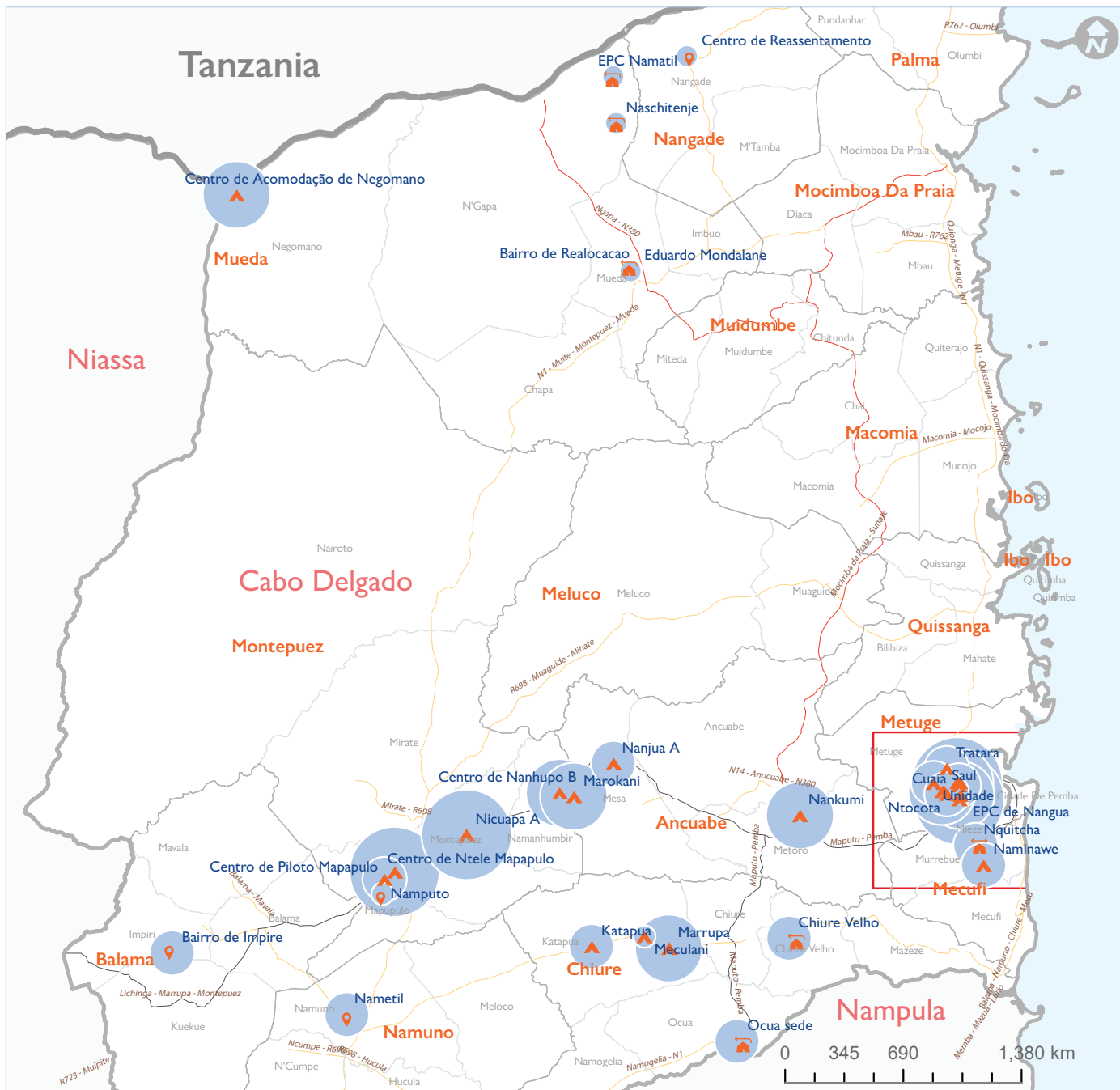


Figure 6: Total number of IDP arrivals in sites, per district

MAP OF ASSESSED 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.



ORIGIN OF IDP FAMILIES

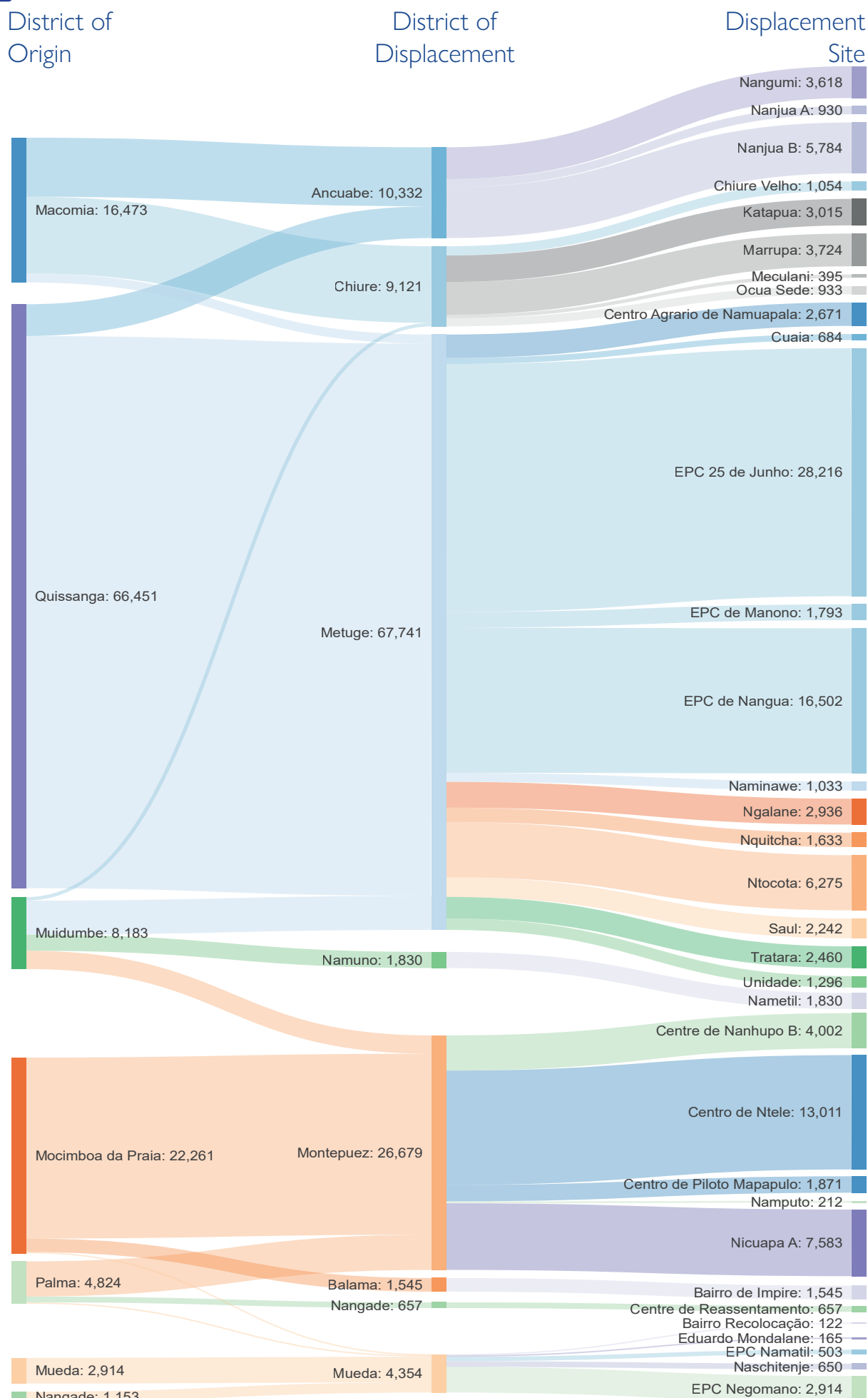


Figure 7: District of origin of IDPs in resettlement sites, as number of individuals

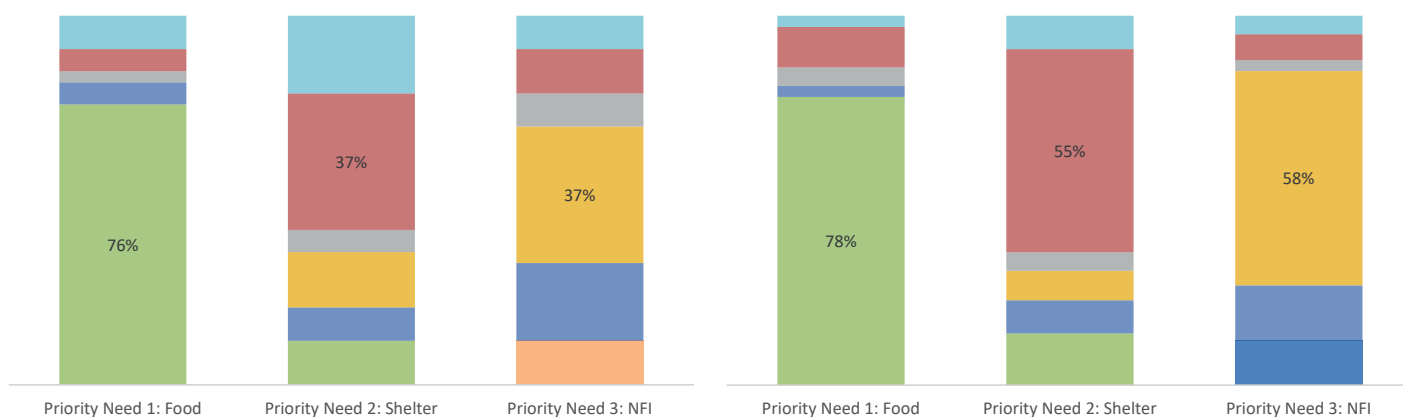

PRIORITY NEEDS


Figure 8: Top three priority needs, as percentage of total sites

Figure 9: Top three priority needs, as percentage of total IDPs within sites

| District | Site Name | 1st Priority Need | 2nd Priority Need | 3rd Priority Need |
|-----------|----------------------------------|-------------------|-------------------|-------------------|
| Ancuabe | Nangumi | Food | Other | NFI |
| | Nanjua A | Food | Water | Education |
| | Nanjua B | Other | Healthcare | Shelter |
| Balama | Bairro de Impire | Food | NFI | Other |
| Chiure | Chiure Velho | Water | NFI | Healthcare |
| | Katapua | Healthcare | Food | Water |
| | Marrupa | Food | NFI | Healthcare |
| | Meculani | Healthcare | Water | Education |
| | Ocu sede | Water | Food | Education |
| Metuge | Centro Agrario de Namupala | Food | Shelter | NFI |
| | Cuaia | Shelter | Food | NFI |
| | EPC 25 de Junho * | Food | Shelter | NFI |
| | EPC de Manono | Food | NFI | Other |
| | EPC de Nangua ** | Food | Shelter | NFI |
| | Naminawe | Food | Shelter | NFI |
| | Ngalane | Food | Shelter | NFI |
| | Nquitcha | Food | Shelter | NFI |
| | Ntocota | Food | Shelter | NFI |
| | Saul | Food | Healthcare | Water |
| | Tratara | Food | Healthcare | Shelter |
| | Unidade | Food | Water | Healthcare |
| Montepuez | Centro de Nanhupo B | Food | Shelter | NFI |
| | Centro de Ntele *** | Shelter | Food | Education |
| | Centro de Piloto Mapapulo | Water | Other | Healthcare |
| | Namputo | Other | Shelter | NFI |
| | Nicuapa A | Food | Water | Healthcare |
| Mueda | Bairro Recolocação | Food | Water | Shelter |
| | Eduardo Mondalane | Food | Shelter | Other |
| | EPC Namatil | Food | Water | Shelter |
| | Naschitenje | Food | Water | Healthcare |
| | Centro de Acomodação de Negomano | Food | Shelter | NFI |
| Namuno | Nametil | Food | NFI | Healthcare |
| Nangade | Centro de Reassentamento | Food | Shelter | Water |

Compared to the previous round, there is little difference in the top priority needs whether considering only the percentage of sites reporting each need, or when weighting the sites based on the total number of IDPs present. As in the previous round, the top priority need remains food, reported by 76 per cent of sites. The responses for the second and third priority needs are much more varied, with. However, even with this variation, the most common needs are for shelter and NFIs, which become even more prevalent when analysing the needs based on the IDP population within the sites.

Observing Figure 9, the relative needs for shelter and NFIs are greater when considering the number of IDPs residing in the sites. This is explained by the largest sites (EPC 25 de Junho and EPC de Nangua) having reported food, shelter, and NFIs as their top needs. The top three sites by population are highlighted in the table with (*, **, and *** respectively).

It should be noted that all sites in Mueda, Namuno, and Nangade cited food as their top priority need, as did 11 out of 12 sites in Metuge, and 2 out of 3 in Ancuabe. The needs for shelter are most acutely felt across sites in Metuge.



There are a number of IDPs in the most severe condition: sleeping outdoors. IDPs sleep outdoors in 12 sites, with an average of 27 per cent of households being subject to these conditions, which is estimated to total 2,368 households across Cabo Delgado. Previously 1,468 households in the EPC 25 de Junho were sleeping outdoors, but none in Round 3. Currently 80 per cent of families in Naminawe and 67 per cent of families in Saul sleep outdoors. Both sites are in Metuge district.

In 22 sites, an average of 73 per cent of IDP households sleep in emergency shelters (e.g. tents, under tarpaulins, in make-shift shelters). All IDPs in EPC 25 de Junho, Naschitenje, EPC Namatil, Corrna, and EPC de Nangua sites sleep in emergency shelters, and in 10 additional sites, more than 75 per cent of IDPs sleep in the same conditions. An estimated 17,638 individuals live in emergency shelters across all the sites. On average, 43 per cent of IDPs in relocation sites sleep in emergency shelters, compared to 58 per cent in temporary sites (of those with IDPs sleeping in emergency shelters).

Finally, in 20 sites IDPs live in permanent shelters, with an average of 77 per cent of IDPs in each of these sites living in a permanent structure/building. This represents an estimated 10,005 households. A graphical representation of this data can be seen in Figure 15 on Page 10. Seventy-four per cent of IDPs in relocation sites sleep in permanent shelters, but 90 per cent in temporary sites.

Key Informants were asked whether IDPs had received shelters assistance. In 70 per cent of sites, IDPs have received the assistance, representing 77 per cent of the IDP population living in sites (Figure 10). Despite receiving shelter assistance, 30 sites, sheltering 90 per cent of the IDP population in the province, reported that they still need technical support for their shelter repairs or to build homes (Bairro de Impire, Ntocota, and Centro de Nanhupo B do not need additional assistance). Furthermore, 85 per cent of sites have reported that the majority of IDPs do not have access to flashlights or lighting materials.

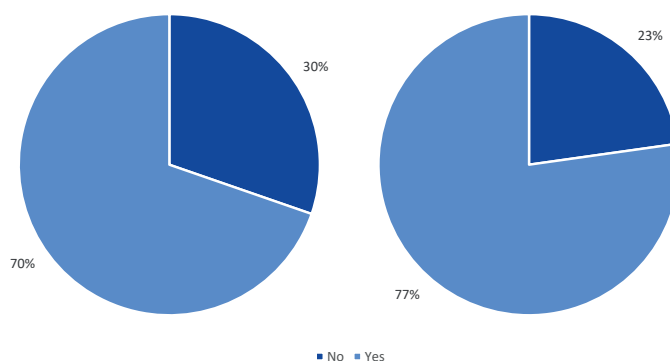


Figure 10: Did IDPs receive shelter assistance, as percentage of total of sites (left) and as percentage of total IDPs within sites (right)

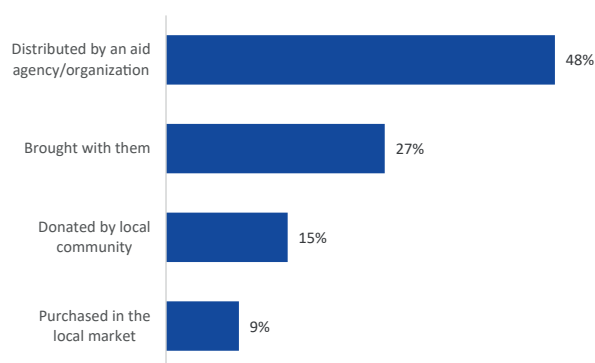


Figure 11: How did the majority of families obtain NFIs for shelter repair, as percentage of total sites

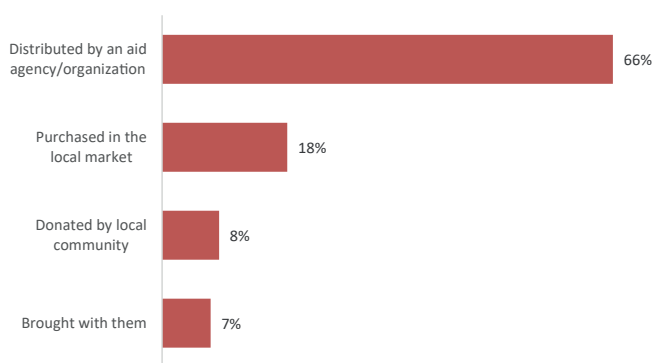


Figure 12: How did the majority of families obtain NFIs for shelter repair, as percentage of total IDPs within sites

Figures 11 and 12 show how the IDP population acquired key NFIs/materials for shelter repairs. A key difference is that in 27 per cent of sites IDPs reported having brought these items with them, but they only represent 7 per cent of the total IDP population in sites (i.e. IDPs in some of the smallest sites are more likely to have brought their materials with them). On the other hand, the proportions for aid being distributed by aid agencies or purchased at local markets is much greater when considering the site population, indicating that the most populous sites are in these two categories.

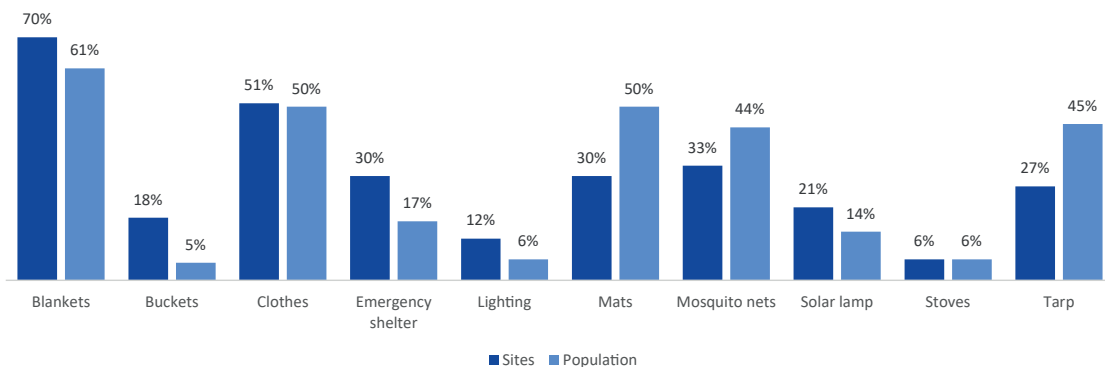


Figure 13: Top three NFI needs of IDPs, as percentage of sites, and as percentage of total IDPs within sites

Key Informants were asked to provide the top three priority needs from a list for each site. Figure 13 shows the percentage of sites reporting each need, as well as the needs relative to total IDP population in the sites. In this graph, each need is equally weighted and simply counted (there is no emphasis given to a need being first or second). The most commonly cited needs are for blankets and clothes (reported by 70% and 51% of sites respectively). Three key disparities should be regarding mats, tarps, and mosquito nets. Each of these needs are more commonly cited by the more populous sites in Cabo Delgado.

It should be noted that the survey asked for top three needs, and there may be some preferences indicated in the ranking for each need. For the first priority need, blankets were the top cited option in 70 per cent of sites, representing 61 per cent of the in-site IDP population. The most commonly cited second need was for mats, cited by 27 per cent of sites representing 49 per cent of the in-site IDP population. The most common third need was for emergency or temporary shelters, in 30 per cent of sites but representing only 17 per cent of the in-site IDP population (indicating that shelter needs are most acute in the smaller and newer sites in Cabo Delgado).

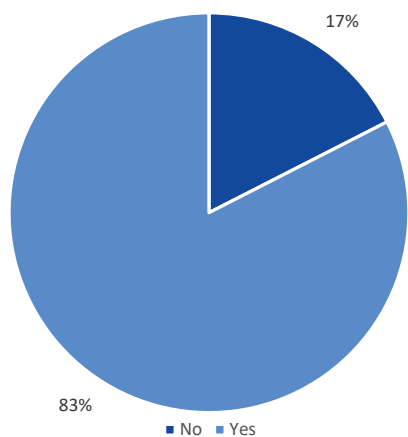


Figure 14: Are local markets functioning, as percentage of total number of sites

Figures 11 and 12 indicated that a segment (18%) of the total IDP population in Cabo Delgado, uses local markets to purchase the necessary NFIs and material for shelter repairs. In 17 per cent of sites, it is reported that there is no functioning market that is accessible to IDPs, creating a barrier to improving the shelter conditions across the assessed sites. This proportion was significantly reduced from 56 per cent in Round 2. The images on the right provide examples of the main shelter types, both from Chiure district.



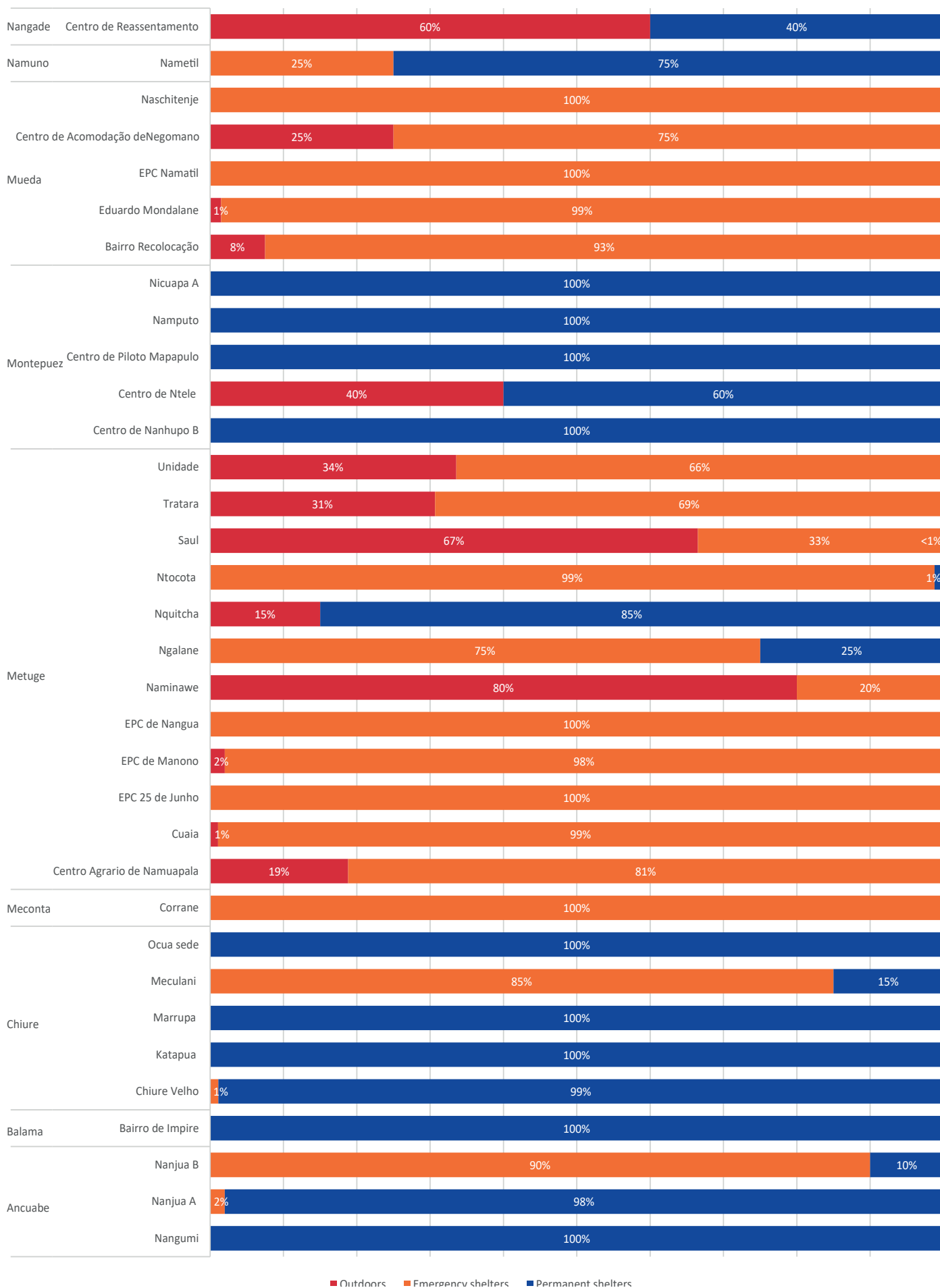


Figure 15: Percentage of IDP households in each shelter types by site in Cabo Delgado



In 29 sites (88% of the total), which are sheltering 98 per cent of the total IDP population, there are functional latrines present for IDPs to use. Only 11 sites (33% of the total) reported that latrines are separated for males and females. Eighty-six per cent of sites without separate latrines are classified as relocation centres, and 14 per cent are temporary sites. In 21 per cent of sites there are facilities that can be improved/repared, but these sites house only 9 per cent of the total IDP population.

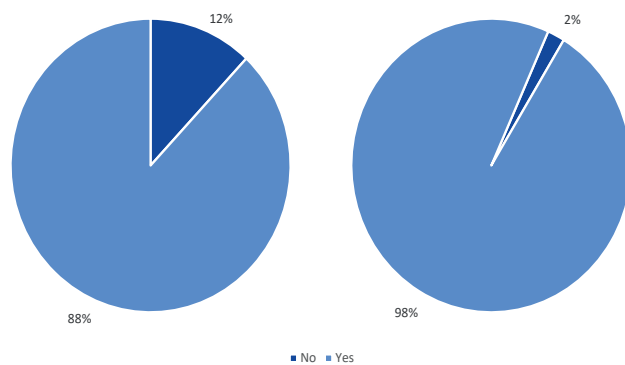


Figure 16: Are latrines functional, as percentage of total of sites (left) and as percentage of total IDPs within sites (right)

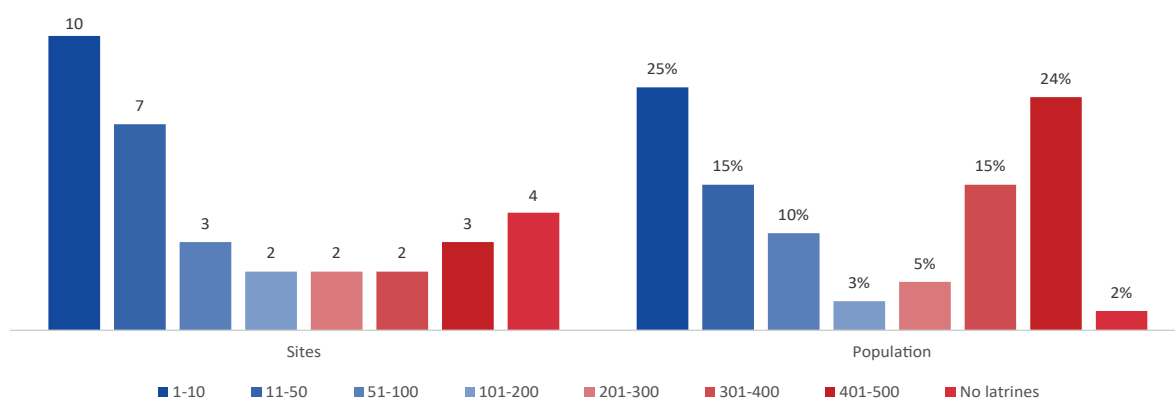


Figure 17: Number of IDPs per number of functioning latrines per site, as count of sites (left) and as percentage of total IDPs within sites (right)

While most sites, and most IDPs, have access to functional latrines, the availability of these facilities varies greatly by sites. In 10 sites (with 25% of the total IDP population), there are between 1 and 10 individuals in the site for each available latrine. In 7 sites, with 15 per cent of the total IDP population, a latrine is available for every 11-50 IDPs on-site. In three sites, there are between 51-100 IDPs for each latrine. In 2 sites, there are between 100-200 IDPs for each available latrine. There are fourteen sites in a very severe sanitation condition, of which 4 sites with 2 per cent of the total IDP population have no sanitation facilities at all. In two sites, with 3,117 individuals present, there are 100-200 IDPs for each latrine on site. In a further 2 sites, including EPC Negomano and Centro Agrario de Namuapala, there are 200-300 IDPs present for each available latrine - both these sites reported the presence of non-functional latrines that could be repaired. In 3 sites with 19,328 IDPs present, including EPC de Nangua, there are 300-400 IDPs for each available latrine. Similarly, EPC de Manono reported having non-functional latrines that could be repaired. In EPC 25 de Junho there are 470 IDPs present for each available latrine, and in Nqitcha there are 4 latrines present for a population of 1,633 individuals.

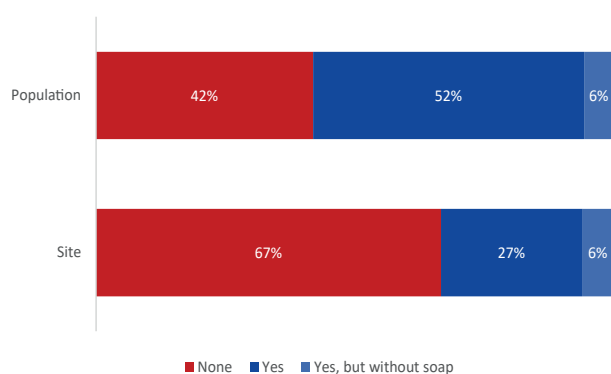


Figure 18: Are there hand washing stations near to latrines, as percentage of sites, and as percentage of total IDPs within sites

In the majority of sites (67%, representing 42% of the in-site IDP population) there are no hand washing stations close to latrines or sanitation facilities. Generally these are the smaller sites in Cabo Delgado. While only 27 per cent of sites have hand washing stations, these sites represent 52% of the on-site IDP population. The proportion of sites/IDPs without access to hand washing facilities has not changed noticeably from the previous round, but in sites where the service was already present, the quality of the service has improved, with no sites reporting hand washing stations without soap or water, and fewer stations without soap.

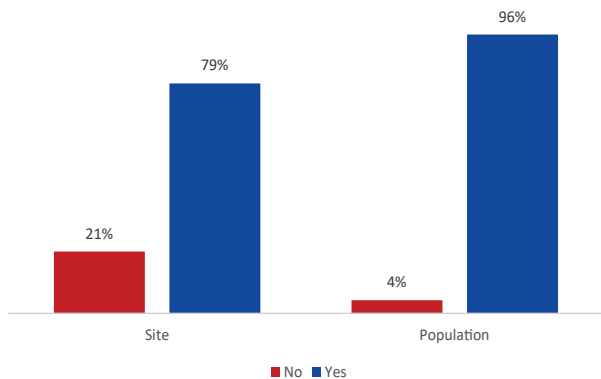


Figure 19: Have hygiene campaigns been conducted in sites, as percentage of sites, and as percentage of total IDPs within sites

In the majority of sites, 76%, there is no open defecation reported, with these sites representing 70% of the in-site IDP population. The sites with open defecation include Centro Agrario de Namuapala, EPC de Manono, EPC de Nangua (the three sites also reported visible defecation in the previous round), Unidade, Naminawe, Namputo, Centro de Ntele and Centro de Reassentamento. Open defecation was not reported in EPC 25 de Junho though it had been a concern in the previous round. IDPs in temporary sites are much more likely to live in areas with visible open defecation, compared to in relocation sites.

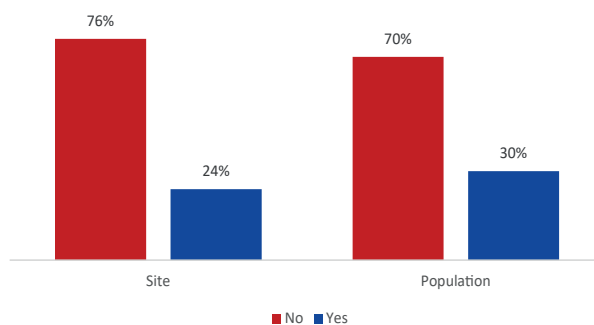


Figure 20: Is open defecation frequently visible in sites, as percentage of sites, and as percentage of total IDPs within sites

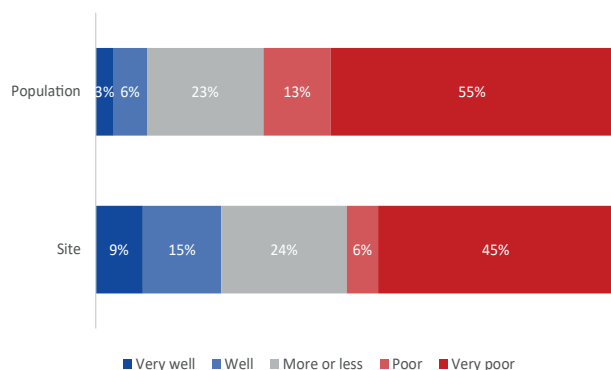


Figure 21: What is the condition of drainage systems in sites, as percentage of sites, and as percentage of total IDPs within sites

Figure 21 shows how well drainage systems function on sites, and as a percentage relative to the total population within the sites. Compared to Round 2, more sites with a much larger share of the population are reporting very poorly functioning drainage systems. Currently 45 per cent of sites, representing 55 per cent of the in-site IDP population (up from 40% and 19% respectively in the previous round) have reported this, while an additional 6 per cent of sites (representing 13% of the population), have reported poorly functioning drainage systems. The reasons for the reduced perceived conditions of the drainage systems on sites is unclear and needs to be assessed further

The most common water sources in sites are hand pumps, used by 39 per cent of sites, followed by open wells at 25 per cent, and small water systems at 21 per cent. It should be noted that small water systems are a common source of water in sites that represent 41 per cent of the in-site IDP population (indicating that these water systems are preferred/used in the most populous sites). Similarly, hand pumps, while used by 39 per cent of sites, these sites represent only 29 per cent of the in-site IDP population i.e. hand pumps are more prevalent in small sites. Other water sources are present but rarely used by more than one site.

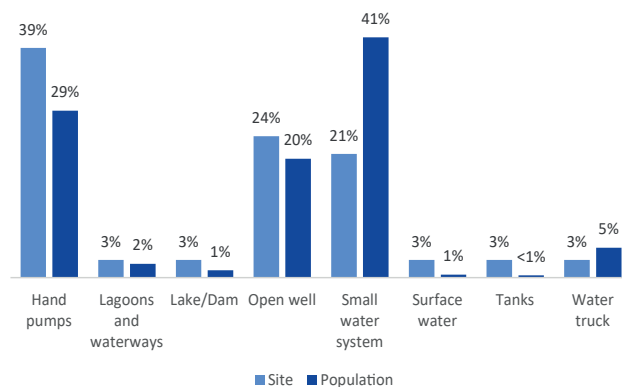


Figure 22: Main water source for IDPs in sites, as percentage of sites, and as percentage of total IDPs within sites

In 12 sites, no problems were reported concerning the water sources. Of those reporting problems, the most common problems were flavour/taste (38% of sites), long waiting times (29%), and dirty water (14%).

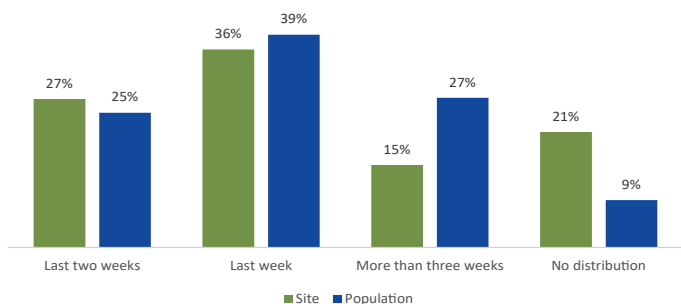


Figure 23: When was the last food distribution, as percentage of sites, and as percentage of total IDPs within sites

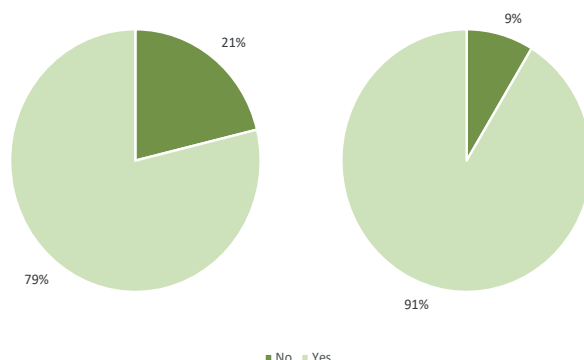


Figure 24: Have the majority of IDP households received food distributions, as percentage of total of sites (left) and as percentage of total IDPs within sites (right)

Food distributions have been received by 79 per cent of sites, representing 91 per cent of the in-site IDP population. The only sites that didn't receive food distributions in the last month were relocation sites. Concerning when the last distributions took place in sites throughout Cabo Delgado, in 36 per cent of sites (representing 39% of the in-site IDP population), the last food distributions occurred in the last week from data collection. In 27 per cent of sites distributions took place in the last two weeks. In 15 per cent of sites (representing 27% of the population), distributions occurred more than three weeks ago (this group include EPC 25 de Junho). In 21 per cent of sites, no food distributions have been reported. In sites where food was distributed, on average 88 per cent of IDPs receive assistance, with Centro de Acomodação de Negamano being the only site where distributions reached less than 75 per cent of households (50%).

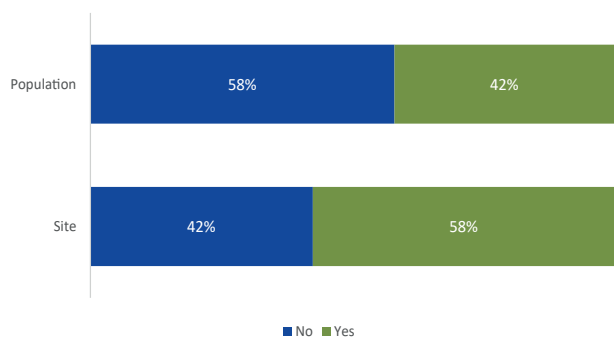


Figure 25: Do the majority of IDP households have access to farm land, as percentage of sites, and as percentage of total IDPs within sites

In 42 per cent of sites, representing 58 per cent of the in-site IDP population, the majority of households do not have access to farmland. EPC 25 de Junho, EPC de Nangua, and Centro de Ntele (the three largest sites) all report the majority of families do not have access to farmland. All reported food as a top priority need. Figure 26 below shows that in 30 per cent of sites, farmland cultivated by IDPs is <1 hour away, in 15 per cent of sites it is 1-2 hours away, and in 6 per cent of sites it is 2-3 hours away walking. When farmland is <1 hour away, it is significantly more likely to be a relocation site.

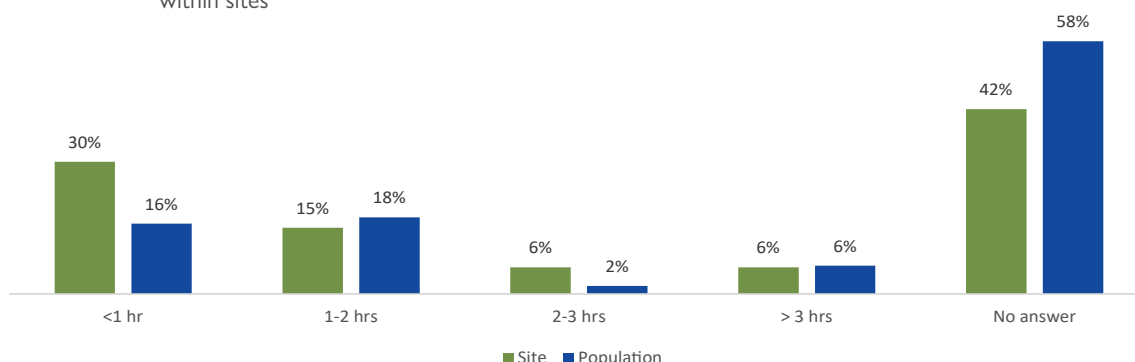


Figure 26: How long does it take IDPs to reach farmland, walking from their shelters, as percentage of sites and as percentage of total IDPs within sites

In 55 per cent of sites (representing 64% of the in-site IDP population), key informants reported that agricultural inputs (e.g. seeds) have not been received by IDP households. On average 79 per cent of IDP households in the sites received the aid when the distributions occurred. However, this proportion is below or equal to 50 per cent in Centro de Nanhupo B, Ntocota, and Corrane. Across the sites with access to farmland, on average 76 per cent of households are actively working the land (however this percentage is significantly lower in Saul and Ocu Sede, being under 30% in both sites, and only 50% in Ntocota and Corrane). Only 9 sites indicated that residents possess livestock, with an estimated 31 per cent of households having either chickens, goats, pigs, and/or cows.



In 94 per cent of sites, people go to a health facility when one of their family members get sick, while in one site it is reported that they would go to a traditional healer, and in one site that they would not do anything. Overall, residents in 58 per cent of sites are unsatisfied with the healthcare services provided (though it should be noted that these sites represent only 36% of the in-site IDP population - dissatisfaction is more prevalent in smaller sites). In approximately half of those sites where IDPs are not satisfied, a lack of medicines is a key barrier, while in a similar number of sites the distance to healthcare services is a prime driver of dissatisfaction.

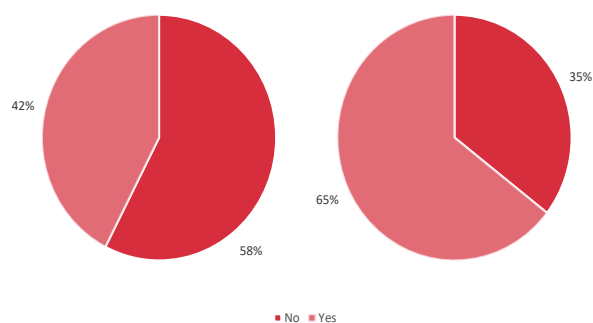


Figure 27: Are people living at sites satisfied with the healthcare services provided, as percentage of sites (left) and as percentage of total IDPs within sites (right)

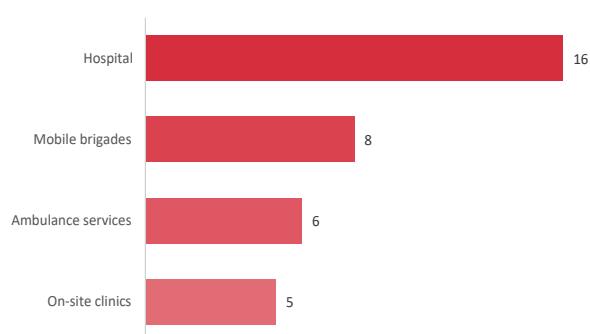


Figure 28: What types of health service providers are present on sites in Cabo Delgado, as count of sites

Hospitals are the most common provider of health services, found in 16 sites, followed by mobile brigades found in 8 sites. Ambulance services are in 6 sites, and on-site clinics are present in only 5 sites. Of the sites with on-site clinics, 3 of the 5 are open every day except weekends, in 1 site it is open one day a week, and in 1 site the clinic is not regularly open. For the sites with mobile brigades present, in 4 of the 8 sites they are available to IDPs once a week, in 2 sites twice a week, in 1 site twice a month, and in 1 site the service provision is described as irregular.

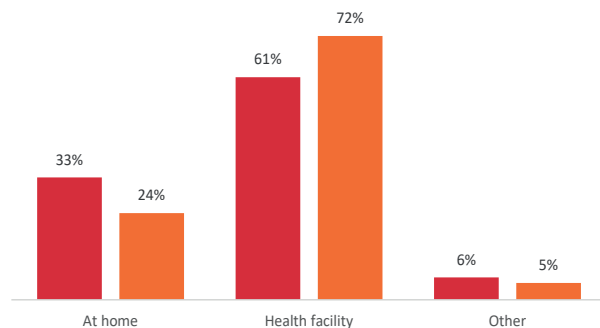


Figure 29: Where do women give birth, as percentage of sites (red), and as percentage of total IDPs within sites (orange)

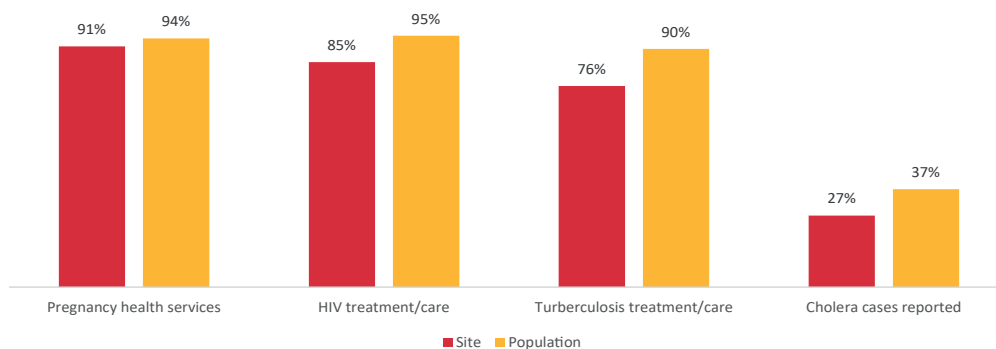


Figure 30: Are medicines available, do pregnant women have access to health services, are IDPs aware of treatment/care for HIV and tuberculosis, and have cholera cases been reported, as percentage of sites and as percentage of total IDPs within sites

Figure 30 covers the following indicators: availability of health services for pregnant women (91%), awareness of where to receive treatment/care for HIV (85%), for Tuberculosis (76%), and in how many sites cholera cases have been reported (27%). Cholera cases have been reported in sites with 37 per cent of the total IDP population, including EPC 25 de Junho and Centro Agriario de Nampualala. In one site, Nangumi, a cholera case has been reported in the last week, and in Tratará 7 weeks ago. All other cases were reported before May 2021.



COVID-19

Across the assessed sites, none reported any departures in the last month due to COVID-19, and of those who reported arrivals/an increasing site population, none reported that any of the arrivals originated from abroad. COVID-19 still remains a key point of concern for site management agencies. In Figure 31, it was investigated what is the main precautionary measure used on-site for the prevention of the spread of COVID-19. Seventy per cent of sites reported that masks were the main preventative measure, while in 30 per cent, that it was regular hand washing. When asked about how many residents in the sites wear masks, in 18 per cent of sites most IDPs wear mask, in 52 per cent of sites (representing 66% of the in-site IDP population) some wear masks, and in 30 per cent of sites no one wears masks. In 15 per cent of sites IDPs rarely wash their hands, in 9 per cent of sites they sometimes do, and in 6 per cent of sites they frequently do.

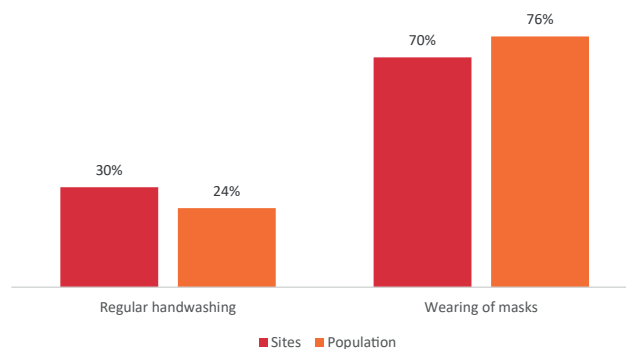


Figure 31: What precautionary measures are taken against COVID-19 taken on site, as percentage of sites, and as percentage of total IDPs within sites

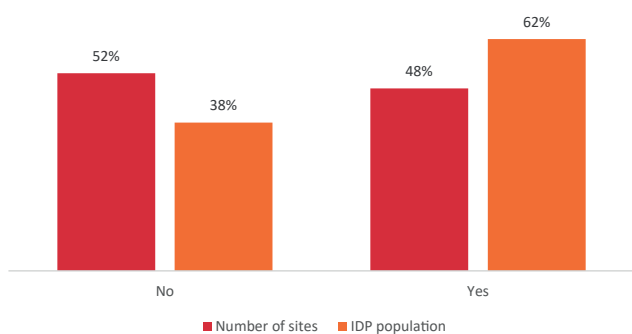


Figure 32: Are hand washing stations installed on-site, as percentage of sites, and as percentage of total IDPs within sites

There have been no mask distributions over the past month in 67 per cent of sites (representing 51% of the in-site IDP population). In 52 per cent of sites, representing 39 per cent of the in-site IDP population, do not have hand washing stations installed. There are no education/information materials related to COVID-19 (such as posters/flyers/leaflets) in 67 per cent of sites, representing 41 per cent of the in-site IDP population. Awareness sessions for COVID-19 have been performed in 82 per cent of sites (representing 96% of the in-site IDP population). Only in Naschitenje, EPC Namatil, Centro de Acomodação de Negomano, Namputo, Bairro Recolocação, Nanjua A have no such sessions been conducted recently.

IDPs were asked if they consider COVID-19 as a risk to their own health. The majority of people in 52 per cent of sites consider COVID-19 a risk, and some people in 45 per cent of sites. Only Barrio de Impire indicated that its population manifests no concern for the risks of the virus. In 79 per cent of sites, the majority of people have access to COVID-19 vaccine information, and in 21 per cent of sites some people do. When asked if people on the sites are willing to accept the COVID-19 vaccine, 66 per cent of sites indicated that some people would be willing to accept the vaccine, and in 32 per cent of sites the majority of people. Once again Bairro de Impire is the only site where IDPs would not accept the IDP vaccine.

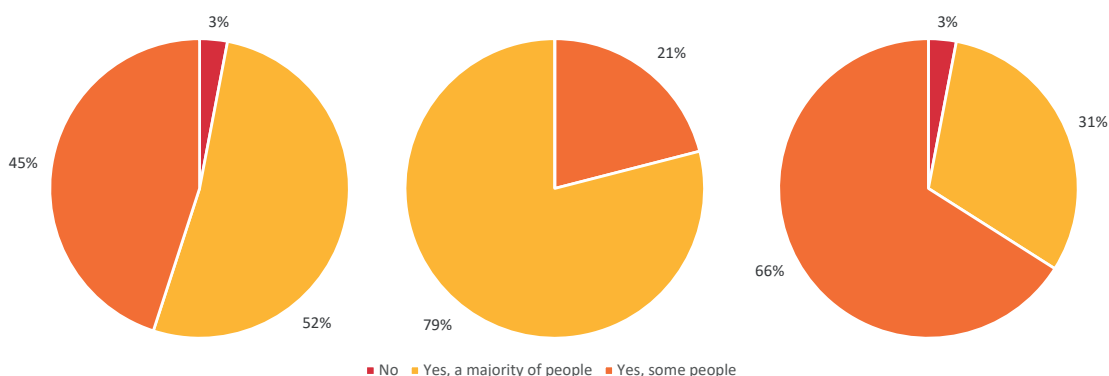


Figure 33: Do people living on-site consider COVID-19 a risk to their own health (left), and do people living on-site have access to information about COVID-19 vaccines (centre), and are people on-site willing to accept COVID-19 vaccines (right), as percentage of sites

EDUCATION

In 85 per cent of sites, the majority of the child IDP population have access to education. There is little difference on education access when considering site typology, or for when considering sites by weighting their population. In previous rounds, education services were lacking in sites such as EPC 25 de Junho, which is no longer the case in Round 3. However, this lack persists still in Centro de Nanhupo B, Centro de Reassentamento, and Centro de Ntele. In 30 per cent of sites, representing 35 per cent of the in-site IDP population, there are schools are not functional. The main barriers to accessing education cited are a lack of documentation (1 site), a lack of teachers (1 site), a lack of space (1 site), and long distances to reach schools (2 sites).

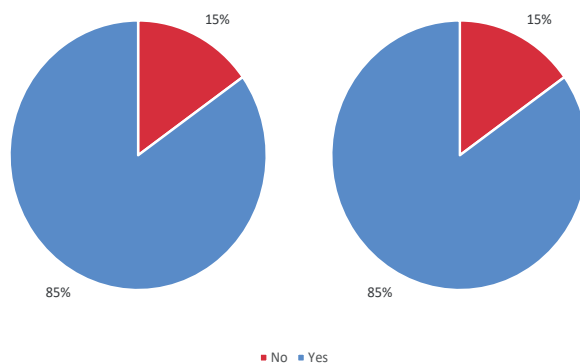


Figure 34: Do the majority of IDP children have access to schools, as percentage of total of sites (left) and as percentage of total IDPs within sites (right)

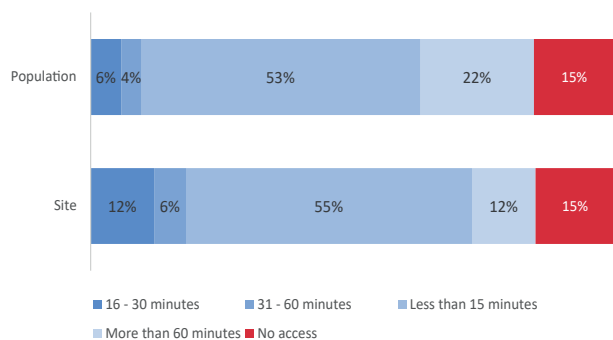


Figure 35: How far away are education facilities, as percentage of sites, and as percentage of total IDPs within sites

Of the sites where children are attending school, the average rate of attendance is 57 per cent. The lowest rates of attendance (under 45%) were in Marrupa, Namputo, Saul, Ocuá Sede, Ngalane, Naminawe, EPC Namatil, Naschitenje, and Nairro Recolocação. Figure 35 shows how long it takes to reach nearest school for IDP children. In 53 per cent of sites, schools are less than 15 minutes away, in 6 per cent of sites they are 16-30 minutes away, and in 4 per cent of sites they are 31-60 minutes away. In 22 per cent of sites the schools are more than 60 minutes walking away for IDP children. In 15 per cent of sites, there is no access to education facilities. In temporary sites, education facilities are generally in close proximity and require less time walking than in relocation sites.

The conflict has strained education services that were already under great pressure. In 42 per cent of sites (representing 19% of the in-site IDP population), it is reported that the majority of IDPs can neither read nor write. In 58 per cent of sites, representing 81 per cent of the in-site IDP population, the majority have moderate reading and writing skills. This could be an issue particularly taken in conjunction for when children need to apply for the necessary documentation to be enrolled in schools. The levels of literacy are generally reported as lower in relocation sites, as compared to temporary sites and need to be further assessed

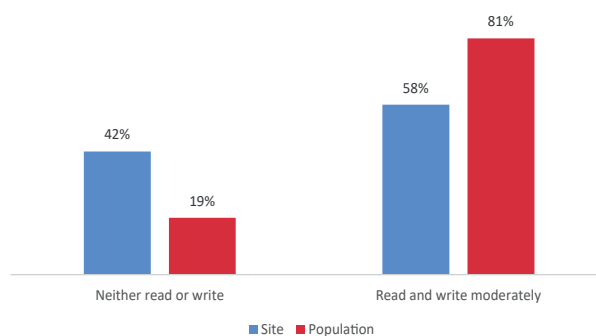


Figure 36: Literacy levels of IDP households, as percentage of sites, and as percentage of total IDPs within sites



PROTECTION

In 52 per cent of sites, representing 59 per cent of the in-site IDP population in Cabo Delgado, reported the presence of a functional police station on or near the sites. Sites without functioning police stations include Centro de Ntele, EPC de Manono, and Centreo de Nanhupo B. In total, 7 of the 12 sites in Metuge have no police station, 3 of the 5 sites in Chiure, and 4 of the 5 in Montepuez. When asked about what proportion of the inhabitants of the sites have at least 2 hours of lighting per night, 61 per cent of sites reported that no households have this. In 24 per cent of sites, a quarter of households have 2 hours of lighting each night, but only half do in Katapua, while approximately all households in Nanjua B and Eduardo Mondalane have this. In Bairro Recolocaçã, most (around 75%) families have access to at least 2 hours of lighting per night.

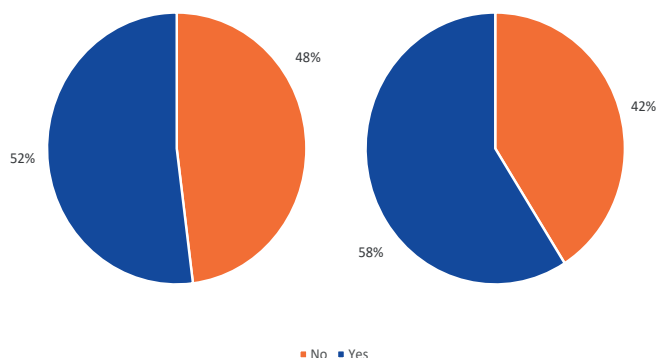


Figure 37: Is there a functioning police station on or near the site, as percentage of total of sites (left) and as percentage of total IDPs within sites (right)

Figure 38 presents in how many sites different services were reported to be available to IDPs, and how these proportions change when taking into account the size of the sites. In 21 per cent of sites, but representing only 11 per cent of the in-site IDP population, do families have access to legal documentation. In 2 sites (6% of sites representing 23% of the in-site IDP population) there are child-friendly spaces on-site. There are no sites with adequate communal lighting. For the next three categories, the services are available in more sites and also in the largest sites, like EPC 25 de Junho. There are security mechanisms for sites in 85 per cent of sites (representing 84% of the in-site IDP population). There are referral mechanisms for GBV in 76 per cent of sites (90% of population), and psychosocial support mechanisms in 33 per cent of sites (68% of population). The indicators for security and referral mechanisms have improved greatly between Round 2 and Round 3. Security mechanisms present with equal likelihood in both relocation and temporary sites, as are GBV referral mechanisms.

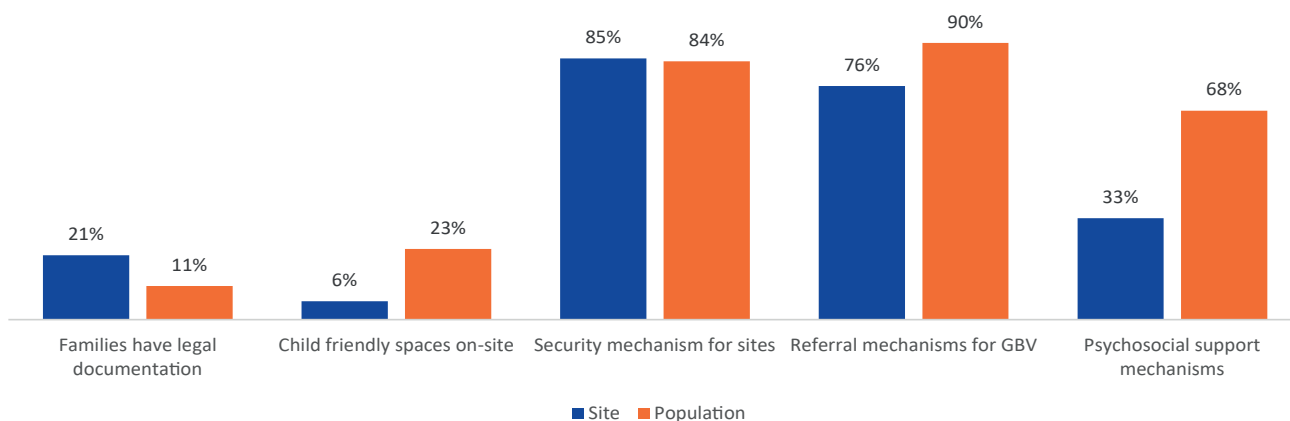


Figure 38: Do families have legal documentation, are there child-friendly spaces on-site, is there a security mechanism/provider on-site, is there a referral mechanism for GBV, are there psychosocial support mechanisms, as percentage of sites and as percentage of total IDPs within sites



COMMUNITY ENGAGEMENT

Key Informants at sites were asked to provide the three most prevalent avenues for communication used by the IDP community, to make complaints and/or suggestions to humanitarian actors Figure 40. The majority of sites (82%) reported that community leaders/groups presenting the community were used to communicate, followed by local government (63%), radio and telephone based communication (in 33% of sites each). In Round 1, 38 per cent of sites had reported using religious leaders/groups to communicate, but only 8 per cent cited this option in Round 2, and 9 per cent in Round 3.

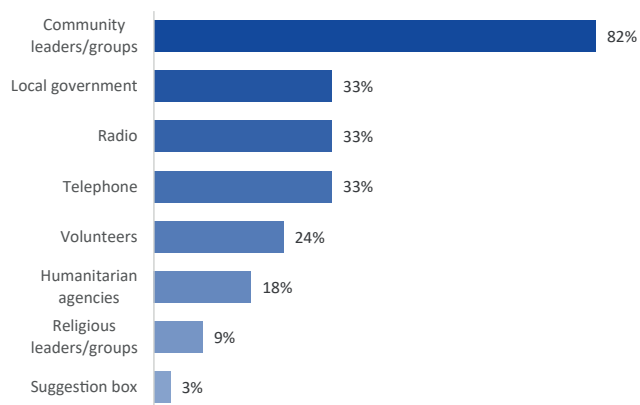


Figure 40: What are the main communication mechanisms used by IDPs to communicate with the humanitarian community, as percentage of total sites

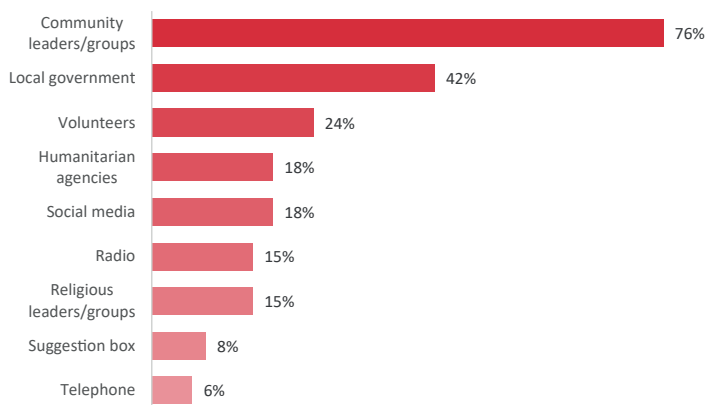


Figure 41: What are the main communication mechanisms used by the humanitarian community to communicate with IDPs, as percentage of total IDPs within sites

The top channels for information used by humanitarian organizations to inform/provide information to the community, are community leaders/groups (in 76% of sites) and local government (42% of sites). The next most prevalent channels are the use of volunteers and activists (24% of sites), direct communication from humanitarian agencies (18%) and social media (18%).

There are social organization activities focused on key sectors occurring throughout sites in Cabo Delgado. In 48 per cent of sites, there have been activities focused on health, in 24 per cent of sites there have been WASH related activities, 21 per cent for protection, and 18 per cent for child protection. There have only been GBV related activities in 15 per cent of sites. There are more protection and child protection related activities reported in MSLA 3, compared to the previous round. However, given concerns mentioned in the previous sections, more emphasis should be placed on these types of social organization.

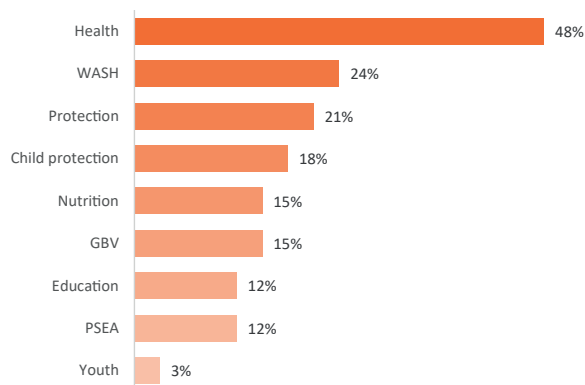
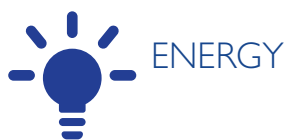


Figure 42: What kinds of social organising and event have been conducted for IDPs by volunteers and community leaders, as percentage of total sites



As can be seen in Figure 43, in 85 per cent of sites (representing 94% of the in-site IDP population), no households have access to 4 hours of electricity per day. In 9 per cent of sites, with 6 per cent of the total IDP population (Centro de Acomodação de Negomano, Centro de Nanhupo B, and Centro de Reassentamento), around a quarter of households have access to electricity. In Eduardo Mondalane (165 individuals) everyone has access to electricity, and in Bairro Recolocação (population 122) around three quarters of IDPs have access to electricity. The main source of household electricity is from Solar Street Lights in 27 per cent of sites, while there is no electricity access at all in 64 per cent of sites.

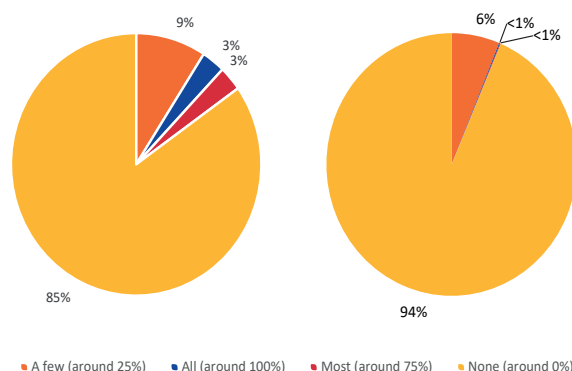


Figure 43: What proportion of IDP households in the site has access to at least 4 hours of electricity per day, as percentage of total of sites (left) and as percentage of total IDPs within sites (right)

Thirty-nine per cent of sites have no lighting, while for the remaining sites the lights sources are as follows: Solar Street Lights (24%), flashlights (24%), and lights on mobile phones (12%). There are no identifiable trends between access to electricity and energy, and whether a site is a temporary site or a relocation sites. The main issues with lighting can be seen in Figure 44: unreliability of lighting sources (55% of sites), not enough lighting for households (24%), cost of power for lighting (18%), and broken equipment (12%). The main power sources for the water supply are as follows: hand pumps 36 per cent of sites, petrol generators (12%), water trucking (12%), electrical grid (9%), and solar panels (3%). For lighting in toilets and latrines: no light source (61% of sites), mobile phone lights (21%), portable solar lamps (9%), and Solar Street Lights (3%).

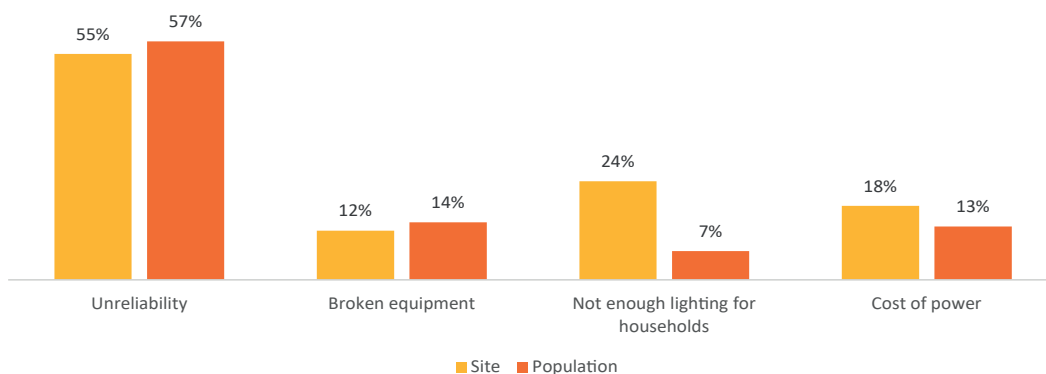
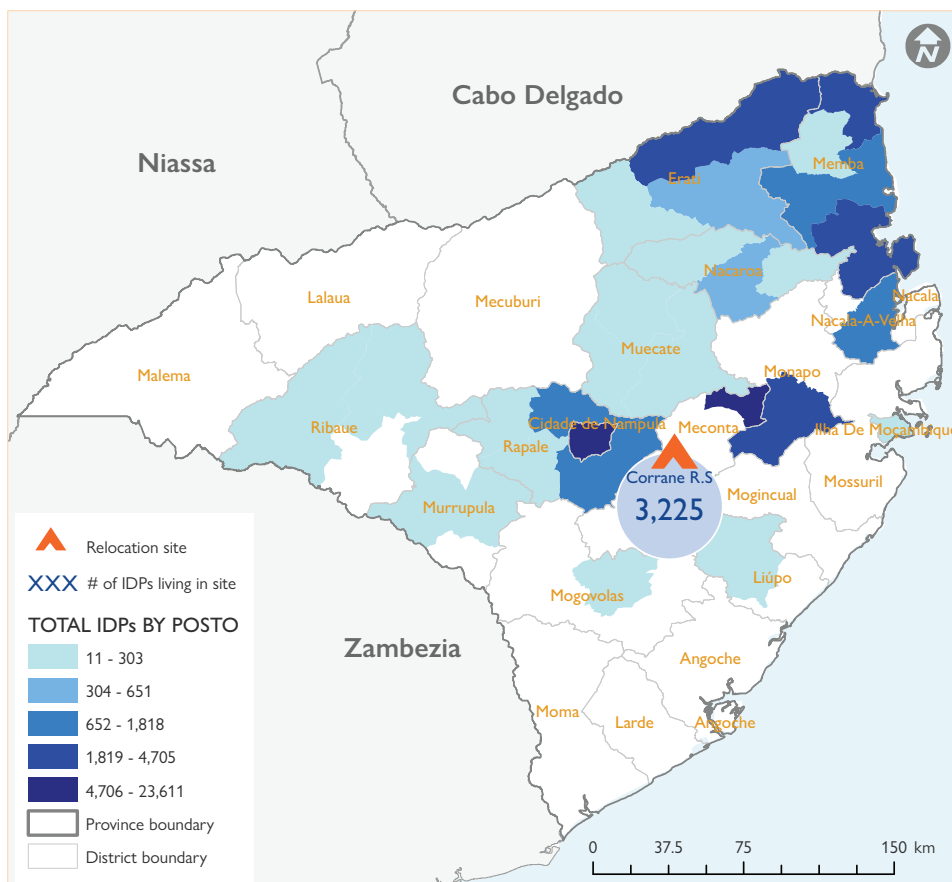


Figure 44: What are the main problems faced by IDP households wishing to light their homes or local area, as percentage of total sites and as percentage of total IDPs within sites



3,225 IDPs

787 IDP households

1 assessed site (relocation centre)

Corrane relocation site is physically accessible, and not at risk of becoming inaccessible in the event of a natural disaster. It is safe and secure for humanitarian actors to enter the site. Violence due to the insecurity situation in Cabo Delgado is the main reason of displacement for the majority of IDPs resident in the site. Most IDPs in the site are originally from Mocimboa da Praia. The majority of people were displaced more than 3 months ago, and do not intend to return.



In Corrane relocation site, the IDP demographics are as follows: 17% adult males (542 individuals), 24% adult females (790), 59% children (1,893). There are an estimated 158 infant children (under one year old), and 699 children aged 1-5 years.

| Pregnant women | Breastfeeding mothers | Disabilities | Chronic conditions | Unaccompanied Minors | Elderly without carers | Child-headed households | Elderly-headed households |
|----------------|-----------------------|--------------|--------------------|----------------------|------------------------|-------------------------|---------------------------|
| 24 | 0 | 18 | 0 | 0 | 0 | 0 | 24 |



Top Priority Needs



1. Food



2. Water



3. Non-Food Items



Regular hand washing is the most common preventative measure against COVID-19 used on the site, but residents still only sometimes wash their hand. Hand washing stations, with soap, have been installed. There have been no mask distributions. There are information/education/communication materials present on the sites (e.g. flyers), and there have been awareness sessions held for COVID-19. The majority of IDPs on-site consider COVID-19 as a risk to their health, they all have information regarding access to a vaccine, and the majority of people are willing to be vaccinated.



In Corrane, 100% of IDP households are sleeping in emergency shelters. Key informants reported that shelter assistance has been received in the site, with distributions organised by aid agencies. The main reported NFI needs are for blankets, mats, and clothes. The main barrier to accessing NFIs is that IDPs do not have the money to purchase what they need at the local market.



There are functioning latrines on-site, and there is approximately one available latrine for each household, with additional facilities constructed as families are relocated to the site. Hygiene campaigns have been conducted on-site, and the drainage system is described as more-or-less functioning. In Corrane, families use hand pumps to access water. An insufficient number of water points, and long waiting times for waters, are a key issue reported by IDPs.



The previous food distribution occurred one week before data collected in Round 3, and two weeks before data collection in Round 2. In each case 100% of households received food in the distribution. In the site, the majority of IDPs have access to farmland, and it takes 1-2 hours walking to reach these land. Approximately 50% of households are working the farmland, and 50% received agricultural inputs. Furthermore, 50% of households own some type of livestock (e.g. chicken, goats, pigs, or cows).



When members of the household fall ill, the first course of action is to go to the local health facility, which is an on-site clinic. In the site, most women are seeing a health professional in the course of their pregnancy. IDPs are aware of support for both people with HIV and/or Tuberculosis. There have been no cholera cases reported on site. In general, residents in Corrane are satisfied with the healthcare services provided on-site.



Around 75% of children are attending school in the site, with the facility being 16-30 minutes away when walking.



While there is a police post that is functioning on-site, there are no child-friendly spaces in Corrane. There is a security provider or mechanism present for the safety of residents in the site, as well as a referral mechanism for GBV survivors. The host community has indicated that it is willing to provide help to the IDPs in Corrane for as long as is needed. It is reported that the majority of households have no legal documentation, as they were lost when fleeing the attacks, and households do not have the financial means to replace the documents.



To communicate with the humanitarian sector, the community uses the following: community leaders, community volunteers, and local government. When communicating with the displaced community, the humanitarian sector uses the following avenues: community leaders, and local government. There are volunteers present on-site, and have organised social activities for the following sectors WASH, health, and GBV. In previous rounds they had also organised activities for the Protection, PSEA, Youth, and Nutrition sectors. It is reported that in the majority of households, no members can either read or write.



The main source of cooking fuel is firewood, and most households cook using open fires or three-stone ovens. No one has access to at least four hours of electricity a day. No one has access to space heaters. No one has access to air conditioning units. A few households (around 25%) have access to at least two hours of lighting inside their shelters each night. However, the cost of powering these light sources is a problem for households. Around 75% of the site has adequate lighting in communal spaces (meaning they are illuminated for at least four hours per night). Solar lamps are used to light latrines and toilets.

DTM activities are supported by:

