

(Tropical Cyclone Eloise Aftermath)

Data collection period: 18 March - 14 April 2021

 **80 resettlement sites**

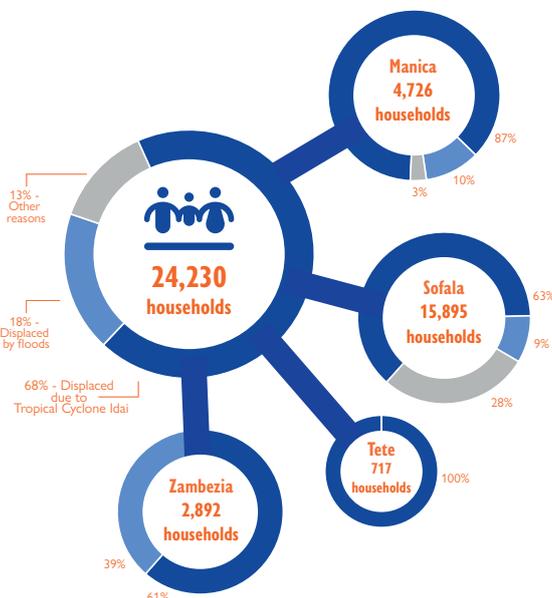
 **24,230 IDP households**  
18,875 by Cyclone Idai  
3,016 by floods

 **116,385 IDPs**  
80,579 by Cyclone Idai  
13,675 by floods

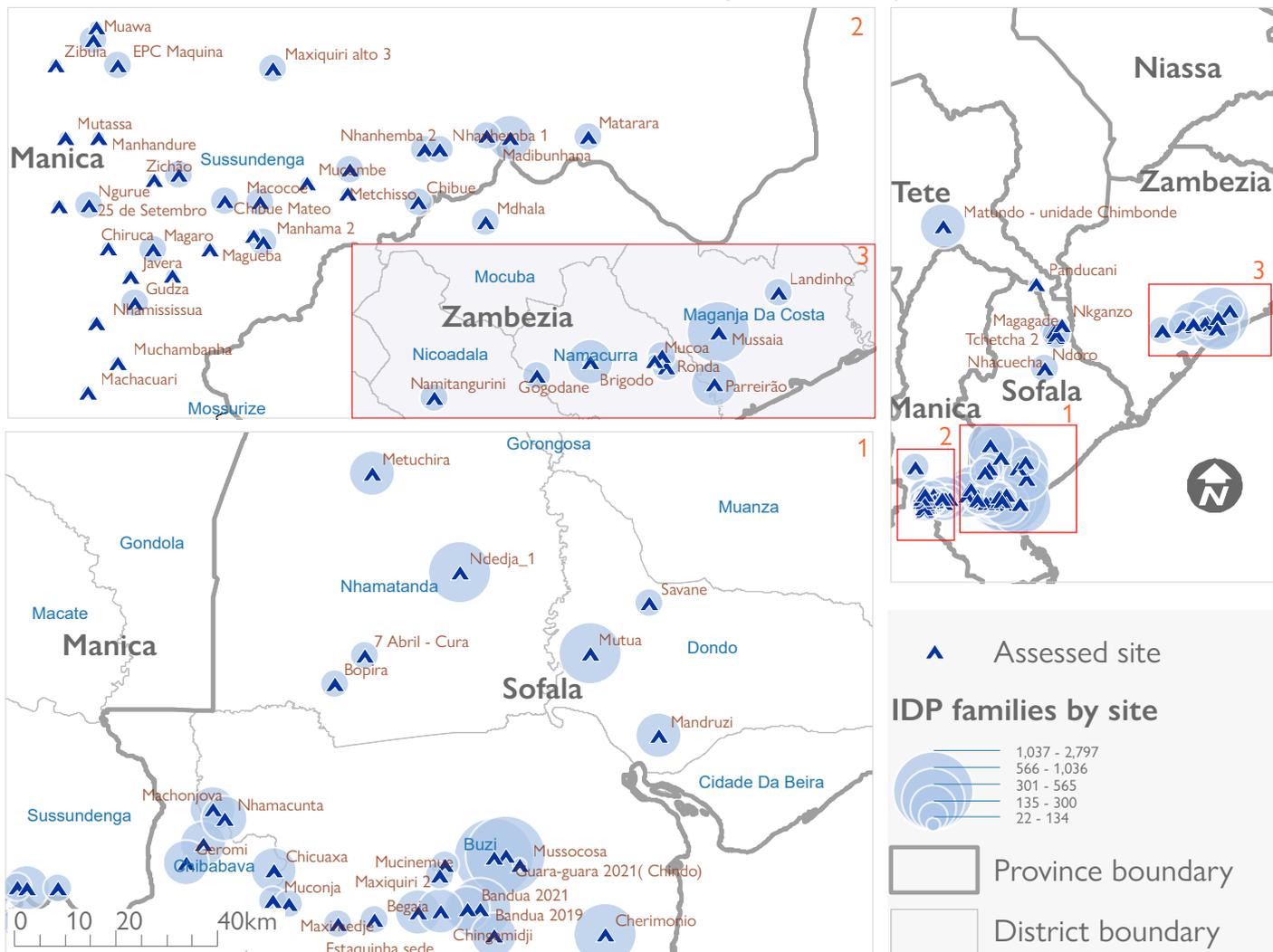
From 16 March to 14 April 2021, in close coordination with Mozambique's National Institute for Disaster Management and Risk Reduction (INGD), International Organization for Migration (IOM)'s Displacement Tracking Matrix (DTM) teams conducted multi-sectoral location assessments (MSLA) in resettlement 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 following Tropical Cyclone Eloise, which hit the central region of Mozambique on 23 January 2021. The most affected districts were Buzi, Dondo Nhamatanda, and Chibabava in Sofala province.

Around 8,755 families in the resettlement sites had their tents and shelters destroyed/partially destroyed as a result of Tropical Cyclone Eloise.



**Resettlement Sites in the Central Region of Mozambique**



## GEOGRAPHIC COVERAGE

Of the 80 sites assessed, 84% are located in Sofala and Manica provinces which represent 88% of the displaced individuals



Table I: Number of sites and population by province

Province	Number of sites assessed	Total families displaced due to Cyclone Idai	Total families displaced due to floods	Total families	Total individuals
Manica	33	4,092	491	4,726	23,601
Sofala	34	9,994	1,410	15,895	78,751
Tete	3	717	0	717	3,012
Zambezia	10	1,777	1,115	2,892	12,676
<b>Grand Total</b>	<b>80</b>	<b>18,875</b>	<b>3,016</b>	<b>24,230</b>	<b>116,385</b>

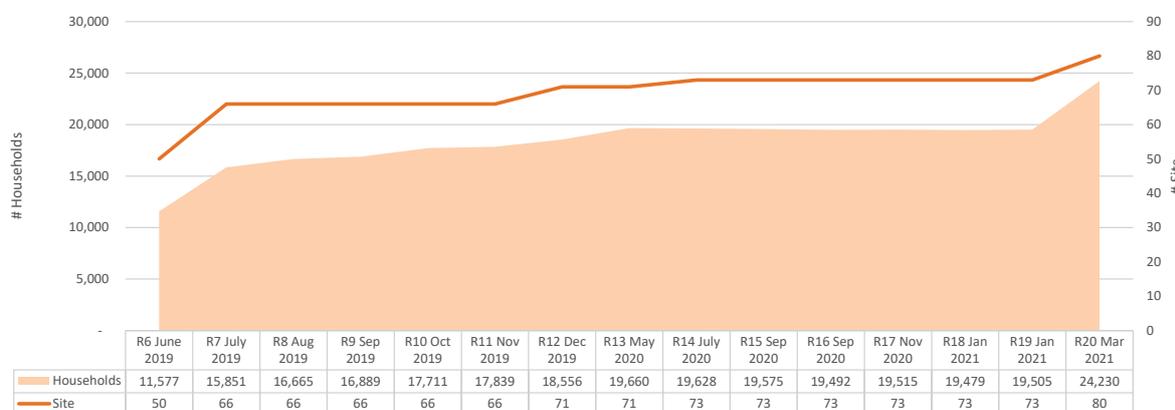


Figure 1: Evolution of the number of displaced households and resettlement sites

## DEMOGRAPHIC PROFILE

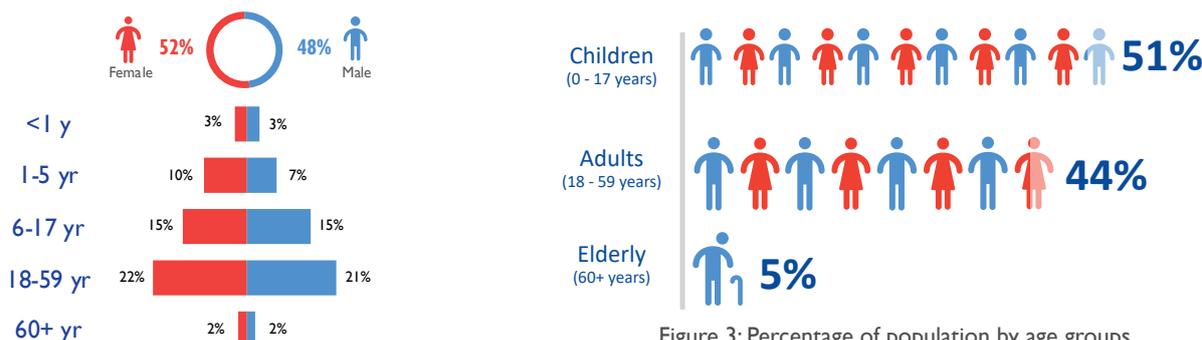


Figure 2: Population by age groups and sex

Figure 3: Percentage of population by age groups

## PHYSICAL ACCESSIBILITY STATUS

Of the 80 resettlements sites assessed, 76 per cent (61 sites with 20,845 households) are fully accessible, with 10 per cent (8 sites with 907 households) only accessible by boat, 10 per cent (8 sites with 1,383 households) only accessible with 4x4 vehicles and 4 per cent accessible only on foot. In contrast with previous assessments, no sites have been reported as not accessible. Previously Chicuaxa, Mdhala and Muconja, all situated in Sofala province, were inaccessible.

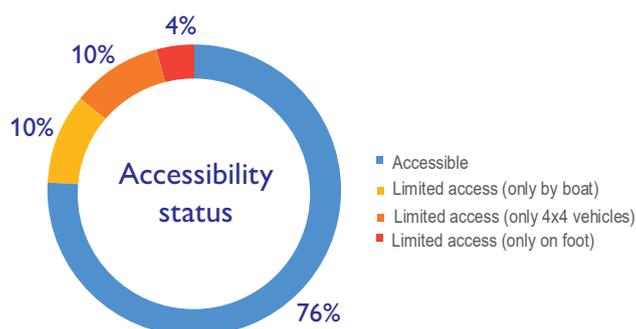


Figure 4: Accessibility status

## 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 80 resettlement sites assessed, key informants in 49 per cent of the sites (39 sites representing 12,299 households) reported shelter as the most urgent need, followed by food (26%, 23 sites representing 6,352 households), and WASH (10%, 8 sites representing 2,474 households). According to key informants, the second most urgent needs were healthcare (24%, 19 sites), shelter (20%, 16 sites) and water (20%, 16 sites). Finally, key informants reported healthcare (13%, 17 sites), NFIs (19%, 15 sites) and WASH (14%, 10 sites) as third most urgent needs.

For the sixth assessment in a row (since September 2020), shelter was the most mentioned first urgent need (49%, compared to 51% 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 previously (21% in the Round 18). While WASH related needs were cited very often, healthcare was the most commonly cited second and third priority need, continuing a trend of an increasing proportion of key informants reporting them as second and third most urgent needs.

Figure 6: First most urgent needs (top three)

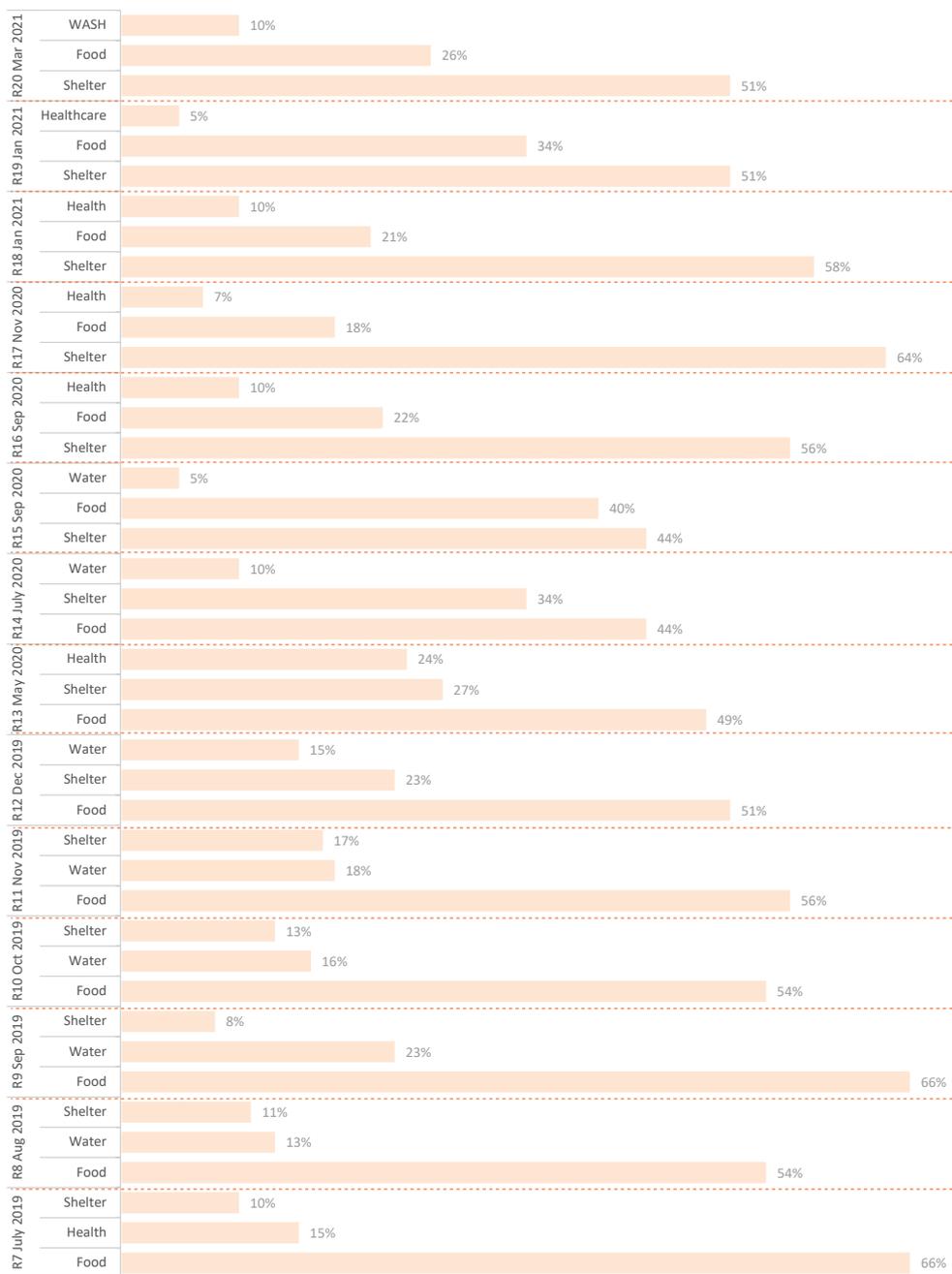
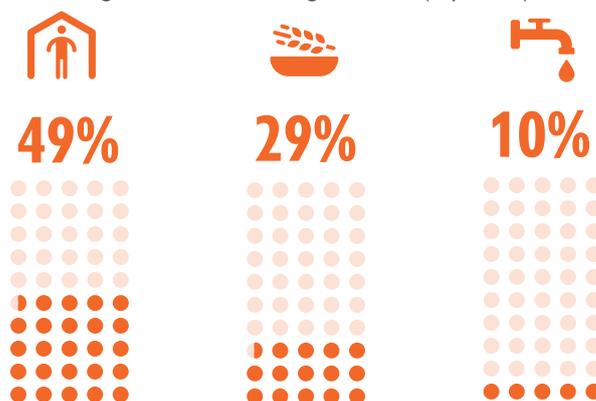


Figure 7: Top three first urgent needs in resettlement sites by round

 SHELTER/NFI

In the 80 resettlement sites assessed, 62 per cent of the IDP households (14,924 households compared to 53% or 10,356 households in the previous round) currently live in emergency shelter whilst 38 per cent (9,300 households compared to 47% or 9,149 households in the previous round) live in permanent shelter. According to key informants, 0 households are currently sleeping outdoors.

**Zambezia**

2,883 families

27% in emergency shelters  
73% in permanent shelters

**Tete 715 families**

84% in emergency shelters  
16% in permanent shelters

**Sofala**

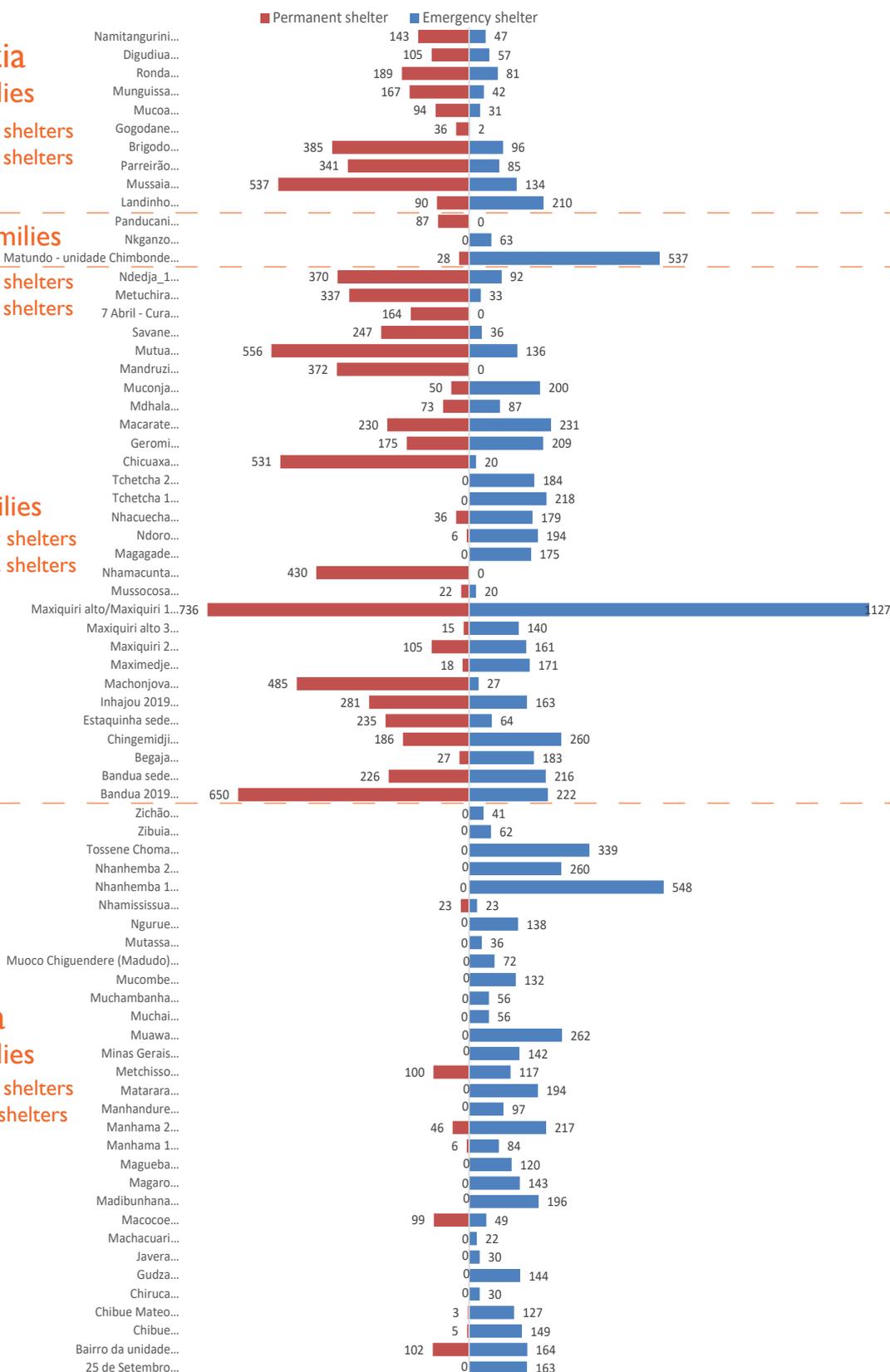
11,311 families

42% in emergency shelters  
58% in permanent shelters

**Manica**

4,597 families

92% in emergency shelters  
8% in permanent shelters



← Permanent shelter

Emergency shelter →

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

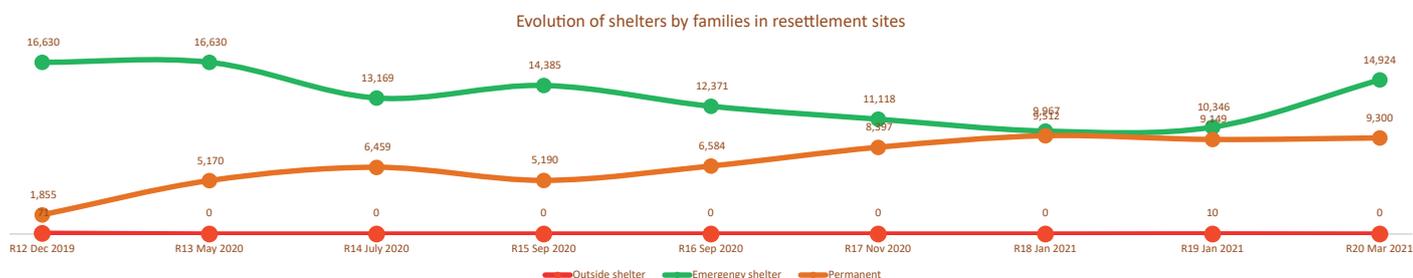


Figure 9: Evolution of the number of families living in permanent shelters, emergency shelters and outside

As first most urgent Non-Food Items (NFIs) needed but not accessible to IDPs in the site, focal points mentioned: 1) items for sleeping (mats, blankets, etc.) in 27 sites; 2) closed containers to transport or store water in 17 sites, and 3) mosquito nets 15 sites. The lack of money to purchase these items was mentioned as the main reason why IDPs are unable to access these NFIs, by 89 per cent of sites.



Ninety-three per cent of resettlement sites assessed (76 sites hosting 23,220 households) reported having access to functional latrines on sites, compared to 84 per cent in the previous assessment. The sites reporting a lack of access to functional latrines were situated in Sussundenga district (2 sites) in Manica province, Dondo district (1 site) in Sofala province, and Mutarara district (1 site) in Tete province. The assessment shows that key informants in 78 per cent of the assessed sites reported the availability of individual latrines (used by one to two families), while 22 per cent of the sites reported the presence of communal latrines (used by many families). In 86 per cent of the sites (69 sites), key informants reported that latrines are not adapted to persons with disabilities or elderly people, while in 9 per cent reported that latrines adapted to persons with disabilities or people are available but too few to meet the needs, and in 3 per cent the latrines are adapted and there are sufficiently many to meet the needs. Open defecation is frequently visible in 8 per cent of the assessed sites (down from 22 in the previous round).

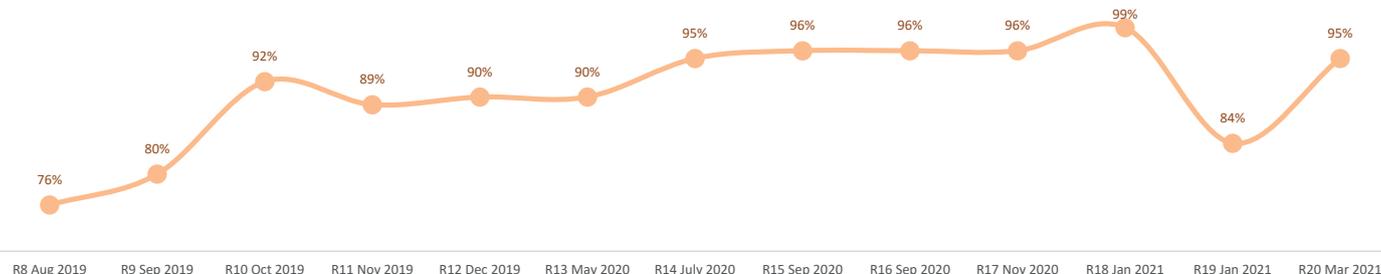


Figure 10: Evolution of the percentage of sites reporting the presence of functional latrines

Functional bathing spaces are available in 97 per cent of the sites (77 sites with 24,107 households). The sites without bathing spaces were located in Sussundenga district (1 sites) in Manica province and Mutarara district (1 site) in Tete province. Handwashing stations with soap are available in 40 per cent of the sites (32 sites with 15,125 households), while handwashing stations without soap are available in 46 per cent of the sites (37 sites with 6,269 households). Non-functioning handwashing stations are available in nine sites (2,401 households), while two sites reported the complete absence of any handwashing station (435 households).

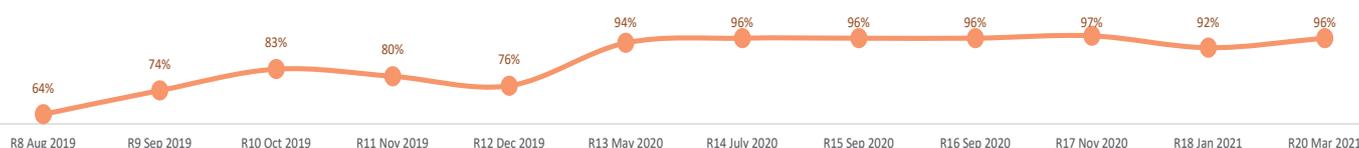


Figure 11: Evolution of the percentage of sites reporting the presence of functional bathing spaces

Hygiene promotion campaigns have been conducted recently in 96 per cent of the sites, but in this group 35 per cent of the sites they were held more than two weeks ago. The only sites where these campaigns have not been conducted are Sussundenga district (1 site) in Manica Province, Tete sede district (1 site) in Tete province, and Buzi district (1 site) in Sofala province.

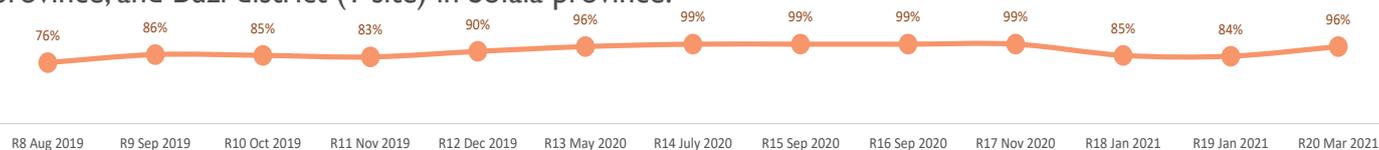


Figure 12: Evolution of the percentage of sites reporting hygiene promotion campaigns

In terms of cleanliness of sites, key informants in 64 per cent of the sites (51 sites) stated that the site was clean, while 35 per cent (28 sites) stated that their site was more or less clean. Only one site is 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 39 per cent (31 sites), more or less functioning in 25 per cent (20 sites), poor in 20 per cent (16 sites), and very poor in 15 per cent (12 sites). The sites reporting poor drainage systems are located in Sussundenga district (13 sites) in Manica province, Dondo district (2 sites) in Sofala province, and Namacurra district (1 site) in Zambezia province; while very poor conditions of the drainage system have been reported in Buzi and Chibabava districts (3 and 5 sites respectively) in Sofala province, Mutarara district (1 site) in Tete province, and Namacurra and Nicoadala districts (1 and 2 sites respectively) in Zambezia province.

Regarding water sources, 79 per cent of the assessed sites (63 sites) reported using hand pumps as their main sources of water, followed by 11 per cent using an open well (9 sites) and 14 per cent using other water sources (11 sites). The main problems with water reported by key informants were long waiting times/queues in 19 per cent of the sites, flavour/taste (10%), 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 43 per cent of the cases, while the waiting time is less than 15 minutes in 34 per cent of the sites, between 16 and 30 minutes in 20 per cent of the sites, between 31 and 60 minutes in 3 per cent of the sites and more than 60 minutes in 1 per cent of the sites.

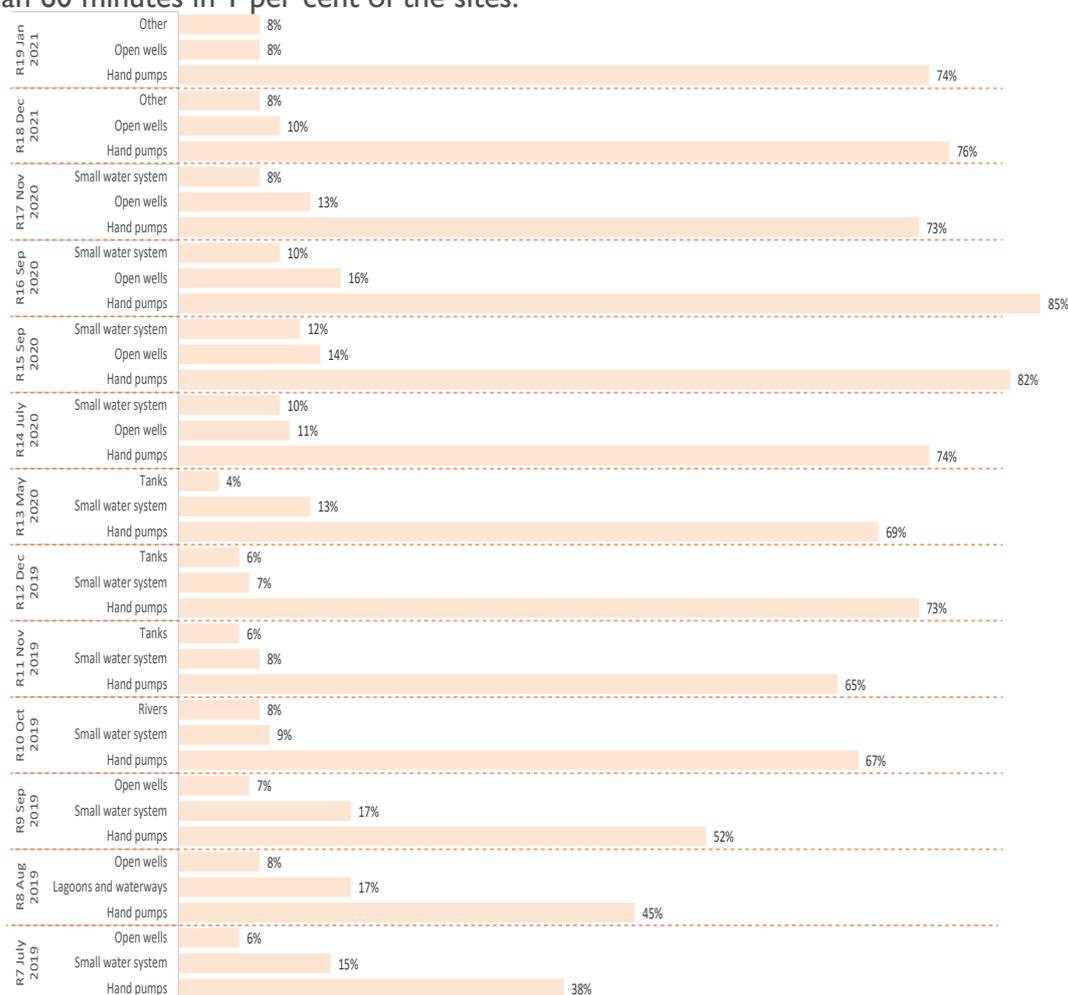


Figure 13: Evolution of main water sources in resettlement sites

**FOOD SECURITY**

Of the 80 resettlement sites assessed, 48 per cent (up from 44% the previous round) reported having access to a functioning market (17,361 households in 38 sites). More than half the sites have reported a lack of access to a functioning market, including 28 sites in Manica province, 10 sites in Sofala province, 2 in Tete province, and 2 in Zambezia 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.

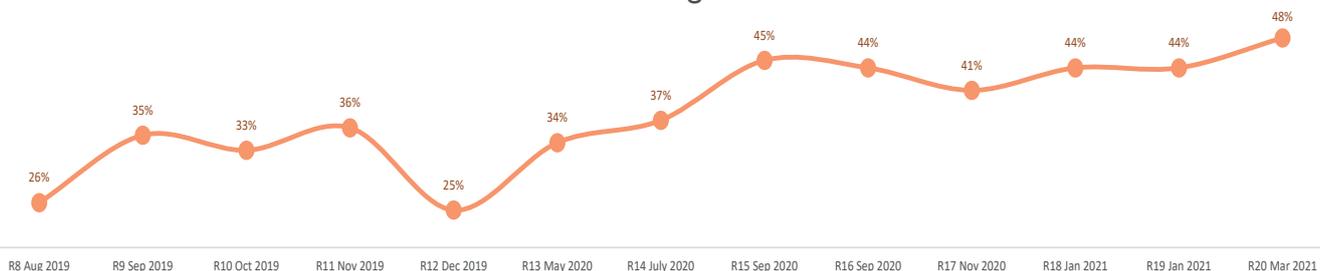


Figure 14: Evolution of the percentage of sites reporting access to a functioning market

Key informants in 90 per cent of sites (72 sites hosting 22,809 households, compared with 68 sites or 93% in the previous round) reported that the site received food assistance; the remaining 7 sites reporting having never received food assistance are: Minas Gerais, EPI Muwawa, and Javera sites in Manica province; Maxiquiri Alto 3 and Savane sites in Sofala province; Matundo, Nkganzo, and Panducani sites in Tete province. Many of these sites also reported not receiving food assistance in the previous round. Of the sites that reported having received food assistance, 46 per cent (13,261 households in 33 sites) received it last week, 14 per cent (2,745 households in 10 sites) received it in the last two weeks, 13 per cent (2,727 households in 9 sites) received it more than two weeks ago, and 8 per cent (969 households in 6 sites) received one distribution more than a month ago.

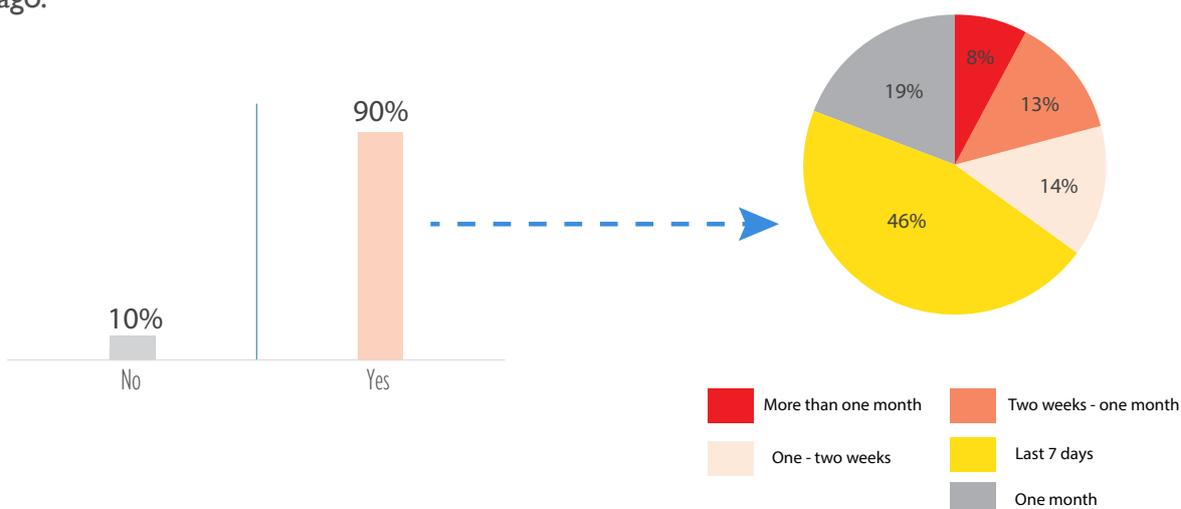


Figure 15: a) Have people received food from a distribution at this site? b) When was the last food distribution at this site?

**HEALTH**

Of the 80 resettlement sites assessed, 43 per cent (16,413 households in 34 sites) reported having access to healthcare services on-site, whilst the remainder indicated that they access healthcare off-site. The sites that do not have access to healthcare services on-site are located in: Manica province (22 sites); Sofala province (17 sites); Tete province (2 sites); Zambezia province (4 sites). Concerning the time required to reach the nearest health facility, 36 per cent require more than 60 minutes walk, 31 per cent can reach the health facility within 31-60 minutes, 23 per cent within 16-30 minutes and 10 per cent in less than 15 minutes.

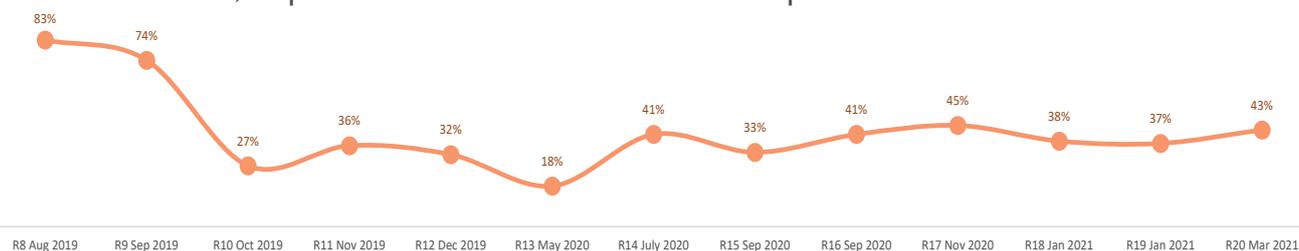


Figure 16: Evolution of the percentage of sites reporting access to healthcare services on-site

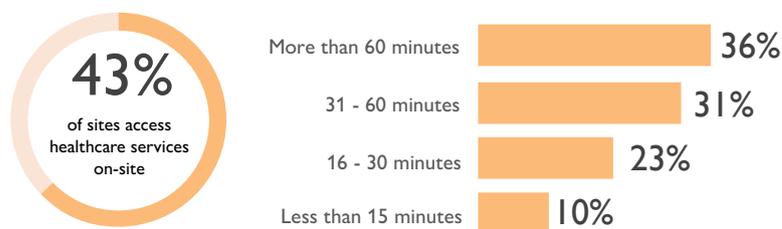


Figure 17 a). Health care facility locations b). Time spent in reaching the closest health facility

For basic care, key informants in 33 per cent of the sites reported that community workers (APEs) are active on site, while APEs are situated in a nearby village in 13 per cent of the sites, and are present but not active in 3 per cent. In addition, in 53 per cent of the sites, an APE is not available. For the availability of medicines at the site, key informants in 41 per cent of the sites (down from 51% in Round 19) reported that medicines are of good quality and people can afford them, while in 26 per cent of the cases (up from 5% the previous rounds) the quality of the medicines is considered insufficient. Finally, in 28 per cent of the sites 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 21 per cent of the sites (17 sites with 9,391 households), while in 76 per cent of the sites (14,531 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, in 46 per cent of the assessed sites the school is not functional. The sites with accessible but non functional primary schools (10,510 households in 37 sites) are located in: Sussundenga district (23 sites) in Manica province; Buzi (7 sites) and Chibabava (4 sites) districts in Sofala province; Cidades de Tete (1 site) in Tete province, and Maganja da Costa (1 site), Namacurra (1 site) and Nicoadala (1 site) districts in Zambezia province.

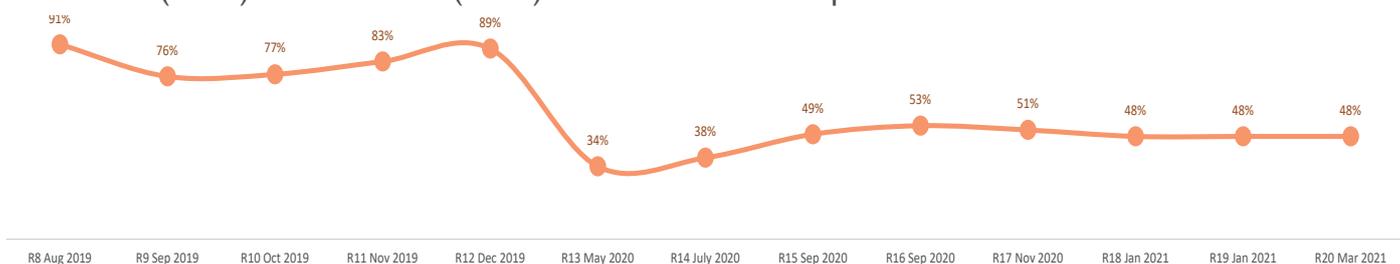


Figure 18: Evolution of the percentage of sites reporting access to a secondary school

Of the 80 sites assessed, 48 per cent (38 sites with 15,885 households) have access to secondary school. The sites that do not have access to secondary school are located in: Sussundenga district (29 sites) in Manica province; Caia (5 sites) and Nhamatanda (1 site) districts in Sofala province; Cidades de Tete (1 site) in Tete province; Maganja da Costa (2 sites) and Namacurra (4 sites) districts in Zambezia province.

## PROTECTION

Twenty-five per cent of the assessed sites (6,712 households in 20 sites) reported the presence of a protection desk on-site, representing the lowest level since May 2020. The remaining 75 per cent without protection desks (17,518 households in 60 sites) are located in: Sussudenga district (25 sites) in Manica province; Buzi (12 sites), Caia (5 sites), Chibabava (4 sites) and Dondo (1 site) districts in Sofala province; Mutarara district (2 sites) in Tete province; and Maganja Da Costa (3 sites), Namacurra (5 sites) and Nicoadala (2 sites) districts in Zambezia province.

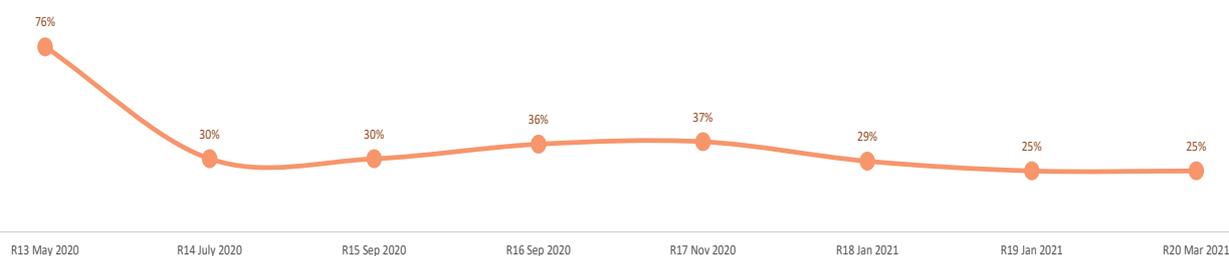


Figure 19: Evolution of the percentage of sites reporting the presence of a protection desk on-site

Among the assessed resettlement sites, key informants reported the presence of the following structures where people can report incidents: a safety community committee in 35 per cent of the sites (28 sites with 6,394 households), both police and protection community committees in 45 per cent of the sites (36 sites with 13,739 households) and police in 14 per cent of the sites (11 sites with 3,071 households). The only sites reporting the absence of any structure where people can report incidents were: Nkagonzo and Matundo in Tete, Muchambanha in Manica, and Diguidua and Namitangurini in Zambezia.

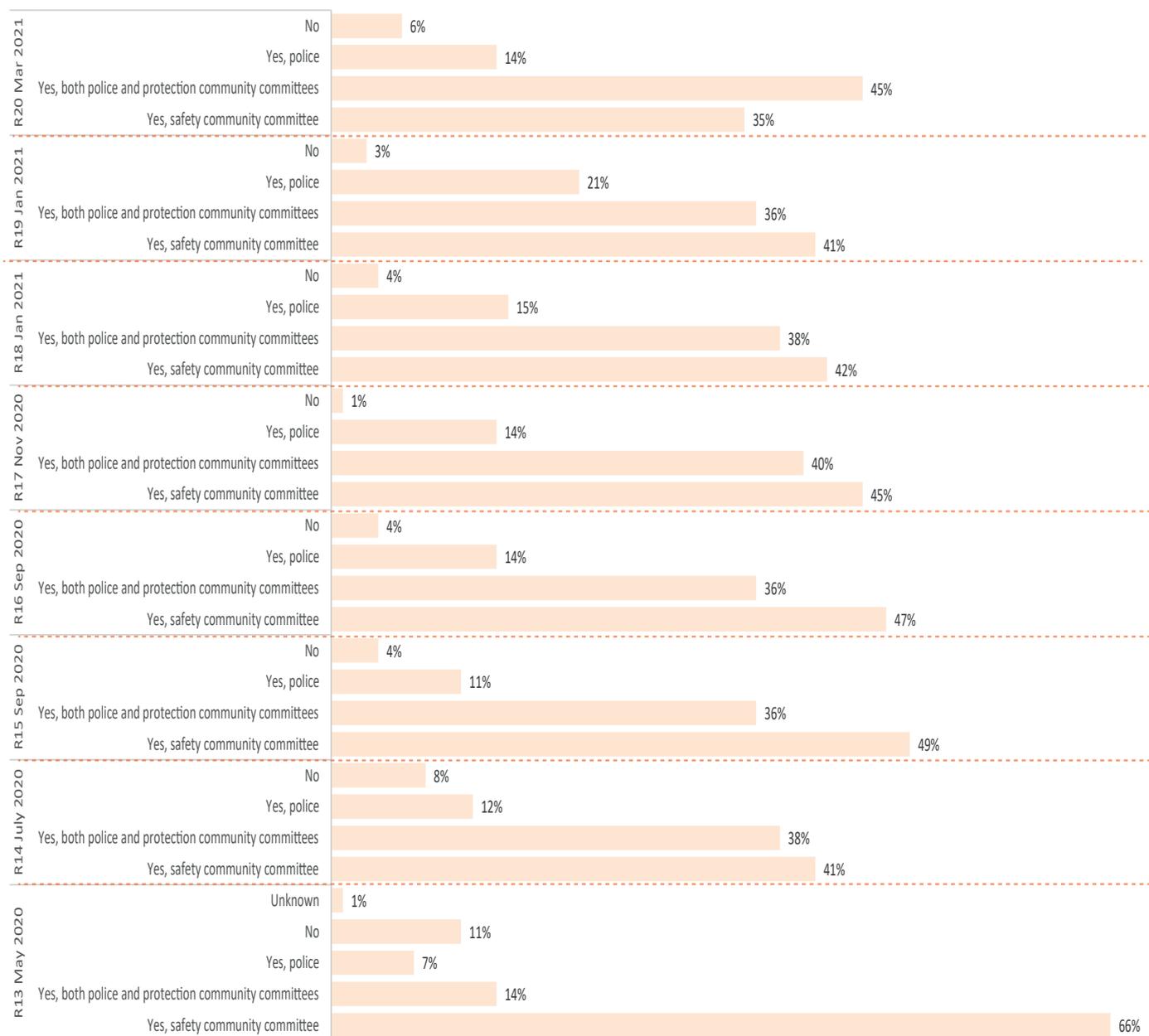


Figure 20: Evolution of the percentage of sites with structure where people can report incidents

Child protection committees were functioning in 46 per cent of the sites (37 sites hosting 14,132 households), compared with 38 per cent in the previous round. Finally, as in the previous assessment, in 59 per cent of the sites (47 sites, hosting 17,180 households) key informants reported the availability of a mechanism for referral of Gender-Based Violence (GBV) survivors.

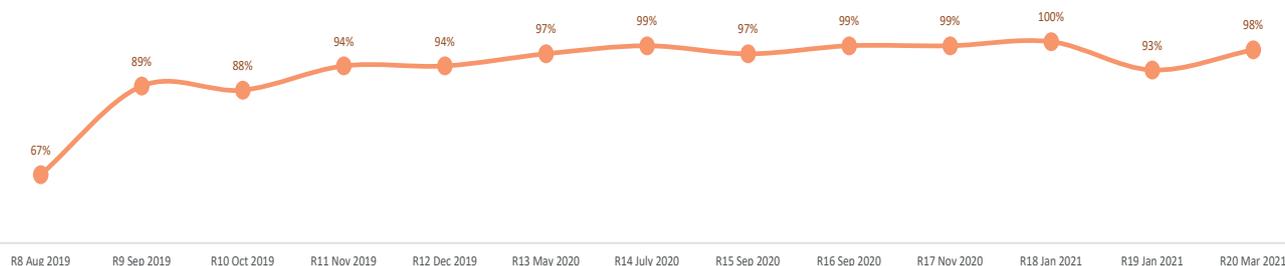


Figure 21: Evolution of the percentage of sites with mechanism for referral of GBV survivors



## LIVELIHOOD

According to key informants, IDP families have access to farmland in 98 per cent of the sites (78 sites hosting 23,293 households, up from 93% in the previous round). The sites without access to farmland are Mandruzi in Sofala, and Matundo in Tete. Households in 72 per cent of the sites can reach farmlands in one-two hours, while 16 per cent require between two and three hours to reach farmlands from the site, and 12 per cent need less than one hour to reach farmland. In 4 per cent of sites it takes more than three hours to reach the farmland.

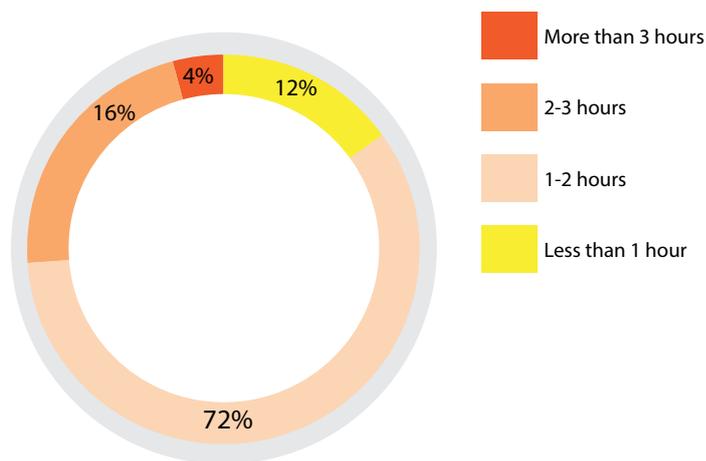


Figure 22: Time taken to reach farmland from the assessed sites

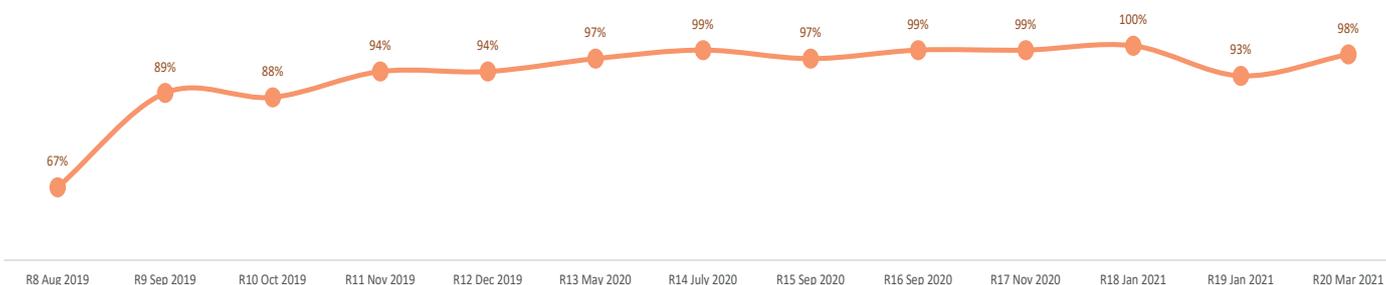


Figure 23: Evolution of percentage of sites reporting access to farmland

Of the farmers that have access to farmland, 65 per cent (down from 93 per cent the previous round) have received agriculture inputs (seeds and tools). The sites that have not received agriculture inputs are: Sussundenga district (12 sites) in 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 (8 sites) and Caia (4 sites), and Dondo (1 site) in Sofala province; Mutarra district (2 sites) in Tete province; and Zambezia province.

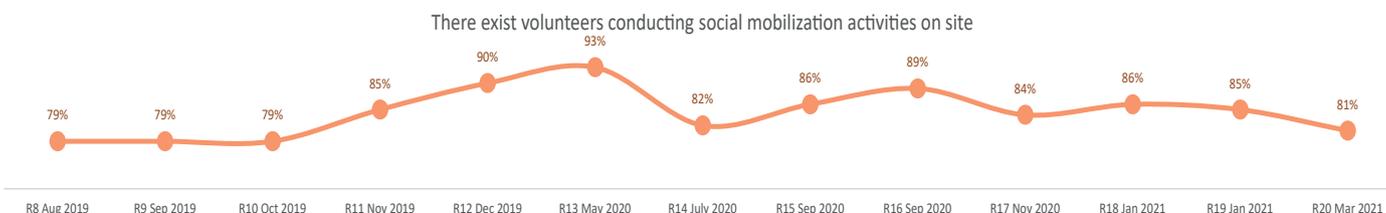


Figure 24: Evolution of percentage of sites reporting the presence of volunteers conducting social mobilization activities on site

According to key informants, the three most common channels used by humanitarian organizations to reach the communities are: the local government office (65 sites), community leaders or groups (58 sites) and staff from humanitarian agencies (44 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. Specifically, DTM implements four component activities:

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

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

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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