



DTM
IOM DISPLACEMENT
TRACKING MATRIX

MOZAMBIQUE MSLA

MULTI-SECTORAL LOCATION ASSESSMENT

Central Mozambique: Manica, Sofala and Zambezia provinces
Round 22 - March, 2022



 85
Assessed sites

 24,250
Housthods/Families

 129,327
Internally Displaced Persons

EXECUTIVE SUMMARY

This Multi-Sectorial Location Assessment (MSLA) report, which presents findings from the International Organization for Migration's (IOM) Displacement Tracking Matrix (DTM) Round 22 assessments, aims to enhance understanding of the extent of internal displacements and the needs of affected populations in natural-disaster affected districts of Central Mozambique. The report covers the period from 28 February to 4 March 2022 and presents trends from 85 assessed sites hosting internally displaced persons (IDPs) across thirteen districts in the Central region (2 in Manica, 6 in Sofala, 5 in Zambezia).

Working in close coordination with Mozambique's National Institute for Disaster Management and Risk Reduction (INGD), a total of 129,327 internally displaced persons (an increase of 18% since the previous round 21, mainly due to increase in resettlement sites from 72 to 85) or 24,250 households living in sites assessed during this period. Reported figures, however, exclude displaced individuals living in host community settings.

Sites under assessment in this report included planned and spontaneous resettlement sites.

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

Assessments were carried-out following Tropical storm Ana, which hit the central region of Mozambique on 28 January 2022. The most affected provinces were Nampula (in the northern region), Tete and Zambezia (in the Central). An estimated 19,781 families were affected as a result of Tropical storm Ana in Zambezia alone¹.

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 Humanitarian Response Plan (HRP) indicators and identifying priorities for the different sectoral responses.

The Multi-Sectorial 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, 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.

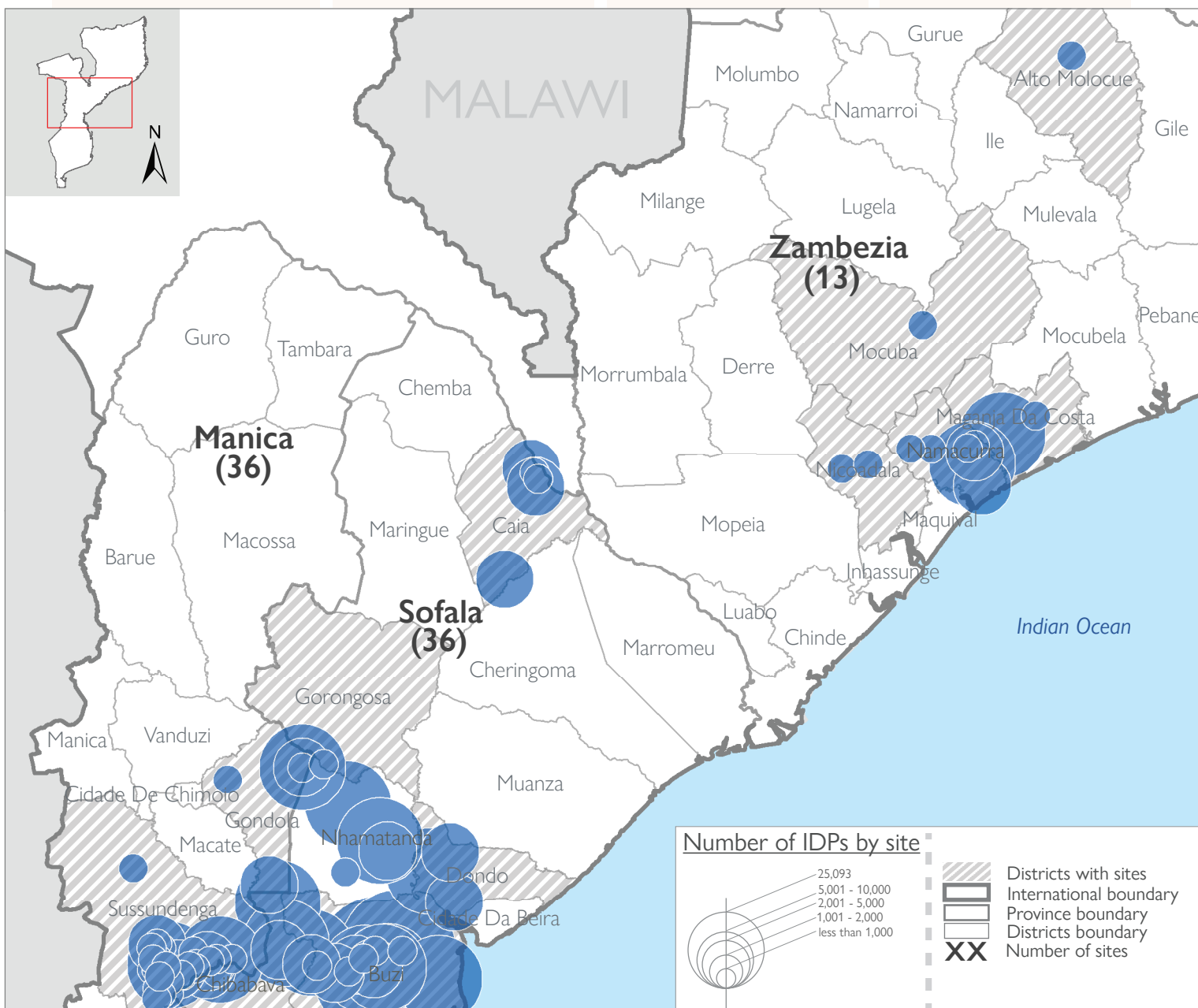
COVID-19 preparedness measures were also captured in this assessment.

¹<https://reliefweb.int/report/mozambique/mozambique-tropical-storm-ana-humanitarian-snapshot-zambezia-province-17-february>

OVERVIEW

From 28 February to 04 March 2022, in close coordination with Mozambique's National Institute for Disaster Management and Risk Reduction (INGD) of Manica, Sofala and Zambezia, the International Organization for Migration Displacement Tracking Matrix (DTM) teams conducted Multi-Sectoral Location Assessments in 85 sites hosting 129,327 internally displaced persons (IDPs) - 26,774 in Manica, 90,908 in Sofala and 11,645 in Zambezia - in response to protracted displacements primarily caused by Tropical Cyclone Ana, Tropical Cyclone Idai, Tropical Cyclone Eloise, Tropical Storm Chalane and seasonal flood conditions.

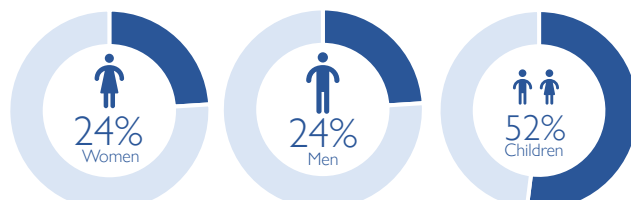
Of the total 129,327 individuals in the assessed sites, 30789 (24%) are women, 30,788 (24%) are men, and 67,750 (52%) are children. The demographic data is a sample collected through random sampling of twenty households per site.



Vulnerable demography



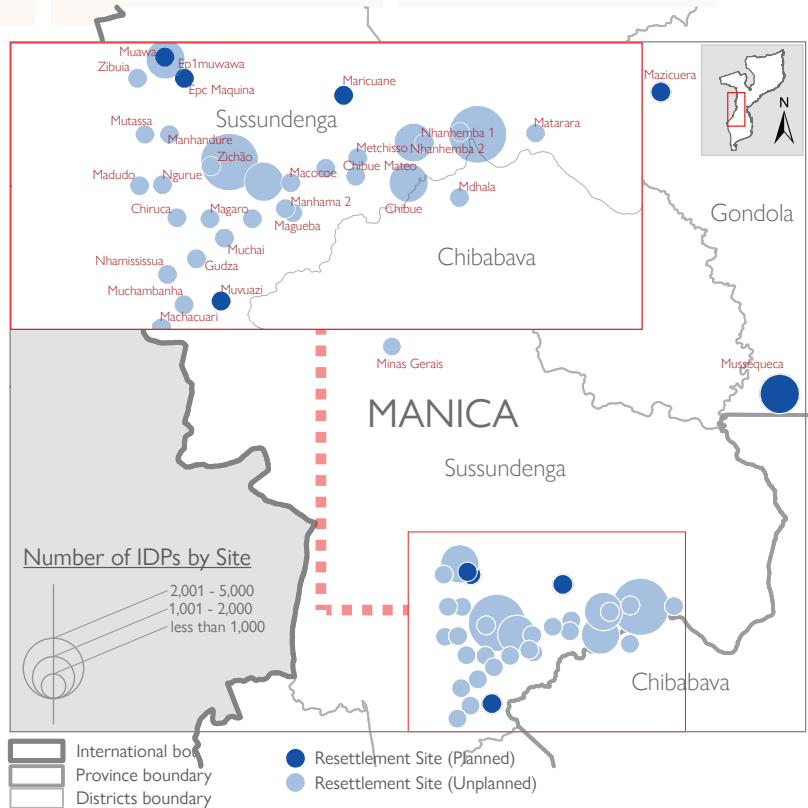
Demography





Thirty-six sites were assessed in Manica province. The three largest sites are Unidade (8% of the IDPs in Manica), Tossene Choma (8%), and Chibue (6%). Seventeen per cent of sites are planned resettlement sites. Thirty-nine per cent of sites are accessible, forty-four per cent of sites only accessible by 4x4 vehicle, and seventeen per cent only by boat. Twenty-five per cent of sites report that they risk becoming inaccessible in the event of a natural disaster. All sites are reported as safe and secure for humanitarian partners.

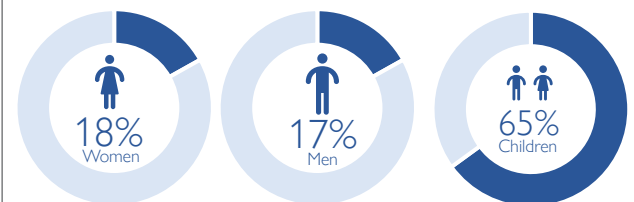
In Manica, the IDPs demographics are as follows: 17% adult males (4,519 individuals), 18% adult females (4,872), 65% children (17,383). There are an estimated 1,051 infant children - under one year old (508 male, 507 female), and 3,158 children aged 1-5 years (1,410 male, 1,748 female). There are also an estimated 1,115 elderly IDPs - over 60 years old (544 male, 571 female).



Vulnerable demography



Demography



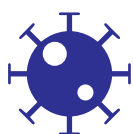
In Manica, 78 per cent of IDPs were displaced by Tropical Cyclone Idai, 6 per cent by Tropical Cyclone Eloise, 1 per cent by seasonal flood conditions between 2019/2020 and 5 per cent by Tropical Storm Chalane. In all sites, the majority of IDPs present originated from the same province and districts. No sites recorded new arrivals in the last month.



Focal points in sites in Manica province were asked to rate the overall intensity of the different sectoral needs of the IDP population, as can be seen in Figure below. Overall, all sites reported that the needs for Food, Healthcare, and Energy were the most prevalent. However, as seen in the figure below, none of the needs average below 4 - Significant.

5 - “Very significant”, 4 - “Significant”, 3 - “Slightly significant”, 2 - “Insignificant”, 1 - “Very insignificant” and 0 - “N/A”.

Province	Districts	Site Name	Food	Water	Shelter	NFI	Healthcare	Education	WASH	Energy	Other
Manica	Gondola	Mazicuera	5	5	5	4	5	5	4	5	3
		Mussequença	5	3	4	2	5	4	4	5	3
		25 de Setembro	5	5	5	5	5	5	5	5	5
		Bairro da unidade	5	5	5	5	5	5	5	5	5
		Chibue	5	3	5	3	5	4	5	5	3
		Chibue Mateo	5	3	5	2	5	5	5	5	3
		Chiruca	5	5	5	5	5	4	5	5	5
		Ep Imuwawa	5	5	5	4	5	4	4	5	5
		Epc Maquina	5	5	5	5	5	4	4	5	5
		Gudza	5	4	4	3	5	3	5	5	2
	Sussundenga	Machacuari	5	4	5	3	5	5	5	5	3
		Macocoe	5	5	5	5	5	5	5	5	5
		Madibunhana	5	5	5	5	5	5	5	5	5
		Magaro	5	5	5	5	5	5	5	5	5
		Magueba	5	3	5	3	5	5	4	5	3
		Manhama 1	5	4	5	3	5	4	4	5	3
		Manhama 2	5	3	4	3	5	5	3	5	2
		Manhandure	5	5	5	5	5	4	4	4	5
		Maricuaue	5	3	4	3	5	4	4	5	3
		Matarara	5	5	5	5	5	5	5	4	4
		Metchisso	5	5	5	5	5	5	5	5	5
		Minas Gerais	5	5	5	5	5	4	4	5	5
		Muawa	5	5	5	4	5	5	4	5	5
		Muchai	5	4	4	3	5	5	5	5	3
		Muchambanha	5	4	4	3	5	3	4	5	3
		Mucombe	5	5	5	5	5	5	5	5	5
		Muoco Chiguendere (Madudo)	5	5	5	5	5	5	4	4	4
		Mutassa	5	5	5	5	5	4	4	5	5
		Muvuazi	5	4	4	3	5	5	5	5	3
		Ngurue	5	5	5	4	5	5	4	5	5
		Nhamississua	5	3	3	3	5	4	3	5	3
		Nhanhamba 1	5	5	5	4	4	5	4	5	5
		Nhanhamba 2	5	5	5	5	5	5	5	5	5
		Tossene Choma	5	5	5	5	5	5	5	5	5
		Zibuia	5	5	5	5	5	5	4	5	5
		Zichão	5	5	5	4	5	5	5	5	5



COVID-19 PREPAREDNESS

In 39 per cent of sites the main precautionary measure against the spread of COVID-19 is to wear face masks, while in 6 per cent, it is regular hand washing, and in 25 per cent it is to limit the size of gatherings. In 3 per cent of sites, almost all IDPs wear face masks in public spaces, while in 8 per cent most IDPs do, and in 75 per cent some IDPs wear face masks. In 75 per cent of sites, IDPs sometimes wash their hands, while in 25 per cent they almost never wash their hands. In 97 per cent of sites, masks haven't been distributed. In 22 per cent of sites, functional hand washing stations with soap are available. In 78 per cent of sites, information, education, or communication materials related to COVID-19 are available. Awareness sessions have been held in 28 per cent of sites in the last month in Manica province.

In 56 per cent of sites, most IDPs (over 75% of the site population) are willing to be vaccinated; doubled since the last round. In 39 per cent of sites most IDPs have information on vaccines available to them, and in 36 per cent of sites most IDPs consider COVID-19 as a personal health risk.



SHELTER

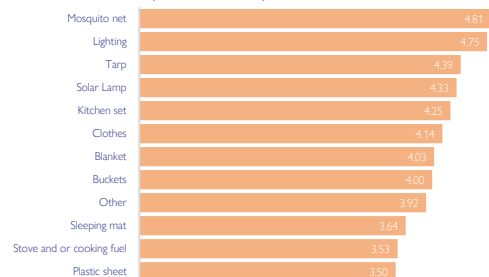


Figure 1: Average NFI needs of all sites using Likert Scales (Manica)

Referring to Figure 1, the highest reported NFI needs in Manica were for Mosquito nets, lighting and Tarp. Furthermore, the needs for Solar lamps, kitchen set, cloths and blankets are almost equally as high. On average, most of the NFIs needs are “significant” or “very significant”, indicating the overall high needs for various NFI distributions or challenges to purchasing power of IDPs in assessed locations.

Information on sectoral NFI needs are gathered using Likert scales. Likert graphs generated for Manica, Sofala and Zambezia present the relative needs of displaced populations, averaged across all assessed sites. Option “5 - Very Significant” represents the highest need level. All needs are between “4 - Significant”, and “5 - Very Significant”. For a site specific breakdown, consult the *MSLA 22 dataset*.



None of the sites in Manica reported open defecation or visible dumped garbage. Lack of access to bathing or showering facilities was reported in all the 36 sites. In 42 per cent of sites approximately all IDPs have enough water for bathing and cooking, while in 31 per cent of sites most IDPs have enough (around 75%). In 39 per cent of sites, all IDPs have enough water for drinking, and in 31 per cent of sites most do (75%). In 75 per cent of sites, no IDPs have enough soap to fulfill their needs. In 81 per cent of sites, latrines are generally individual (used by 1 or 2 households), while in 25 per cent of sites they are communal.

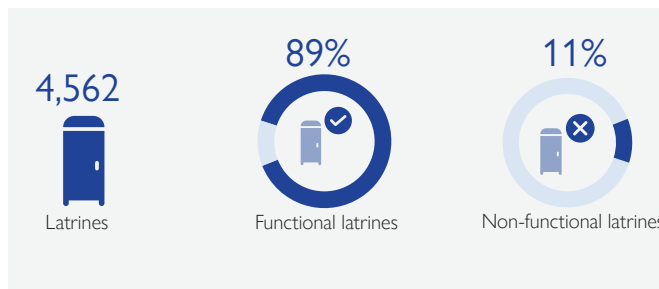
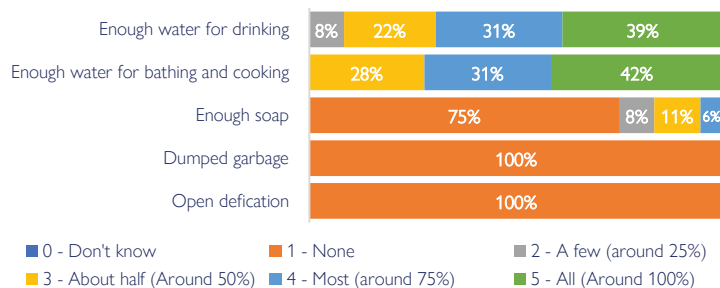


Figure 2: Percentage of sites where a proportion of the site populating have access to (a) Enough water for drinking (b) Enough water for bathing and cooking (c) Enough soap; or live in area with (d) Dumped garbage or (e) Open defecation



In 67 per cent of sites there are no healthcare services present on site. There are 11 sites with functioning healthcare facilities. In Manica, only on-site, mobile brigade clinics are present. In Manica there is no APE (community health workers) available to provide basic care in 58 per cent of sites, while there are active APEs on site in 11 per cent of locations. In 42 per cent of sites, it takes more than one hour to reach the nearest health facility. In 67 per cent of sites, medicines are not normally available to the majority of the population. In 64 per cent of sites, the majority of people living with HIV know where to go to receive care. In 57 per cent of sites, IDPs know where to find Tuberculosis treatment services. In 97 per cent of sites, no cases of cholera have been reported since the cyclone.



All the sites in Manaca reported the need for food as the most prevalent need. 31 per cent of sites reported to have received food from distribution at the site in the last month. Of the 36 sites in Manica, 18 (50 per cent) reported that they are experiencing “very significant” barrier with access to food and livelihood services.



In 53 per cent of sites, there is no protection desk present on-site. There are 2 sites with communal facilities with functioning police post. There is one communal space with a functioning women-friendly area. No communal space with a functioning child-friendly areas were reported in Manica. There are 8 communal facilities adequately lit in 5 sites.

Figure 3 shows that the largest security concerns at sites are petty crime/theft (92% of sites). There are functioning Child Protection Community Committees in only 33 per cent of sites. There is a referral mechanism for GBV survivors in 61 per cent of sites.

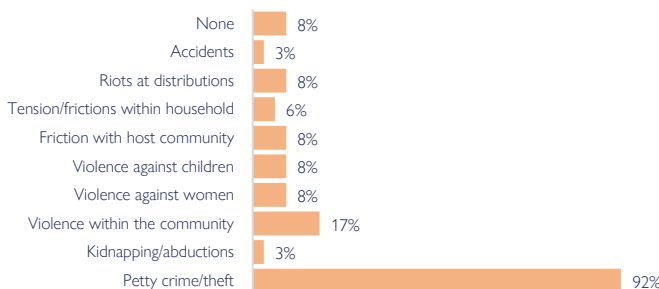


Figure 3: What security concerns do IDPs in sites in Manica have, as percentage of sites.



In Manica, the majority of children have access to primary schools/education facilities. However, in 61 per cent of sites these education facilities are not fully functional (lacking brick walls, windows, doors, writing boards etc.). In 67 per cent of sites, the majority of children do not have access to secondary schools. On average around 42 per cent of children are attending schools in the sites.



COMMUNICATION

To communicate with the humanitarian sector, sites report the IDP community uses the following: local government, community leaders, and humanitarian agencies. When communicating with the displaced community, the humanitarian sector uses the following avenues: local government, direct outreach by the humanitarian agencies, and community leaders.

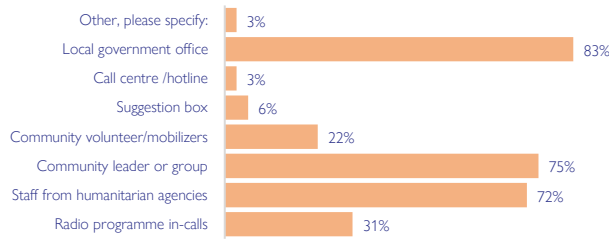


Figure 4: What are the main communication mechanisms used by IDPs to communicate with the humanitarian community, as percentage of total sites

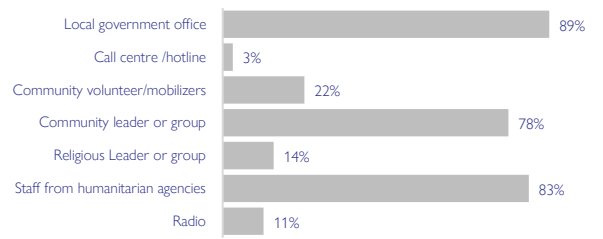


Figure 5: What are the main communication mechanisms used by the humanitarian community to communicate with IDPs, as percentage of total sites



ENERGY

In all sites, wood is the primary cooking fuel. In all sites, three-stone/open fires are primarily used for cooking. In all sites, IDPs generally individually collect their cooking fuels. In 78 per cent of sites no one has access to four hours electricity per day. In 30 per cent of sites, the primary source of electricity is solar systems (solar lanterns and solar home systems). In 28 per cent of sites, no IDPs have access to two hours of lighting inside their shelters during the night time. In 28 per cent of sites there are no light sources used when using latrines after dark, 25 per cent of sites IDPs use their mobile phones while in 42% of the sites, IDPs rely on other sources of lighting (such as firewood).

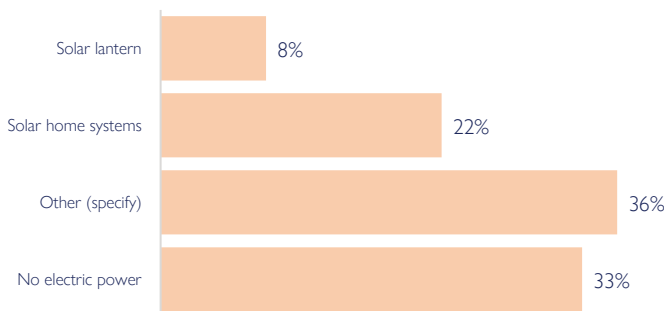


Figure 6: Primary source of household electricity at the sites

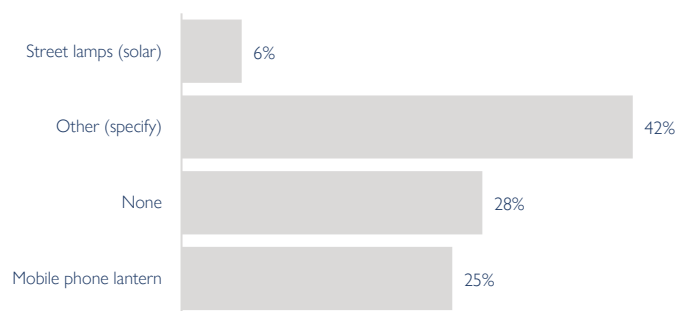
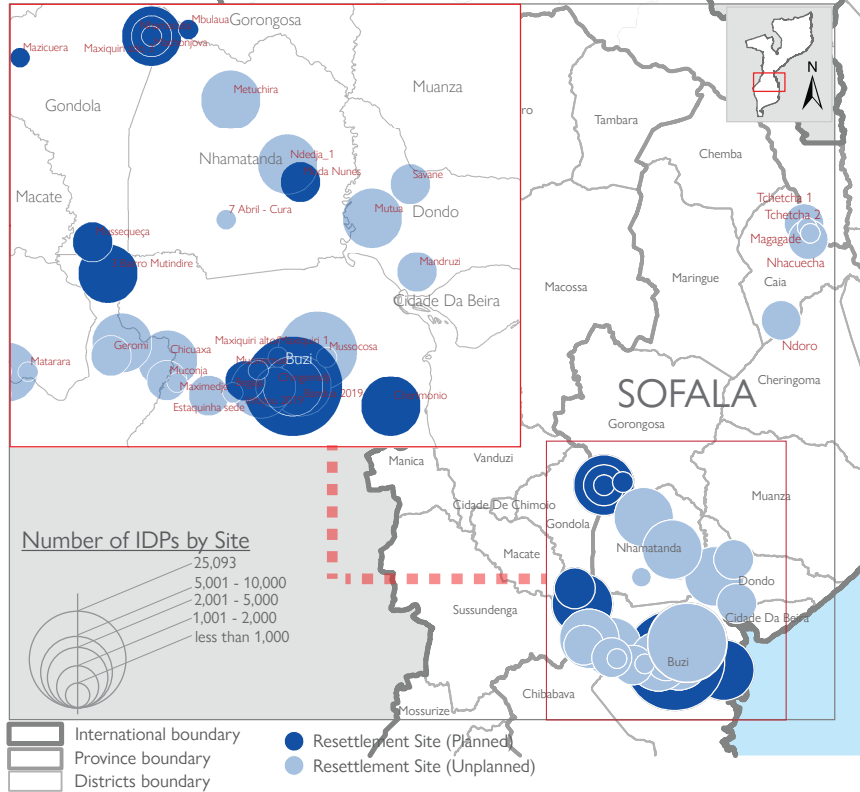


Figure 7: Primary source of energy used for lighting in and around latrines/toilets



Thirty-two sites were assessed in Sofala province. The three largest sites are Guara guara (28% of the IDPs in Sofala), Maxiquiri alto (10%), and Bandua (5%). Thirty-one per cent of sites are planned resettlement sites. Ninety-four per cent of sites are accessible, thirty-one per cent of sites only accessible by 4x4 vehicle. Sixteen per cent of sites report that they risk becoming inaccessible in the event of a natural disaster. Ninety-four per cent of the sites are reported as safe and secure for humanitarian partners.

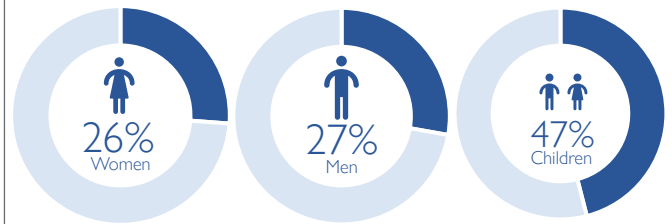
In Sofala, the IDPs demographics are as follows: 27% adult males (24,473 individuals), 26% adult females (23,618), 47% children (42,817). There are an estimated 3,644 infant children - under one year old (1,526 male, 2,118 female), and 8,594 children aged 1-5 years (4,416 male, 4,176 female). There are also an estimated 5,812 elderly IDPs - over 60 years old (2,867 male, 2,945 female).



Vulnerable demography



Demography



MOBILITY

In Sofala, 59 per cent of IDPs were displaced by Tropical Cyclone Idai, 38 per cent by Tropical Cyclone Eloise, 3 per cent by seasonal flood conditions between 2019/2020 and 2 per cent by Tropical Storm Chalane. In all sites, the majority of IDPs present originated from the same province and districts. No sites recorded new arrivals in the last month.



PRIORITY NEEDS

Focal points in sites in Sofala province were asked to rate the overall intensity of the different sectoral needs of the IDP population, as can be seen in Figure below. Overall, all sites reported that the needs for Food, Energy, healthcare and shelter as the most prevalent. However, as seen in the figure below, none of the needs average below 4 - Significant.

5 - “Very significant”, 4 - “Significant”, 3 - “Slightly significant”, 2 - “Insignificant”, 1 - “Very significant” and 0 - “N/A”.

Province	Districts	Site Name	Food	Water	Shelter	NFI	Healthcare	Education	WASH	Energy	Other
Sofala	Buzi	Bandua 2019	N/A	2	2	2	1	3	2	N/A	N/A
		Bandua 2021	5	4	5	4	4	4	4	5	5
		Begaja	4	4	4	3	3	4	4	N/A	4
		Bopira	5	5	5	3	5	4	4	5	4
		Cherimonio	5	4	5	3	5	5	3	5	3
		Chingemidji	5	5	5	3	5	4	4	5	3
		Estaquinha sede	4	4	4	4	4	4	4	4	4
		Guara guara 2021(Chindo)	5	4	5	4	5	4	4	4	4
		Inhajou 2019	4	4	4	4	4	4	4	4	4
		Machonjova	5	4	3	4	4	4	4	5	3
		Maximedje	5	5	5	5	4	4	4	5	3
		Maxiquiri 2	4	4	4	4	4	4	4		4
		Maxiquiri alto 3	5	4	5	4	5	4	4	5	3
		Maxiquiri alto/Maxiquiri I	5	4	4	4	4	4	4	4	4
		Mucinemue	5	5	5	4	5	4	4	4	4
		Mussocosa	5	4	5	4	4	4	4	5	N/A
		Nhamacuta	5	4	4	3	5	4	3	5	3
		Magagade	5	3	5	4	4	4	4		N/A
		Ndoro	5	2	4	3	4	4	4	4	N/A
		Nhacuecha	4	1	1	2	4	4	4		N/A
	Tchetcha 1	3	2	3	4	2	3	2	4	N/A	
	Tchetcha 2	5	2	5	4	3	3	5	5	N/A	
	Chibabava	3 Bairro Mutindire	4	3	2	5	3	3	3	4	4
		Chicuaxa	5	3	5	5	3	3	3	5	5
		Geromi	5	1	4	4	5	1	4	5	5
		Macarate	5	4	3	3	3	3	3	1	3
		Mdhala	5	1	5	5	5	4	3	5	5
	Dondo	Muconja	4	4	4	4	5		3	5	5
		Mandruzi	5	N/A	4	4	4	4	4	4	N/A
		Mutua	5	1	2	4	3	N/A	3	5	N/A
	Gorongosa	Savane	5	N/A	4	5	3	5	4	5	N/A
		Mbulaua	5	3	5	5	4	4	3	5	5
	Nhamatanda	Metuchira	4	2	1	4	4	4	4	4	
		Vila De Nhamatanda	4	2	2	4	2	5	4	5	N/A
		Lamego	3	1	1	4	4		2		N/A
			Tica Sede	N/A	1	1					N/A



COVID-19 PREPAREDNESS

In 56 per cent of sites the main precautionary measure against the spread of COVID-19 is to wear face masks, while in 3 per cent it is to limit the size of gatherings. In 3 per cent of sites, almost all IDPs wear face masks in public spaces, while in 14 per cent most IDPs do, and in 81 per cent some IDPs wear face masks. In 61 per cent of sites, IDPs sometimes wash their hands, while in 33 per cent they almost never wash their hands. In 83 per cent of sites, masks haven't been distributed. In 78 per cent of sites, functional hand washing stations with soap are not available. In 64 per cent of sites, information, education, or communication materials related to COVID-19 are not available. Awareness sessions have been held in 56 per cent of sites in the last month in Sofala province.

In 69 per cent of sites, most IDPs (over 75% of the site population) are willing to be vaccinated. In 69 per cent of sites most IDPs have information on vaccines available to them, and in 64 per cent of sites most IDPs consider COVID-19 as a personal health risk.



SHELTER

Throughout Sofala, on average 32 per cent of households sleep in emergency shelters, and 68 per cent sleep in permanent shelters (nobody is reported to sleep outdoors). In 97 per cent of sites, the main barrier to accessing NFIs is that IDPs do not have the money to purchase them, and in 3 per cent of sites the main barrier is that the prices of items are overboard. On average, around 83 per cent of IDPs had previously owned their house or land prior to being displaced.

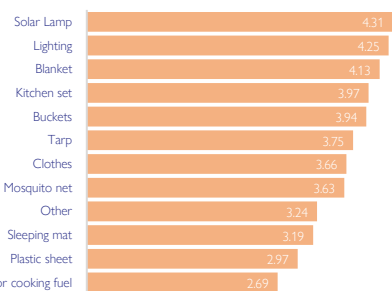


Figure 8: Average NFI needs of all sites using Likert Scales (Sofala)

Referring to Figure 6, the highest reported NFI needs in Sofala were for Solar lamps, lighting and Blankets. Furthermore, the needs for Kitchen sets, Buckets, Tarps and clothes are almost equally as high. On average, most of the NFIs needs are “significant” or “very significant”, indicating the overall high needs for various NFI distributions or challenges to purchasing power of IDPs in assessed locations.

WASH

In 86 per cent of sites no open defecation is visible to IDPs, but in Mutua, Tchetcha 1 and Nhacuecha sites around 25 per cent of IDPs live in areas where they can see open defecation, and in Maxiquiri alto 100 per cent of IDPs are in the same situation. In 89 per cent of sites, no one live in areas where dumped garbage is visible but in Maxiquiri alto, there are dumped garbage all around the site. In 61 per cent of sites, no families have access to bathing/showering facilities. In 50 per cent of sites approximately all IDPs have enough water for bathing and cooking, while in 25 per cent of sites most IDPs have enough (around 75%). In 69 per cent of sites, all IDPs have enough water for drinking, and in 25 per cent of sites most do (75%). In 36 per cent of sites, no IDPs have enough soap to fulfill their needs. In 86 per cent of sites, latrines are generally individual (used by 1 or 2 households), while in 22 per cent of sites they are communal.

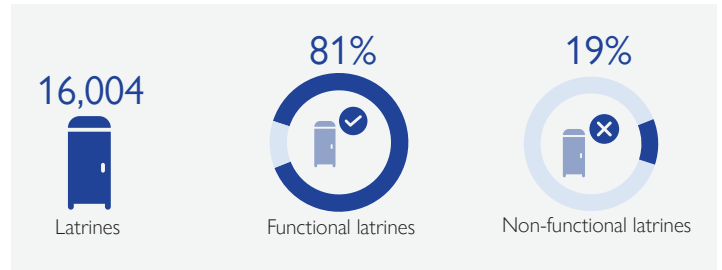
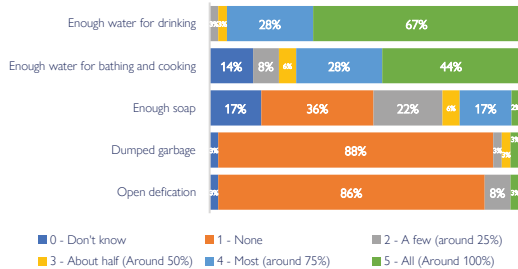


Figure 9: Percentage of sites where a proportion of the site population have access to (a) Enough water for drinking (b) Enough water for bathing and cooking (c) Enough soap; or live in area with (d) Dumped garbage or (e) Open defecation

HEALTH

In 28 per cent of sites there are no healthcare services present on site. There are 26 sites with functioning healthcare facilities. In Sofala, only on-site, mobile brigade clinics are present. In Sofala, there is no APE (community health workers) available to provide basic care in 14 per cent of sites, while there are active APEs on site in 33 per cent of locations. In 33 per cent of sites, it takes more than one hour to reach the nearest health facility. In 25 per cent of sites, medicines are not normally available to the majority of the population. In all the sites, the majority of people living with HIV know where to go to receive care. In all the sites, IDPs know where to find Tuberculosis treatment services. In 92 per cent of sites, no cases of cholera have been reported since the cyclone.



FOOD SECURITY & LIVELIHOOD

Most sites in Sofala reported the need for food as the most prevalent need. 31 per cent of sites reported to have received food from distribution at the site in the last month. In Sofala, only one site (Mbulaua site) reported that they are experiencing “very significant” barrier with access to food and nutrition services.

PROTECTION

In 94 per cent of sites, there is no protection desk present on-site. There are 2 sites with communal facilities with functioning police post. There are 4 sites with communal spaces with a functioning women-friendly area. Only 2 sites have communal spaces with a functioning child-friendly area reported in Sofala. There is one communal facilities adequately lit out of the 36 sites.

Figure 8 shows that the largest security concerns at sites are petty crime/theft (61% of sites). There are functioning Child Protection Community Committees in only 39 per cent of sites. There is a referral mechanism for GBV survivors in 83 per cent of sites.

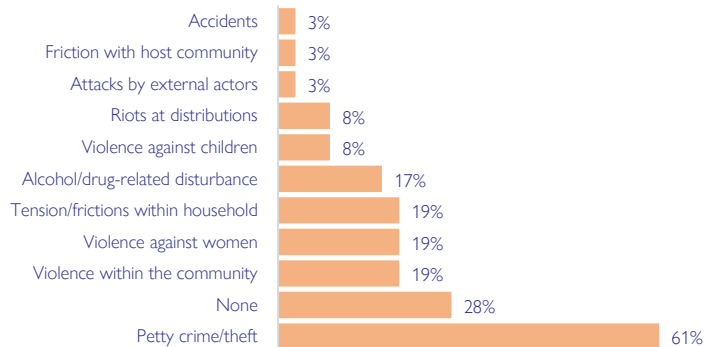


Figure 10: What security concerns do IDPs in sites in Manica have, as percentage of sites.



EDUCATION

In Sofala, the majority of children have access to primary schools/education facilities. However, in 22 per cent of sites these education facilities are not fully functional (lacking brick walls, windows, doors, writing boards etc.). In 33 per cent of sites, the majority of children do not have access to secondary schools. On average around 46 per cent of children are attending schools in the sites.



COMMUNICATION

To communicate with the humanitarian sector, sites report the IDP community uses the following: local government, community leaders, and humanitarian agencies. When communicating with the displaced community, the humanitarian sector uses the following avenues: local government, direct outreach by the humanitarian agencies, and community leaders.

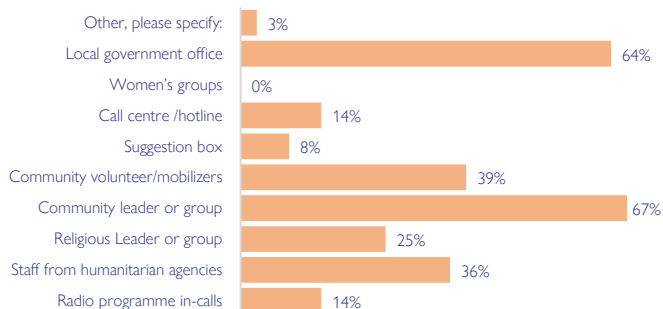


Figure 11: What are the main communication mechanisms used by IDPs to communicate with the humanitarian community, as percentage of total sites

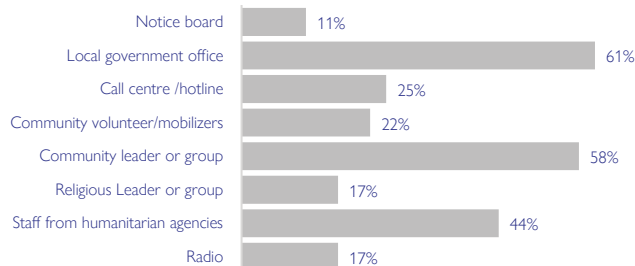


Figure 12: What are the main communication mechanisms used by the humanitarian community to communicate with IDPs, as percentage of total sites



ENERGY

In all sites, wood is the primary cooking fuel. In all sites, three-stone/open fires are primarily used for cooking. In all sites, IDPs generally individually collect their cooking fuels. In 78 per cent of sites no one has access to four hours electricity per day. In 56 per cent of sites the primary source of electricity is solar lanterns while about 36 per cent of the sites have no access to electric power. In 56 per cent of sites, no IDPs have access to two hours of lighting inside their shelters during the night time. In 8 per cent of sites there are no light sources used when using latrines after dark, while in 72 per cent of sites IDPs use their mobile phones.

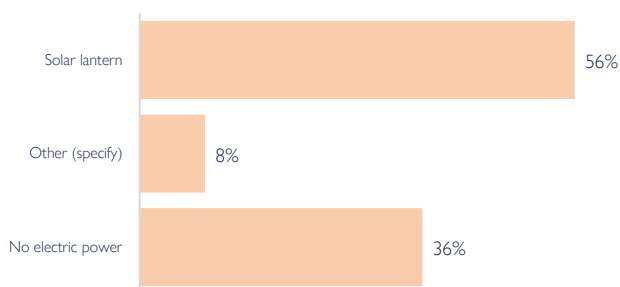


Figure 13: Primary source of household electricity at the sites

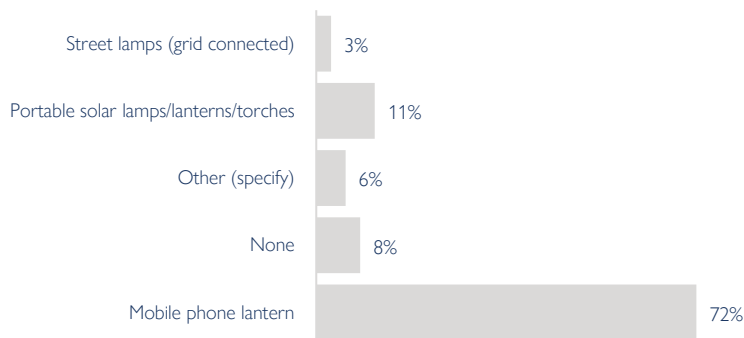
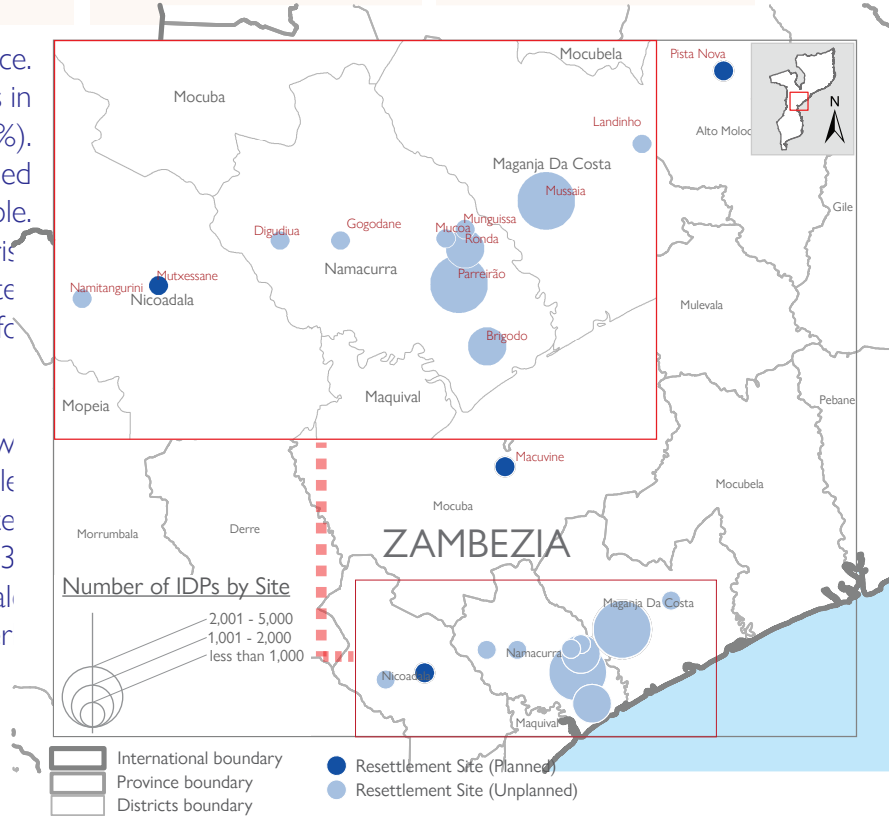


Figure 14: Primary source of energy used for lighting in and around latrines/toilets



Thirteen sites were assessed in Zambezia province. The three largest sites are Mussaia (28% of the IDPs in Zambezia), Parreirão (18%), and Brigodo (15%). Twenty-three per cent of sites are planned resettlement sites. All 13 sites are accessible. Thirty-one per cent of sites report that they risk becoming inaccessible in the event of a natural disaster. All sites are reported as safe and secure for humanitarian partners.

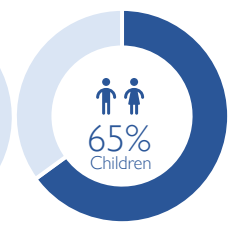
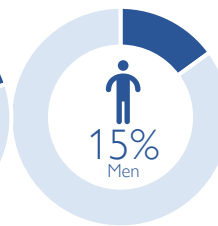
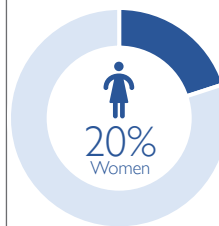
In Zambezia, the IDPs demographics are as follows: 15% adult males (1,796 individuals), 20% adult female (2,299), 65% children (7,550). There are an estimated 213 infant children - under one year old (77 male, 13 female), and 2,146 children aged 1-5 years (529 male, 1,617 female). There are also an estimated 301 elder IDPs - over 60 years old (103 male, 198 female).



Vulnerable demography



Demography



In Zambezia, 86 per cent of IDPs were displaced by Tropical Cyclone Idai. In all sites, the majority of IDPs present originated from the same province and districts (ninety-six per cent) while the remaining four percent originated from Cabo Delgado. No sites recorded new arrivals in the last month.



PRIORITY NEEDS

Focal points in sites in Zambezia province were asked to rate the overall intensity of the different sectoral needs of the IDP population, as can be seen in Figure below. Overall, all sites reported that the needs for Food, Shelter and Healthcare were the most prevalent.

5 - “Very significant”, 4 - “Significant”, 3 - “Slightly significant”, 2 - “Insignificant”, 1 - “Very significant” and 0 - “N/A”.

Province	Districts	Site Name	Food	Water	Shelter	NFI	Healthcare	Education	WASH	Energy
Zambezia	Maganja da Costa	Landinho	5	4	5	4	5	5	5	5
		Mussaia	4	4	5	5	5	5	3	5
		Parreirão	4	5	5	5	2	5	5	5
	Mocuba	Macuvine	5	5	5	4	5	4	5	5
		Brigodo	5	4	5	5	5	4	5	5
	Namacurra	Gogodane	4	5	5	5	4	5	5	5
		Mucoa	4	4	5	5	3	2	4	5
		Munguissa	5	5	5	5	5	4	5	5
		Ronda	5	5	5	5	5	4	5	5
	Nicoadala	Diguidua	5	5	5	5	5	4	5	5
		Mutxessane	5	3	5	3	4	5	5	5
		Namitangurini	5	5	5	5	5	4	5	3



COVID-19 PREPAREDNESS

The graph below presents various vaccination and COVID-19 related indicators. In 54 per cent of sites, key informants report that 25-50% of IDPs are willing to be vaccinated. Correspondingly, in 54 per cent of sites, key informants report that 25-50% of IDPs have information on vaccines available to them, and in 69 per cent of sites between 25% and 50% of the site population of IDPs consider COVID-19 as a personal health risk.



SHELTER

Throughout Zambezia, on average 9 per cent of households sleep in emergency shelters, and ninety-one per cent sleep in permanent shelters (nobody is reported to sleep outdoors). In thirty-eight per cent of sites, the main barrier to accessing NFIs is that IDPs do not have the money to purchase them. On average, around ninety-six per cent of IDPs had previously owned their house or land prior to being displaced.

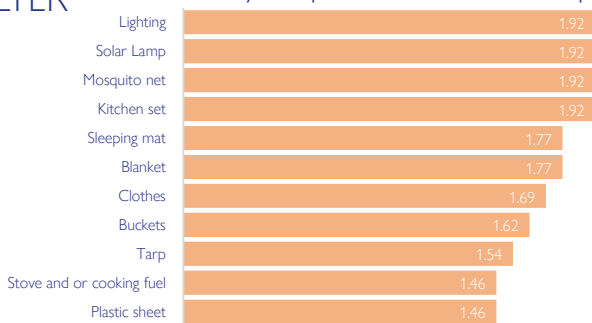


Figure 15: Average NFI needs of all sites using Likert Scales (Zambezia)



WASH

In 92 per cent of sites, no families have access to bathing or showering facilities. In 38 per cent of sites approximately all IDPs have enough water for bathing and cooking, while in 46 per cent of sites most IDPs have enough (around 75%). In 62 per cent of sites, all IDPs have enough water for drinking, and in 31 per cent of sites most do (75%). In 85 per cent of sites, no IDPs have enough soap to fulfill their needs.

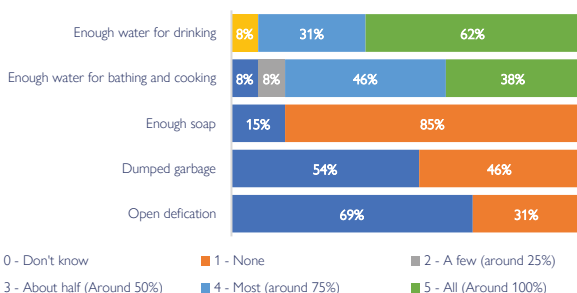


Figure 16: Percentage of sites where a proportion of the site population have access to (a) Enough water for drinking (b) Enough water for bathing and cooking (c) Enough soap; or live in area with (d) Dumped garbage or (e) Open defecation





HEALTH

In eight-five per cent of sites there are no healthcare services present on site. There are 2 sites with functioning healthcare facilities. In Zambezia, there is no APE (community health workers) available to provide basic care in sixty-two per cent of sites, while there are active APEs on site in fifteen per cent of locations. In twenty-three per cent of sites, it takes more than one hour to reach the nearest health facility. In 8 per cent of sites, medicines are not normally available to the majority of the population. In all sites, the majority of people living with HIV know where to go to receive care. In all sites, IDPs know where to find Tuberculosis treatment services. In all sites, no cases of cholera have been reported since the cyclone.



FOOD SECURITY & LIVELIHOOD

Most of the sites in Zambezia reported the need for food as the most prevalent need. sixty-nine per cent of sites reported to have received food from distribution at the site in the last month. Of the 13 sites in Zambezia, only 2 sites (Mutxessane and Landinho sites) reported that they are experiencing “significant” barriers with access to food security and livelihoods.



PROTECTION

In all sites, there is no protection desk present on-site. None of the sites has communal facilities with functioning police post. There is no communal space with a functioning women-friendly area. There are 6 communal spaces with a functioning child-friendly areas were reported in 5 sites in Zambezia. There is only 1 communal facilities adequately lit in 1 sites.

Figure 13 shows that the largest security concerns at sites is petty crime/theft (85% of sites). No functioning Child Protection Community Committees in any of the sites. There is a referral mechanism for GBV survivors in sixty-two per cent of sites.

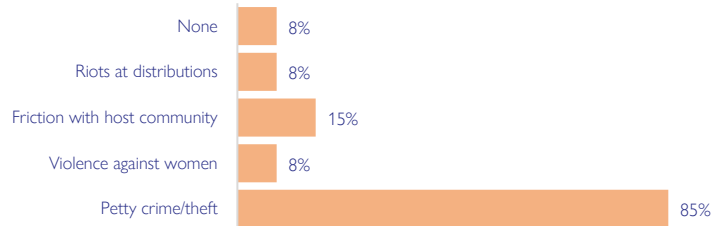


Figure 17: What security concerns do IDPs in sites in Manica have, as percentage of sites.



EDUCATION

In Zambezia, the majority of children have access to primary schools/education facilities. However, in thirty-eight per cent of sites these education facilities are not fully functional (lacking brick walls, windows, doors, writing boards etc.). In thirty-eight per cent of sites, the majority of children do not have access to secondary schools. On average around twenty-two per cent of children are attending schools in the sites.



COMMUNICATION

To communicate with the humanitarian sector, sites report the IDP community uses the following: local government, community leaders, and humanitarian agencies. When communicating with the displaced community, the humanitarian sector uses the following avenues: local government, direct outreach by the humanitarian agencies, and community leaders.

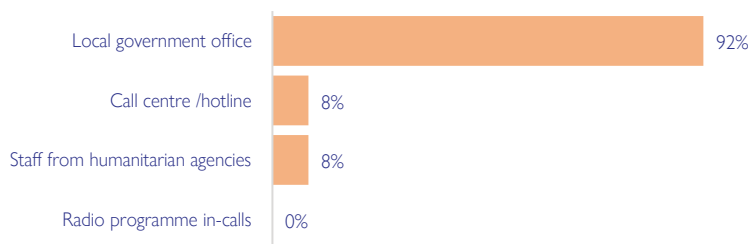


Figure 18: What are the main communication mechanisms used by IDPs to communicate with the humanitarian community, as percentage of total sites

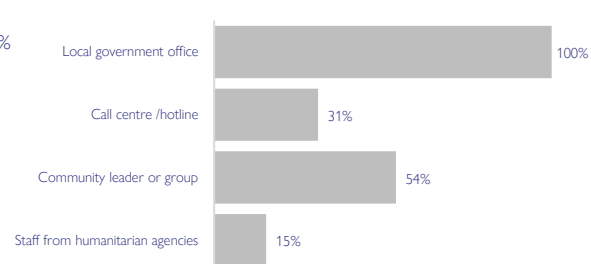


Figure 19: What are the main communication mechanisms used by the humanitarian community to communicate with IDPs, as percentage of total sites



In all sites, wood is the primary cooking fuel. In all sites, three-stone/open fires are primarily used for cooking. In all sites, IDPs generally individually collect their cooking fuels. In eighty-five per cent of sites no one has access to four hours electricity per day. In 16 per cent of sites the primary source of electricity is solar system (solar lanterns and solar mini-grid) while 77% have no access to electric power source. In eighty-five per cent of sites, no IDPs have access to two hours of lighting inside their shelters during the night time. In fifteen per cent of sites there are no light sources used when using latrines after dark, while in fifteen per cent of sites IDPs use their mobile phones.

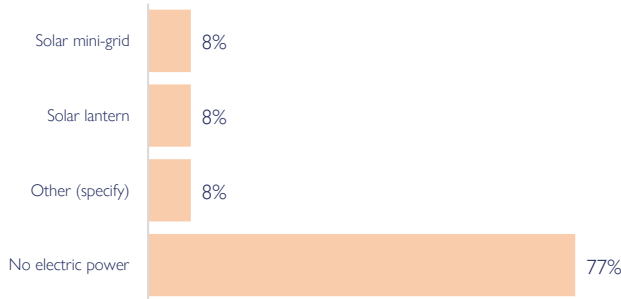


Figure 20: Primary source of household electricity at the sites

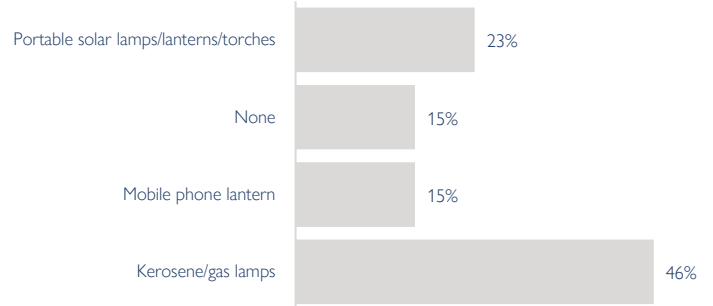


Figure 21: Primary source of energy used for lighting in and around latrines/toilets

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