

Mozambique - Cabo Delgado, Nampula and Niassa







80,437 IDP households





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### **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 10 assessments, aims to enhance understanding of the extent of internal displacements and the needs of affected populations in conflictaffected districts of Northern Mozambique. Data was collected between 17 October and 15 November 2022 in close coordination with provincial government and Instituto Nacional de Gestão e Redução do Risco de Desastres (INGD) partners, and presents trends from 82 assessed sites hosting internally displaced persons across Cabo Delgado, 3 sites in Niassa, and 2 sites in Nampula. Camp Coordination and Camp Management Cluster for Northern Mozambique records a total of 92 sites, of which four are closed and one was empty at the time of data collection.

In total, 294,941 internally displaced persons (IDPs) (an increase of 6% since the previous round) or 80,437 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 17 Mobility Tracking Report, as of November, an estimated 935, I 30 IDPs were identified living in both host communities and sites in Cabo Delgado, 89,016 IDPs in Nampula, and 4,597 IDPs in Niassa.

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 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 security and livelihoods, health, education, protection, community engagement and energy.

This report pays special attention to the dynamics of forced displacement into sites in the provinces of Cabo Delgado, Nampula, and Niassa 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 indepth thematic assessments are of key importance in addressing current Humanitarian Response Plan (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 security and livelihoods, health, education, communication, protection, and energy). The clusters regularly provide updates and inputs to the MSLA form that are implemented and adapted by DTM. 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, Nampula and Niassa

From 17 October and 15 November 2022, in close coordination with provincial government and INGD partners, the International Organization for Migration (IOM)'s Displacement Tracking Matrix (DTM) teams conducted a Multi-Sectoral Location Assessments (MSLA) in 82 sites hosting 289,268 internally displaced persons (IDPs) in Cabo Delgado province, 2 sites with 4,995 IDPs in Nampula province, and 3 sites with 678 IDPs in Niassa province where in all sites, the majority of IDPs were displaced by the insecurity situation in Northern Mozambique.

Of the total 294,941 individuals in the 87 assessed sites, 81,063 (or 27%) are women, 56,890 (19%) are men, and 156,988 (53%) are children. Demographic data in Figures 2 and 3 is a sample collected through random sampling of twenty households per site.

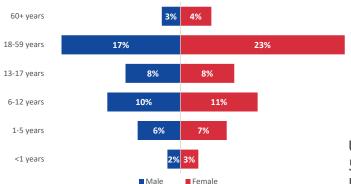


Figure 3: Sex and age demographics of IDPs in Cabo Delgadom Nampula and Niassa

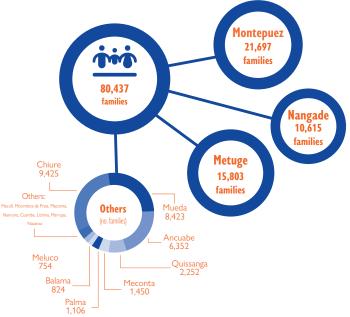


Figure 1: IDP households per district in Cabo Degado, Nampula and Niassa

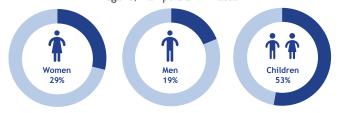


Figure 2: Proportion of adult female, adult male, and child IDPs Using a random sampling of IDPs in all 87 sites, 55 per cent are female and 45 per cent are male. Furthermore, 53 per cent are under 18 years of age: there are an estimated 12,739 infants (<1 year), and 35,838 children (1-5 years).

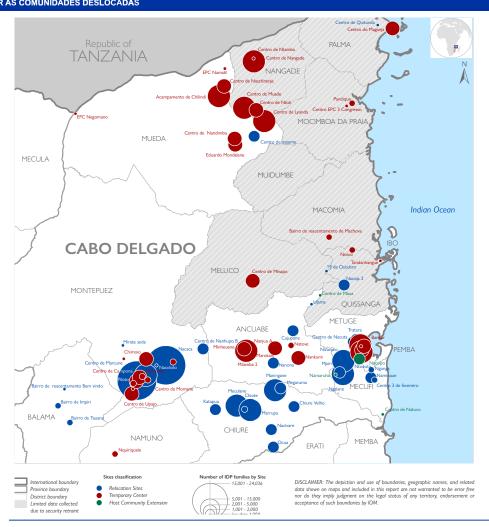
Demographic data for Round 10 is summarized in the table below, with a breakdown of vulnerable groups by district.

District	No. IDPs	No. HH	Pregnant women	Breastfeeding mothers	Disabilities	Chronic conditions	Separated children	Elderly without carers	Child- headed households	Elderly- headed households
Ancuabe	25,022	6,352	N/a	N/a	47	N/a	N/a	N/a	4	21
Balama	3,139	824	17	107	25	6	36	27	2	25
Chiure	38,275	9425	234	N/a	46	N/a	N/a	N/a	N/a	N/a
Mecufi	2,118	498	37	106	13	18	3	44	2	7
Meluco	2,087	754	46	124	27	23	N/a	48	N/a	N/a
Metuge	68,919	15,803	577	546	171	N/a	N/a	N/a	N/a	418
Montepuez	76,646	21,697	131	129	33	N/a	6	19	N/a	N/a
Mueda	33,995	8423	163	303	20	3	10	23	9	20
Namuno	1,164	322	12	38	3	37	N/a	38	N/a	14
Nangade	25,740	10,615	83	815	182	4	N/a	5	N/a	496
Quissanga	6,573	2,252	63	14	2	4	N/a	1	N/a	N/a
Macomia	1,207	362	15	N/a	2	N/a	N/a	27	N/a	N/a
Mocimboa Da Praia	1,940	389	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a
Palma	2,443	1,106	15	23	7	6	12	5	9	11
Meconta (Nampula)	4,940	1,450	87	16	17	N/a	N/a	0	2	110
Nacaroa (Nampula)	55	12	N/a	1	0	N/a	N/a	0	0	0
Lichinga (Niassa)	199	43	N/a	3	1	N/a	N/a	N/a	N/a	5
Marrupa (Niassa)	78	23	1	5	N/a	N/a	6	6	N/a	1
Cuamba (Niassa)	401	87	N/a	N/a	N/a	N/a	N/a	N/a	N/a	N/a
Grand Total	294,941	80,437	1,481	2,230	596	101	73	243	28	1,128

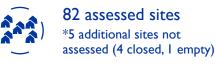


Mozambique - Cabo Delgado









Eighty-two sites were assessed in Cabo Delgado province. Eight per cent of the total site IDP population resides in Nicuapa A, seven per cent in Centro de Ntele, and five per cent in EPC 25 de Junho. Thirty-seven are relocation sites, 41 are temporary sites, and four are host community extensions. Three sites reported limited physical accessibility. Forty-three sites are at risk of becoming inaccessible in the event of a natural disaster. Centro de Ntoli in Nangade was reported as unsafe and insecure for humanitarian partners.

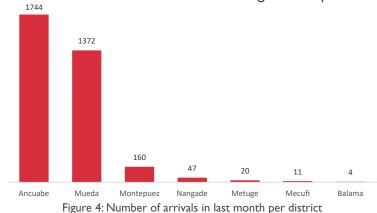


In Cabo Delgado, the IDP demographics are as follows: 28 per cent adult females (79,713), 19 per cent adult males (55,867 individuals), 53 per cent children (153,688). There are an estimated 12,739 infant children (under one year old), and 35,838 children aged 1-5 years.

Pregnant women	Breastfeeding mothers	Disabilities	Chronic conditions	Unaccompanied Minors	Elderly with- out carers	Child-headed households	Elderly- headed households
1,393	2,205	578	101	67	237	26	1,102



The insecurity situation was a reported cause of displacement of individuals in all 82 sites assessed (though some sites reported additional migration drivers, including natural disasters and food insecurity). In 84 per cent of sites, the majority of the IDP population arrived more than six months ago, 9 per cent between three and six months ago, and 5 per cent between one and three months ago. In the past month, two new sites have been opened.



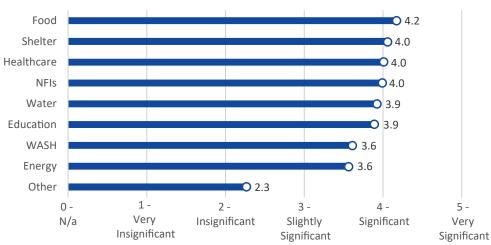
per cent of sites it is decreasing. Sites reported 4,052 new arrivals in the past month. Forty-eight per cent of the recorded arrivals were in Mocimboa de Praia, 18 per cent in Meluco, and 17 per cent in Mueda. The largest individual influx was in Pandique site in Mocimboa da Praia, with 1,310 arrivals.

In 34 per cent of sites, it is reported that the

sheltered population is increasing, while in 45



To address the priority needs of IDPs in sites, Key Informants have been asked to rank the relative intensity of each sectoral need on a Likert scale. Figure 5 presents this data, by aggregating the data for all 82 sites in Cabo Delgado and presenting an average "need". For the sectoral needs of individuals sites, please consult the MSLA 10 dataset. Below Figure 5, there is a table showing the sectoral needs aggregated by district.



The most significant priority needs report was for Food (4.2), Shelter (4.0) and Healthcare (4.0). Food and Shelter have consistently been the highest priority needs in previous round, while the third highest priority need sometimes changes (it has been for NFIs, WASH, and Education in previous rounds).

	,
Very significant	5
Significant	4
Slightly significant	3
Insignificant	
Very insignificant	
N/a	0

Figure 5: Average reported sectoral needs for all sites in Cabo Delgado

The table below aggregates the sectoral needs for sites in each district. The highest levels of need can be found in Meluco, Nangade, Quissanga, Macomia, and Mocimboa da Praia. Maximally high levels of need for Food should be noted for all sites in seven districts.

District	No of Sites	Food	Water	Shelter	NFI	Healthcare	Education	Latrines	Energy	Other
Ancuabe	8	4.13	4.13	3.38	4.13	4.00	4.00	2.13	4.25	1.63
Balama	3	5.00	4.33	4.33	5.00	4.67	4.33	3.33	5.00	4.00
Chiure	9	2.67	2.78	2.56	2.67	3.00	2.89	2.56	2.22	3.22
Mecufi	2	4.00	3.50	4.50	3.50	4.50	4.00	2.50	2.50	0.50
Meluco	ı	5.00	4.00	5.00	3.00	5.00	5.00	4.00	5.00	5.00
Metuge	19	4.95	4.84	5.00	5.00	4.95	4.89	4.68	4.89	0.00
Montepuez	16	3.81	3.00	3.69	3.00	3.19	3.19	3.19	1.56	2.27
Mueda	8	3.13	3.13	3.13	3.75	3.63	3.63	3.75	3.13	2.29
Namuno	ı	2.00	2.00	2.00	2.00	3.00	4.00	2.00	2.00	2.00
Nangade	5	5.00	5.00	5.00	4.20	4.40	4.20	4.00	4.20	2.40
Quissanga	6	5.00	5.00	5.00	5.00	4.17	3.67	5.00	5.00	4.17
Macomia	ı	5.00	5.00	5.00	5.00	4.00	3.00	3.00	5.00	0.00
Mocimboa Da Praia	2	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Palma	ı	5.00	3.00	4.00	3.00	3.00	3.00	3.00	3.00	0.00
Grand Total	82	4.17	3.93	4.05	3.98	4.00	3.90	3.62	3.57	2.27



In 27 per cent of sites there are no precautionary measures against the spread of COVID-19. In 65 per cent of sites, some IDPs wear face masks in public spaces, while in 17 per cent no one does. In 80 per cent of sites, IDPs sometimes wash their hands. In 68 per cent of sites, masks haven't been distributed. In 85 per cent of sites there are no functional hand washing stations. In 82 per cent of sites, information materials on COVID-19 are not available, while awareness sessions have been held in 45 per cent of sites in the last month.

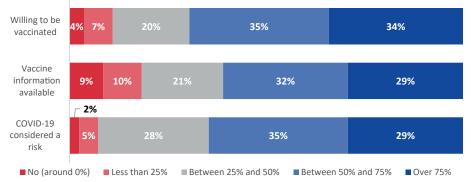


Figure 6: Percentage of sites where a proportion of the site populating is (a) willing to be vaccinated (b) is able to access vaccine related information (c) considers COVID-19 a risk

In 34 per cent of sites, the majority of IDPs (over 75% of the population) are willing to be vaccinated, in 29 per cent of sites the majority of IDPs have information on vaccines available to them, and in 29 per cent of sites the majority of IDPs consider COVID-19 a personal health risk.



In Cabo Delgado, on average 54 per cent sleep in permanent shelters, 41 per cent sleep in emergency shelters, and 5 per cent of households sleep outdoors. For a breakdown of shelter conditions, consult the MSLA 10 dataset. In 66 per cent of sites, local building materials are available to IDPs and in 63 per cent of sites IDPs are constructing shelters. In 60 per cent of sites, shelters have leakages, and in 5 per cent shelters have flooded. Fewer sites have reported flooding in shelters compared to the previous round, despite seasonal rains commencing in Cabo Delgado.

IDPs received shelter/NFI support in 45 per cent of sites, while 90 per cent of sites report that IDPs urgently need NFI/shelter support. The most needed types of support are: NFIs (80%), shelter upgrades (78%), emergency shelters (55% of sites), technical support (47%), labour support (42%), and house/land property support (27%). IDPs acquired NFIs/shelter materials in the following ways: brought with them when displaced (60% of sites), aid distributions (57% of sites), purchased at the market (30%), and donated by the local community (26%). The main barriers to accessing NFIs are: lack of money (93%), items are too expensive (49%), market not accessible (13%), and markets do not sell items (12%).

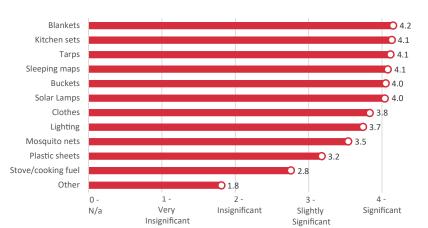


Figure 8: Average NFI needs of all sites using Likert Scales

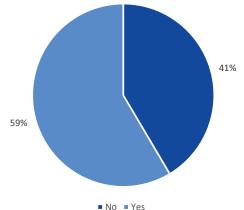


Figure 7: Percentage of sites where IDPs received shelter/NFI support

Information on NFI needs was gathered using Likert scales. The graph beside shows the relative needs of the displaced populations, averaged across all the sites in Cabo Delgado. Option "5 - Very Significant" represents the highest need level. Most needs are between Slightly Significant and Significant. For site specific needs, consult the MSLA 10 dataset.



55%, 45

In one sites around half of IDPs live in areas where open defecation is visible, in five sites most (around 75%) of IDPs are in the same situation, and in one site (Mpeme) all IDPs live near visible defecation. In 80 per cent of sites no open defecation is visible. In 88 per cent of sites, no one has access to showers/bathing facilities. In 59 per cent of sites, no one has access to soap, while in 33 per cent of sites a few (around 25%) have access. In 10 per cent of sites no one has enough drinking water. In 68 per cent of sites, there are no hand washing stations. In 70 per cent of sites, there are no solid waste management systems. In 82 per cent of sites, there were no WASH distributions in the last month. In 34 per cent of sites, drainage systems function very poorly.

Very

Significant

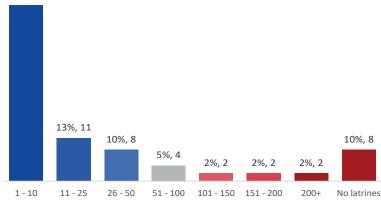


Figure 9: Number of IDPs in sites for each available and functional latrines as percentage (%) and number (n) of sites

Figure 9 presents the number and percentage of sites, against how many IDPs are present for each available latrine. In 55 per cent of sites there are between I and I0 latrines for each IDP, while in I3 per cent there are between II and 25 IDPs for each latrine, and I0 per cent have 26 to 50 IDPs per latrine. In Pandique (Mocimboa da Praia) there are 218 IDPs for each latrine, and in Acampamento de Chilindi (Mueda) there are 318 IDPs for each latrines. In 8 sites there are no functional latrines.



Fifty-two per cent of sites received a food distribution in the last month (compared to 55% in the previous month). In 62 per cent of sites, the majority of IDPs have access to farming lands. In 37 per cent of sites, households have received agricultural inputs from a distribution. Of those sites where the majority have access to farming land, in 21 per cent of sites no households are actively working their farmland, while in 35% of sites, around 25 per cent of households are working their land. Of the sites that received agricultural inputs, in 70 per cent of sites, households do not own any livestock.



In 98 per cent of sites, the first course of action when family members get sick is to go to a health facility. In 66 per cent of sites, IDPs have access to a hospital, in 61 per cent access to mobile brigades, an on-site clinic in 9 per cent of sites, and ambulance services in 10 per cent of sites. In 72 per cent of sites, the majority of women give birth in health facilities, while in 23 per cent the majority give birth at home with the assistance of midwives. In 95 per cent of sites, the majority of women seek out a health professional in the course of their pregnancy. In 89 per cent of sites, IDPs are aware of HIV support services, and in 88 per cent they are aware of Tuberculosis support services. In 6 per cent of sites, IDPs have been presenting symptoms of diarrhea or vomited. Overall, IDPs are satisfied with the provision of healthcare in 55 per cent of sites in Cabo Delgado.



In 90 per cent of sites, the majority of children have access to schools/education facilities. In 67 per cent of sites, the school facilities are functional. The two greatest barriers to education are a lack of teaching materials, lack of teachers, and that facilities are not functional. Additional barriers include lack of transport. The graph below shows the distance to school facilities for sites in Cabo Delgado.

Education

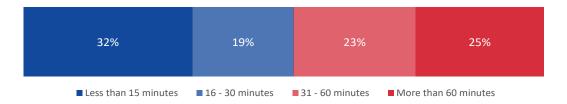


Figure 10: Distance to school/education facility as percentage of sites



There are no police stations/security posts in 67 per cent of sites. There are no child friendly spaces in 84 per cent of sites. In 83 per cent of sites, communal facilities are not lit. In 80 per cent of sites, there is a security provider/mechanism to ensure the safety of IDPs. In 70 per cent of sites, there is a referral mechanism for Gender Based Violence (GBV) survivors.

Protection

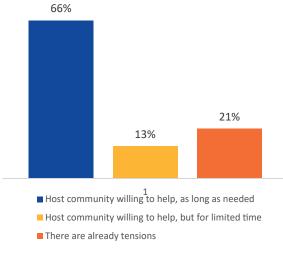
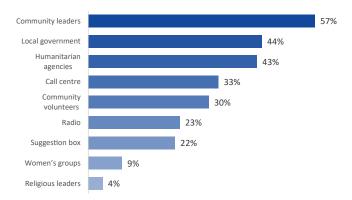


Figure 11 Relationship with host community as percentage of sites

In 35 per cent of sites, there is a support mechanism for the psychosocial needs of the population. In 66 per cent of sites, the host community has said that IDPs can stay as long as is needed. In 21 per cent of sites, there are already tensions between the IDP and host communities (down from 23 in the previous round). In 91 per cent of sites, the majority of IDPs do not have access to legal documentation. Of those sites where the majority do not have legal documentation, 60 per cent of sites report that the main barrier to getting the necessary documentation is due to a lack of financial means, in 28 per cent it is due to heavy bureaucracy, and 9 per cent lacked transportation to travel to registry for new documentation. In 46 per cent of sites, the majority of IDPs presently living there can neither read or write.



To communicate with the humanitarian sector, sites report the IDP community uses the following: community leaders, local government, and humanitarian agencies. When communicating with the displaced community, the humanitarian sector uses the following avenues: community leaders, local government, and direct outreach by the humanitarian agencies themselves. Community volunteers and humanitarian agencies present in 70% of sites have organised social activities for the following sectors: health, WASH, education, protection, GBV, child protection, nutrition, Protection against Sexual Exploitation and Abuse (PSEA) and youth.



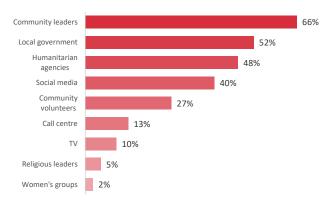


Figure 12: What are the main communication mechanisms used by IDPs to communicate with the humanitarian community, as percentage of total sites

Figure 13: What are the main communication mechanisms used by the humanitarian community to communicate with IDPs, as percentage of total sites

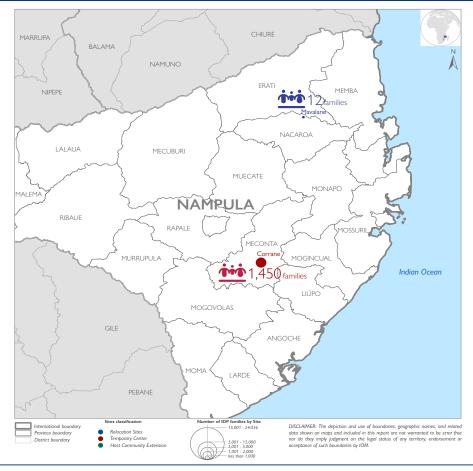


In 51 per cent of sites, households do not need to use any coping strategies associated with a lack of fuel, while in 16 per cent of sites they may skip meals/reduce portion sizes, and in 15 per cent households spend their savings. In 88 per cent of sites, households generally manufacture their cooking stoves. In 87 per cent of sites, households generally produce or manufacture their cooking fuel. In 45 per cent of sites, households spend between 1h30 and 3h00 per week collecting fuel. In 35 per cent of sites they spend less than 1h30 collecting fuel. In 30 per cent of sites households generally do their cooking in a room not for sleeping. In 88 per cent of sites, it is reported that either electricity points are not functioning or that fuel/wood is not available at the local market. A total of 63 per cent of sites reported that the main barrier to energy usage is that the electricity points are too far away. The main priorities for energy services include mobile phone charging in 68 per cent of sites, household lighting in 60 per cent of sites, and communal street-lighting in 49 per cent.



Mozambique - Nampula









## 2 assessed sites

relocation site and Temporary Mavalane Centre are physically accessible, and in the event of natural disasters road access to sites will not be affected. In both sites, violence due to the insecurity situation in Cabo Delgado, displacement due to natural disasters, and food insecurity are drivers behind present displacements. The majority of people were displaced more than six months ago. Both sites are decreasing in size compared to last round.



**Demographics** 

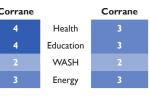
In assessed sites, the IDP demographics are as follows: 24 per cent adult females (1,185), 17 per cent adult males (872 individuals), 59 per cent children (2,938). There are an estimated 63 infant children (under one year old), and 926 children aged 1-5 years.

Pregnant women	Breastfeeding mothers	Disabilities	Chronic conditions	Separated children	Elderly with- out carers	Child-headed households	Elderly- headed households
87	17	17	N/a	N/a	N/a	2	110

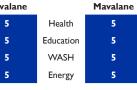


Very significant
Significant
Slightly significant
Insignificant
Very insignificant
N/a

	c
Food	
Water	
Shelter	
NFIs	



	1 lava
Food	5
Water	5
Shelter	5
NFIs	5





Regular hand washing is the most common preventative measure against COVID-19 in Mavalane, while in Carrone there are no preventative measures. Hand washing stations with soap have been installed in both one site, while there have been no COVID-19 mask distributions. Information materials are only present in Corrane. Both sites have received awareness raising sessions in the last month. Between 50% to 75% of the populations hosted in both sites consider COVID-19 as a risk to their health and are willing to be vaccinated.



In Corrane and Mavalane, on average 53 per cent of IDP households are sleeping in emergency shelters. Consultation with community members report the common need for shelter upgrades, labour support, emergency shelter assistance, and other NFI needs. Shelter/NFI support has been received by IDPs in both sites. Corrane and Mavalane report significant needs for all NFIs, with mosquito nets and clothes being highest especially solar lamps. The main barrier to accessing NFIs is a lack of money to purchase items.



There are functioning latrines mapped in both sites. In neither site do IDPs have access to bathing facilities, and in both sites there are fewer than 10 IDPs for each latrine. In both sites there are active WASH committees. In neither site is the drainage system is described as very poorly functioning. In both sites, IDPs use hand pumps and small water systems to access water. No problems or issues have been reported regarding water access by IDPs.



A food distribution occurred in the last month in Corrane only. All households in the site received food in the distribution. In Mavalane site, the majority of IDPs have access to farmland, whereas IDPs hosted in Corrane reported reduced access. IDPs received agricultural inputs from a distribution only in Corrane within the last month. In both sites, around 25 per cent of households own livestock.



In both sites, when members of the household fall ill, the first course of action is to go to the local health facility. The main health facility in Corrane is a hopstial, while both sites have access to mobile brigades. Going to a hospital is the most common first course of action when household members fall ill in both sites. In both sites, most women give birth at the health facility and seek a health professional during their pregnancy. IDPs are aware of support for both people with HIV and/or Tuberculosis in Corrane.



In both assessed sites, the majority of school age children have access to school (estimated at 2,938 children). The schools are described as functional. Available education facilities have been mapped 31-60 minutes away from Corrane, and less than 15 minutes away from Mavalane. It is reported that IDPs in both site with disabilities face significant barriers to accessing education.



There is a functioning police post on-site in Corrane, while neither site has child-friendly spaces. There is a security mechanism present in the site and a referral mechanism for GBV survivors in Corrane. Communal facilities are not lit in either site. The host community has indicated their willingness to provide help to IDPs in Mavalane for as long as is needed, while in Corrane there are currently tensions between the communities (in the previous round there were no tensions). The majority of households have no legal documentation or financial means to replace the documents in Mavalane, but they do have access in Corrane.



To communicate with the humanitarian sector, Mavalane and Corrane community members use community leaders in both sites, while Corrane uses staff from humanitarian agencies and community organisers, while Mavalane uses local government officals and religuois leaders. When communicating with the displaced community the humanitarian sector uses: local government, community volunteers/mobilisers, radio, and humanitarian partners themselves. Volunteers are on-site, and have organised social activities for the following sectors: Health, Nutrition, and PSEA. It is reported that in the majority of households for both sites, no members can either read or write.

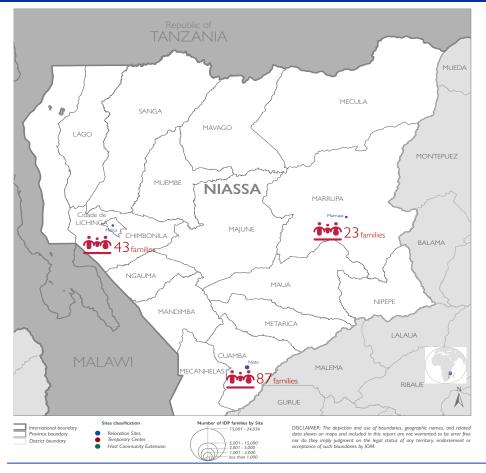


Households reported not having enough fuel, and indicated that at times they have reduced non-food expenses or skipped meals as a coping mechanism. Households generally produce/ manufacture their own cooking stoves in Mavalane, while in Corrane they buy in the local market. In both sites, IDPs generally acquire/collect fuel themselves. In both sites it is not clear if energy sources are available. The main priorities in assessed sites (Corrane and Mavalane) are energy services for household lighting, mobile phone charging, as well as communal street lighting.



Mozambique - Niassa









Malica, Marrupa, and Njato are displacement (relocation) sites that are physically accessible. Only Marrupa is at risk of becoming inaccessible in the event of a natural disaster. They are safe for humanitarian actors to access. Violence due to insecurity in Cabo Delgado and Niassa and natural disasters are the main reasons of displacement for the majority of IDPs resident in the sites. The majority of people were displaced more than six months ago in all sites.



Demographics

In Culutando, Malica and Marrupa 2, IDP demographics are as follows: 24 per cent adult females (165), 22 per cent adult males (151), 54 per cent children (362). Estimates record 10 infant children (under one year old), and 93 children aged 1-5 years.

Pregnant women	Breastfeeding mothers	Disabilities	Chronic conditions	Separated children	Elderly with- out carers	Child-headed households	Elderly- headed households
18	25	15	4	3	0	0	11



Very significant	5
Significant	4
Slightly significant	3
Insignificant	2
Very insignificant	1
N/a	0

	Malica	Marrupa	Njato
Food	5	5	5
Water	4	4	5
Shelter	4	5	
NFIs	4	5	4

	Malica	Marrupa	Njato
Health			5
Education			
WASH		4	2
Energy	4	4	5



Regular hand washing is the main COVID-19 preventative measure in all three sites. IDPs sometimes wash their hands in Malica, Marrupa, and Njato. Hand washing stations are functioning only in Marrupa. There have been no recent mask distributions. There are no updated information materials, and there have been no COVID-19 awareness sessions in the past month for all 3 sites. A majority of IDPs (more than 75%) consider COVID-19 as a health risk, have information on vaccine access, and wish to be vaccinated in Marrupa and Malica. In Njato, these proportions are slightly lower, between 50% and 75 %.



In Njato all IDPs are living in permanent shelters, while in Malica 93 per cent are in emergency shelters, and in Marrupa 75 per cent are in emergency shelters. Shelter/NFI support has been received in all Malica only, in the last month. The most significant NFI in all assessed sites needs are blankets, mosquito nets, sleeping mats, and solar lamps.



In all three sites, no IDPs have access to bathing facilities. In all three sites, only around 25 per cent of IDPs have access to enough soap. In Njato, only around 25 per cent of IDPs have enough water for drinking. Furthermore the drainage system functions very poorly in Njato. In Maluca and Marrupa, the main water sources are hand pumps, while there are no water sources in Njato. There is a solid waste management system in all three sites. In Marrupa there are 20 IDPs per latrine, compared to 5 in both Malica and Njato.



Food distributions have been received in the last month, only in Malica and Marrupa. In these two sites approximately all households received the distribution. Only in Njato, the majority of all IDPs do not have access to farmlands. Households in Njato did not receive an agricultural distribution in the last month, while they did in the other two sites. All households in Malica are working the farmland/machambas, while in Marrupa about 50 per cent of families are. Almost all households in Malica and Marrupa own livestock, while in Njato it is reported that no families own any livestock.



When members of the household fall ill, the first course of action is to go to the local health facility in all sites (the primary health care facilities is a hospital at all three sites). There are no accessible mobile brigades reported in any of the sites. In all sites, most women give birth at the health facility and seek a health professional during their pregnancy. IDPs are aware of support for those with HIV and/or Tuberculosis. Residents are satisfied with the health services. There are no reported cases of diarrhea or vomiting in any of the sites



In all sites, the majority of school age children have access to school. In Malica, the schools is approximately 16-30 minutes away when walking, while in Marrupa and Njato the schools are between 31-60 minutes away. It is reported that IDPs in Malica with disabilities face significant barriers to accessing education.



There is a functioning police post in Malica and Marrupa, but none in Njato. There are no child friendly spaces in any of the sites. Communal facilities are not lit in Njato. Only Marrupa has a referral mechanisms for GBV survivors. There are security providers/mechanisms present for the safety of residents only in Marrupa, while no such protection exist in Malica or Njato. Host communities have indicated their willingness to provide help to IDPs in Malica and Njato for as long as is needed, while in Marrupa there are already tensions between the communities. It is reported that the majority of households in Marrupa have no legal documentation (while in the previous round, this was true for all three sites).



To communicate with the humanitarian sector, the communities use the following: local government, direct contact with humanitarian agencies. When communicating with the displaced communities, the humanitarian sector uses the following avenues: local government and direct outreach form the humanitarian agencies themselves. Volunteers are not present in all assessed sites. The majority of households in all sites can neither read nor write.



When households in sites in Niassa do not have enough cooking fuel, families spend their saving or travel greater distances to collect fuel as the main coping strategies. Households in all sites individually produce/manufacture their cooking stoves. In Malica, households spend on average 30 minutes a week collecting fuel, while families in Njato spend an average of 30 minutes to 1h30 minutes, and in Marrupa more than three hours. In all sites, households normally in rooms not for sleeping. The main reported barriers are that electricity/fuel collection points are too far, and that electricity/fuel is too expensive.

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