


 45 assessed sites

 35,137 IDP households

 148,844 IDPs



Water point at Eduardo Mondlane site, in Mueda

DTM activities are supported by:



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 4 assessments, aims to enhance understanding of the extent of internal displacements and the needs of affected populations in conflict-affected districts of Mozambique's Cabo Delgado province. The report covers the period from 21 June to 3 July 2021 and presents trends from 45 assessed sites hosting internally displaced persons across eight districts in Cabo Delgado, 2 sites in Niassa, and 1 site in Nampula.

In total, 148,844 internally displaced persons (IDPs) (an increase of 18% since the previous round, mainly due to coverage expanding from 34 to 45 sites) or 35,127 households were mapped living in sites assessed during this MSLA. Reported figures, however, exclude displaced individuals living in host community settings. According to DTM Round 12 Baseline, as of April 2021 an estimated 662,828 IDPs were identified in living in both host communities and sites, in Cabo Delgado.

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

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

This report pays special attention to the dynamics of forced displacement into sites in the 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 in-depth thematic assessments are of key importance in addressing current HRP indicators and identifying priorities for the different sectoral responses.

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

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

OVERVIEW: Cabo Delgado, Nampula and Niassa

From 21 June to 3 July 2021, in close coordination with the provincial government of Cabo Delgado, the International Organization for Migration (IOM)’s Displacement Tracking Matrix (DTM) teams conducted Multi-Sectoral Location Assessments (MSLA) in 42 sites hosting 144,515 internally displaced persons (IDPs) in Cabo Delgado province, 1 site with 3,969 IDPs in Nampula province, and 2 sites with 360 IDPs in Niassa province, in response to the mass displacements caused by the insecurity situation in the north. In all sites, the majority of IDPs were displaced by the insecurity situation.

Of the total 148,844 individuals in the assessed sites, 39,980 (or 27%) are women, 27,093 (18%) are men, and 81,771 (55%) are children. Figures 2 and 3 are based on a random sampling of twenty households taken at each site.

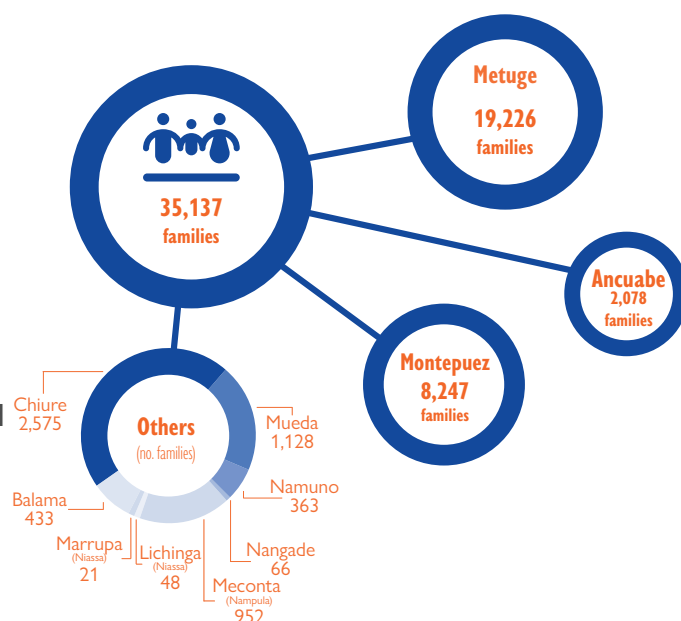


Figure 1: IDP households per district in Cabo Delgado, Nampula and Niassa

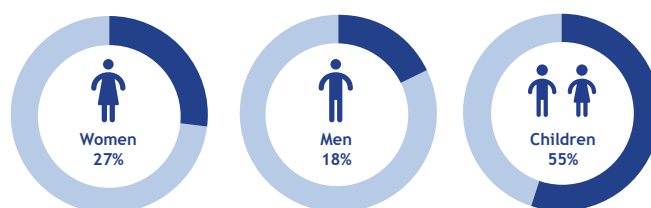


Figure 2: Proportion of adult female, adult male, and child IDPs

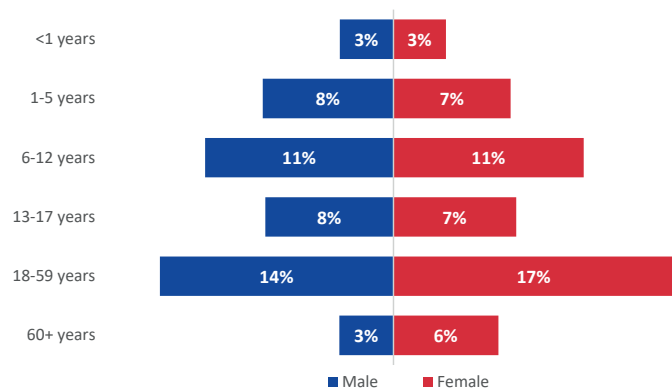
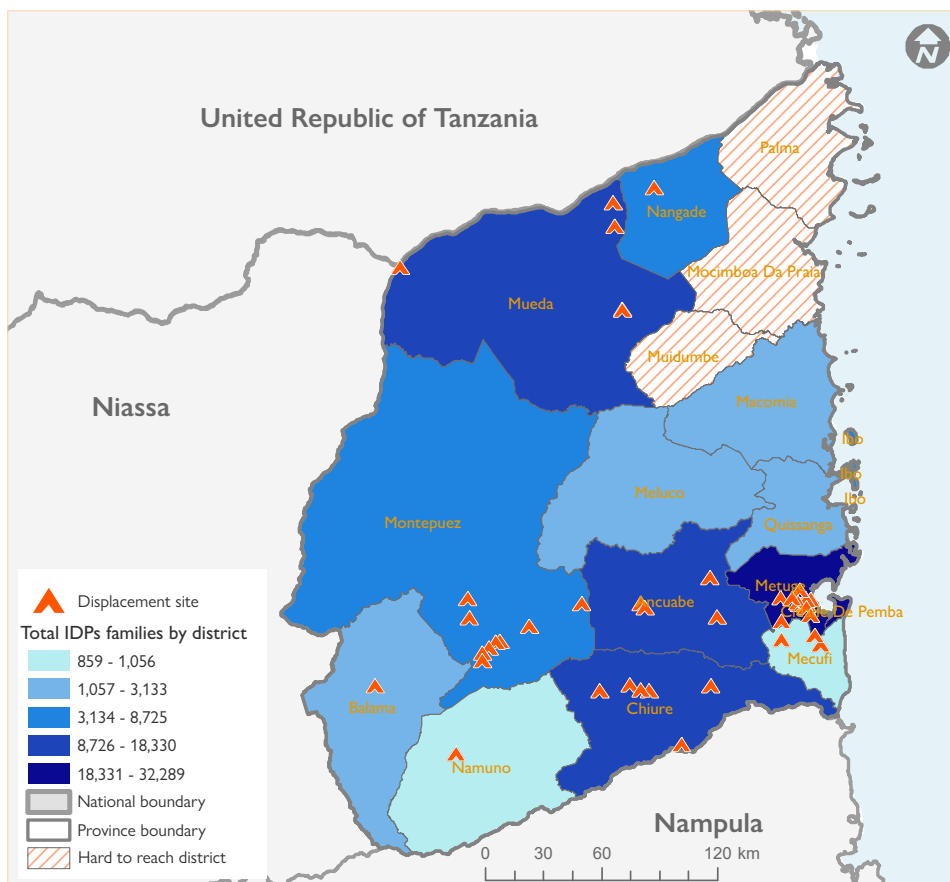


Figure 3: Sex and age demographics of IDPs in Cabo Delgado and Nampula

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

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

District	No. IDPs	No. HH	Pregnant women	Breastfeeding mothers	Disabilities	Chronic conditions	Minors with other vulnerabilities	Elderly without carers	Child-headed households	Elderly-headed households
Ancuabe	11,690	2,078	49	0	24	0	4	0	0	0
Balama	1672	433	0	32	24	37	7	68	0	39
Chiure	12,797	2,575	131	0	35	16	0	2	0	37
Metuge	77,643	19,226	632	352	207	46	257	753	31	87
Montepuez	33,342	8,247	131	834	52	17	57	67	25	11
Mueda	5,179	1,128	52	158	27	6	4	9	18	4
Namuno	1,855	363	11	31	9	42	4	0	0	6
Nangade	337	66	3	32	0	0	2	0	3	6
Meconta (Nampula)	3,969	952	25	0	15	0	0	0	0	24
Lichinga (Niassa)	267	48	2	14	4	0	0	0	0	4
Marrupa (Niassa)	93	21	0	7	0	0	0	0	0	5
Grand Total	148,844	35,137	1,036	1,460	397	164	335	899	77	223



144,515 IDPs

34,116 IDP households

42 assessed sites

Forty-two sites were assessed in Cabo Delgado province. Twenty per cent of the total site IDP population resides in EPC 25 de Junho, 13 per cent in EPC de Nangua, and 9 per cent in Centro de Ntele. Thirty are relocation sites, and 12 are temporary sites. Three sites reported limited access - Naschitenje, EPC Namatil, and EPC Negomano. Twenty-eight sites are at risk of becoming inaccessible in the event of a natural disaster. All sites are reported as safe and secure for humanitarian partners.

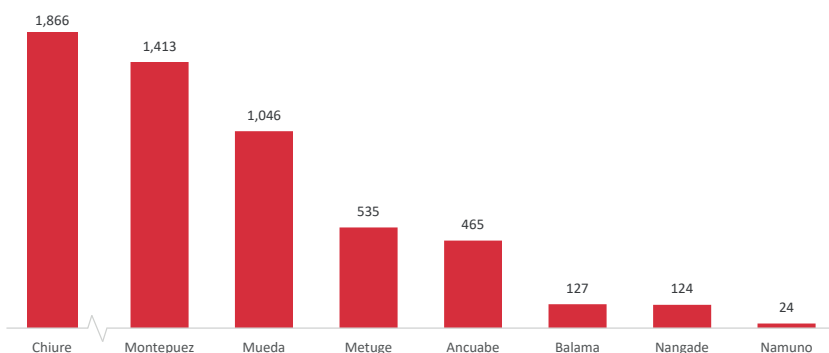
Demographics

In Cabo Delgado, the IDP demographics are as follows: 18% adult males (26,334 individuals), 27% adult females (38,918), 55% children (79,263). There are an estimated 9,208 infant children (under one year old), and 21,700 children aged 1-5 years.

Pregnant women	Breastfeeding mothers	Disabilities	Chronic conditions	Unaccompanied Minors	Elderly without carers	Child-headed households	Elderly-headed households
1,009	1,439	378	164	335	899	77	190

Mobility

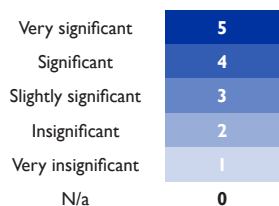
The insecurity situation was the main cause of displacement of IDPs in all of the 42 sites assessed. In 69 per cent of sites, the majority of the IDP population arrived more than six months ago, 2 per cent between three and six months ago, and 14 per cent between one and three months ago. In the past month, six new sites have been opened. Eighty-six per cent of the IDP population are in sites where the majority arrived at least three months ago. In 79 per cent of sites, it is reported that the sheltered population is increasing.



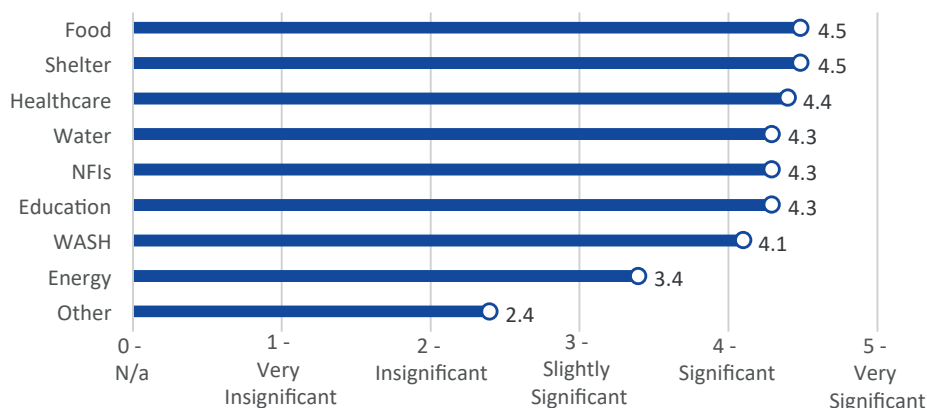
Sites reported 5,600 arrivals in the past month. Thirty-three per cent of the recorded arrivals were in Chiure, and 25 per cent in Montepuez. The largest individual influx was in Bairro de Realocacao, with 766 arrivals.



Priority Needs



Information on priority needs was gathered using Likert scales. The graph below shows the relative needs of the displaced populations, with a table recording the responses of each site in Cabo Delgado. On average, all needs apart from Energy are between 4 - Significant, and 5 - Very significant.

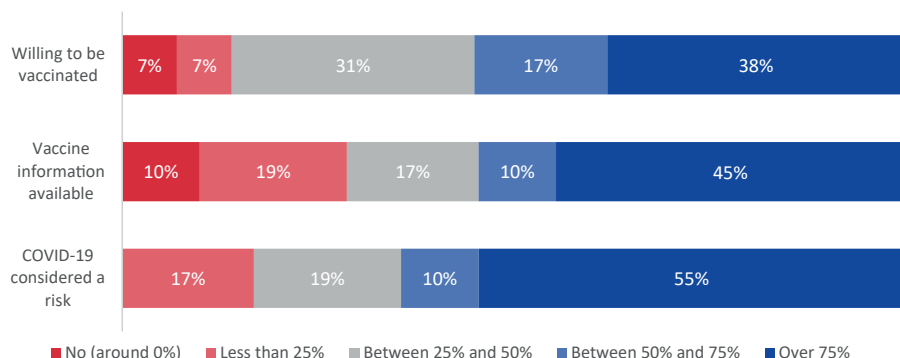


District	Site Name	Food	Water	Shelter	NFIs	Healthcare	Education	WASH	Energy	Other
Ancuabe	Nankumi	1	1	4	5	3	3	2	5	5
	Nanjua A	3	4	5	2	5	3	3	5	5
	Marokani	4	2	5	3	4	3	0	5	5
	Ngeue	4	5	4	5	4	4	3	5	5
Balama	Bairro de Impire	3	2	3	4	4	4	4	0	4
Chiure	Chiure Velho	3	2	4	3	2	0	4	0	0
	Katapua	4	3	3	4	3	4	3	5	4
	Marrupa	2	3	3	2	2	5	4	5	4
	Meculani	5	3	5	5	3	4	4	0	0
	Ocu sede	5	2	3	2	4	2	4	0	0
	Chioite	3	5	4	5	5	4	3	5	0
Metuge	Centro Agrario de Namuapala	5	5	5	5	5	5	5	5	0
	Cuaia	5	5	5	5	5	5	4	0	0
	EPC 25 de Junho	5	5	5	5	5	5	5	0	0
	EPC de Manono	5	5	5	5	5	5	4	0	0
	EPC de Nangua	5	4	5	5	5	5	5	5	0
	Naminawe	5	5	5	4	4	4	3	4	4
	Ngalane	5	4	5	4	5	5	5	4	4
	Nquitcha	5	5	5	5	5	5	5	5	4
	Saul	5	5	5	5	5	5	4	0	0
	Tratará	5	4	5	5	5	5	4	5	4
	Unidade	5	5	5	5	4	4	4	3	2
	Centro de Bandar	5	5	5	5	5	5	5	0	0
	Centro de Nicavaco	5	5	5	5	5	5	5	0	0
	Centro de Pulo	5	5	5	4	4	5	5	5	0
Ntocota	5	5	5	5	5	5	5	5	0	
Montepuez	Centro de Nanhupo B	5	5	4	5	5	5	5	4	4
	Centro de Ntele Mapapulo	4	5	5	5	4	4	4	4	4
	Centro de Piloto Mapapulo	5	5	5	5	5	5	4	4	5
	Namputo	5	5	5	5	4	4	4	3	4
	Nicuapa A	4	4	4	4	4	5	4	5	5
	Bairro de Marcune	5	5	4	5	4	5	4	4	4
	Centro de Mararange	5	5	5	5	5	5	5	5	5
	Centro de Mirate	5	5	4	4	4	5	5	5	5
	Centro de Ncambona	4	4	4	4	5	5	5	5	5
Mueda	Bairro de Realocacao	5	5	4	4	5	4	4	4	4
	Eduardo Mondalane	5	5	4	4	5	5	4	4	0
	EPC Namatil	5	5	4	4	5	4	4	4	0
	Naschitenje	5	5	4	4	5	4	4	4	0
	EPC Negomano	5	5	4	4	5	4	5	4	0
Namuno	Nameitil	5	4	4	4	4	4	4	4	4
Nangade	Centro de Reassentamento	5	5	5	4	4	4	4	4	4



COVID-19 Preparedness

In 26 per cent of sites there are no precautionary measures against the spread of COVID-19. In 40 per cent of sites, most IDPs wear face masks in public spaces, while in 40 per cent only some IDPs do, and in 17 per cent no one does. In 71 per cent of sites, people sometimes wash their hand, while in 19 per cent they almost never do. In 69 per cent of sites, masks haven't been distributed or are not available. In 71 per cent of sites, functional hand washing stations with soap are not available. In 80 per cent of sites, information, education, or communication materials related to COVID-19 are not available. In the last month, there have been awareness sessions held in 69 per cent of sites in Cabo Delgado.



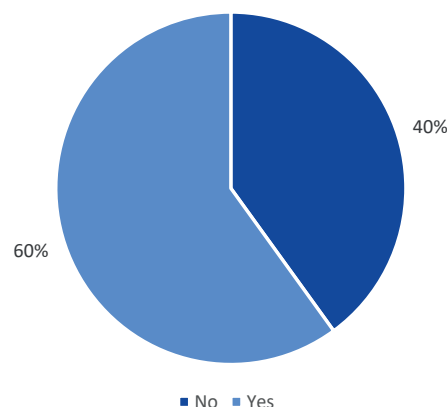
The graph to the left presents various vaccination and COVID-19 related indicators. In 28 per cent of sites, most IDPs (or over 75% of the population) are willing to be vaccinated, in 45 per cent of sites most IDPs have information on vaccines available to them, and in 55 per cent of sites most IDPs consider COVID-19 as a personal health risk.



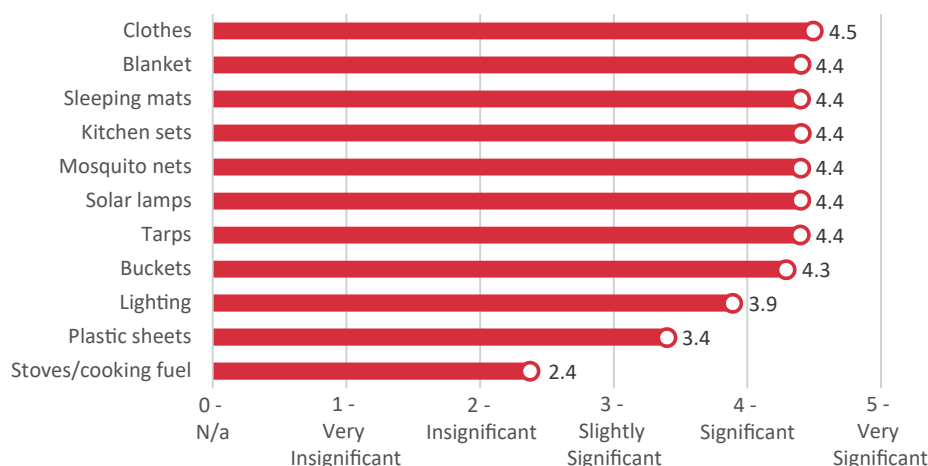
Shelter

Throughout Cabo Delgado, on average 15 per cent of households sleep outdoors, 47 per cent sleep in emergency shelters, and 42 per cent sleep in permanent shelters. For a breakdown of shelter conditions for each site, consult the [MSLA 4 dataset](#). In 52 per cent of sites, building materials are available and accessible to IDPs, in 83 per cent of sites IDPs are constructing shelters. In 40 per cent of sites, shelters have leakages, and in 17 per cent shelters flood. In 50 per cent of sites, markets are reportedly functioning.

IDPs received shelter/NFI support in 68 per cent of sites. The most needed types of support are for emergency shelters (78% of sites), NFIs (64%), technical support (52%), shelter upgrades (48%), labour support (21%), and house/land support (10%). In only 26 per cent of sites do IDPs have access to flashlights. IDPs in site acquired NFIs in the following ways: brought with them when displaced (26% of sites), purchased at local market (12%), donated by the local community (36%), through aid distributions (57%). The main barriers to accessing NFIs are as follows: lack of money/income source (91% of sites), items are too expensive (16%), market not accessible (7%), market not safe (7%), no transport (7%), markets do not sell items (4%), and transport to markets is too expensive (2%).

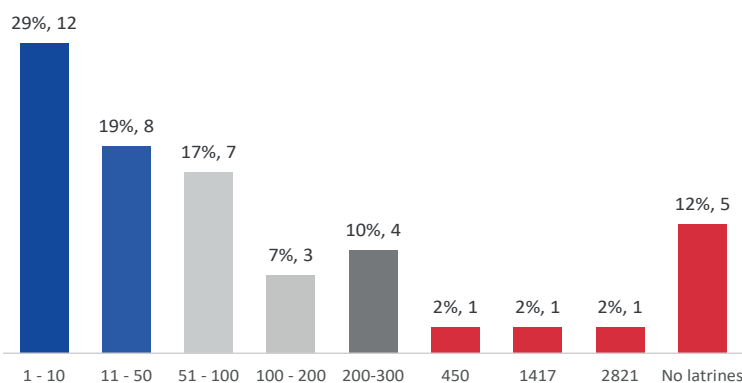


Information on NFI needs was gathered using Likert scales. The graph beside shows the relative needs of the displaced populations, averaged across all the sites in Cabo Delgado. Option "5 - Very Significant" represents the highest need level. Most needs apart from Lighting, Plastic Sheets, and Cooking fuel are between 4 - Significant, and 5 - very significant. For a site specific breakdown, consult the [MSLA 4 dataset](#).





In one site, EPC Namatil, all IDPs live in areas where open defecation is visible. In 19 per cent of sites, some IDPs live in areas with visible defecation. In 93 per cent of sites, no one has access to showers or bathing facilities. In 53 per cent of sites no one has access to enough soap. In 12 per cent of sites no one has enough water for drinking. In 69 per cent of sites, there are no hand washing stations. There have been hygiene/WASH communications in 61 per cent of sites. In 88 per cent of sites, there are no systems for managing household waste. In 74 per cent of sites, there was no WASH related distribution in the last month. In 55 per cent of sites, draining systems function either poorly or very poorly.



The graph beside presents the number and percentage of sites, with different categories of latrine availability (i.e. how many IDPs are present on site for each available latrine). In 29 per cent of sites there are between 1 and 10 latrines for each IDP, while in 19 per cent there are between 11 and 50 IDPs for each latrine. In EPC de Nangua there are 450 IDPs for each latrine, in Centro Agrario de Namuapala there are 1,417 IDPs for each latrine, and in 25 de Junho there are 2,821 IDPs for each latrine. In 5 site (12% of the total) there are no latrine.



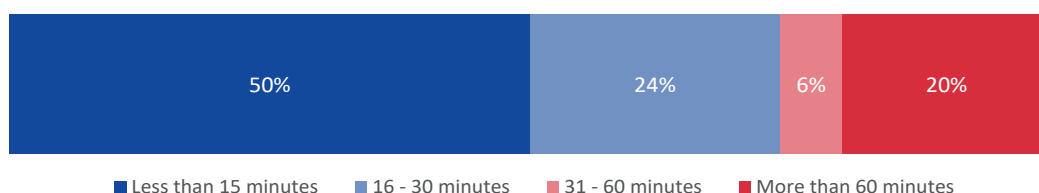
Eighty-eight per cent of sites have received a food distribution in the last month. In 48 per cent of sites, the majority of IDPs have access to farming lands. In 45 per cent of sites, households have received agricultural inputs from a distribution. Of those sites where the majority have access to farming land, in 42 per cent about half of households are actively working their farmland, and in 26 per cent most of the households are working their land. In 23 per cent of sites, households own livestock, though in only 3 sites does more than half of the households own livestock, in all of Cabo Delgado.



In 95 per cent of sites, the first course of action when family members get sick is to go to a health facility. In 62 per cent of sites, IDPs have access to a hospital, in 29 per cent access to mobile brigades, in 12 per cent ambulance services, and an on-site clinic in 5 per cent of sites. In 65 per cent of sites, the majority of women give birth in health facilities, while in 26 per cent the majority give birth at home with the assistance of midwives. In 83 per cent of sites, the majority of women seek out a health professional in the course of their pregnancy. In 81 per cent of sites, IDPs are aware of HIV support services, and in 83 per cent they are aware of Tuberculosis support services. In 38 per cent of sites, IDPs have been presenting symptoms of diarrhea or vomited. Overall, IDPs are satisfied with the provision of healthcare in 40 per cent of sites in Cabo Delgado.



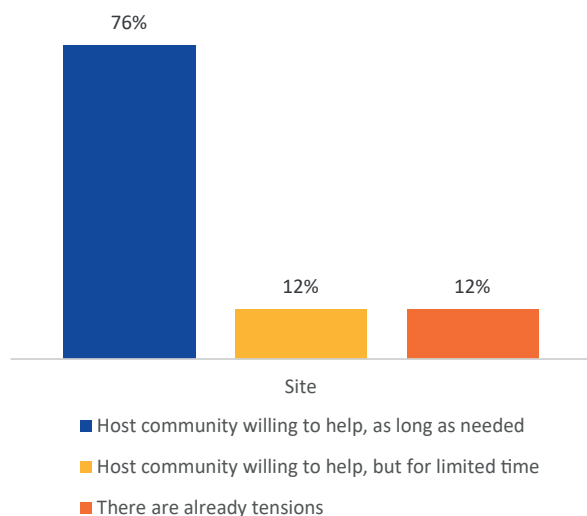
In 81 per cent of sites, the majority of children have access to schools/education facilities. In 71 per cent of sites, the school facilities are functional. The two greatest barriers to education are schools being physically inaccessible, and a lack of school materials. In those sites where children are attending school, on average 55 per cent are enrolled and attending education. The graph below shows the distance to school facilities for the sites in Cabo Delgado province.





Protection

There are no police stations or security posts in 71 per cent of sites. There are no child friendly spaces in 90 per cent of sites. In 95 per cent of sites communal, facilities are not lit. In 74 per cent of sites, there is a security provider/mechanism to ensure the safety of IDPs. In 74 per cent of sites, there is a referral mechanism for GBV survivors.

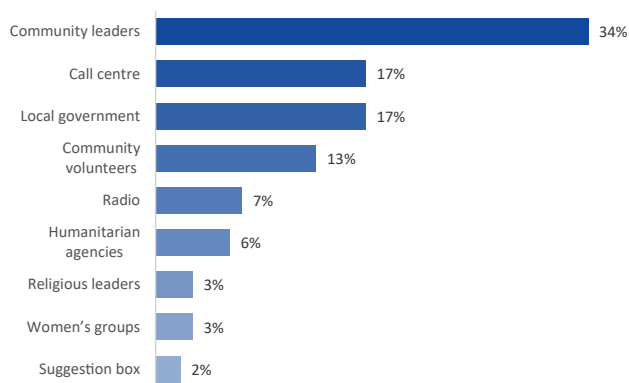


In 24 per cent of sites, there is a support mechanism for the psychosocial needs of the population. In 76 per cent of site, the host community has said that IDPs can stay as long as is needed. In 12 per cent of sites, there are already tensions between the IDP and host communities (sites: Eduardo Mondalane, Nanjua A, Ngalane, Unidade, and Chiure Velho). In 97 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 a lack of financial means. In 26 per cent of sites, the majority of IDPs present can neither read or write.

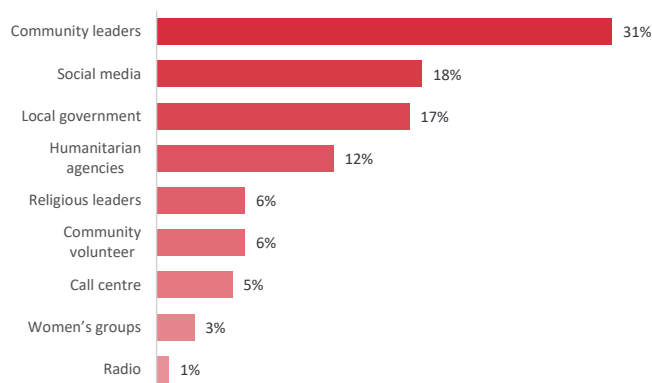


Communication

To communicate with the humanitarian sector, sites report the IDP community uses the following: community leaders, call centers, and local government. When communicating with the displaced community, the humanitarian sector uses the following avenues: community leaders, social media, and local government. There are volunteers present on-site, and have organised social activities for the following sectors: health (45% of sites), WASH (36%), education (21%), protection (19%), nutrition (14%), child protection (12%), GBV (7%), PSEA (5%), and youth (2%).



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

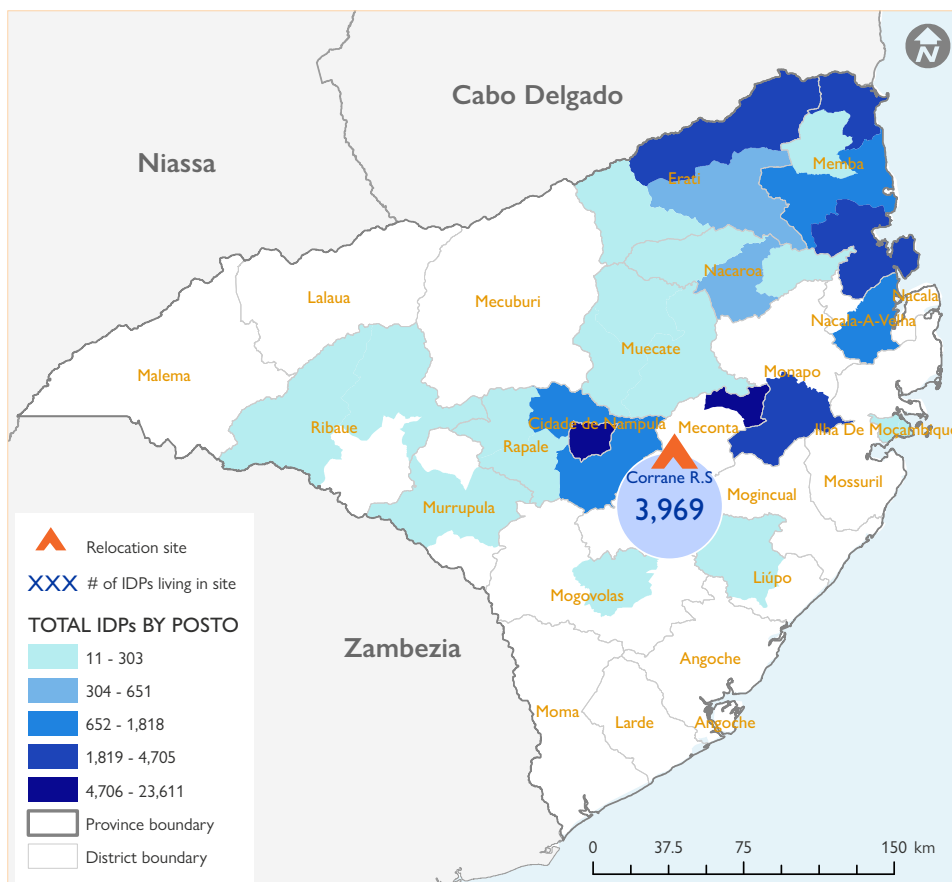


What are the main communication mechanisms used by the humanitarian community to communicate with IDPs, as percentage of total sites



Energy

The main source of cooking fuel is charcoal, in 79 per cent of sites, with the remainder mainly using firewood. Eighty-eight per cent of sites report that the majority of households cook using open fires or three-stone ovens. In 98 per cent of sites, the majority of IDPs collect their cooking fuels individually. In 84 per cent of sites, no one has access to at least four hours of electricity a day. In 16 per cent of sites, around a quarter of the IDPs have access to electricity. No sites have access to space heaters. No sites have access to air conditioning units. In 60 per cent of sites, no one has access to two hours of lighting per night. In 29 per cent of sites, around a quarter of IDPs have access to two hours of lighting per light. The most common light sources are from cooking fuels or from phones. The main problems affecting the use of lighting are the unreliability of electrical power (74% of sites), a lack of individual lights sources (17%), cost of power (14%), and broken equipment (10%).



3,969 IDPs

952 IDP households

1 assessed site (relocation centre)

Corrane relocation site is physically accessible, and not at risk of becoming inaccessible in the event of a natural disaster. It is safe and secure for humanitarian actors to enter the site. Violence due to the insecurity situation in Cabo Delgado is the main reason of displacement for the majority of IDPs. Most IDPs in the site are originally from Mocimboa da Praia. The majority of people were displaced between than 3 and 6 months ago, and do not intend to return.

Demographics

In Corrane relocation site, the IDP demographics are as follows: 17% adult males (671 individuals), 24% adult females (962), 59% children (2,336). There are an estimated 301 infant children (under one year old), and 534 children aged 1-5 years.

Pregnant women	Breastfeeding mothers	Disabilities	Chronic conditions	Unaccompanied Minors	Elderly without carers	Child-headed households	Elderly-headed households
25	0	15	0	0	0	0	24

Priority Needs

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

	Corrane	Corrane	
Food	5	Health	5
Water	4	Education	5
Shelter	5	WASH	4
NFIs	5	Energy	4

COVID-19 Preparedness

Regular hand washing is the most common preventative measure against COVID-19 on site, and IDPs frequently wash their hands. Hand washing stations with soap, have been installed. There have been mask distributions. There are information materials present, and COVID-19 awareness sessions have been held in the past month. The majority of IDPs consider COVID-19 a risk, have information on vaccine access, and wish to be vaccinated.

Shelter

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



WASH

There are functioning latrines on-site, and there is approximately one available latrine for each household, with additional facilities constructed as families are relocated to the site. Hygiene campaigns have been conducted on-site, and the drainage system is described as very poorly functioning. IDPs use hand pumps to access water. Long waiting times for water is a key issue reported by IDPs.



Nutrition

The previous food distribution occurred two weeks before data collection in Round 4. In each case, 100% of households received food in the distribution. In the site, the majority of IDPs do not have access to farmland, and approximately 50% of households are working the farmland, and with around 50% having received agricultural inputs. Furthermore, around 25% of households own some type of livestock (e.g. chicken, goats, pigs, or cows).



Health

When members of the household fall ill, the first course of action is to go to the local health facility, which is an on-site clinic. In the site, most women 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. Residents in Corrane are satisfied with the healthcare services provided.



Education

The majority of school age children have access to school (estimated at 1,137 children). The facility is 31-60 minutes away when walking. It is reported that IDPs with disabilities face significant barriers to accessing education.



Protection

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



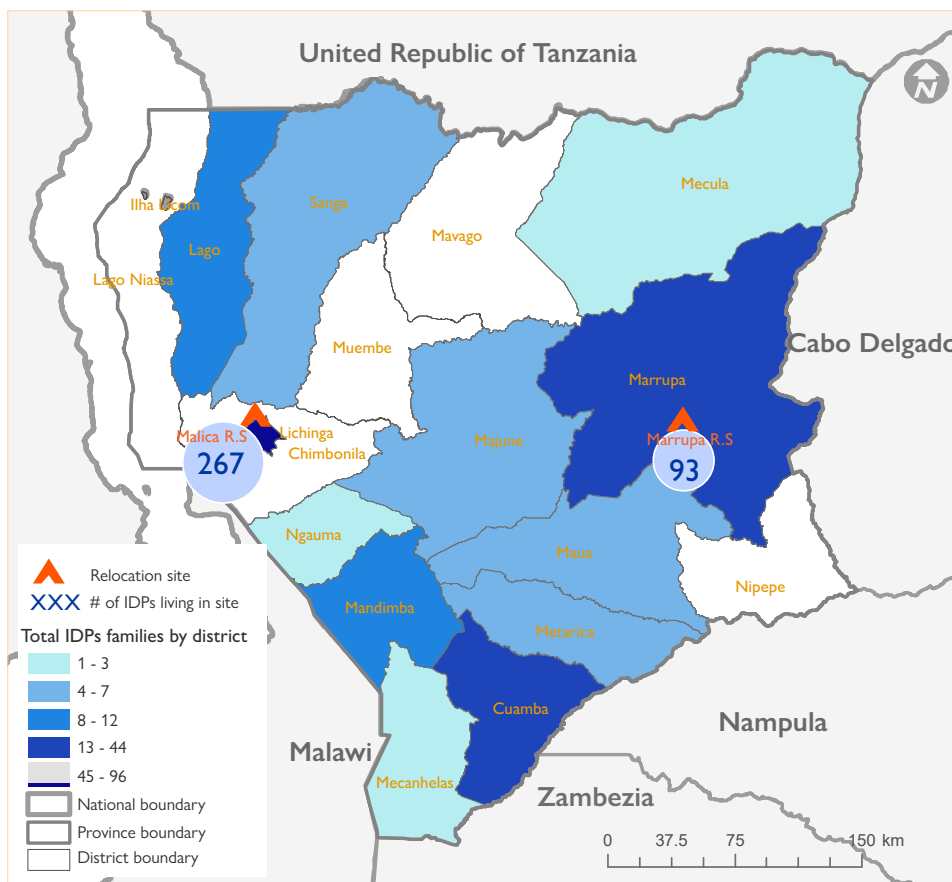
Communication

To communicate with the humanitarian sector, the community uses the following: community leaders, local government, and religious leaders. When communicating with the displaced community, the humanitarian sector uses the following avenues: local government, community volunteers/mobilisers, and religious leaders. Volunteers are on-site, and have organised social activities for the following sectors: Health, Protection, Child Protection, WASH, GBV, PSEA, and Education. It is reported that in the majority of households, no members can either read or write.



Energy

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



360 IDPs

69 IDP households

2 assessed sites (relocation centres)

Malica and Marrupa 2 are relocation sites that are physically accessible, and not at risk of becoming inaccessible in the event of a natural disaster. They are safe for humanitarian actors to enter the site. Violence due to the insecurity situation in Cabo Delgado is the main reason of displacement for the majority of IDPs resident in the site. The majority of people were displaced more than 6 months ago, and do not intend to return.

Demographics

In Malica and Marrupa 2 relocation sites, the IDP demographics are as follows: 24% adult males (88 individuals), 28% adult females (100), 48% children (172). There are an estimated 27 infant children (under one year old), and 42 children aged 1-5 years.

Pregnant women	Breastfeeding mothers	Disabilities	Chronic conditions	Unaccompanied Minors	Elderly without carers	Child-headed households	Elderly-headed households
2	21	4	0	0	0	0	9

Priority Needs

	Very significant	Significant	Slightly significant	Insignificant	Very insignificant	N/a		Malica	Marrupa 2		Malica	Marrupa 2
Food	5	4	3	2	1	0		5	5	Health	5	4
Water								5	4	Education	4	4
Shelter								5	5	WASH	5	5
NFIs								4	5	Energy	4	5

COVID-19 Preparedness

Wearing masks is the most common preventative measure against COVID-19 in both sites. IDPs almost never wash their hands in either site. Hand washing stations have not been installed. There have not been mask distributions. There are no information materials, but COVID-19 awareness sessions have been held in the past month. Most IDPs consider COVID-19 as a health risk, have information on vaccine access, and wish to be vaccinated.

Shelter

In Malica, all IDP households are sleeping in emergency shelters, while in Marrupa 2 68 per cent are in emergency shelters and the 32 per cent in permanent shelters. Shelter assistance has been received in both sites. The most significant needs are for shelter upgrade assistance, technical support, and emergency shelter assistance in both sites. The most significant NFI needs in both sites, are for blankets, sleeping mats, kitchen sets, buckets, and clothes



WASH

There are functioning latrines on-site, and there is one available latrine for every six households. There are no hand washing stations in Malica, while in Marrupa 2 the stations have no soap. Hygiene campaigns have been conducted in both sites. The drainage system is described as very poorly functioning in Marrupa 2, and more-or-less functioning in Malica. IDPs use hand pumps and tanks to access water. There is one water source per site.



Nutrition

Food distributions have been received in the last month, and the last food distribution occurred two weeks before data collection in both sites. Almost all households received the distribution. In both sites, IDPs have access to farmland, and approximately 50 per cent of households are working the farmland. In Malica around 50 per cent of households work their land, while in Marrupa 2 only around 25 per cent do. No one owns livestock.



Health

When members of the household fall ill, the first course of action is to go to the local health facility, which is an on-site clinic. In both 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 healthcare services provided. There are no cases with symptoms of diarrhea and/or vomiting.



Education

In both sites, the majority of school age children have access to school (but in Malica there are no children attending school). The facility is less than 15 minutes away in Malica, but 31-60 minutes away from Marrupa 2. It is reported that IDPs with disabilities face significant barriers to accessing education.



Protection

There are no functioning police posts on either site, and are no child-friendly spaces. There are security providers or mechanisms present for the safety of residents in the sites, and referral mechanisms for GBV survivors. Communal facilities are not lit. The host communities have indicated that they are willing to provide help to the IDPs in both sites for as long as is needed. It is reported that the majority of households in both sites have no legal documentation, and households do not have the financial means to replace the documents.



Communication

To communicate with the humanitarian sector, the communities use the following: community leaders, local government, and community volunteers/mobilisers. When communicating with the displaced communities, the humanitarian sector uses the following avenues: staff from humanitarian agencies, community leaders, and local government. Volunteers are on-site only in Marrupa 2, and have organised social activities for the following sectors: WASH, Health, Protection, and GBV. It is reported that in the majority of households in both sites, no members can either read or write.



Energy

The main source of cooking fuel is firewood, and most households cook using open fires or three-stone ovens. In Malica around 75 per cent of IDPs have access to at least four hours of electricity a day, but only 25 per cent in Marrupa 2. Malica is connected to the national grid. No one has access to heaters or to air conditioning. Around 50 per cent of households in Malica have access to at least two hours of lighting inside their shelters each night, but only around 25 per cent in Marrupa 2. The lack of individual light sources and the cost of power are the main barriers. In Malica, around 75 per cent of the site has adequate lighting in communal spaces, but no areas in Marrupa 2. Street lamps light the latrines in Malica, while in Marrupa 2 IDPs use torches.

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