In response to the need for up-to-date and reliable information on the conditions of internally displaced persons (IDPs) in Cabo Delgado and Nampula due to the impact of the Cyclone Kenneth, the Displacement Tracking Matrix (DTM) was activated in April 2019 in Cabo Delgado and Nampula provinces and carried out by the International Organization for Migration (IOM) in collaboration with the National Institute for Disaster Management (INGC).

What is the DTM?

The DTM is an information management system set up by IOM in order to regularly track the locations, numbers and needs/vulnerabilities of populations on the move and disseminate information to relevant actors (whether national or international) to the ends of informing targeted interventions. In Mozambique, the following methodologies are employed: 1) site assessments; 2) Baseline Assessment and 3) a complementary registration module. The former entails interviews with Key informants (KIs) and focus groups with representatives of segments of each community assessed (including those with vulnerabilities such as women and the elderly). The latter involves registration of families as reported by the heads of household. The data captured in the registration module serves to obtain an accurate sex and age breakdown per household, as well as to report any persons with vulnerabilities in each. The estimates obtained through the KIs and focus groups, then, are verified through the registration module. All information collected is verified through direct observation of field staff. The DTM is a systematic assessment tool rolled out on a 4-week basis in Mozambique in order to produce a continuous picture of the evolving needs/vulnerabilities of IDPs.

The data in this report was collected between 20 and 26 August 2019 and reflects a variety of information on the displaced populations in the cyclone Kenneth affected areas including numbers and locations of displaced persons, demographic data on these populations, period of displacement and relevant multisectoral needs. The report provides detailed information on data collected in displacement sites and localities with IDPs in the provinces of Cabo Delgado and Nampula. Detailed site profiles are also available. All individuals identified in this DTM round are IDPs. See Figure 1 for precise locations and names of the assessed sites.
HIGHLIGHTS / KEY FIGURES

24,036 IDPs in ~5,200 families were identified in the assessed locations during this round.

Below is a breakdown of the number of IDPs and families identified by type of accommodation and their respective percentage in the assessed districts:

- ~8,255 IDPs (1,973 households) are currently accommodated in Resettlement Sites (39%);
- 334 IDPs (66 households) are in Transitional Centre (1%).
- 15,447 IDPs - (resident populations whose homes were affected by shelter damages and have left locality but not yet returned/leaving with host communities/went to new community) out of accommodation centres/ resettlement sites (60%).

- It is estimated that 75% of the identified population was displaced between April and June, while the remaining population was displaced on July 2019.

- In all resettlement sites including the recently established, IDPs reported they intend to establish themselves in the current place of accommodation and not return to their areas of origin.

IDPs in Chuiba Transitional Centre are waiting for land identification from the government for resettlement. The proposed site is a private cassava farm land and can only be used after harvesting as such, there is no clear time frame for resettling the IDPs at Chuiba accommodation site.

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Site Name and Type</th>
<th># of IDPs R5</th>
<th># of HHs R5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nampula</td>
<td>Memba</td>
<td>Machicale (RS)</td>
<td>3,273</td>
<td>817</td>
</tr>
<tr>
<td></td>
<td>Memba</td>
<td>Chabala 2 (RS)</td>
<td>2,280</td>
<td>568</td>
</tr>
<tr>
<td></td>
<td>Memba</td>
<td>Mazuale (RS)</td>
<td>780</td>
<td>178</td>
</tr>
<tr>
<td></td>
<td>Erati</td>
<td>Erati (RS)</td>
<td>~1,300</td>
<td>263</td>
</tr>
<tr>
<td>Cabo</td>
<td>Pemba</td>
<td>Chuiba (TC)</td>
<td>334</td>
<td>66</td>
</tr>
<tr>
<td>Delgado</td>
<td>Metuge</td>
<td>Tratar (RS)</td>
<td>622</td>
<td>147</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>8,589</td>
<td>2,039</td>
</tr>
</tbody>
</table>

Table 1: Breakdown of IDPs per Assessed Site - fifth round (August 2019)

TC: Transitional Centre | RS: Resettlement Sites

POPULATION PROFILE*

There are more females than males in the assessed population — **52% females** and **48% males**.

Around **4% of the population is constituted by elderly persons** (60 years of age or older).

The average displaced **household size is 5 people/family**.

33% of households are **headed by women**.

* These demographics breakdown are estimates based on national standards of the National Institute of Statistics (INE), as not in all locations was possible to register families
Shelter and NFI

According to the KIs interviewed, in all sites, more than 75% of the IDPs have a covered shelter—whether in the form of tents or individual/private housing, made from various materials (from tent, bamboo-walled and mud-filled, with grass cover and locally available materials). For Tratara resettlement site Ayuda en Accion is working on shelter model design to be built for all families resettled that area. Families received tarps, tents, mosquito nets, Cooking set, ropes and hygiene kits.

Water, Sanitation and Hygiene (WASH)

All assessed sites cited having access to a water source; whether on or off-site, which is between 10-30 minutes away by foot. However, there are still problems in the water, sanitation and hygiene sector. IDPs reported that the number of drinking water sources does not meet actual needs. It was reported that at all sites people had access to more than 15 liters of water per person per day (including drinking and bathing water).

The main sources of water mentioned are: 1) manual pumps; 2) open wells and 3) water truck supply systems in Chuiba transitional centre and Tratara resettlement site.

There is need for additional water point and perhaps reset the water points depending on topographic data in Tratara. Only Chabala 2 has safe water, Machicau has two boreholes with salty water and one open water well with high turbidity, there is need to scale up WASH response more specifically safe water supply and purification, Mazuera has no water source. Sensitization and hands-on Minds-on demonstration on how to do small scale water purification.

In most of the sites, IDPs mentioned that hand washing is a common practice and that there are handwashing stations installed near the latrines.

Hygiene promotion campaigns were reported in all site and with the involvement of local communities.
**Food, Nutrition and Livelihood**

All sites reported that there was access to food through distribution except in Mazuale resettlement site, which is still unhabited, families are cleaning the plots and some started to build their houses. This resettlement site is for families residing in high risk flood areas of Mazuale.

In some sites IDPs have started to employ secondary sources/alternative strategies for obtaining food such as: 1) “food for work”, done among members of the community (ganho-ganho); 2) farming; 3) casual daily work (“biscatos”); 4) Unskilled labor; 5) Small Business and 6) Fishing.

**Education**

All sites reported having regular access to education for children and young people in school age in schools that are at distances ranging from one to three kilometers.

However, in the newly established resettlement site of Machicale ad Chabala 2 in Memba district, IDPs reported that access to education facilities for children is very difficult, as the nearest primary school is about seven five kilometers away and there is no on-site transportation.

In the recently established resettlement sites, children have been placed in existing schools and have attended classes regularly, although their official transfers have not yet been regularized. However, there was an agreement by the district government and local education authorities to process the transfer procedures while the children attend school.

**Protection**

In all sites assessed, they reported an existence/access to some sort of security, mainly self-organized by the members of the community. In general, at all assessed sites, IDPs report that all men, women and children feel safe. However, there is a lack of knowledge on the mechanisms to report/refer protection concerns. The most commonly reported incidents of protection were alcohol or drug-related disturbances and some cases of theft in the tents.

Installation of new/additional lights in common spaces (water points, latrines, washing facilities and other public spaces) is one of needed action raised by the IDPs.

**Health**

At all sites reported that IDPs have access to health facilities or some kind of basic medical services in a distance between 3-7 kilometers, or access to some sort of health professional (at least one nurse). In most of the sites, there no quick transport means apart from walking and no health actor at site.

The most reported health concerns are: Malaria, Psychological trauma, Malnutrition/Poor Diet, Swollen feet, Back pain.

**Figure 2: Lighting in a common space-Chuiba site**