

# CABO DELGADO MULTI-SECTORAL RAPID NEEDS ASSESSMENT

## ACCOMMODATION CAMPS AND TRANSIT CENTRES IN METUGE DISTRICT AND PEMBA CITY



**12 NOVEMBER 2020**

# COSACA

Humanitarian Consortium



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## ACRONYMS

AoR	Area of Responsibility
CP	Child Protection
CTC	Cholera Treatment Centre
DRR	Disaster Risk Reduction
ECCD	Early Childhood Care and Development
EPC	Complete Primary School
FTR	Family Tracing and Reunification
GBV	Gender- based violence
HH	Households
IDP	Internally Displaced Person
IE	Inclusive Education
INGC	National Disaster Management Institute
MCH	Maternal Child Health
NSAG	Non-State Armed Groups
PFA	Psychological First Aid
PSEA	Prevention of Sexual Exploitation and Abuse
PSS	Psychosocial support
RUTF	Ready-to-use Therapeutic Food
SGBV	Sexual and Gender-based Violence
TLS	Teaching and Learning Support
TMG	<i>Técnico de Medicina Geral</i> – general medical practitioner
TMPSM	<i>Técnico de Medicina Preventiva e Saúde Mental</i> – general medical practitioner focused on prevention and mental health support
UASC	Unaccompanied And Separated Children



Paquetequete Arrival and Transit Centre, October 2020

## BACKGROUND

The humanitarian situation in Cabo Delgado province, Mozambique, has deteriorated rapidly since the start of 2020. Cabo Delgado has been facing violence and insecurity by non-state armed groups (NSAGs), since October 2017. There have been over 600 violent attacks on communities in 11 of the province's 17 districts, which have included sexual assaults, beheadings, village raids, summary executions, kidnappings, looting and destruction of infrastructure including schools and health centres. The fighting has left more than 1,500 civilians dead. As a result, 368,000+ people from Cabo Delgado are now estimated to be internally displaced, some of whom are hosted in the provinces of Nampula, Zambezia and Niassa, according to IOM/DTM data and the government's National Disaster Management Institute (INGC).<sup>1</sup> The majority of internally displaced people (IDPs) are children, followed by women, and there are more than 710,000 people requiring emergency assistance.<sup>2</sup> Additionally, the province was struck by one of the continent's largest cyclones on 25 April 2019 (Cyclone Kenneth) that affected nearly 385,000 people, and resulted in an estimated 35,000 houses being completely or partially destroyed.<sup>3</sup>

The cyclone combined with ongoing insecurity and the emergence of COVID-19, has created a complex humanitarian crisis. It is anticipated that the combination of school closures, the collapse of living standards and the loss of livelihoods may create increasing risks for vulnerable populations including girls, boys and children with disabilities. COSACA anticipates an upsurge in child and forced marriages and increased risk of sexual and gender-based violence (SGBV) for girls and women. Additionally child labor is considered to be growing risk for boys, as is recruitment into armed insurgent forces.

The COSACA Consortium (CARE, Save the Children and Oxfam) conducted a multi-sectoral rapid needs assessment from 20-23 October, 2020. The assessment was conducted in three accommodation centres in Metuge district, and in an IDP host community and the main IDP Arrivals and Transit Center in Pemba City, the latter of which is primary entry point for the IDPs fleeing by boat.

In August, 2019, Metuge district received their first 30 IDPs from Macomia. During the first three months of 2020, an additional 3,000 arrived from the districts of Muidumbe, Mocimboa da Praia, Nangade and Macomia. Since March 2020 the influx of IDPs has grown as the insurgency attacks have increased within the province. Over 10,000 IDPs arrived into Pemba's Arrivals and Transit Center between the 6 to 26 October alone. As noted in the OCHA situation report of September 2020 an estimated 710,000 people are facing severe hunger, including IDPs based in camps or with host families.<sup>4</sup>

Over the week of 16-23 October, an estimated 7,402 internally displaced persons (IDPs) arrived in 27 boats into Paquitequete in Pemba, 40% of whom were children.<sup>5</sup> During the last census in 2017, Pemba had an approximate population of 200,000 and since then, an estimated 100,000 IDPs have passed through the city seeking refuge. Their arrival either by boat or on foot<sup>6</sup> has added additional stress to services and on host community families.

The multi-sectoral assessment conducted by COSACA was designed to provide a snapshot of the current needs of both the IDPs, and their host communities. Additionally it was designed to provide

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<sup>11</sup> <https://clubofmozambique.com/news/ingc-368000-people-displaced-in-northern-and-central-mozambique-171465/>

<sup>2</sup> Human Rights Watch: <https://www.hrw.org/news/2020/10/14/eu-counterinsurgency-aid-mozambique-should-help-protect-rights>

<sup>3</sup> Reliefweb: <https://reliefweb.int/disaster/tc-2019-000038-moz>

<sup>4</sup> OCHA Situation Report, 10 September 2020

<sup>5</sup> IOM Displacement Tracking Matrix, 23 October 2020

<sup>6</sup> Center for Democracy and Development: <https://cddmoz.org/wp-content/uploads/2020/10/Maputo-continua-de-bra%C3%A7os-cruzados-perante-o-sofrimento-humano-em-Cabo-Delgado.pdf>, 23 October 2020

recommendations for the COSACA consortium, and other humanitarian organizations providing essential services to the impacted areas.

## METHODOLOGY

The COSACA Consortium (Save the Children, CARE and Oxfam) conducted a rapid needs assessment from 20 – 23 October 2020. It was designed to provide a multi-sectoral analysis of the humanitarian situation in Cabo Delgado. The assessment team was headed by five COSACA technical experts covering the following sectors:

- Child Protection
- Gender
- Health and Nutrition
- Education
- Food Security and Livelihoods (FSL)
- WASH

The team conducted the assessment in the following locations:

- IDP Camps, which are all situated in Complete Primary Schools (EPCs) in Metuge district:
  - EPC Manono
  - EPC 3 de Fevereiro
  - EPC 25 de Junho
- Natite host community in Pemba
- Paquitequete Arrival and Transit Centre in Pemba

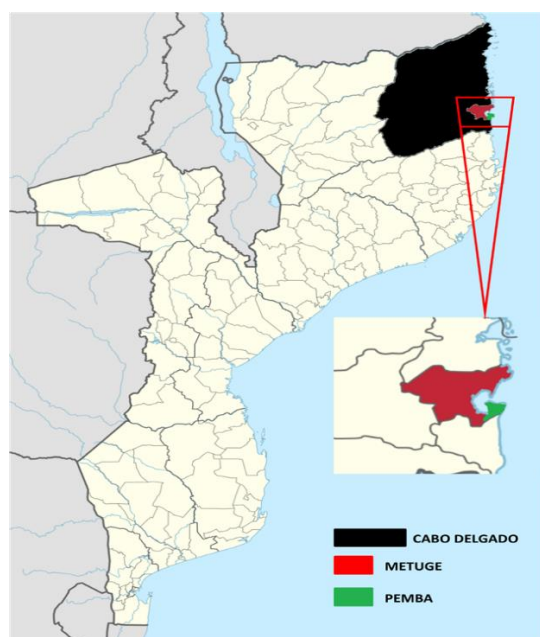


Table 1: Population of the IDP accommodation centres at the time of the assessment team visit

District	IDP Settlements	Number of Families (as reported by GoM)	Number of IDPs (as reported by GoM)
METUGE	EPC 3 de Fevereiro	796	3,156
	EPC de Manono	1,821	7,215
	EPC 25 de Junho	2,823	12,583
	TOTAL	4,844	20,232

The assessment methodology consisted of three components:

- Site observations in all IDP camps, Natite host community and the Paquitequete Arrival and Transit Centre
- Interviews with 7 focus groups in Manono IDP camp; 3 de Fevereiro IDP camp; and in the Natite host community, as well as informal discussions with individual IDPs. All 5 of the technical specialists were present for the FGDs, which were with the following target groups:
  - children
  - women, including those who were pregnant
  - men
  - adolescents
  - students
  - teachers
  - community leaders
  - local traders
- Meetings were also conducted with other organizations and government authorities, particularly in 25 de Junho IDP camp and the Paquitequete Arrivals and Transit Centre. Discussions were held with:
  - Pemba City Director of Education
  - MSF at temporary health clinic the 25 de Junho IDP Camp
  - Metuge Districts Hospital
  - Technical staff from the Provincial Directorate of Gender, Children and Social Services
  - IOM Child Protection services at the Paquitequete Transit Centre
  - Participants at the FSL Cluster Meeting
  - COSACA staff based in the province

For the gender section of this report, the team used findings and recommendations from prior gender assessments across various locations in Cabo Delgado (CARE in February 2020, May 2020 and July/August 2020).

## SUMMARY OF KEY FINDINGS

The following are the key findings from the 3 IDP camps in Metuge district, and the Natite host community and the Paquitequete Arrival and Transit Centre in Pemba. Going forward it will be important to conduct similar needs assessments for the other districts in Cabo Delgado, Nampula, Zambézia and Niassa where other IDPs are presently situated to ensure a more tailored response.

### Protection/ Gender:

#### Child Protection:

- Once identified, children who are unaccompanied or have been separated from their families are kept separately in pre-identified temporary homes or in a privately run daycare centre while the family tracing processes are taking place. The government has a policy to house children in foster homes if their families cannot be located.
- Children, in particular, are in deep distress and are in need of mental health and psychosocial support (MHPSS); some have lost family members including brothers and sisters.
- Discrepancies exist between cultural practices and the formal legal parameters around the age at which child is considered to be an adult. As a result, girls aged as young as 10 can be exploited physically and sexually and boys trafficked for labor and recruitment into the armed forces.
- IDP children are exposed to several hazards in and around the school grounds where they are being accommodated in camps; they do not have safe places to play and lack toys and recreational materials.
- There has been a reported increase in adolescent pregnancies and child marriages.

#### Gender:

- Women also are in deep distress and are in need of mental health and psychosocial support (MHPSS); IDP families have lost nearly everything they own and some have lost family members, including sons and daughters.
- IDP families in camps are living in deplorable conditions, including some are sleeping outside due to the lack of available shelter (tents, tarpaulins, space in the classrooms); many are staying near trash pits and latrines. For those staying in tents, the assessment team estimated an average of 8 to 12 IDPs living in each tent, reducing privacy, increasing the risk of disease transmission and sexual exploitation.
- When household food rations are reduced (due to increased IDP arrivals, delays in registration) women generally are the most impacted as they reduce their consumption to prioritize men and the most vulnerable family members, including children.
- The lack of designated safe bathing areas for women and girls has led to increased vulnerability to sexual exploitation and abuse; the lack of lighting around latrines at night increases the risks for women and girls.
- GBV prevention services have been low and access to confidential services poor. While the *Linha Verde* hotline is available, many women are either unfamiliar with how the hotline functions, do not have access to phones, or remain uncomfortable reporting incidents. Existing services provided by state actors are poor, as staff have not been adequately trained to manage IDP issues, and are required to cover large areas with insufficient transportation options. IDPs also do not have access to transportation to bring them to services. Culturally, many rely on men such as community leaders and police to resolve GBV issues. This approach limits the provision of adequate health and psychological support for women and girls and leads to the underreporting of needs.
- Traditionally, women and girls have little control of over assets and decision making in family settings, and intimate partner violence is not uncommon.

- Gender parameters vary considerably within the IDP and host communities, including differing characterizations of when children are considered to be adults; for example, when girls are considered as being culturally eligible for consensual sex and marriage, and when elderly residents are identified for increased rations and reduced duties. Likewise, age has a bearing on roles and responsibilities for boys aged 10-18 years.
- A separate assessment that covered Pemba and Metuge also indicated pervasive and perhaps problematic views about masculinity, for example, a widespread view that boys cannot become men until they start having sex and earning money (meaning that if there are financial incentives to join the armed groups there is a possibility this could influence them). Further, views about female roles in Cabo Delgado place women at a disadvantage, including beliefs that women should “obey” their husbands. A considerable number of respondents indicated that it is acceptable for husbands to beat their wives in some cases.<sup>7</sup>

#### Health and Nutrition:

- Most of the IDPs are severely dehydrated when they arrive, often suffering from diarrheal diseases including cholera.
- The majority of children who are identified as acutely malnourished at the health post when they arrive never report to the Provincial Hospital or the Paquitequete Health Centre for follow-up and treatment as recommended. Children from host families are likewise at risk of poor nutrition due to the need to share their meager rations with displaced families.
- Each of the 3 IDP camps that were visited had health posts with permanent clinicians and a roving MCH nurse who, due to workload, irregularly covers the three IDP camps. The health post at 25 de Junho is an ‘advanced’ health post and provides ART and TB treatment as well.
- Pregnant women and mothers / caregivers were not seeking prenatal consultations and routine child health services (vaccinations, growth monitoring) due to the fear of missing distributions by humanitarian organizations during their absence from the camps.
- High numbers of people in host households and in tents in the IDP camps present a risk for the spread of diseases, including COVID-19, cholera and malaria.

#### Education:

- With the influx of IDP children, the ratio of teachers to children has increased to over 1:100. Additional teachers and supplies are needed to accommodate the extra children while adhering to the COVID-19 prevention regulations.
- Many IDP children have lost all their school materials and will need these replaced prior to starting school.
- IDPs living in the schools will need to be relocated to allow for the schools to be rehabilitated and prepared for initiating classes in early 2021.

#### Food Security and Livelihoods (FSL):

- IDPs in camps have been receiving food rations once per month. Many claim that they have had to share their rations with new arrivals, and also reported they have had to sell some of the food received from WFP to cover their other basic needs. IDPs stated that they have had to reduce their daily meals from 3 meals to 2, as well as reduce the quantity of food consumed per meal in order to make rations last.
- In Natite host community, IDPs and host families complained of a lack of food, despite the authorities having reported that the community has received WFP food deliveries and vouchers. This may be in part due to the combination of the rapid influx of IDPs and the long delays in

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<sup>7</sup> CARE Masculinity Assessment: July-August 2020.



registering them (typically a month or longer), which then makes the IDPs eligible for receiving humanitarian support.

WASH:

- The wash facilities and temporary latrines do not provide adequate privacy; there is no lighting at night making the latrines dangerous for women and girls.
- The school and most temporary latrines at the IDP camps are full and will likely overflow or collapse when the heavy rains start, posing a serious health threat to the IDPs.
- There is insufficient water in the camps and in the Natite host community, with some household members having to wait 3 hours or more to collect water every day. There have been reported disputes about water between communities and IDPs.



approximately 8% of IDPs who require special assistance are children who have been separated from their families<sup>8</sup>.

Government sources stipulate, as of early October, Metuge district had a total of 13,005 IDP families. These families are comprised of 56,616 people (12,705 males, 15,233 females (338 were pregnant) and 28,678 children). 679 of the IDPs in Metuge district were elderly<sup>9</sup>. Authorities expect an additional 10,000 more IDPs to arrive over the next few weeks due to the ongoing attacks. Prior to the arrival of the IDPs, Metuge district had a estimated population of 80,000 people.

The majority of the IDP camps are in and around primary schools, which are characteristically littered with tents, tarpaulins, shelters made of various local materials, and people living in the open air. All centres have inadequate sanitation, and an insufficient supply of drinking water. These centers are situated in areas prone to flooding, which will be problematic once the rainy season begins. Although there are a considerable numbers of latrines divided by sex, the construction materials are poor and do not offer sufficient security; there is no lighting at night, making them dangerous particularly for women and girls. The sanitation storage pits are full and they are not adapted for people with physical disabilities. Children remain highly vulnerable and exposed to numerous risks in and around the sites, including open trash pits. Critical needs remain for children remain, including access to clothing, food rations, birth registration, psychosocial support, and case management for children who have been separated from their families.

Many IDPs are living in poor conditions inside the camps. IDPs complain of the slow registration process upon arrival in the camps, which can take a month or more. There are complaints of insufficient access to food and water, which, along with the lack of adequate shelter, are driving the IDPs to find space in host communities.

Since the team's previous visit in September 2020 three (3) new camps have been hastily established to accommodate the rapid influx of IDPs, especially in Metuge. Of the IDP accommodation centres visited during the assessment in October, the camp at 25 de Junho was the most recently established, which was opened in late September 2020.



IDP site in Metuge District, October 2020

There are also reports that in host communities, such as in Natite in Pemba where IDPs are staying with family members, many households are overcrowded, sometimes accommodating 30 or more people. This has been adding significant pressure on household coping mechanisms and increasing the risk of spreading diseases, including COVID-19 and cholera. It was reported that the number of meals served per day, as well as the quantity of food served at each meal has been significantly reduced in host families in order to help stretch resources, which can have a drastic impact on the growth and development of young

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<sup>8</sup> Protection Monitoring Overview, Metuge, 09/28/2020

<sup>9</sup> 20201009\_CD\_INGC\_Plano de Gestão de Deslocados de Metuge 2020

children. The team had identified several underweight children in the camps and in Natite host community.

The unmet needs in different sectors are evident and in many cases, are due to funding shortages, poor data, and the systems being overwhelmed by the rapidly evolving humanitarian crisis. The situation is likely to worsen and become more difficult to manage with the increase in IDP numbers. The start of the rainy season will likely exacerbate the problems associated with the poor living conditions, including the spread of diseases such as cholera and malaria, and further strain the ability of the government and humanitarian partners to respond.

Organizations providing humanitarian support on the ground to IDPs include Save the Children (COSACA), Care (COSACA), MSF, Red Cross, Ayuda, UNHCR, IOM, WFP, and WHO. The discrepancy in data and the heavy and chaotic influx of IDPs has been creating coordination challenges among responding agencies. To help facilitate coordination efforts, COSACA (CARE and Save the Children), IOM, ICRC and AVSI, led a district wide verification exercise of all IDP families in Pemba district between the months of May and June 2020; in this exercise a total of 5,504 IDP households being hosted by 2,621 host families were registered and verified using a common tool uploaded in KOBO. The assessment highlighted some key aspects of IDPs living with host families in Pemba such as:

- A few cases of host families hosting between 10 to 16 IDP families in one compound
- At least 20 IDP families found to be living in the open with no access to adequate shelter
- Of the 2,621 host families interviewed, 71% reported not being able to support IDP families in the long term.

The INGC has established an action plan<sup>10</sup> designed to support the IDPs, which includes the identification, demarcation and clearing of land parcels; the construction of provisional, basic accommodation; the demarcation and clearing of agricultural plots; and the continued support to the IDPs once they are resettled. According to the government's plan, space for housing and agricultural plots have been identified for approximately 16,000 IDP families in six locations in Metuge (Ngalane, Intocota, Pulo, Nangoro, and Mieze). A major concern for the new resettlement sites has been ensuring access to basic conditions, including water, schools, and housing, and time is short as the rains are due to start shortly.

The government has invited the CCCM working group to assess the sites and ensure they are located in areas free of hazards. COSACA, through Save the Children and CARE, have been participating in focus group discussions with community members living in resettlement areas to ensure their willingness to receive IDPs, and help facilitate communications to ensure safe resettlement and acceptance of IDP families.

## PROTECTION / GENDER

All IDPs who arrive are highly vulnerable, but of these, women and children are the most at risk of abuse and exploitation. The prevailing harmful gender norms amongst the IDP and host communities vary somewhat, but overall, disadvantage women and girls most, while boys are also subject to the promotion of harmful masculinity norms that can drive them into dangerous situations, including joining the insurgency.

IDPs who are children are a very vulnerable segment of the population and have numerous needs include clothing, food, birth registration, psychosocial support, and in some cases, support for family tracing and reunification (FTR).

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<sup>10</sup> 20201009\_CD\_INGC\_Plano de Gestão de Deslocados de Metuge 2020

Unaccompanied children who arrive at the Paquitequete Transit Centre are separated out and brought either to pre-identified temporary host families, or to a privately operated day care centre in Pemba until a host family can be secured, which is usually within 1 to 2 days. Save the Children and AVSI have been working in collaboration with the provincial and Pemba City Directorates of Gender, Children and Social Services to conduct mappings of potential host families. AVSI, who supports these services in Pemba City, has completed the mapping in Pemba, while Save the Children is in the process of finalizing the mapping of host families in Metuge district. When the children arrive, the community leaders are called to meet the children at the Transit Centre and bring them to their host families. None of the families are compensated for hosting the children, which can create economic strain on the households.

For reporting ongoing child protection and other concerns, help desks have been established in some of the larger camps. Those managing the help desks have been trained to offer basic psychosocial support and can refer individuals to the services that they need, which include legal support, health services, and services for children who have been separated from their families. According to the Protection Cluster meeting minutes of 18 October, the UNHCR has established a protection desk in 25 de Junho and Nangua camps, which includes disseminating information about *Linha Verde*<sup>11</sup> although most families do not have access to cell phones.

Various partners have agreed to ensure the provision of continuous support at the help desks.

According to *Linha Verde*, between 16 August and 15 September, 565 cases were registered from Cabo Delgado, of which 321 (57%) of the calls came from Pemba City. 45% of the calls registered were complaints or negative feedback and 36% were requests for assistance (food, NFIs, money, services). Over the period, no cases of Sexual Exploitation and Abuse (SEA) or gender-based violence (GBV) had been reported, although it is possible that people do not feel comfortable reporting such cases.

In line with the *Linha Verde* report, the women in the FGDs stated that there have not been any cases of violence or other child rights violations in the camps or host community. It is possible that they did not feel violations rose to reporting standards, they weren't clear how to report cases, or were uncomfortable reporting cases as such actions might have negative repercussions for the individuals issuing the complaints as well as the individuals being reported. People stated that they did know how to report cases of child protection violations and indicated the police and community leaders as the main source of support if cases were to arise. The children of IDPs stated that they have been receiving information about COVID-19 through radio broadcasts and their parents. Adults stated that they understood the importance that children have recreational activities and toys to keep them occupied.

Women are also in need of psychosocial support; not only have some lost family members, including sons and daughters, but they continue to face dangers including sexual exploitation and abuse. The crowded



IDP camp at EPC 25 de Junho, Metuge district, October 2020

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<sup>11</sup> *Linha Verde da Resposta a Emergencia* is a toll-free inter-agency hotline (1458) accessible between 0600-2100 hours 7 days a week. Disaster-affected population can request for information as well as to report their concerns relating to the humanitarian assistance. It also receives reports on sexual exploitations and abuses.

living conditions in the camps and host communities means women have little privacy and face risks while bathing or using the latrines during night.

When food rations are scarce, women and girls are typically the last to eat, which is particularly dangerous for pregnant women and their unborn children. Low blood iron levels from poor diets and menstruation can put women and girls at a higher risk of morbidity and mortality if they contract serious illnesses.

GBV prevention services and avenues to report cases at the camps and host communities have not been widely available. While the hotline, *Linha Verde*, is an option for reporting cases anonymously, as noted above, many women do not have easy access to phones. They are unfamiliar with this type of support service and additionally, they may not feel comfortable reporting incidents, particularly over the phone as they do not know who is on the other end and if/how their information will be kept confidential. Existing services provided by state actors are not sufficient for ensuring adequate case management. Even when cases are referred to the designated referral health, legal and social services, the IDPs lack transportation options to access the services. The government staff designated to provide counselling and support have not been trained to manage IDP-specific concerns and do not have adequate transportation to cover the large areas under their purview. Culturally, such cases are often resolved with the involvement of community leaders and occasionally, the police, but this can become more complicated as community members are split apart and integrated into host communities. The lack of easily accessible and viable options for IDPs to report their issues leads to underreporting of cases, including SGBV and SEA incidents involving women and girls.

Culturally, many women and girls lack control of assets and decision-making power, and accept the harmful gender norms that make certain levels of violence and abuse acceptable in intimate relationships. Women are indoctrinated in the belief that they should obey their husbands and a considerable number of female respondents indicated that it is acceptable for husbands to beat their wives in some situations.<sup>12</sup> The perceptions in communities around gender roles and ages also differ; for example, when girls are considered to be ready for consensual sex and marriage vary, but for the most part, are much younger than the 18 years stipulated by law. As well, there tends to be differing definitions of when a person is considered to be elderly, and therefore identified for increased rations and reduced duties. Age also has a bearing on the expected roles and responsibilities for boys, aged 10-18 years.

In a separate gender assessment that included Pemba and Metuge, harmful masculinity gender norms were cited, including, for example, a widespread view that boys cannot become men until they start having sex and earn money, which can put the safety of adolescent girls at risk and increase the incidence of adolescent pregnancies. The toxic views of masculinity, including the notion that real men are tough and powerful, could create an incentive for boys to voluntarily join the armed groups.

On a positive note, the COSACA assessment noted that there is evidence to suggest that some IDPs in Natite host community have established small business ventures, and IDP and host children, for the most part, have been having positive interactions with each other.

### **Key Protection & Gender Findings**

1. There are several **safety hazards** in the accommodation centres and there are no safe spaces for children to play. The schools where they are currently staying contain disorganized school supplies that could possibly pose health hazards for small children. There are open trash pits and other hazards on the school grounds and nearby rivers could be dangerous for young children. There is insufficient lighting near the latrines posing potential hazards at night, particularly for girls and women. Bathing areas do not provide sufficient privacy.

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<sup>12</sup> CARE Masculinity Assessment: July-August 2020

2. IDP women and children reported that they were **feeling anxious and very distressed/traumatized**; children stated feeling afraid and insecure. Adults noted that children are startled by sudden movements and noise.
3. Some IDPs have lost relatives and nearly all have lost everything that they owned, resulting in a **sense of depression and despair**; the sense of being unsettled and without a routine also adds to their anxiety.
4. The FGDs with adults reported cases where they knew girls from their villages who had been **recruited or kidnapped** to serve as spouses to the insurgents, and boys who were kidnapped to use as fighters for the groups. They reported that men had been decapitated and pregnant women had been attacked and their fetuses had been violently removed. These experiences have had a heavy impact on the mental health of IDPs.
5. Children stated that they wanted **better shelter** because the tents are very hot.
6. Children in IDP camps spend their time playing and are **not engaged in any school activities**. When asked to describe their daily routines, children stated that they performed domestic chores such as cleaning around their homes and fetching water, and they played for the rest of the day. Most have not been doing any school work, nor have they been receiving any guidance or support from schools. There are cases of children who, even before the attacks, were not enrolled in school. This situation is a little different for the IDP children in the host community, Natite, some of whom have been registered and who have been doing exercises distributed by their teachers.
7. Some IDP children said that they are **teased by children in their host communities**; they are called names and children laugh at their situations. “When we went to fetch water, the other children were laughing, saying that we were refugees.” Girls FGD in 25 de Junho accommodation centre.
8. Parents and caregivers face difficulties in dealing with and talking to their adolescent children, particularly about **sexual and reproductive health** issues. The FGD groups mentioned there has been an increase in cases of adolescent pregnancies and child marriages, but there seemed to be the tendency toward this prior to their arrival at the IDP camps because the assessment team encountered several young women and adolescents that already had children. As mentioned previously, many might be cautious reporting child marriages.
9. Of the reported cases of unaccompanied and separated children (UASC), **most are cases of separation**. There are no clear procedures outlined for managing unaccompanied IDP children, although the process of placing them in temporary foster care has been agreed to be the best option rather than to institutionalize them.
10. Children reported cases of physical aggression by the government armed forces for not using masks, aimed at both adults and children. The assessment team noticed that many of them **do not use masks**, either because they forget to use them or they do not have them.
11. Women and girls are **at risk of SGBV and SEA**; bathing areas and latrines are not safe and secure, and crowded conditions in the camps and host communities, in combination with food insecurity and poverty, leaves women and girls more vulnerable. Girls are at risk of early marriages and domestic unions and adolescent pregnancies.
12. Women and girls are typically the last to eat; when food rations are low, women and girls can go hungry to the detriment of their health.
13. The **toxic masculinity gender norms** that are frequently perpetuated could exacerbate the security of girls and put them at risk of becoming pregnant, as culturally, a boy needs to earn an income and have sex before he is considered to be a man.

## Recommendations

### Immediate actions

1. Engage and support the government's Social Services for identifying, registering and supporting UASC, including mapping and placing children in temporary foster care; help establish clear guidance about how to manage IDP UASC cases.
2. Strengthen social service actors at district and health posts to identify and refer SGBV and SEA cases and provide alternative support mechanisms that go beyond cultural or police networks.
3. Provide psychosocial support (PSS) and Psychological First Aid (PFA) to children and their families to alleviate the trauma-related stress and anxiety. Ideally, child-friendly spaces (CFS) are the best solution to help guide children's recovery through engaged and creative play, but due COVID-19, PSS will need to be addressed individually or in very small groups.
4. Unaccompanied children are currently being housed in temporary foster homes and in a privately operated daycare centre in Pemba. It important to establish protocols and procedures to ensure that children are protected in these situations while the FTR is in process.
5. Distribute masks to IDPs so that they can protect themselves and others against COVID 19; NGO and government staff providing services in communities currently have sufficient PPE.

### Medium term actions

1. Conduct awareness raising campaigns on COVID-19, gender based violence, adolescent pregnancies, child marriage, the prevention of family separation, other locally-specific child and gender protection issues, and how to use anonymous complaint mechanisms such as *Linha Fala Criança* and *Linha Verde*.
2. Continue to support the establishment of monitoring and reporting mechanisms (MRM) that are accessible to IDPs and user-friendly, and disaggregate data to highlight child protection and gender-related incidents.
3. Strengthen the capacity of community-based protection systems to conduct awareness raising on child protection issues, and to identify and refer cases.
4. As part of the response to reduce the cases of adolescent pregnancies, parents and caregivers should be supported and trained on parenting skills to help them deal with adolescent issues; advocate for the health authorities to provide Adolescent and Youth Friendly Services for adolescents so they have access to information and family planning.
5. Ensure IDP children have access to education and recreational activities, including distributing school materials and conducting Early Childhood Care and Development (ECCD) activities.
6. Support the coordination and collaboration between partner organizations to ensure comprehensive support to children and other vulnerable IDPs.

## HEALTH AND NUTRITION

Of the 3 IDP centres that were visited in Metuge district (Manono, 3 de Fevereiro and 25 de Junho), all were fairly uniform with regards to their provision of health services. Each was equipped with a fixed health post and a permanently placed *Técnico de Medicina Geral* (TMG). All the clinicians who work at the Metuge accommodation centre health posts are from neighboring Quissanga district; they had mentioned their discontentment at not having received compensation to cover for the costs of their move.

In general, the TMGs provide outpatient consultations for adults and children, including healthy child consultations that are focused on growth monitoring and promotion and nutritional counselling. HIV-related services such as the provision of ART, PMTCT and TB treatment are not yet offered locally with the exception of the health post at 25 de Junho. Patients from the other two accommodation centres need travel to their closest referral health facility to access services that are not available at their health posts.



At the 25 de Junho IDP camp, Doctors Without Borders (MSF) has established an ‘advanced’ health post that provides a complete range of health services and refers to the Matuge Health Center, which is a type II rural health facility.

In addition to the TMG, a maternal child health (MCH) nurse rotates between the health posts, and with the TMG, conducts screening and manages clinical cases, referring complicated cases to the referral health facilities. The *Técnicos de Medicina Preventiva e Saúde Mental* (TMPSM) are responsible for WASH, including the treatment of water in the IDP camps (using granulated chlorine and Certeza), immunizations, and tracking the outbreak of diseases, including assessing the risk levels and compiling the information for the weekly national Epidemiological Bulletins issued by the Ministry of Health.

The health posts receive medicines from the provincial warehouse, which has a sufficient stock of rehydration drugs (Ringer's lactate and 5% dextrose) and PPE (gloves and masks).



The health situation of IDPs, particularly children, has been aggravated by the insufficient quantity of food available. IDPs reported that when they receive rice or cornmeal they exchange some of it for other goods they need. Another contributing factor is the fact that the food is distributed only once per month, meaning they often need to divide the food with new IDP arrivals, making it difficult to make it last until the subsequent distribution. The team was also concerned that the health facilities are not routinely conducting nutrition screening, resulting in many cases of acute malnutrition going undetected, and there is a lack of nutritional supplements.

### Key Health and Nutrition Findings

1. Many children appear to be underweight, likely due to a decrease in the number of meals and the amount of food they are receiving. Of the 23 child health cards that were reviewed during the assessment, 14 children had not attended any consultations to monitor their growth in the last 3 months, and the **children were visibly underweight**. Four of the cards had shown a substantial decrease in weight for age, although not to the point of being classified as being chronically malnourished, and 5 had been classified as acutely malnourished and were receiving Ready-to-use Therapeutic Foods (RUTF).
2. Women are not regularly seeking **prenatal consultations**, vaccinations, and growth monitoring and promotion consultations, due to the fact that pregnant women, mothers and caregivers of children under 12 months don't want to leave their camp to go to the Matuge health center as they are concerned that an NGO may pass by and donate something, and they will miss out.
3. There is a **lack of mosquito nets** for IDPs, which can result in an increase of malaria cases, particularly once the rains start.
4. There is an absence of IEC material on **COVID-19 prevention** and information on the prevention of water-borne diseases.
5. There is **insufficient water** to meet the demand of the people staying at the camps and the surrounding communities, which forces people to walk up to 40 minutes each way to access a water source.

## Recommendations

1. Place MCH nurses at the health posts to ensure regular monitoring of pregnant women.
2. Where needed provided the additional health services through the provision of fortnightly mobile brigades.
3. Distribute mosquito nets to families.
4. Support the mobilization of IDPs and host communities to help support disease prevention and control measures by hanging IEC posters in key locations, distributing hygiene kits, and disseminating key message using megaphones with a focus on improving hygiene practices to reduce the incidence of water-borne diseases.
5. Purchase and distribute locally-made facial masks; consider engaging IDPs in the production of masks as small business ventures.
6. Ensure that acceptable conditions are provided for clinicians working in the health posts who are from other districts, ideally providing them with housing that is close to the camps where they provide services.
7. Provide support to the IDP camp health posts to ensure they have the capacity to manage cases of acute malnutrition, including conducting routine screening, treating uncomplicated cases, and referring severe cases with complications to the referral health centres that have the capacity to intern children and provide therapeutic milks.



Patient beds at the health post  
Paquitequete Transit Centre in Pemba,  
October 2020

## Paquitequete Transfer Center

IDPs from Macomia, Ibo, Mocimboa da Praia and Quissanga arrive at the Paquitequete coast by boat, usually after a perilous 3-to-5-day trip. A health post was established at the arrival point in order to attend the IDPs as soon as they land. The health post has basic medicines and treatment for dehydration, as well as sufficient quantities of PPE (gloves, masks, disposable aprons and boots) for the attending clinicians.

Most of the IDPs who arrive and are treated at this health post have diarrhea. Of the 24 patients who were attended over the previous 24 hours, 18 (75%) presented with diarrhea, including 5 who tested positive for cholera. A Cholera Treatment Center (CTC) is also part of services provided. The reported cases ranged from moderate to severe dehydration, and the severe cases had associated hypoglycemia.

The cholera situation is an ongoing concern as many IDPs are accommodated in the homes of family members in Pemba, and at any time, Pemba may face a cholera outbreak.

## Health and Nutrition Findings at Paquitequete

1. There is a **lack of screens** to separate the male and female patients
2. There is a **lack of IEC materials** to inform IDPs on the prevention of diarrheal diseases and COVID-19
3. There is an association called the Islamic Community of Mozambique (CIMO) at the site, who offer cornmeal porridge with powdered milk and sugar and cookies upon arrival. Other organizations offer water, tea and sandwiches.
4. Health services conduct nutritional screening of children upon arrival and those who are classified with acute malnutrition are referred to either the Paquitequete Health Centre, or for complicated

cases, to the Pemba District Hospital. Unfortunately, **most children are never brought to either health facility for treatment.**

### Health and Nutrition Recommendations

1. Provide screens at the health post to ensure patient privacy.
2. Reinforce social mobilization around measures to prevent and control water-borne diseases and COVID-19, disseminating messages using megaphones.
3. Advocate to include adolescent and youth-friendly services at the health posts so that adolescents have access to information and family planning commodities to reduce the incidence of adolescent pregnancies.

## EDUCATION

Over 140,000 school-aged children are estimated to be among the families who have been displaced by the violence, some of whom have not yet been included or registered in the education system. While both the government and the NGOs reacted quickly last year with temporary classrooms/ tents and materials, many of the schools damaged by Cyclone Kenneth still require repairs. According to a government post-disaster needs assessment in May 2019, almost 47,000 children were out of school due to the partial or total destruction of 526 schools in the province.<sup>13</sup>

Additionally, the armed attacks have caused destruction of more than 100 schools to date, including a teacher-training center. There has been a widespread disruption of education services, depriving teachers and children of safe, conducive teaching and learning environments. Further exacerbating the effects of armed violence is the COVID 19 pandemic. Following the declaration of the state of emergency in March, schools were required to close as a measure to contain the spread of the corona virus. As such, the populations in Cabo Delgado have suffered from Cyclone Kenneth, the armed insurgency, and the COVID 19 pandemic, all of which have had substantial negative impacts on the education system and make the situation highly complex to resolve.

The assessment team noted that whilst the schools at the IDP centres are well constructed and have furniture, the facilities are not sufficient to accommodate the extra burden of IDP children. Teachers do not have the necessary teaching aids, the schools do not have learning materials for students, and the available teaching space will be a concern, particularly due to the COVID-19 student spacing requirements. Additionally, many children will need food and nutrition support in order for them to be able to learn once they return to school.

### Key Education Findings

1. In all visited sites, the **registration of IDP children** in host schools is mandatory; on arrival in Pemba a multi-sectoral team registers children and depending on where the family will be hosted, they are then registered at the nearby school.
2. Some of the children in the host community have been participating in learning activities, receiving printed handouts with exercises.



Classroom currently used by IDPs. Metuge IDP site in October 2020.

<sup>13</sup> Mozambique Cyclone Idai, Post Disaster Needs Assessment, May 2019, Government of Mozambique

3. The large influx of children has **increased the ratio of pupils to teachers**; in Pemba, the number of students to teachers has swelled from 70 students per teacher to over a 100.
4. Teachers need more printed handouts for children so they can continue to learn at home; they also will require teaching materials once schools are reopened.
5. The current **school infrastructure** is not adequate to host the additional IDP children.
6. Most of the IDP centres are located in schools and on school grounds. There is need to **accelerate the relocation process of IDPs** to resettlement areas so that the schools can be rehabilitated, as needed, and can reopen once they are allowed to do so.
7. Teachers are concerned about how they will be able to teach with over 100 children in their classes, particularly given the **COVID-19 restrictions**, when schools are reopened.
8. Teachers are not clear about how they will be able to recover the lost time due to COVID-19 school closures and how they can best help the students to catch up on their curriculum objectives.
9. IDP children have **lost all their learning materials** and accessories and they need these to be replaced in order for them to return to school (books, pens, pencils, bags, etc).
10. The children expressed concern over the **risk of physical harm** from unsafe buildings and surroundings in the IDP centres, including tent ropes, rubbish pits, etc. They were also concerned with health risks at the IDP centres caused by shallow, full and dirty latrines and open pit rubbish dumps.
11. There are **no safe play spaces** for children in the IDP centres especially for the smaller children. Children also do not have access to recreational and play materials.
12. The schools have serious **WASH challenges**, including few or no water taps, shallow latrines, dirty toilets, and no handwashing facilities.
13. Teachers also pointed out that **parents are not very engaged in their children's learning**. They do not come to school to collect the handouts, and some parents do the exercises themselves on behalf of their children.
14. The district services pointed out that some **teachers have not been reporting to their respective duty stations** for work since the schools closed in March, despite the fact that they are expected to mobilize parents, plan lessons, produce and correct handouts, and provide support and feedback to pupils.
15. Some teachers in Metuge have received capacity building training from the Provincial Education Office on how to receive and work with displaced children. However, they **need more training**, particularly on psychosocial support (PSS), child protection (CP), GBV, disaster risk reduction (DRR) and Inclusive Education (IE).
16. Teachers have not received any supervision or support visits from the district to see how they are engaging with children during school closures.
17. Parents have not been engaged in discussions around school reopening plans.



IDP Camp in EPC Manono, Metuge district, October 2020

## Recommendations

### Immediate actions

1. Advocate for the education and district authorities to resettle IDPs away from schools as soon as possible so that all the necessary preparations to reopen the schools can commence.
2. After the IDPs leave, the schools where they were being accommodated will need to be thoroughly disinfected; temporary latrines must be removed and waste storage pits need to be filled. Many schools will need to be rehabilitated where the structures have been damaged so that they can be safe for children when reopened.
3. Provide teaching and learning support, school furniture and WASH facilities at host schools to accommodate the extra pupils.
4. Support schools to ensure they have safe physical and emotional learning environments.
5. Provide support to IDP children, including the provision of learning materials, so that when schools reopen they can fully participate.
6. Support the printing and distribution of handouts for pupils in all schools.

### Medium term actions

7. Support schools to engage parents to help with the planning for safe school reopening processes.
8. Carry out teacher training in PSS, CP, DRR, IE, large class management, as well as in other areas where they have capacity gaps so that they can be effective teachers, particularly given the new IDP and COVID-19 challenges.
9. Advocate for the placement of more teachers to compensate for the increase in IDP pupils (preferably engage IDP teachers).
10. Engage volunteers to support teachers in schools once they reopen to help provide PSS and other learning activities.
11. Support teachers to implement the MINEDH Accelerated Learning Program.

## FOOD SECURITY AND LIVELIHOODS (FSL)

Nearly all of the IDPs who have fled their homes have left their livelihood assets behind and in some cases, their living situations have changed from rural to urban environments. Most of the IDPs have lost: (i) their natural assets, such as access to farming land, water sources, fishing, pasture land, forest resources, wood, seeds, etc; (ii) their physical assets, such as tools, livestock, productive infrastructures (housing, storage facilities), etc; and (iii) their social assets, including access to savings groups. Some IDPs managed to carry some of their basic household assets (pots, sleeping mats, *capulanas*), but they are in danger of losing these as well as they often have to sell these goods to cover their basic needs such as food, hygiene and shelter.

In addition to humanitarian aid, the IDPs need additional skills to adjust to their new ways of life and eventually, to start new livelihood activities. Government relocation plans include the allocation of cultivation plots to IDP families, and once these are allocated, essential agricultural support from humanitarian partners will play an important role in ensuring that IDP families are able to cultivate their lands and become self-sufficient.

Host families and communities are also struggling due to the influx of IDPs, many of whom were poor and vulnerable previous to the arrival of their IDP relatives. Many host families have also had their sources of



Basic open site food preparation in IDP site, Metuge, October 2020.

income cut due to the conflict and COVID-19 pandemic. It is anticipated increased violence may result as food security and livelihood opportunities change and traditional cultural norms are altered.

The market vendors in Natite host community, interviewed in a FGD on 22 October, noted an increase of prices between April / May (prior to the large influx of IDPs) and during the assessment period. The increase in prices adds to the food insecurity faced by IDPs and the local families that host them. The vendors noted that the reason for the price increases was due to both an increased demand due to the rapid influx of IDPs, and the fact that the normal supply routes, which are via road from other parts of the province and neighbouring Niassa province, have been impeded by the insurgency. The local market vendors, who buy from the large markets and resell the commodities in the communities, have an estimated 1% to 17% profit margin.

Basic Commodities	unit	Estimated prices per unit April/May	Prices per unit on 22 October 2020	Estimated inflation (%)	Current prices at the local market nearest the large market on 22 Oct	Price difference between large and local markets vendors (%)
Rice	25 kg	900	1450	38%	1430	1%
Maize flour	25 kg	750	1000	25%	950	5%
Dried cassava	50 kg	500	750	33%	700	7%
cowpea	1 kg	50	60	17%	50	17%
Oil	5 ltr	380	400	5%	380	5%
sugar	1 kg	60	70	14%	64	9%

### Key FSL Findings

1. WFP are currently providing **food assistance** for 245,000<sup>14</sup> IDPs through partners SEPPA, Caritas Pemba, Tzu Chi and Iris Global.
2. However, the focal groups noted that in the host community, there was a **dearth of food available** for the host families and IDPs. While WFP has provided some distributions and issued vouchers, the combination of the heavy influx of IDPs and the slow rate of IDP registration (the IDPs have claimed it can take a month or more for them to appear on the registry lists so that they can access distributions) has created vulnerability amongst both displaced and host families.
3. The IDPs report **selling some of the food received from WFP** to cover their other basic health, nutrition and hygiene needs.
4. The IDPs stated that they have had to **reduce their daily meals** from 3 to 2, as well as reduce the quantity of food consumed per meal in order to make rations last.
5. There are unconfirmed reports that military **check points limit the mobility of IDPs** en route to Metuge/ Pemba.
6. There are banking services available in Metuge and Pemba.
7. There are mobile financial services available and accessible to IDPs and host communities in Metuge (Mpesa) and in Pemba (Mpesa and MCash). However, costs associated with recharging phones and purchasing phone credit may limit access to these services.
8. The local markets and shops in Metuge and Pemba are open and functioning and are physically and safely accessible to both men and women, although **price spikes** due to the increased demand

<sup>14</sup> <https://www.who.int/health-cluster/countries/mozambique/Cabo-Delgado-Mozambique-Rapid-Response-Plan-May-Dec-2020.pdf?u>

from the influx of IDPs and reduced supply due to the blockage of transportation corridors has affected the purchasing power of most residents and IDPs alike.

## Recommendations

### Immediate actions

1. Food assistance is needed in kind or in cash to cover all the food needs for the coming months until the IDPs can be resettled and restart their livelihoods. Where possible food assistance programs need to consider nutrition and GBV factors in food allocations.
2. Multi-Purpose Grants should be considered as an option to cover the basic needs of IDPs and the more vulnerable households that are hosting IDPs, particularly in the urban areas such as Pemba, and to support the IDPs and host households to restart collapsed livelihood activities.

### Medium term actions

1. Ensure that the current voucher system is functional and provides sufficient support both IDPs and host families living in urban areas such as Pemba city, Metuge district capital, among others
2. Re-establishment of community saving groups to support IDP families to open businesses in urban areas such as Pemba city, Metuge sede among others
3. Advocate for the expansion of social protection services to cover the most vulnerable IDPs and host households.

## WASH

The availability of water at the Paquitequete Transit Centre is one the major concerns; the new arrivals have to buy water from the local community, and while in IDP camps, very few water points are available. In some cases, there are only 2 water points that serve about 2500 IDPs plus the members of the host communities. Waiting time at water collection points can be 3 hours or more. Women forced to collect water after dark are more vulnerable to attacks. Shortage of conventional shelter (tents and tarpaulins), remains a key concern in largest camps such as 25 de Junho and Manono resulting in many families having to sleeping outside, or in overcrowded conditions, with many opting to have children sleeping in tents and adults outdoors, putting them at risk of malaria exposure. The waste storage pits for latrines in the camps are mostly full, and will pose a health hazard once the rains start in November.

### Key WASH findings

1. The IDPs stated that there is **insufficient water** due to poor and irregular supply from the taps and low water pressure.
2. The IDPs treat water with Certeza when they have it, which is provided by NGOs or the government.
3. Women state that they have to wait more than 3 hours in the **queue waiting for water**; the locations where the women collect water are **unsanitary**, with standing pools of contaminated



EPC Manono IDP Camp water collection point, Metuge district

water. Collecting water after dark can lead to **increased vulnerability to attack** as women travel home with water supplies.

4. There are reports of **disputes over water** between host communities and the IDPs.
5. Due to the long waiting times, women often collect water from the rivers as an alternative source. This more isolated source can also increase vulnerability during transit as **women and adolescent girls are at higher risk of attack** from both host and IDP males.
6. There are temporary toilets with plastic slabs. The **temporary latrines are full**, which will create contamination problems when the rains start as they can easily collapse in the rain due to loose soil and the lack of internal linings in the pits.
7. The men's toilets that are less than 20m away from the women's toilets, providing **little privacy**.
8. Toilets do not have **hand washing stations** and there is no soap.
9. There are **landfills very close to the IDPs**; the latrines are located near the IDPs tents.



Water Point in IDP site, Metuge, October 2020



Latrines in IDP site, Metuge, October 2020.

### Key COVID-19 related findings

1. It is virtually impossible for IDPs to maintain **social distancing** in the camps; in the host families, there can be **30 people or more** residing in the same household.
2. Some use masks although it is doubtful that the masks are washed and/or replaced as needed. Children do not wear masks.
3. There is no system or resources available for the **IDPs to keep their hands sanitized** as there is no alcohol gel or water and soap in the bathrooms or at handwashing stations within the camp or at the camp entrances.

### Key WASH findings at the Paquitequete Transit Centre

1. There are **no latrines** at the transit centre, so IDPs defecate outdoors on the beach or in the water.
2. **Access to water** is limited and provided by some humanitarian organizations or purchased by the IDPs.

### Recommendations

#### Immediate actions

1. The latrines in the IDP camps need to be filled in and reestablished in new locations before the rains begin in November as they will create a health hazard if they overflow or collapse.
2. While the latrines need to be relatively close by and in a safe location, no IDPs should be accommodated near either the latrines or the trash pits in order to reduce the health risks,



particularly during the rainy season. Location of latrines and bathing facilities must consider the safety of girls and women.

3. Handwashing stations and protocols need to be established and reinforced to reduce the potential spread of COVID-19 and waterborne diseases, such as cholera.
4. The IDP household should be provided with water storage containers to help with water conservation efforts.

### **Medium term actions**

1. The government and humanitarian organizations need to work together to increase access to water, and to ensure that water sources are chlorinated or distribute Certeza to households.
2. The accommodation situation of all IDPs needs to be reviewed and resolved prior to the start of the rains so that they can remain healthy and relatively dry.

## **CONCLUSIONS**

The situation of the IDPs in Matuge district and Pemba city is very concerning and getting worse by the day. The IDPs arrive into the Paquitequete Transit Centre exhausted, dehydrated (often due to diarrheal diseases including cholera), malnourished, and distraught from their experiences. They typically arrive with the limited household assets they were able to carry but have had to leave behind their homes and nearly everything that they had owned. Some have lost relatives, including sons and daughters who were kidnapped by the insurgents, and many have witnessed or heard tales of extreme violence. Some children arrive unaccompanied or separated from their families and face the additional ordeal of being separated from the people that they know and placed in temporary foster homes while authorities and humanitarian partners attempt to locate family members.

IDP accommodation centres are often established at schools; as the schools have been closed since March due to COVID-19, these have been a logical location to temporarily house families. In the 3 camps in Matuge visited by the assessment team, the camps were crowded and there were not sufficient tents or tarpaulins available, leaving some families to sleep in the open air or to create temporary shelters from local materials. Latrines are full and generally unsafe, particularly for women and girls at night due to a lack of lighting. There is insufficient water available, resulting in household members having to spend up to 3 hours or more per day waiting in queues.

All 3 IDP camps that were visited had health posts with permanent clinicians (*Técnicos de Medicina*) although only the 25 do Junho camp health post offered ARVs and TB treatment; IDPs from the other camps had to go to their nearest facility for these services. An MCH nurse periodically visited the health posts, but this service seemed to be irregular. Pregnant women, and mothers / caregivers are not seeking prenatal consultations and routine health services for their children at local health facilities for fear of missing humanitarian distributions in their camps.

Children do not have safe spaces to play in IDP camps and their surroundings are hazardous. They lack toys and recreational materials. While some children in the Natite host community have been registered with the local school and are receiving school assignments, children in the IDP camps are not. There is a reported increase of adolescent pregnancies and child marriages.

IDPs receive food once per month from WFP, although many sell a portion of their food to pay for other essential needs. The team noted several children who appeared to be underweight and the child health cards that they were able to review noted that several young children were not having their growth monitored regularly; some were under treatment for severe acute malnutrition.

All IDPs in both the camps and in the host community are living in overcrowded conditions, making COVID-19 and other communicable and waterborne diseases difficult to prevent. The situation will become increasingly dire and challenging to manage once the rains start.

In order for schools to be able to reopen in early 2021, more teachers will need to be recruited and classrooms will need to be rehabilitated or constructed to accommodate the additional IDP students. The teachers and students will need school materials and teachers will need additional training to help them to be able to support both the psychosocial needs of the IDP children, as well as to comply with COVID-19 prevention requirements. IDPs currently occupying the schools would need to be resettled soon so that the schools have time to make structural repairs, disinfect all areas, and close / rehabilitate the latrines before they reopen.

The assessment team noted the lack of coordination and resources on the ground, likely due to a combination of insufficient financial resources; unreliable data due to the high influx of IDPs and an inability to track them all; and the ongoing security situation, which has limited the access of humanitarian partners to the most vulnerable populations.

While the assessment team has made a number of specific sectorial recommendations, overall, there is an urgent need for more resources and support on the ground as the humanitarian crisis is becoming more critical and more difficult to manage by the day. Once the rains, which are due imminently, the IDP centres and the host communities could face flooding, spreading diseases and exacerbating the poor health conditions of the IDPs and the families in the host communities. The resettlement of IDPs in safe locations needs to be prioritized. Thus far only two resettlement sites have been confirmed (by the government and CCCM cluster) as being ready; both these sites will not be able to host more than 400 to 500 IDP families. It will be essential that as new sites are established, cross cutting issues, including protection are factored in to reduce increased levels of violence.

Due to the spread of insurgency violence, the situation will likely remain fluid and uncertain over the coming months and possibly years to come, and therefore, require long term funding commitments to help both the influx of new IDPs, as well as to assist the existing IDPs to resettle into their new locations.