

RAPID NEEDS ASSESSMENT JANUARY 2026 FLOODS - GAZA PROVINCE, MOZAMBIQUE



Field Assessment: 22-26 January 2026

Assessment Locations: Chibuto, Chókwè, Xai-Xai, Guijá, Massingir Districts

Primary Data Sources: 19 Focus Group Discussions (FGDs), 12 Key Informant Interviews (KIIs)

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ABBREVIATIONS AND ACRONYMS

Abbreviation	Full Term
BI	Bilhete de Identidade (Identity Card)
CARE	CARE International
DTM	Displacement Tracking Matrix
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
HPP	Humanitarian Programming Platform
IASC	Inter-Agency Standing Committee
INAM	Instituto Nacional de Meteorologia (National Meteorology Institute)
INE	Instituto Nacional de Estatística (National Statistics Institute)
INGD	Instituto Nacional de Gestão e Redução do Risco de Desastres (National Institute for Disaster Risk Management and Reduction)
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
KII	Key Informant Interview
MHM	Menstrual Hygiene Management
MPCA	Multi-Purpose Cash Assistance
MZN	Mozambican Metical (currency)
NFI	Non-Food Item
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ORS	Oral Rehydration Solution
RNA	Rapid Needs Assessment
SCI	Save the Children
SDPI	Serviços Distritais de Planeamento e Infraestruturas (District Services for Planning and Infrastructure)
Sphere	The Sphere Project / Sphere Standards
UN	United Nations
UNDP	United Nations Development Programme
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WVI	World Vision International
YoY	Year-on-Year

EXECUTIVE SUMMARY

"We were surrounded by water and had to be rescued by helicopter; we couldn't take anything except the clothes on our backs."

Carlos Lhamine, 84, Gogote, Chibuto District

In January 2026, severe flooding devastated Gaza Province in southern Mozambique, displacing an estimated 392,000 people and affecting over 600,000 (IOM DTM, 2026). This Rapid Needs Assessment conducted jointly by the HPP members (AJOAGO, CARE, FDC, KULIMA, LIVANINGO, MAHLAHLE, OXFAM, WORLD VISION) and Save the Children in Gaza province, Mozambique, was held between 22-26 January 2026, and it provides a critical snapshot of the humanitarian impact in the four hardest-hit districts: Chibuto, Chókwè, Guijá, Massingir and Xai-Xai. The assessment synthesizes primary data from **19 Focus Group Discussions (FGDs) with 156 participants (68 women, 88 men) and 12 Key Informant Interviews (KIIs)** with community leaders and district officials.

The findings reveal a catastrophic loss of livelihoods, shelter, and basic services. The floodwaters have not only displaced communities but have erased the agricultural assets of an entire season, exacerbating pre-existing vulnerabilities in a region already grappling with poverty rates above 70%. The voices from the field are unanimous: this is a crisis of survival, dignity, and uncertain recovery.

Key Findings Summary

- **Total Livelihood Collapse:** All 19 FGDs reported near-total (>90%) crop losses. Maize, rice, beans, and peanut fields critical for both consumption and income are completely submerged. Livestock loses average 2-4 animals per household, stripping families of their primary financial safety net.
- **Shelter Crisis:** 18 of 19 FGDs reported severe or complete destruction of homes. In communities like Gogote (Chibuto), 100% of participants lost their dwellings. Displaced families are overcrowded in schools and accommodation centers with negligible privacy and protection.
- **Food Insecurity & Market Shock:** Market access is severed by flooded roads, and prices have spiked dramatically. Participants consistently reported 40-50% increases in maize prices, a finding corroborated by WFP market monitoring which indicates a 47.4% year-on-year increase. 14 FGDs confirmed households have already reduced meal frequency to 1-2 times per day as gathered through the FGD that were conducted.
- **WASH Emergency:** All 19 FGDs identified contaminated water sources as a critical health risk. Boreholes and wells are inundated with floodwater, and sanitation facilities in resettlement centers are overwhelmed (ratios up to 1:100), raising immediate fears of cholera and waterborne diseases.
- **Protection Risks:** Women in 14 FGDs expressed significant safety concerns in resettlement centers due to lack of lighting, lockable doors, and gender-segregated latrines. The loss of civil documentation (reported in 16 FGDs) further hinders access to services.

Priority Recommendations

1. **Immediate Multi-Purpose Cash Assistance (MPCA):** Implement unconditional cash transfers (MZN 5,816/household) to vulnerable households to address immediate food and NFI needs, utilizing mobile money platforms.
2. **Emergency Shelter & NFI Distribution:** Distribute shelter kits (tarpaulins, toolkits) and essential household items (blankets, mats, mosquito nets, kitchen sets) to households affected, prioritizing the elderly and female-headed households.
3. **WASH Intervention:** Deploy water purification tablets, hygiene kits, and emergency latrine construction to prevent disease outbreaks, for households living in resettlements sites and conduct hygiene promotion.

I. BACKGROUND & SITUATION OVERVIEW

Historical Context

Gaza Province is historically prone to cyclical flooding, situated in the lower Limpopo River basin. The current disaster evokes memories of past devastations. As Carlos Lhamine, an 84-year-old resident of Gogote, recounts:

"I have lived through floods in 1955, 1977, 2000, and 2013, which were the worst; in this flood, water reached everywhere in my neighborhood."

While communities have developed resilience over decades, the scale and speed of the January 2026 floods have overwhelmed local coping capacities.

Carlos's experience echoed with even greater alarm across multiple Focus Group Discussions. In one particularly striking testimony from a highland community, participants described a fundamentally different phenomenon:

The situation this time was very critical. Before, it would rain, but never did flooding happen in this way. We don't know how the water is being managed at the dams. It was very fast and strange, because the water never reached our community before since we are in a high-altitude area. The flooding in our areas was not because of rain it happened even before the rain fell."

Current Crisis Scale

Heavy seasonal rains combined with upstream river discharges triggered widespread flooding across southern Mozambique. According to the latest data from the National Institute for Disaster Management (INGD) and humanitarian partners (IOM, OCHA):

- **Affected Population:** Approximately 600,000 individuals across Gaza Province.
- **Displaced Population:** 392,000 people have been forced to flee their homes (IOM DTM, 2026).
- **Infrastructure Impact:** Critical roads, bridges, and public facilities (schools, health posts) are submerged or damaged, isolating entire districts.

GAZA PROVINCE - FLOOD IMPACT MAP (January 2026)

HUMANITARIAN SITUATION REPORT

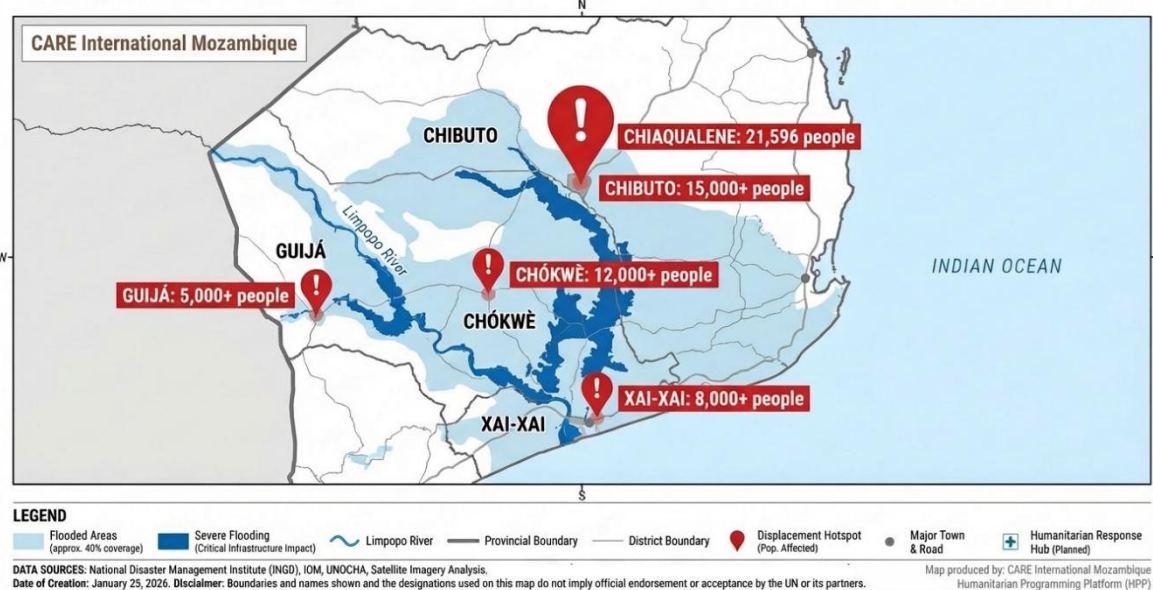


Figure 1: Map of Flood Impact and Displacement Sites in Gaza Province (CARE International Mozambique, 2026)

Geographic Scope of Assessment

This assessment focused on the five most severely affected districts in Gaza Province. These areas are characterized by high population density along the Limpopo River valley, the region's agricultural heartland.

- **Chibuto:** Communities including Gogote, Chiaquelane, and Malehice.
- **Chókwè:** Including Lionde, Xilembene, and Conhane.
- **Xai-Xai:** Coastal and peri-urban areas like Praia and Patrice Lumumba.
- **Guijá:** Communities such as Chibabel and Chivongoene
- **Massingir:** The assessment in Massingir was through Key Informant Interviews (KIIs).

Pre-Crisis Vulnerabilities

The impact of the flood is magnified by significant pre-existing vulnerabilities. The poverty rate in Gaza Province stands at approximately 70%, with some districts exceeding 80% poverty incidence (INE, 2020; UNDP, 2024), severely limiting households' ability to recover from shocks without external assistance. Infrastructure is critically underdeveloped; Mozambique ranks **129th out of 137 countries for road infrastructure quality** (World Bank, 2018, p.18), isolating rural communities from markets, health services, and emergency response. Rural communities predominantly inhabit traditional housing structures typically mud-brick walls with thatch or corrugated iron roofs which offer minimal flood resilience (World Bank, 2024). Approximately **81% of Gaza's population relies on subsistence agriculture** (INE, 2017; FAO, 2023), with limited diversification of livelihoods, making households uniquely susceptible to climate shocks and unable to absorb consecutive disasters.

II. Methodology

The HPP team employed, during this RNA, a rapid, mixed methods approach to gather data between 22-26 January 2026. The methodology prioritized qualitative depth through Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs), supported by direct observation and secondary data triangulation.

Data Collection Sites

A total of 19 FGDs were conducted across the four target districts, selected based on flood severity and accessibility.

District	No. of FGDs	Communities Assessed	Dates
Chibuto	7	Gogote, Chiaquelane, Malehice, Alto Changane, Chaimite, Chibuto Sede, Chicumbane	22-24 Jan
Chókwè	5	Lionde, Xilembene, Hokwe, Conhane, Chókwè Sede	23-24 Jan
Xai-Xai	4	Praia, Chongoene, Patrice Lumumba, Zongoene	25 Jan
Guijá	3	Chibabel, Macia, Chivongoene	26 Jan
TOTAL	19	156 Participants	22-26 Jan

Key Informant Interviews (KIIs)

12 KIIs were conducted to triangulate community-level data with technical and administrative perspectives:

- 5 Community Leaders (Regulos/Secretaries)
- 3 District Planning & Infrastructure Service (SDPI) Officials
- 2 Health Workers
- 2 School Directors/Teachers

Participant Demographics

The assessment team ensured gender-balanced participation to capture diverse needs and perspectives. Of the 156 FGD participants:

- **Women:** 68 (43.6%) – Priority given to female heads of household.
- **Men:** 88 (56.4%)
- **Vulnerable Groups:** Consultations included elderly persons, persons with disabilities, and youth.

Limitations

The assessment faced several constraints:

- **Access:** Several highly affected communities were unreachable due to road blockages, potentially

leading to an underestimation of needs in isolated zones.

- **Trauma:** Many respondents were in acute distress, requiring careful facilitation and sometimes limiting the depth of discussion on sensitive topics like GBV.
- **Time:** The rapid nature of the assessment precluded a statistically representative household survey.

III. KEY FINDINGS

Vulnerability Analysis

The vulnerability assessment across the reporting sites shows a consistently high level of risk, with 100% of sites responding “yes”, indicating that all surveyed areas are experiencing significant vulnerabilities. The most frequently reported vulnerable groups include households headed by women, households headed by children, pregnant women, elderly people, persons with reduced mobility, orphans, persons with disabilities, and single parents. In addition to these groups, communities also highlighted other vulnerable populations under the category “Outros,” including children, youth, men and women experiencing food insecurity, and poor or marginalized families. The pattern observed indicates that multiple vulnerabilities often overlap within the same communities. This overlap is particularly concerning for protection, with children, female-headed households, persons with disabilities, and elderly people consistently appearing among the most at-risk groups.

Population Affected

Household-Level Impact varies widely across districts. In smaller communities such as Chivongoene in Guijá, approximately 127 households have been affected. Medium-scale impacts were reported in areas like Xai-Xai Sede, where 7,076 households have suffered consequences from the floods. In some districts, the impact is far more extensive. For example, Chókwè – Chiaquelane has reported 34,000 affected households, Massingir estimates 141,251 households affected according to education sector data, and Guijá – Caniçado reports 184,774 households impacted. These figures reflect district-level estimates rather than individual settlements. The percentage of the population affected ranges from 3.6% to 100%, with several sites reporting entire communities affected, including Xai-Xai Sede, Gongote, and certain communities in Massingir and Guijá. This indicates widespread flood impact on livelihoods, agriculture, housing, and access to roads.

The total population affected also demonstrates the scale of the crisis. Estimates include up to 170,000 people in Chókwè – Lionde, 31,000 people in Massingir (district-wide estimate), 35,377 people in Xai-Xai Sede and Gongote, and 92,370 people in Guijá – Caniçado. Where available, data disaggregation shows near gender parity between men and women, as well as significant numbers of boys and girls affected. However, some entries lack detailed age and gender data, highlighting gaps in the assessment.



FGD in Tavene school, Xai-Xai (Credits: CARE)

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Internal Displacement (IDPs)

New Internally Displaced Persons (IDPs) were reported in several districts. In Chókwè, displacement affected approximately 53,000 households, including 10,600 female-headed households. In Guijá – Caniçado, 8,414 households have been displaced, while Tomanine in Guijá reports 200 households, and Chivongoene has 188 households newly displaced. Female-headed and child-headed IDP households are present across these locations but are likely underreported. Prolonged displacement is particularly notable in areas with recurrent flooding. Guijá – Caniçado shows 18,474 households remaining displaced, while Tomanine and Chivongoene report 200 and 188 households, respectively. These figures highlight the persistent inability of communities in low-lying areas near the Limpopo basin to return home.

Injuries and Fatalities

Reported injuries remain generally low, with most cases recorded in Xai-Xai and Guijá – Tomanine. This may be due to underreporting or a focus on displacement over health outcomes in the rapid assessments. Deaths

were few and largely isolated, suggesting that early evacuation efforts have been effective in reducing mortality. However, it is important to note that mortality data often lags behind displacement figures in such rapid-onset disasters.

Housing Damage

Housing destruction is significant across the affected districts. In Chókwè – Chiaquelane, the data are incomplete, but the impact is understood to be high although figures were not provided. Massingir reports up to 11,709 houses damaged, Xai-Xai has 277 houses damaged, Guijá – Caniçado shows 18,474 houses damaged, and Chivongoene reports 128 houses affected. These numbers confirm extensive structural damage caused by flooding, particularly in Guijá and Massingir.

Chokwe District

- **Chiaquelane & Hokwe communities** are highly vulnerable, hosting large numbers of displaced families, including women-headed households, child-headed households, pregnant women, elderly, people with disabilities, and orphans. Chiaquelane faces severe public health risks due to overcrowded accommodation centers, poor sanitation, and the threat of fecal-oral disease outbreaks. Protection concerns include gender-based violence (GBV) and child protection risks due to family separation and unsafe environments. Access to adequate shelter and non-food items (NFIs) is limited, leaving families exposed to cold, mosquitoes, and other hazards. Hokwe community shows similar patterns, with urgent needs for food, shelter, and NFIs, compounded by challenges in transporting people and assets. Livelihoods have been severely disrupted: homes, agricultural fields, tools, and small businesses were destroyed, leaving families without means of income.

Massingir District

- Communities across **Zulo, Mucatine, Tihilovene, Renhane, Chibone, and Sede** report widespread displacement and vulnerability. Vulnerable groups include child-headed households, elderly, marginalized populations, and people with disabilities. Food security is critical, with families losing crops and agricultural assets, disrupting their livelihoods. Shelter and housing are extensively damaged, and NFIs remain insufficient. Education and health services are compromised due to damaged infrastructure. Protection risks include family separation and exploitation. Humanitarian coverage is weak, with urgent gaps in food, hygiene items, and shelter, requiring scaled-up assistance.

Xai-Xai District

- The **Sede, Gongote, and surrounding communities** face extreme vulnerabilities, particularly among women-headed households, child-headed households, pregnant women, elderly, and people with disabilities. There is complete loss of agricultural fields, fishing equipment, businesses, and basic household assets. Key sectors affected include food security, shelter, health, water, sanitation, and education. There is an acute shortage of NFIs, dignity kits, and mosquito nets. Protection concerns are high, including GBV and child exploitation. Access to services is constrained by flooded roads, collapsed infrastructure, and limited government and NGO presence. Immediate humanitarian priorities include food assistance, shelter, clean water, hygiene kits, and protection services.

Guija District

- In **Caniçado, Mubangoene, and Chivongoene**, displaced populations are at severe risk. Vulnerable groups include pregnant women, elderly, orphans, people with disabilities, and female-headed households. Waterborne disease risk is high due to poor sanitation and limited safe water access, compounded by exposure to malaria and other infectious diseases. Agricultural production and livelihoods have been destroyed, while access to basic services like health, education, and markets is highly constrained. Shelter needs are urgent, with households lacking adequate protection from weather and limited NFIs. Protection risks include child exploitation, GBV, and general insecurity in overcrowded temporary accommodation centers. Humanitarian response is ongoing but insufficient, with critical gaps in food, shelter, WASH, and healthcare.

III.1 Food Security & Livelihoods

"The water took everything my maize, my beans, even my three goats. We have nothing left to eat or sell."

FGD Female participant (FGD, 22 Jan 2026)

Crop Losses

Agriculture is the primary livelihood for the assessed communities. The floods struck during a critical growing period. Food insecurity emerged as one of the most critical sectors across all assessed locations. Flooding occurred during a key agricultural period, **19 FGDs reported near-total (>90%) crop losses** affecting staple crops like maize, beans, and peanuts. In Chibuto district specifically, participants in 7 out of 7 FGDs described the complete submersion of their *machambas* (farmland), destroying the food reserves expected for the coming year.

Livestock Assets

Livestock, serving as a traditional savings bank for rural households, suffered heavily. Participants in FGDs reported losing an average of 2-4 animals per household, primarily chickens, goats, and pigs. These losses represent a devastating blow to household economic resilience.

Market Access & Prices

Physical and economic access to food has collapsed. Flooded roads have isolated communities from markets. "The market is 15km away and now flooded. We have no way to buy food," explained a 42-year-old man (FGD, 23 Jan). Where food is available, prices have soared. FGD participants across all districts reported maize price increases of 40-50%. This community feedback aligns with WFP data showing a **47.4% year-on-year increase** in maize prices in Gaza (WFP Market Monitoring, 2024-2025).

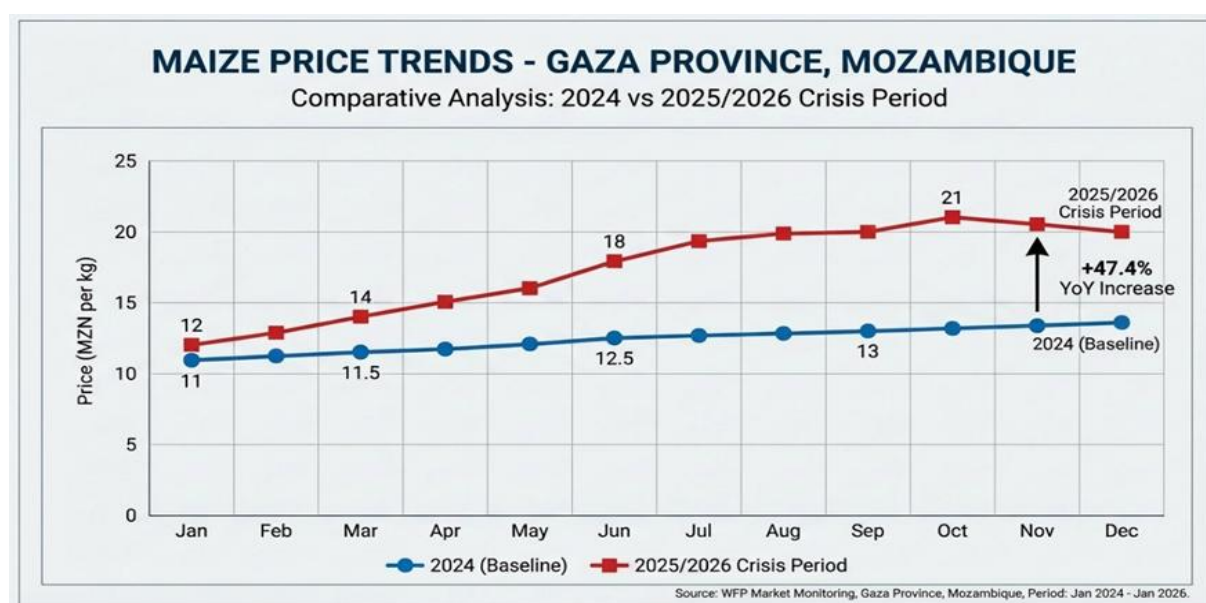


Figure 2: Maize Price Trends in Gaza Province (WFP Market Monitoring, 2024-2026)

Humanitarian Assistance Coverage and Gaps and Coping Mechanisms

At the time of the assessment, Key Informant Interviews indicated that several communities in Massingir District had not received any humanitarian assistance. These included Sede, Tihovene, Renhane, Zulo, Chitar, Mucatine, Movondze, Machambas and Chibone, as well as additional localities reported by informants as having no external support. In some postos administrativos, informants stated that all localities remained without assistance.

Where limited assistance had been reported, it was largely concentrated in a small number of locations such as Zulo, Sede and Mucatine, and was described as extremely insufficient. Overall, informants estimated that assistance coverage did not exceed 5–10% of actual needs, leaving large segments of the affected population without reliable access to food and other essential items.

As a result, households are already adopting severe negative coping strategies. Focus Group Discussions consistently reported that families have reduced meal frequency from the usual three meals per day to one or two meals per day. In addition, some participants indicated that households are borrowing food or money from relatives and neighbours, a temporary coping mechanism that is rapidly becoming unsustainable, as entire communities are simultaneously affected by the crisis. These trends signal a high risk of worsening food insecurity, malnutrition and protection concerns if assistance is not urgently scaled up.

VOICE FROM THE FIELD

"My husband and I lost our entire peanut field 2 hectares. We were going to sell the harvest to pay school fees for our three children. Now we eat only xima once a day, with beans. How will our children learn on empty stomachs?"

FGD Female participant (FGD 22 January 2026)

III.2 Shelter & Non-Food Items

The structural impact of the floods on housing across the assessed locations is catastrophic. Findings from all FGDs (100%; 19 of 19 FGDs) indicate that homes have been completely destroyed or severely damaged (>70%). The majority of dwellings in affected communities are constructed using local materials such as mud bricks, thatch, and reeds, which offer limited resistance to prolonged flooding and were either dissolved or swept away by floodwaters. Across These materials have low structural resistance to prolonged inundation, resulting in rapid wall collapse, roof failure, and total loss of household contents. KIIs reinforce this trend, describing houses and temporary shelters destroyed or severely damaged, with many families forced to evacuate without salvaging basic items, leaving them exposed to environmental stressors (cold, rain, humidity) and heightened protection risks.

Displacement conditions and shelter inadequacy in accommodation centers

Displacement sites and accommodation centers are operating under high-density conditions, often relying on classrooms and shared public buildings as immediate shelter. FGDs repeatedly described extreme overcrowding, lack of privacy, and inadequate separation of households. One male participant described living conditions as: "We are more than 55 people sharing one classroom... there is no privacy... we are sleeping in inhumane conditions, practically on top of each other." (FGD male participant, 24 Jan).

KIIs further stress that tents and shelter materials are insufficient and, where available, frequently fail to provide adequate protection from rain, wind and cold, forcing families to remain in congested communal spaces or improvised outdoor arrangements. This shelter inadequacy acts as a risk multiplier, increasing exposure to respiratory infections, vector-borne diseases, and protection threats especially for women, girls, children, older persons, and persons with disabilities. Priority Shelter and NFI needs (what communities are asking for). Both FGDs and KIIs demonstrate that households prioritize immediate, practical items that restore basic living conditions and dignity. Needs cluster into two categories:

A) Emergency shelter kit components (for rapid family-level sheltering):

- Tents and/or plastic sheeting (lonas) to create immediate covered space
- Ropes/cords and stakes/pegs to secure shelter structures
- Basic fixings and simple shelter materials to enable households to build or reinforce temporary structures

B) Core NFIs (to restore minimum household functionality):

- Roofing sheets (chapas) and basic building items (e.g., poles, fixings)
- Blankets and sleeping mats/esteiras (thermal protection and sleep surfaces)
- Mosquito nets (vector control, particularly in flooded environments)
- Kitchen sets (pots, utensils) and basic containers (buckets/jerrycans)
- Hygiene materials (soap and basic cleaning items) frequently linked to dignity and health

Importantly, KIIs highlight that many displaced households arrived with almost no belongings, sometimes due to the sudden onset of flooding and/or limited access to transport. This creates a situation of multi-dimensional deprivation, where shelter loss is compounded by lack of bedding, cooking capacity, and basic protection against mosquitos and cold.

Early recovery shelter needs (after water recedes)

In addition to emergency shelter, KIIs signal a second wave of shelter-related needs as communities begin to transition from survival to recovery. Many households will require materials and tools for clean-up, mud removal, and basic house rehabilitation, especially for partially damaged homes. This early recovery phase is essential because without support for basic repairs and site restoration, families' risk being trapped in

prolonged displacement, which increases dependency and accelerates negative coping strategies.

Barriers to Shelter Recovery

Affected households highlighted major obstacles to rebuilding, including:

- Total loss of income and savings
- Absence of locally available construction materials in some districts
- High market prices for poles, bamboo, roofing sheets, and nails
- Lack of access to safe and demarcated land in flood-free zones

Assistance coverage gaps and unmet shelter needs

KIIs indicate that in several localities, assistance had not yet reached affected communities by the time of the assessment, and where support existed, it was described as highly insufficient often limited to partial food support and small quantities of NFIs. In some areas, key informants estimated coverage at less than 5–10% of actual needs, leaving many households without reliable shelter materials or essential items.

The Case of Carlos Lhamine

The experience of Carlos Lhamine illustrates the depth of loss. Having lost his home, *machambas*, livestock, and belongings, he currently resides in a shelter. He identified urgent needs for be resettled in a new area and start to rebuilt, roofing sheets and building materials to be rebuilt on higher ground. However, he noted that the district lacks forests for sourcing bamboo locally, meaning even basic structural poles must now be purchased an impossible expense given his total asset loss.

VOICE FROM THE FIELD

"I lived in my home for my entire life. The flood destroyed it. Now I sleep on the concrete floor of a classroom with my wife and 8 grandchildren with no hope to recover what I built"

Carlos Lhamine, 84, Gogote, Chibuto (KII 22 January 2026)

III.3 Water, Sanitation & Hygiene (WASH)

"We have no choice but to drink flood water. We boil it when we have firewood, but most days we just drink it and pray we don't get sick."

FGD Female Participant (FGD 23 Jan)

WASH

Flooding has severely compromised access to safe water, sanitation, and hygiene services across assessed districts in Gaza Province, particularly within accommodation and resettlement centers hosting displaced populations. Evidence from KIIs and FGDs indicates that WASH conditions are well below minimum humanitarian standards in the assessed locations, can significantly increase public health risks.

Water Access

Access to clean and safe water is a primary health concern across all assessed locations. All FGDs reported that their main water sources (wells and boreholes) in their places of origin were contaminated by floodwaters, rendering them unusable. Participants consistently described the available water as "brown," "dirty," and "smelling bad," reflecting high turbidity and suspected contamination. In Chiaquelane community, Lionde Posto Administrativo, Chókwe District, informants reported that the FIPAG water point is distant and the local water system is not functioning, forcing households to rely on unsafe alternatives. Similarly, in Tomanine community, Mubangoene Posto Administrativo, Guijá District, KIIs indicated that water is not available for all households and that some families have begun using represas and charcos (ponds and stagnant water) for daily consumption. These coping practices substantially increase exposure to waterborne diseases.

Functionality of Water Supply Systems and Operational Gaps



Detailed technical assessments conducted in Guijá District identified severe operational failures across multiple water supply systems serving accommodation centers and surrounding communities. Five water supply systems were visited, covering four major accommodation centers hosting thousands of displaced people. The primary constraint across systems is the lack of electrical power following floods, which has rendered most boreholes inoperative and drastically reduced water availability.

Emergency restrooms built in Javanhane temporary centre (Credits: Kulima)

In **Tomanine**, the water supply system has four boreholes supplying a total storage capacity of 120 m³ but is currently non-functional due to absence of electricity. The system serves the communities of Tomanine, Cocone, and 7 de Abril, covering approximately 400 families (around 1,920 people), including displaced populations in Tomanine and Cocone centres. The system operator requested at least three generators (7.5 kW) and fuel to operate two boreholes and the distribution pump, with four generators required for full functionality. In **Mubangoene**, the water supply system relies on a single borehole feeding a 20 m³ tank and is also inoperative due to lack of power. The system serves approximately 110 families (638 people). The system manager requested one generator and fuel to restore operations.

The **Chinhacanine 3rd Neighbourhood Water Supply System** has three boreholes supplying reservoirs with a total capacity of 300 m³ and serves approximately 2,650 people, including displaced families hosted at Chinhacanine Basic School (77 families / 394 people). Although the system has infrastructure in place, it currently requires one generator to supply the accommodation centre and three generators (two for boreholes and one for the elevation pump) plus fuel for full operational recovery.

The **ARA-SUL Water Supply System** is the only system currently operational, supported by a 60 KVA generator. It has one borehole and two pumps (submersible and elevation pump) and serves the ARA-SUL facilities and reception centre hosting approximately 985 families (4,925 people). However, continued operation depends on sustained availability of diesel fuel.

In **Chinhacanine 4th Neighbourhood**, a small system with a 30 m³ elevated tank partially supplies some displaced families using an improvised generator. Households must purchase water at approximately 10 MZN per 20 litres, which presents a significant barrier for households that have lost livelihoods and income.

In **Javanhane**, the water supply system consists of one borehole supplying a 20 m³ metal tank and serves the community, a local hospital, and the Javanhane accommodation and transitional centers (approximately 1,040 people, including 174 displaced families / 835 people). The system operator requested one generator and fuel to restore pumping capacity.

Sanitation Conditions

Sanitation facilities are critically insufficient across resettlement centers. In Patrice Lumumba Secondary School Resettlement Centre, Xai-Xai District, a KII with the site coordinator revealed a catastrophic sanitation gap. The centre currently has only nine latrines (five for women and four for men) serving 1,863 displaced persons (1,008 women and 855 men). This corresponds to a latrine-to-person ratio of approximately 1:207 for women and 1:214 for men, far exceeding the Sphere minimum standard of 1 latrine per 20 people. Household registration conducted by the assessment team confirms that the centre requires at least 85 additional latrines to meet minimum standards.

Severe overcrowding of existing latrines results in long queues, with women and children frequently waiting 30 minutes or more to access facilities. In Chiaquelane (Chókwe/Lionde), informants further noted that although emergency latrines are being installed, their number remains insufficient relative to the population size.

Disease Outbreak Risks

Fear of waterborne disease is widespread. Sixteen of nineteen FGDs expressed specific concerns about potential cholera and typhoid outbreaks, often referencing previous epidemics. As one 67-year-old male participant stated: “*Last time in 2000, many people died from cholera. We are afraid.*” (FGD, 24 Jan). In Chiaquelane, KIIs reported 16–21 cases of diarrhea, indicating early warning signs of outbreak-prone conditions.

Hygiene and Menstrual Hygiene Management (MHM)

Across multiple locations, KIIs and FGDs reported critical shortages of hygiene kits, soap, and menstrual

hygiene materials. The absence of kits of dignity and MHM supplies disproportionately affects women and adolescent girls, undermining dignity, privacy, and health, and increasing vulnerability to infection. Hygiene promotion activities are minimal and insufficient given the scale of displacement.

Overall Assessment

WASH conditions in accommodation and resettlement centers and in flood-affected communities are below minimum humanitarian standards, characterized by contaminated water sources, insufficient sanitation facilities, and major hygiene supply gaps. Without urgent scale-up of WASH interventions, the risk of disease outbreaks and further deterioration of public health remains extremely high.

Priority WASH needs include:

- Emergency water supply (rehabilitation of boreholes, water trucking, water treatment)
- Construction of additional emergency latrines and bathing facilities
- Distribution of hygiene kits, including soap and menstrual hygiene materials
- Hygiene promotion on handwashing, safe water handling, and sanitation practices

III.4 Health & Nutrition

Fear of waterborne disease is pervasive. **16 of 19 FGDs** expressed specific fears of cholera and typhoid outbreaks, often referencing prior outbreaks and trauma. One participant stated: “Last time in 2000, many people died from cholera. We are afraid.” (FGD, 24 Jan). These fears are supported by early warning signals from field reporting: in **Chiaquelane (Chókwè/Lionde)**, the informant reported **16–21 diarrhea cases**, and linked this risk directly to sanitation pressure and inadequate water access.

Disruption of health services

The flood has severely compromised local health service delivery. 12 of 19 FGDs reported that nearest health facilities were either damaged or inaccessible due to flooded roads and long distances (often >10 km). A health worker KII in Chibuto confirmed the extent of disruption: “Our health post was flooded. We lost all medicines, antibiotics, ORS. We have nothing to treat patients.” This indicates immediate gaps in treatment capacity for diarrhoea, respiratory infections, malaria, and other priority conditions.

Vulnerable groups with heightened health risks

The crisis disproportionately affects people with specific health needs:

- Chronic illness and elderly: 9 FGDs noted that elderly and chronically ill persons (e.g., diabetes, hypertension) cannot access regular medication, increasing acute health complications.
- Maternal health: 11 FGDs identified pregnant women as facing extreme risks due to lack of safe delivery options and disrupted prenatal care.
- Child nutrition: FGDs signaled rapid deterioration in child nutrition due to reduced meal frequency and inadequate diet diversity. One female participant noted: “My 2-year-old has not eaten properly in 5 days... we have one meal per day in this center, and the food is not enough for all of us.” This aligns with broader reports of limited food variety and insufficient quantities in centers.

III.5 Protection & Gender-Based Violence

Safety & Dignity

The displacement environment poses significant protection risks, driven by overcrowding, limited privacy, inadequate lighting, and weak WASH conditions. Across sites, women and girls repeatedly linked the absence of privacy and the night-time environment to fear, insecurity, and increased risk of harassment and sexual violence.

- Overcrowding and lack of privacy are consistent risk multipliers. In Javanhane resettlement center (Guijá), women explicitly described sleeping arrangements as unsafe due to shared spaces and limited privacy: “*Aqui estamos protegidas da chuva, mas não temos privacidade... isso deixa-nos inseguras, sobretudo à noite.*”
- Darkness and weak lighting/security at night were raised as a key driver of fear, especially for women and caregivers. In Javanhane (Guijá), women stressed that the center becomes dark and unsafe at night, increasing anxiety for mothers and caregivers.
- In Patrice Lumumba center (Xai-Xai), FGDs also emphasized overcrowded classrooms conditions and the broader strain on basic services, which communities associated with heightened stress, tension, and protection concerns.

Sexual Violence and Exploitation Risks (SEA/GBV)

Multiple informants directly linked displacement conditions to elevated GBV and exploitation risks particularly where shelters are crowded, services are insufficient, and movement occurs at night.

- In Chiaquelane (Chókwè/Líonde), the SDSMAS informant explicitly warned of GBV risk, including sexual harassment/violence in displacement settings and lack of privacy, especially affecting women, girls, and children.
- In Caniçado (Guijá), the SDPI informant highlighted high exposure of children to protection incidents including sexual violence, compounded by poor sanitation conditions in the center.
- In Tomanine (Mubangoene, Guijá), the informant warned that if the situation prolongs without adequate support, “situações de exploração sexual... poderão se registrar”, particularly given food scarcity and hardship.
- In Chibuto FGDs, participants highlighted safety concerns for girls and women, noting vulnerability and the need for protection measures and safer center layouts.

Key risk drivers evidenced in your data: overcrowding, lack of private spaces, inadequate lighting, limited WASH, constrained mobility, and prolonged dependence on assistance.

Child Protection Risks and Family Separation

Family separation and child protection risks emerge repeatedly in both KIIs and FGDs.

- Family separation is explicitly reported as a protection issue in Massingir (e.g., “Separação de família” / “Separação familiar”) and also appears as a recurring protection concern in other entries.
- In Chiaquelane (Chókwè/Líonde), informants raised child protection risks, including separation and exposure to unsafe environments in displacement.
- In Caniçado (Guijá), the SDPI informant flagged increased child exposure to protection incidents due to crowded centers and weak sanitation/conditions.

Insecurity, Looting, and Secondary Harm

Communities reported insecurity both in displacement sites and in areas of origin especially where households fled rapidly.

- In Chibuto (Bairro da Unidade), FGDs reported that homes that resisted flood damage were later vandalized/looted, creating fear of return and deepening loss.
- In Xai-Xai (Tavane), FGDs reported roubos/opportunismo, suggesting rising insecurity and negative coping pressure as the crisis continues.
- In Chiaquelane (Chókwè/Líonde), FGDs reported that transport constraints and inflated prices hindered safe evacuation for vulnerable groups (indirectly increasing exposure to harm).

Gender Analysis

The flooding and subsequent displacement in Gaza Province have had a differentiated impact on women, men, girls and boys, shaped by pre-existing gender roles, inequalities and vulnerabilities. Across all focus group discussions, women and children were consistently identified as the most affected groups, not only due to the immediate loss of homes, livelihoods and assets, but also because of their socially ascribed caregiving responsibilities and limited access to resources and decision-making power during crises.

Women reported a disproportionate burden of care, as they are primarily responsible for children, elderly family members, people with disabilities and the sick within households and centers of accommodation. The destruction of homes and displacement into overcrowded schools and temporary shelters has significantly undermined women’s privacy, dignity and safety. Lack of gender-segregated sleeping areas, inadequate lighting and insufficient sanitation facilities expose women and adolescent girls to heightened protection risks, including fear of harassment, exploitation and gender-based violence, particularly at night. These risks are compounded by the absence of safe and confidential mechanisms to report protection concerns.



FGD in Chimundo temporary centre (Credits: Mahlahle)

Men highlighted the psychological distress associated with their perceived inability to fulfil socially expected roles as providers and protectors. The loss of agricultural land, livestock and income-generating activities has eroded men’s livelihoods, contributing to feelings of frustration, helplessness and anxiety. Men expressed concern about their capacity to support their families’ recovery, particularly in contexts where food assistance is insufficient and opportunities for paid work are unavailable. This economic stress has implications for household coping strategies and may exacerbate intra-household tension.

Children, especially girls, face increased vulnerability in displacement settings. Girls experience additional risks linked to restricted mobility, insecurity when accessing services, and the acute lack of menstrual hygiene materials. Adolescent girls reported difficulties accessing markets, health services and schools due to distance, insecurity and financial constraints. School disruption, loss of uniforms and learning materials, and overcrowded living conditions increase the likelihood of absenteeism, dropout and negative coping mechanisms, particularly among adolescent girls.

Women-headed households, widows, pregnant and lactating women, elderly women and women with disabilities were repeatedly identified as facing compounded vulnerabilities. These groups often lack physical strength, social support networks or financial means to rebuild homes, access markets or secure assistance. Pregnant and lactating women reported challenges accessing maternal health services and adequate nutrition, increasing risks to both maternal and child health outcomes.

Access to assistance and decision-making remains gendered. Women expressed limited influence over how assistance is delivered, despite being the primary managers of household food, water and hygiene. Preferences for assistance modalities reflected both protection and practicality concerns: while some women favored cash to regain autonomy and meet diverse household needs, many emphasized the risks of exclusion, diversion and market inaccessibility, leading to a strong preference for in-kind assistance during the emergency phase. Men also largely supported in-kind modalities, citing transparency and fairness.

"There are no locks on doors. Men can come in anytime. We are afraid to go to the latrine after dark."

FGD Female participant (FGD 25 Jan)

Documentation

The loss of civil documentation is widespread. 16 FGDs reported that families lost Identity Cards (BI) and birth certificates in the floodwaters. This loss threatens to exclude survivors from accessing government services, humanitarian aid lists, and future resettlement programs.

Vulnerability of Persons with Disabilities

People with disabilities face compounded challenges in evacuation and displacement. *"My brother cannot walk. When we evacuated, we had to carry him. Now he cannot move around the center. He stays on his mat all day,"* shared by FGD male participant (FGD, 24 Jan).

In addition:

- In Chiaquelane (Chókwè/Líonde), a KII documented two children with disabilities who lost mobility devices (chairs) swept away by the floods, leaving them in extreme vulnerability and in need of urgent mobility support.
- In Chibuto, an FGD noted individuals with intellectual disability requiring daily medication—showing how disability intersects with disruption of services and access to health support.
- Across multiple sites, informants identified persons with disabilities among the most affected due to limited mobility, difficulty accessing services/assistance, and inadequate center design (ramps, accessible latrines, proximity to services).

III.6 Education

School Infrastructure Damage

The education sector has been hard hit. The majority of the accommodation centers are in Schools, Basic and Secondary schools and a: *"A Key Informant Interview (KII) with the Director of the District Services for Planning and Infrastructure (SDPI) in Chibuto revealed that 6 schools across the district were either completely or partially submerged during the flood event, rendering them temporarily non-functional."*

Learning Disruption

The loss of school supplies (uniforms, books, bags) was mentioned in 15 FGDs as a barrier to returning even if schools reopen.

Participants also highlighted additional barriers:

- Many children are currently living in accommodation centers far from their original schools, creating

- distance and transport challenges.
- Families have no financial capacity to replace uniforms and supplies, as income sources were destroyed and households are prioritizing food and shelter.
- Some children reported fear and stigma linked to attending school while living in centers, including teasing by peers.

"Our hearts are heavy. It is the beginning of the school year the time when children should be preparing to return to school. Our children need uniforms, books, notebooks, pens. But we, as parents, have no money to buy anything. We lost everything in the flood. How can we send our children to school empty-handed?"
FGD Male participant (FGD 23 Jan)

Priority Education Needs

Based on KIIs and FGDs, priority education-related needs include:

- Rehabilitation and cleaning of flooded schools
- Temporary learning spaces where schools remain occupied or damaged
- Distribution of school kits (exercise books, pens, backpacks)
- Support for school uniforms and basic clothing
- Integration of child-friendly spaces and psychosocial support
- Provision of menstrual hygiene kits for adolescent girls

III.7 Cross-Cutting Issues

INTEGRATED DATA SNAPSHOT

Affected Population: 600,000 (OCHA) — *Impact confirmed by all 12 KIIs in assessed districts.*
Displaced Population: 392,000 (IOM DTM) — *"We counted over 20,000 just in Chókwe district" (SDPI KII).*

Economic Shock: 47.4% maize price increase (WFP) — *"Prices doubled in 3 weeks" (Reported in 17/19 FGDs).*

People with Disabilities

Based on the INE 2017 Census (2.7% baseline) and adjusted for the crisis context (10% estimate per IASC/Sphere standards), it is estimated that **3,000 persons with disabilities** are among the 30,000 directly affected beneficiaries targeted by initial responses. This group requires specific, targeted assistance protocols.

Women & Girls

Menstrual hygiene management (MHM) is a critical, overlooked need. It was raised in 13 FGDs:
"Girls hide in corners during periods, we have no pads, no privacy to wash."

IV. RECOMMENDATIONS & WAY FORWARD

Based on the prioritized needs expressed by communities in the 19 FGDs and triangulated with technical inputs from KIIs, the HPP Team Mozambique recommends the following phased response:

CRITICAL PRIORITIES (Immediate: Weeks 1-2)

Critical Priority 1

Multi-Purpose Cash Assistance (MPCA)

Rationale: 18 of 19 FGDs preferred cash over in-kind aid, citing flexibility: *"Cash lets us buy what we need most—food today, seeds tomorrow."*

- Target:** XXXX households (12,000 individuals) in Gaza Province.
- Transfer Value:** MZN 5,816 per household (approx. EUR 88) to cover MEB.

- **Modality:** Mobile money (Mpesa), including SIM card distribution for unconnected households.

Critical Priority 2

WASH Emergency Response

Rationale: Universal reporting of water contamination poses an imminent cholera risk.

- **Target:** All households living in accommodation centers
- **Intervention:** Distribution of WASH kits (soap, purification tablets/Certeza, buckets).
- **Hygiene Promotion:** Campaign is needed need referenced in all 19 FGDs hygiene issues in accommodation centers

Critical Priority 3

Emergency Shelter Kits & NFIs

Rationale: Roofing sheets (chapas) were the #1 requested item in 19/19 FGDs.

- **Target:** XXXX households.
- **Shelter Kits:** Tarpaulins, roofing sheets, toolkits, rope (Sphere compliant).
- **NFI Kits:** 2 blankets, 2 sleeping mats, 3 mosquito nets, kitchen sets, 2 jerry cans per household.

Critical Priority 4

Mobile Health & GBV Mitigation

Rationale: Health access is cut off, and women report feeling unsafe.

- Deploy mobile health clinics to key centers: Gogote, Chiaquelane, Lionde, Xilembene.
- Install lighting in accommodation centers and separate latrines by gender.
- Establish referral pathways for GBV survivors.

HIGH PRIORITIES (Weeks 2-4)

HIGH PRIORITY

- **Agricultural Inputs:** Distribution of seeds and tools. *"If we miss planting season in February, we will have no harvest in 2026".*
- **Psychosocial Support (PSS):** Programs for children, FGDs reported that women and children suffering from nightmares and distress.
- **Temporary Learning Spaces:** To engage children currently out of school (concern raised in 13 FGDs).

MEDIUM PRIORITIES (Months 2-3)

MEDIUM PRIORITY

- **Cash-for-Shelter:** Support for more permanent reconstruction.
- **Livelihoods Recovery:** Restocking of small livestock (goats, chickens) to restore economic assets.
- **School Rehabilitation:** Repairing damaged classrooms and furniture.

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V. ANNEXES

Annex A: Assessment Team

The assessment was led by the CARE International Mozambique Humanitarian Programming Platform (HPP) team, supported by local partners and enumerators in Chibuto, Chókwè, Xai-Xai, and Guijá districts.

Annex B: FGD Sites Table

(Detailed coordinates and participant lists are available in the internal master database)

- **Chibuto:** Gogote, Chiaquelane, Malehice, Alto Changane, Chaimite, Chibuto Sede, Chicumbane
- **Chókwè:** Lionde, Xilembene, Hokwe, Conhane, Chókwè Sede
- **Xai-Xai:** Praia, Chongoene, Patrice Lumumba, Zongoene
- **Guijá:** Chibabel, Macia, Chivongoene

Annex C: Data Collection Tools

The assessment utilized standard RNA tools adapted for the context, including:

- FGD Guide (Sectoral questions on Food Security, WASH, Shelter, Protection, Health, Education)
- KII Questionnaire (Technical and administrative data)