Background of the Crisis
The armed conflict in the North and Central zone of Cabo Delgado since late 2017 has had a great effect on the security and nutrition situation of households, especially in areas with limited humanitarian access. It has led to the abandonment of people’s homes and fields and massive displacement from districts in the North and Centre to districts in the South of Cabo Delgado, as well as in the neighbouring provinces of Cabo Delgado and Tana. By April 2021, there were 646,802 displaced people registered. Aside from the destruction of livelihoods of IDPs and those left behind, it also led to the destruction of health infrastructure and the dysfunction of health systems. Ongoing insecurity prevents the provision of health and nutrition services to a usual and as part of humanitarian assistance to populations still living in these areas. Conflict, along with other factors such as erratic rainfall and poor water and sanitation infrastructure, has led to a concerning situation of food insecurity and malnutrition. Acute Food Insecurity (AFI) and Acute Malnutrition (AMN) analyses for the province were conducted simultaneously, however, AFI only analysed IDPs and households hosting IDPs, while AMN analysed all children under five.

Acute Food Insecurity Situation
During the Acute Food Insecurity analysis, two specific groups were assessed: 1) IDPs (in resettlement and transit centres and with host households) in five districts - Metuge, Ancuabe, Chiure, Namuno and Balama; and 2) households hosting IDPs, in seven districts - Pemba City, Montepuez, Macomia, Ancuabe, Chiure, Namuno and Balama. For the period of April to September 2021, an estimated 128,000 IDPs and 101,000 people from host households were projected to be in high food insecurity (IPC Phase 3 or above) and need immediate action. All IDP groups and host household groups are classified in a situation of Crisis (IPC Phase 3), except for the Balama IDP group, which is classified in Stressed (IPC Phase 2). Between October 2021 and February 2022, the number of IDPs and people from host households in IPC Phase 3 or above is estimated to increase in all seven districts analysed, and is projected to reach about 197,000 IDPs and 165,000 people from host households. It is expected that if no food assistance is provided, 44,000 IDPs in Metuge district will be in Emergency (IPC Phase 4), while the remaining IDP groups and host household groups in other districts (Pemba City, Namuno, Balama, Ancuabe, Chiure and Nampula) will remain classified in Crisis (IPC Phase 3). Important to note is that this is a period of food scarcity, characterized by depleted cereal reserves and rising prices, and households likely using crisis or emergency coping strategies.

Acute Malnutrition Situation
In the 16 areas analysed in the province of Cabo Delgado, it is estimated that about 76,000 children under the age of five are suffering and will likely suffer from acute malnutrition in the next 12 months and consequently need treatment. Between October 2020 and March 2021, eight districts and two IDP centres had Alert levels of Acute Malnutrition (IPC Phase 2), while five districts and one IDP centre had Acceptable levels of Acute Malnutrition (IPC Phase 1). Projection analysis of the situation indicates that between April and September 2021, in districts with limited or no humanitarian access, the situation is likely to deteriorate to a Crisis (IPC Phase 3) in five districts, and to an Alert one (IPC Phase 2) in four districts. The remaining four districts and three IDP host centres, despite likely deterioration, will likely remain in the same situation. Between October 2021 and January 2022, the situation is projected to continue deteriorating, with two districts with limited or no humanitarian access likely to move into the Critical Phase, six new districts likely to move into the Serious Phase, and one IDP centre likely to move into the Alert Phase. The remaining units of analysis, although the situation may deteriorate, are likely to remain in the same phases.

Recommendations for Immediate Action
Ensuring that all children who are suffering and are likely to suffer from acute malnutrition have access to treatment should be prioritised. Estimates of access to treatment for acute malnutrition at community level in these districts show that coverage is very low, thus requiring urgent and coordinated attention to prevent deaths from severe acute malnutrition. As soon as access is possible, humanitarian assistance (food, health and nutrition, water and sanitation) should be provided in Palma district in particular, but also in the districts of Macomia, Quissanga, Nampula in Macomia, Quissanga, Mueda, Mudumbe and Nangade districts, so that it can have a protective effect against the expected deterioration, especially with the arrival of new IDPs. In the last two districts. Ongoing humanitarian assistance to IDPs in transit centres and with host households, prioritising the most vulnerable in resettlement centres, should be continued. Households hosting IDPs should also be provided with assistance or continue being supported, when applicable. Capacity for basic services should be created and strengthened, not only in centres, but also in communities close to resettlement centres. It is also crucial to monitor the evolution of food insecurity and malnutrition in this rapidly evolving scenario, and to proceed with data collection for a thorough Acute Food insecurity analysis of all households, including those not hosting IDPs and districts not covered by the Acute Food Insecurity analysis.