

OVERVIEW



Renewed displacement in Cabo Delgado. Following a new wave of violence between 24 July and 3 August, over 51,900 people (12,300 families) fled 14 villages in Chiúre district, Cabo Delgado. Most sought safety in Chiúre Sede, with smaller groups arriving in Ocuá and Chiúre Velho, although access constraints limited verification. Over 60 per cent of the displaced were children, with documented cases of unaccompanied and separated children, as well as a significant presence of pregnant women, the elderly, and people with disabilities. As of 31 August, a total of 111,393 people had been displaced across the three northern provinces, the majority in Cabo Delgado (109,118 people).

Rapid response deployed but needs outpaced resources. Within a month, over 11,700 families received life-saving assistance through the UN and NGO rapid response mechanisms. Aid included two-week food rations, WASH support, shelter and NFI kits, health services, protection, and dignity kits. However, food security, basic services and access to livelihoods remained pressing concerns beyond the initial response. By the beginning of September, about 27,540 people (5,508 households) had returned to Chiúre Velho, 9,993 people were in the Megarruma and Maningane relocation centres within Chiúre district, and some 15,000 people were still hosted in and around Chiúre district headquarters.

CERF funds boosted multisector response; access and health risks remained. A US\$4 million CERF Rapid Response allocation supported multisectoral interventions in food, WASH, shelter/NFIs, protection, and CCCM. Despite this support, the humanitarian situation remained fragile. In Chiúre, overcrowded IDP sites and poor sanitation increased health risks, with over 700 malaria, 179 diarrhoea, and 32 conjunctivitis cases reported. A nearby measles outbreak in Memba, Nampula province, also posed a threat of cross-district transmission.

Escalating mental health crisis among displaced populations. A severe mental health and psychosocial (MHPSS) crisis unfolded in Chiúre. Over 77 per cent of displaced individuals showed signs of psychological distress due to repeated displacements and trauma, yet only 20 per cent accessed any form of MHPSS support. Service coverage remained critically low, with insufficiently trained personnel and a lack of clinical expertise. Women in some sites reported receiving no support since arrival, and trauma was reportedly contributing to increased protection risks, including radicalization and recruitment by non-State armed groups.

Strained response and rising competition for resources. Across the highest-priority districts of Macomia, Mocimboa da Praia, Muidumbe, Nangade and Quissanga, the humanitarian response is insufficient. The low levels of response were primarily driven by donor funding cuts at a time when inflows were normally expected. This gap was compounded by NSAG attacks in Niassa and Ancuabe in April and May (displacing around 30,000 people) and in Chiúre in July (displacing another 50,000). These new crises forced partners to divert resources away from the hyper-prioritized districts of the 2025 HNRP toward newly affected southern districts. As a result, humanitarian partners raised concerns over mounting competition for scarce assistance, with host communities, previously displaced people who had received little or no support, and newly displaced populations all struggling to access the same limited resources. For district level overview of assistance provided see the [OCHA humanitarian response dashboard](#)

DISPLACEMENT TREND IN CABO DELGADO, NAMPULA AND NIASA PROVINCES¹

