

Rapid Response Mechanism (RRM) Rapid Needs Assessment (RNA)

Miconi and Namassir Transit Centers - Chiure Sede
Chiure District - Cabo Delgado, Mozambique
30 July to 1 August 2025

PRIORITY NEED	KEY FINDINGS
Food	<ul style="list-style-type: none"> 96% of households reported food as a top 3 priority need
Shelter	<ul style="list-style-type: none"> 67% of households reported Shelter as a top 3 priority need
NFI	<ul style="list-style-type: none"> 44 % of households reported NFIs as a top 3 priority need
WASH	<ul style="list-style-type: none"> 42 % of households reported WASH as a top 3 priority need
Protection	<ul style="list-style-type: none"> Findings stressed the need for family reunification, psychosocial support, and civil documentation assistance

CONTEXT & RATIONALE

BETWEEN 24 AND 28 JULY 2025, escalating attacks and heightened fear of violence by non-state armed groups (NSAG) in the villages of Nantova, Micolene, Ntonhani, and Chiure Velho in the Chiure Velho administrative post triggered the displacement of 11,626 households to two transit centers in Chiure Sede - Miconi (6,329 households) and Namassir (5,297 households), with authorities sending new arrivals to nearby relocation sites in Megaruma, Manigane, Marrupa, and Chiote.¹

In response to these events, the teams of Solidarités International (SI), Save the Children (SCI), and Action Contre la Faim (ACF) conducted a Rapid Needs Assessment (RNA) in Miconi and Namassir to identify the most urgent needs of the displaced population. This document presents the key findings of the assessment.

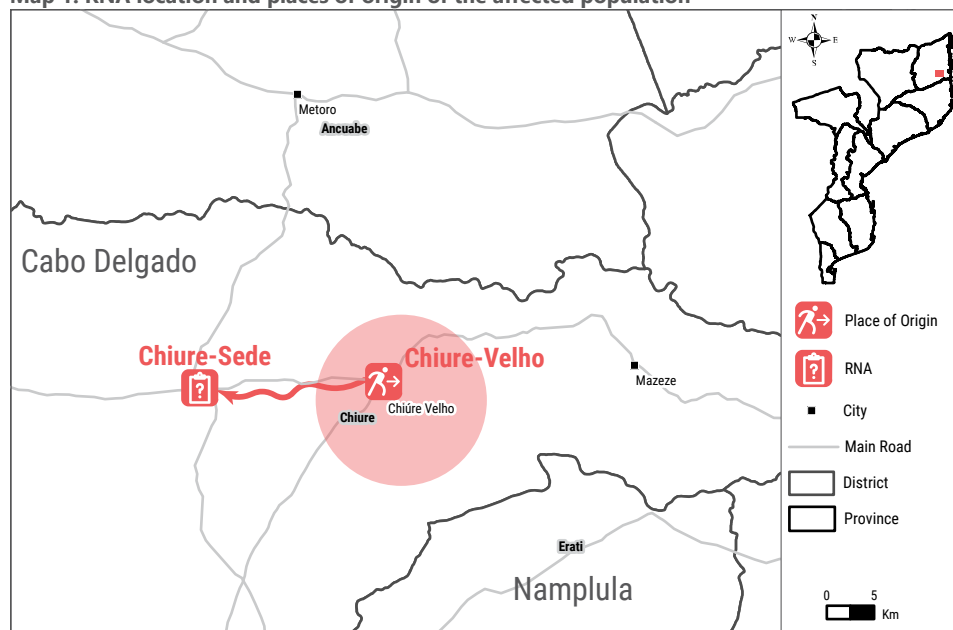
Site	Displaced Population	HH Assisted (28/07 to 05/08)	Planned Assistance (06/08 onwards)
Miconi	6,329 HH	2,807 HH	2,989 HH
Namassir	5,297 HH	4,781 HH	
Total	11,626 HH	7,588 HH	2,989 HH

ASSESSMENT OVERVIEW

This assessment employed a mixed-methods approach. The quantitative element consisted of a total of 147 household surveys conducted with displaced families between 30 July and 1 August - 70 in the Miconi Primary School IDP site and 77 in the Namassir IDP site. The assessment also drew on qualitative insights gathered through direct observations, discussions with community leaders, and feedback from the data collection team.

Although the sample size of 147 households yields a 90–10 confidence level and margin of error for the initial displaced population estimate, all findings should be considered indicative only, as it was not possible to implement a randomized probability sampling method on-site. Further details can be found in the Methodology Overview and Limitations section at the end of the document.

Map 1: RNA location and places of origin of the affected population



Access Conditions: Chiure is accessible by road from Pemba via the N1 via Metoro. The road is secure and in decent condition.

HOUSEHOLD PROFILES

11,626

Estimated number of affected households

6.2

Average size of assessed household

147

Number of assessed households

3.4

Average number of children per household

DISPLACEMENT

64%

of households **intend on returning to their place of origin in the 30 days following data collection**, with **lack of security (94%)** and **psychological trauma (12%)** cited as the primary barriers to return

FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

79%

Average number of meals consumed per household member per day

1.6

% of households that reported a decrease in the frequency of meals per day since the shock

76%

Top 3 reported barriers to food access, by % of households that reported having problems accessing food (n=116)*

- 79% Lack of financial resources
- 21% Lack of cooking utensils
- 20% Limited availability of essential foods in the market

Top 3 reported sources of food, by % of households*

- 33% Personal production
- 26% Aid from NGO, government, etc
- 25% Gift from relatives

Top 3 reported primary livelihood activities, by % of households

- 45% None
- 35% Subsistence farming
- 11% Remittances

% of households per Reduced Coping Strategy Index (RCSI) category²

Low	Medium	High
14%	46%	40%

11%

of households that reported having **access to land**

48%

of households that reported having **access to mobile money (M-Pesa/e-Mola)**

CURRENT AND PLANNED INTERVENTIONS

Site	Response	Organization	Status	Reached	Planned
Miconi	14-Day Food Kits	RRM (SI, ACF)	Ongoing	2,807 HH	2,989 HH
Namassir	15-Day Food Kits	JRP (WFP)	Complete	4,781 HH	

SHELTER & NFIs

Qualitative observations indicated that the **number of displaced families significantly exceeded the available space at the Miconi and Namassir IDP sites**, both of which were located within school premises. While some families were accommodated in overcrowded classrooms, **the majority (70%) were sleeping outdoors in improvised shelters**. However, **13% of households reported sleeping in their own home**, corroborating observations that **many families registered as IDPs were not from the affected villages, but from the host community of Chiure Sede itself**.

CURRENT AND PLANNED INTERVENTIONS

Site	Response	Organization	Status	Reached	Planned
Miconi	SNFI Kits	RRM (SI, ACF) Save the Children	Ongoing	2,807 HH	2,989 HH
Namassir	SNFI Kits	JRP (IOM)	Complete	4,781 HH	

Ownership of essential NFIs, by % of households*

Essential NFI	% of HH
Stove	5%
Sleeping mats	5%
Soap	12%
Lamp	18%
Cooking utensils	19%
Sheets/blankets	19%
Mosquito nets	19%
Clothes	29%
Water buckets	35%
Pots > 5 liters	44%

*select multiple, the total value may exceed 100%

WATER, SANITATION, AND HYGIENE

Legend: ■ Miconi ■ Namassir

% of households that reported having enough water to meet the following needs

Cooking needs 56%

Drinking needs 55%

Hygiene needs 43%

56%

of households reported having problems related to sanitation facilities (toilet/latrine)

52%

of households reported using a non-hygienic sanitation facility (open pit latrine or open defecation)

Most reported primary source of drinking water, by % of households

Borehole 81% 89%

Surface water 19% 8%

Top 3 reported barriers to accessing clean water, by % of households* (n=67)

Lack of water containers 49% 34%

Insufficient water points 42% 39%

Water points are difficult to access 21% 37%

Top 3 reported barriers to access a hygienic sanitation facility, by % of households who reported having sanitation facility issues (n=82)

77% Facilities were shared

38% Facilities were unhygienic

8% Facilities were not gender segregated

Reported water collection times (including travel time and wait time at water point), by % of households

0 to 30 min 53% 74%

31 to 60 min 26% 18%

More than 60 min 21% 8%

While both Miconi and Namassir face significant WASH-related needs, the findings indicate that **Miconi is more severely affected. More than twice as many households in Miconi reported relying on surface water** as their primary drinking source, and **nearly three times as many reported water collection times exceeding one hour**, compared to Namassir.

Qualitative observations support these findings: **Miconi has only one functioning borehole and two latrines**, whereas **Namassir has two boreholes and six latrines**.

CURRENT AND PLANNED INTERVENTIONS

Site	Response	Organization	Status	Reached	Planned
Miconi	Hygiene Kits	RRM (SI, ACF), Save the Children	Ongoing	2,807 HH	2,989 HH
Namassir	Hygiene Kits	JRP (UNICEF)	Complete	4,781 HH	
Miconi/Namissir	Certeza/ Soap	INGD/SDPI (donated by MSF)	Complete	5,000 HH	-
Miconi	Water pump rehab	Helvetas	Complete	-	-
Miconi/Namissir	Latrine/shower construction Hygiene promotion	PRONANAC	Ongoing	-	-
Miconi/Namissir	Bladder Installation	MSF	Ongoing	-	-

ACCOUNTABILITY TO AFFECTED POPULATIONS

Top 3 preferred sources of information on humanitarian aid, by % of households*

49% Community leaders

45% Face to face with humanitarian worker (any)

23% Local government

Top 3 preferred complaint mechanisms of humanitarian aid, by % of households*

55% Community leaders

44% Face to face with humanitarian worker

24% Local government

Preferred modalities of assistance, by % of households

In-kind 41% 61%

Cash 47% 39%

Legend: ■ Miconi ■ Namassir

*Select multiple, the total value may exceed 100%

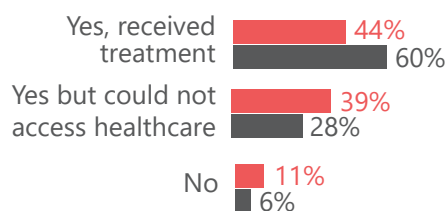
HEALTH & NUTRITION

51% of households reported having at least **one household member above age 5 who was sick in the 2 weeks prior to data collection**, with fever and respiratory illness as the most reported conditions

39% of households with at least one child under age 5 (n=31) reported having **at least one child who was sick in the 2 weeks prior to data collection**, with fever, diarrhea, and cough as the most reported symptoms

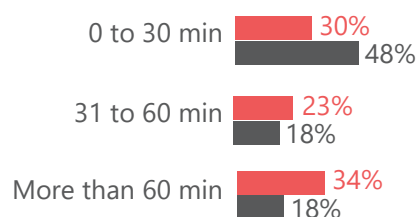
47% of households **with newborns** (less than 6 months old) (n=25) **reported that their infants consumed anything other than breast milk** during the 24 hours prior to data collection

% of households that required medical attention, by number of households that reported having a sick adult or child over age 5 (n=32)



While both Miconi and Namassir face significant health-related needs, the findings indicate that **Miconi is more severely affected. Miconi had a higher rate of households with sick members, who also could not access healthcare.**

Reported distances to the nearest health facility, by % of households

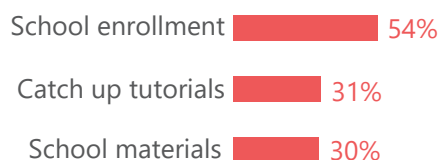


CURRENT AND PLANNED INTERVENTIONS

Site	Response	Organization	Status	Reached
Miconi	Mobile Brigade	Fundação Wiwanana	Ongoing	-
Namassir	Mobile Brigade	SDMAS, Mentor Initiative, UNICEF	Ongoing	-
Miconi	Vaccinations Medical Consultations	RRM (SI, ACF), Save the Children	Ongoing	139 children
Miconi/Namassir	Health Promotion	MSF	Ongoing	-
Miconi	Maternal and Child Health Screening	RRM (SI, ACF), Save the Children	Ongoing	558 ind.

EDUCATION

Top 3 reported priority education needs, by % of assessed households (n=45)*†



58% of households with at least one girl aged 5-17 reported having **all school aged-children attending school at the time of data collection** (n=137), with school closure, lack of financial ability, and education deprioritized as the most commonly reported barriers

59% of households with at least one boy aged 5-17 reported having **all school aged-children attending school at the time of data collection** (n=134), with school closure, education deprioritized, and lack of financial ability as the most commonly reported barriers

CURRENT AND PLANNED INTERVENTIONS

Site	Response	Organization	Status
Miconi	Psychosocial Support Temporary Learning Centers Child Friendly Spaces ³	Save the Children	Ongoing
Namassir	Recreational Facilities	UNICEF	Ongoing
Miconi/ Namassir	Integration of displaced students into functional schools	Save the Children, UNICEF, Plan	Ongoing

Over 60 schools in the Chiure district have closed, including the Miconi and Namassir schools used as IDP resettlement sites. **An estimated 23,000 children have been affected**, with the closures also delaying the quarterly exam period.

*Select multiple, the total value may exceed 100%

PROTECTION & MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

62% of households were **concerned about protection issues in their community**, with fears of **armed conflict** (59%), **theft** (46%), and **forced exploitation** (15%)

42% of households had **heard or encountered separated and/or unaccompanied children among the newly arrived population**

67% of households **reported at least one member with missing identity documents**

20% of households **reported being aware of children in the community who work or have been used by armed groups** (n=29), with the road and IDP sites identified as the most common recruitment locations

Most reported causes of separated/unaccompanied children, by number of households (n=61)*

66% Disappearance of child shortly after attack
54% Loss of parent during displacement
26% Disappearance of parent shortly after attack

Top 3 reported reasons for social tension in the community, by % of households*

Services/aid **61%** 73%
 Ethnic differences **40%** 49%
 Religious differences **40%** 42%

Top 3 reported signs of psychosocial distress in respondent, by % of households*

82% Sadness and discouragement
52% Anxiety or fear
41% Sleep disturbances

Top 3 reported signs of psychosocial distress in children, by % of households (n=139)*

63% Sadness and discouragement
55% Anxiety or fear
22% Sleep disturbances

Top 3 reported protection and social services available in the host community, by % of households

49% Food assistance
45% Healthcare
28% Legal assistance

Qualitative findings suggested that while relations between the host community and displaced households were generally positive, **tensions appeared more pronounced in Namissir—particularly in relation to humanitarian assistance**. Furthermore, there were many reports that **families from the host community of Chiure Sede registered as IDPs in order to receive assistance**, adding to the confusion. To preserve this fragile balance, **humanitarian actors should prioritize effective community sensitization efforts and comprehensive list verification**.

CURRENT AND PLANNED INTERVENTIONS

Site	Response	Organization	Status
Miconi/Namassir	GBV Prevention and PSEA	UNHCR	Ongoing
Miconi/Namassir	Assistive Devices Distribution Physiotherapy Services	UNHCR, Humanity & Inclusion	Ongoing
Namassir	Protection Desk	Helpcode	Ongoing
Miconi	Child Protection Case Management MHPSS Services	Save the Children	Ongoing
Miconi/Namassir	Cross-provincial Engagement with Nampula Child Protection Area of Responsibility (CP AoR)	UNICEF, ActionAid	Ongoing
Miconi	Family Reunification	RRM (FDC)	Ongoing

*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from Solidarités International (SI), Save the Children (SCI), and Action Contre la Faim (ACF) conducted 147 household surveys conducted with displaced families from the Chiure Velho administrative post between 30 July and 1 August - 70 in the Miconi Primary School IDP site and 77 in the Namassir IDP site. Although the sample size of 147 households yields a 90–10 confidence level and margin of error for the initial displaced population estimate, all findings should be considered indicative only, as it was not possible to implement a randomized probability sampling method on-site. The survey tool, deployed via KoBo Collect, targeted displaced households, which were selected using an on-site purposive sampling method. The household surveys were complemented by a qualitative, semi-structured team leader feedback form, which included observations (shelter conditions, water points, health facilities, schools), engagement with community leaders and local authorities, as well as insights from the data collection team. This qualitative data helped to contextualize the shock, triangulate information, and provide detailed descriptions of the assessed sites and living conditions of the affected population.

The scope of the RNA is limited by the rapid response requirements of the RRM and the need to operate within the resources available from partners. Therefore, the findings of the RNA are indicative rather than representative. Additionally, the questionnaire was designed to prioritize only the most essential indicators for each sector, which constrains the depth of the data collected. While the survey captures general living conditions across households, it does not explore differences between individual members or intra-household dynamics, including power relations related to gender, age, or disability. Please refer to the [Terms of Reference](#) and the [Dataset and Analysis](#) for more details.

ENDNOTES

1 International Organization for Migration (IOM), Aug 5 2025. DTM Mozambique — ETT Movement Alert Report —137_Ancuabe, Chiure and Muidumbe attacks (20 July to 3 August). IOM, Mozambique.

2 The RCSI is a proxy indicator of household food insecurity that is based on a list of coping strategies (relying on less preferred or less expensive foods, borrowing food or relying on help, reducing meal frequency, reducing portion sizes, and restricting food consumption for adults to prioritize children) that people do to manage their food insecurity situation. The higher the score, the more extensive the use of negative coping strategies and hence potentially increased food insecurity.

3 Child Friendly Spaces (CFS) is a child protection intervention, which provides children with protected environments in which they participate in organized activities to play, socialize, learn, and express themselves as they rebuild their lives in emergencies. CFS can be either static or mobile.

ABOUT THE RRM

The Rapid Response Mechanism (RRM) in Northern Mozambique, composed of two consortia—one led by Solidarités International with Action Contre la Faim, A Fundação para o Desenvolvimento da Comunidade, Acted, and IMPACT, and the other led by the Norwegian Refugee Council with Ayuda en Acción—provides emergency assistance to populations affected by conflict, epidemics, or located in newly accessible areas.

For more up-to-date information on RRM alerts and interventions, please use the link below to access the RRM Dashboard:

RRM Dashboard

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ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).