

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

Ntamba IDP Site (Alert SI_MUI_17122024)
Nangade District - Cabo Delgado, Mozambique
8 January 2025

PRIORITY NEED	KEY FINDINGS
Food	<ul style="list-style-type: none"> 100% of assessed households reported food security as a priority need. Both quantitative and qualitative findings highlighted the need for immediate food assistance.
NFI	<ul style="list-style-type: none"> 97% of assessed households reported NFIs as a priority need. Low rates of essential NFI ownership, including sleeping mats, sheets, soap, and mosquito nets emphasized the need for NFI kit distribution.
Shelter	<ul style="list-style-type: none"> 72% of assessed households reported shelter as a priority need. IDP families were allocated parcels of land to construct shelters; however, a lack of building materials resulted in mostly improvised shelters, suggesting the need for emergency shelter kit distribution.

CONTEXT & RATIONALE

ON DECEMBER 11TH, 2024, an unknown number of non-state armed group (NSAG) members attacked the community of Minguelwa in the Muidumbe district, killing 2 civilians, wounding another, and setting several houses on fire. Local authorities reported that the attack triggered the displacement of approximately 1,156 households from Minguelwa to the IDP sites in Lutete, Miteda, Matambalale, and Muambula in the Muidumbe district, in addition to the Ntamba IDP site in the Nangade district, and the community of Josina Machel in the Mocimboa da Praia district.¹

In response to these events, a Rapid Response Mechanism (RRM) alert was issued, and a Rapid Needs Assessment (RNA) was conducted in Ntamba by the RRM team of Solidarités International to identify the most urgent needs of the displaced population. This document presents the key findings of the assessment.

Access Conditions: the road from Mueda to the Ntamba IDP site was accessible for transport with the Forças Armadas de Defesa de Moçambique (FADM) and local police forces on patrol in the area at the time of data collection.

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



ASSESSMENT OVERVIEW

This assessment utilized a mixed-method approach. The quantitative element consisted of 36 household surveys conducted on January 8th with displaced families living in the Ntamba IDP site in the Nangade district.

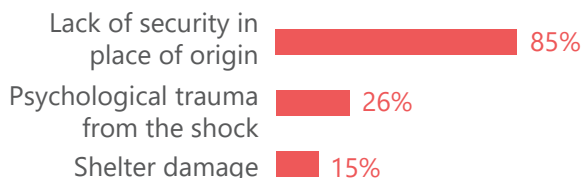
The quantitative findings were supplemented with a qualitative component consisting of observations, community leader engagement, and insights from the data collection team.

Results are indicative. Please refer to the Methodology Overview and Limitations section at the end of the document for further detail.

DISPLACEMENT

94% of assessed households **did not** intend on returning to their place of origin in the 30 days following data collection.

Top 3 most commonly reported barriers to return, by % of assessed households* (n=33)



HOUSEHOLD PROFILES

109 Estimated number of affected households²

36 Number of assessed households

4.3 Average size of assessed household

2.2 Average number of children per assessed household

Respondent gender, by % of assessed households



FOOD SECURITY, LIVELIHOODS & MARKETS

% of assessed households that reported having problems accessing food at the time of data collection

92%

Average number of meals consumed per assessed household member per day

1.8

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

78%

Top 3 most commonly reported barriers to food access, by % of assessed households* (n=33)

- 97% Lack of financial resources
- 30% Lack of access to land
- 9% Lack of cooking utensils

Top 3 most commonly reported sources of food, by % of assessed households*

- 64% Food in exchange for work
- 25% Borrow from relatives
- 19% Received as gift from relatives

Top 3 most commonly reported primary livelihood activities, by % of assessed households

- 64% Daily work
- 25% None
- 11% Subsistence farming

36% of assessed households reported having **access to land**.

61% of assessed households reported having **access to mobile money (M-Pesa/e-Mola)**.

75% of assessed households reported having **access to a market nearby**.

PRIORITY ACTION

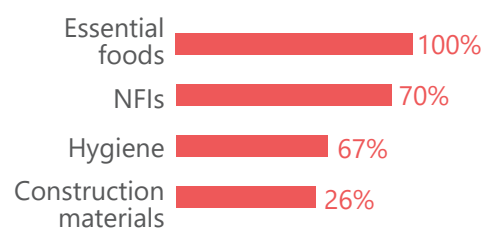
Food assistance: 100% of assessed households reported food security as a top priority need.

Qualitative findings aligned with quantitative data, showing that the host community provided food to newly arrived IDP families during their initial days in Ntamba. However, community leaders emphasized that this approach was unsustainable.

% of assessed households per each Reduced Coping Strategy Index (RCSI) category³

Low	Medium	High
8%	61%	31%

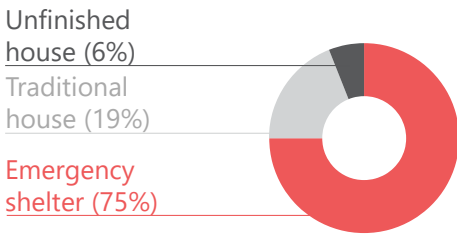
Most commonly reported types of products available at the market, by % of assessed households*



*select multiple, the total value may exceed 100%

SHELTER & NFIs

Most commonly reported condition of current shelter, by % of assessed households



Most commonly reported type of living arrangement, by % of assessed households

- 53% In a displacement site
- 47% In a borrowed house

Ownership of essential NFIs, by % of assessed households*

Essential NFI	% of HH
Stove	0%
Mosquito nets	0%
Soap	3%
Sleeping mats	3%
Sheets/blankets	3%
Lamp	8%
Cooking utensils	19%
Pots > 5L	31%
Clothes	39%
Water buckets	44%

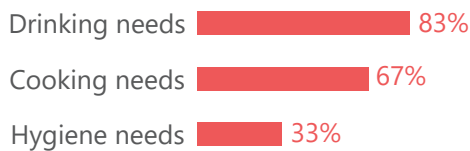
PRIORITY ACTION

Emergency shelter and NFI kit distribution: NFIs (97%) and Shelter (72%) were both reported as top priority needs by assessed households.

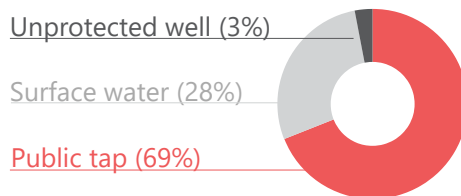
Qualitative findings aligned with quantitative data, as input from community leaders, respondent feedback, and observations underscored the need for NFIs and shelter. IDP families were allocated parcels of land to construct shelters; however, a lack of building materials resulted in mostly improvised shelters covered with tarpaulins, offering limited durability.

WATER, SANITATION, AND HYGIENE

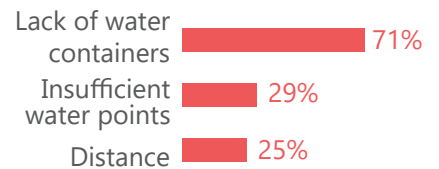
% of assessed households that reported having enough water to meet the following needs



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



Top 3 most commonly reported barriers to accessing clean water, by % of assessed households*



Most commonly reported water collection time (including travel time and wait time at water point), by % of assessed households

- 31% 0-30 minutes
- 33% 30-60 minutes
- 17% 60-90 minutes
- 19% More than 90 minutes

44% of assessed households reported **having problems related to sanitation facilities** (toilet/latrine).

97% of assessed households reported using **a non-hygienic sanitation facility** (open pit latrine or open defecation) at the time of data collection.

Top 3 most commonly reported barriers to a hygienic sanitation facility from the 16 households that reported having sanitation facilities issues*

- 8/16 Facilities were non-functional
- 5/16 Facilities were damaged
- 4/16 Facilities were not private

Qualitative observations identified one water point at the center of the IDP site and four emergency latrines distributed across the site, all installed by Mentor Initiative. **While not reported among the top three priority needs, quantitative findings indicated a need for improved hygiene: only 33% of assessed households had sufficient water for hygiene needs, and just 3% reported using a hygienic sanitation facility (closed-pit latrine), highlighting an increased risk of water-borne diseases.**

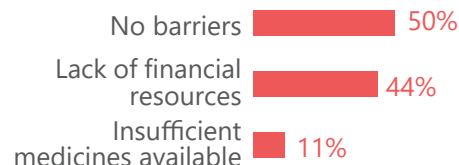
*select multiple, the total value may exceed 100%

HEALTH

42% of assessed households reported **an adult member who was sick during the 2 weeks prior to data collection**, with malaria (6), stomach illness (5), body pain (4), and diarrhea (4) as the most commonly reported conditions.

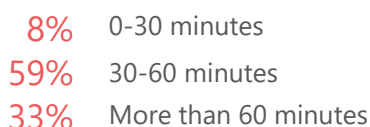
0/2 of assessed households with at least one child under age 5 reported having **at least one child who was sick during the 2 weeks prior to data collection**.

Top 3 most commonly reported barriers to healthcare, by % of assessed households*



97% of assessed households reported **going to a health center** (clinic, hospital, etc.) **when someone in the household needed healthcare**.

Most commonly reported distance to the nearest health facility, by % of assessed households

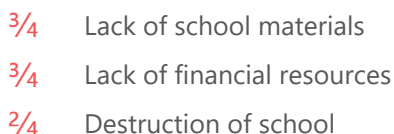


Qualitative findings suggested that there was a **well-equipped health center** with sufficient medical personnel **located in the nearby village of Ntamba**.

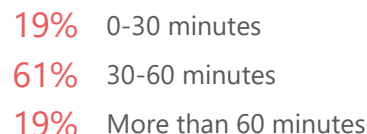
EDUCATION

87% of assessed households with at least one child aged 5-17 reported having **all school aged-children attending school at the time of data collection** (n=31).

Most commonly reported barriers to school attendance, by number of assessed households*



Most commonly reported distance to the nearest school, by % of assessed households



Qualitative observations added that the local **primary school had a sufficient number of teachers**.

PROTECTION

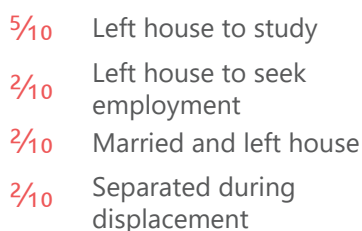
92% of assessed households reported a **good or very good relationship between IDPs and the host community**.

28% assessed households with at least one child under age 18 reported having **at least one child not residing in the household at the time of data collection**.

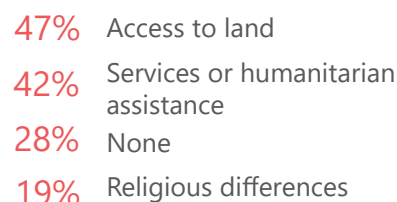
72% of assessed households **reported at least one member that was missing their identity documents**.

8% of assessed households were **concerned about protection issues in their community** at the time of data collection, with reports of **gender-based violence** (2), **child marriage** (1), **physical violence** (1), and **theft** (1).

Top 4 most commonly reported reasons for children not residing in the household, by number of assessed households*



Top 4 most commonly reported reasons for social tension in the community, by % of assessed households*



*select multiple, the total value may exceed 100%

ACCOUNTABILITY TO AFFECTED POPULATIONS

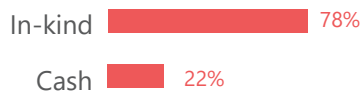
Top 3 preferred sources of information of humanitarian aid, by % of assessed households*

- 64% Face to face with humanitarian worker
- 53% Community leaders
- 39% Phone

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

- 59% Community leaders
- 53% Face to face with humanitarian worker
- 47% Linha Verde⁴

Preferred modalities of assistance, by % of assessed households



*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from Solidarités International (SI) conducted 36 structured, face-to-face household surveys with displaced families residing in the Ntamba IDP site at the time of data collection, located in the southern Nangade district of Cabo Delgado. 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, 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 observations and descriptions of the sites and affected populations.

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. The findings of the RNA are indicative only. 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 RRM Mozambique: Alert SI_MUI_17122024. December 2024.

2 This is an estimate based on information gained by key informants in Alert SI_MUI_17122024. However, this number is subject to change as more families register with local authorities in Ntamba.

3 The RCSI is a proxy indicator of household food insecurity that is based on a list of behaviors (coping strategies) 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.

4 Linha Verde 1458 is a free-to-use hotline which aid beneficiaries can call to discuss any matters related to humanitarian aid, including any feedback, complaints, or reports of misconduct.

ABOUT THE RRM

The Rapid Response Mechanism (RRM) in Northern Mozambique is a consortium composed of Solidarités International (SI), Action Contre la Faim (ACF), a Fundação para o Desenvolvimento da Comunidade (FDC), Acted, and IMPACT Initiatives, that provides emergency assistance to populations affected by conflict, epidemics, or located in a newly accessible area.

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).

RRM CONSORTIUM MEMBERS:



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