

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

Meluco Sede (Alert ACF\_MEL\_19022025)  
Meluco District - Cabo Delgado, Mozambique  
21 February 2025

PRIORITY NEED	KEY FINDINGS
<b>Food</b>	<ul style="list-style-type: none"> <li>20 out of 21 assessed households reported <b>food as a priority need</b>.</li> <li>Findings highlighted the need for <b>immediate food assistance</b>.</li> </ul>
<b>Shelter</b>	<ul style="list-style-type: none"> <li>14 out of 21 assessed households reported <b>shelter as a priority need</b>.</li> <li>All 21 assessed households either lived with a host family or in a house borrowed from one, suggesting the need for <b>emergency shelter kit distribution</b>.</li> </ul>
<b>NFIs</b>	<ul style="list-style-type: none"> <li>6 out of 21 assessed households reported <b>NFIs as a priority need</b>.</li> <li>More than half of assessed households did not own any essential NFIs, highlighting the need for <b>NFI kit distribution</b>.</li> </ul>

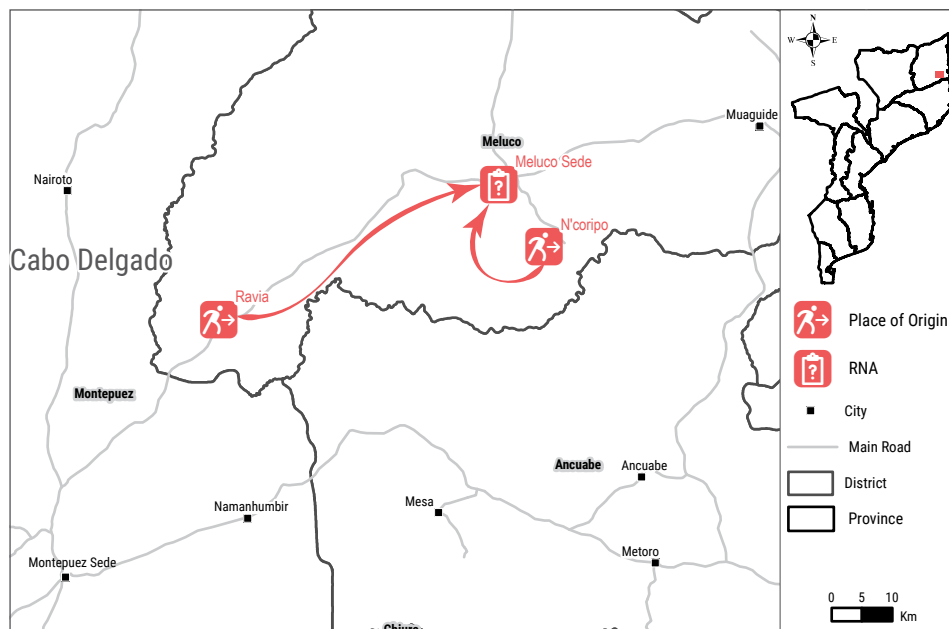
## CONTEXT & RATIONALE

**ON 10 FEBRUARY 2025**, an armed attack by non-state armed group (NSAG) members targeted the community of Ravia in the southwestern zone of Meluco District, resulting in burned homes, looted food supplies, and clashes with local security forces. The violence continued on 11 February, when NSAG members attacked the neighboring community of Ncoripo, reportedly killing five civilians. In the aftermath of these attacks, 2,982 individuals (636 households) were forcibly displaced, including 19 pregnant women, 20 unaccompanied minors, and medical staff from Ravia Hospital. The majority have sought refuge in Meluco Sede.<sup>1</sup>

**Access Conditions:** Meluco Sede is accessible by land from Pemba via Sunate and Nguia. The security situation in the area is volatile, requiring continuous monitoring. There are 2 permanent checkpoints installed along the route after Sunate, with the Forças Armadas de Defesa de Moçambique (FADM) maintaining a permanent presence in Meluco Sede. Some reports also indicate that Rwandan forces were also deployed to the area following the attacks.

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

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



## ASSESSMENT OVERVIEW

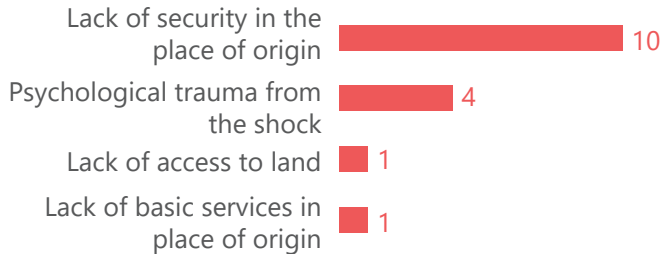
This assessment utilized a quantitative approach consisting of 21 household surveys conducted on February 21st with displaced families living in the Meluco Sede community in the Meluco district. This assessment was limited by the geographically challenging accessibility of the area, resulting in a low sample size and the absence of a qualitative component.

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

## DISPLACEMENT

**9/17** of assessed households **did not** intend on returning to their place of origin in the 30 days following data collection.

**Top 4 most commonly reported barriers to return**, by number of households who reported not having an intention to return to their place of origin\* (n=10)



## HOUSEHOLD PROFILES

**11.3** Average size of assessed household

**5.6** Average number of children per assessed household

**21** Number of assessed households

**43.2** Average age of respondent

**Respondent gender**, by number of assessed households (n=21)



## FOOD SECURITY, LIVELIHOODS & MARKETS

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

**18/21**

**Top 4 most commonly reported barriers to food access**, by number of assessed households that reported having problems accessing food\* (n=18)

- 11 Lack of financial ability
- 3 Not all essential foods available in market
- 3 Insufficient quantities of food available in market
- 3 Distance to market

**1/21** assessed households reported having **access to land**.

**Average number of meals consumed per assessed household member per day**

**1.5**

**Top 3 most commonly reported sources of food**, by number of assessed households\* (n=21)

- 9 Received as a gift from friends/relatives
- 9 Food in exchange for work
- 7 Personal production

**3/21** assessed households reported having **access to mobile money (M-Pesa/e-Mola)**.

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

**14/21**

**Top 3 most commonly reported primary livelihood activities**, by number of assessed households (n=21)

- 14 None
- 4 Subsistence farming
- 3 Daily work

**13/21** assessed households reported having **access to a market nearby**.

### PRIORITY ACTION

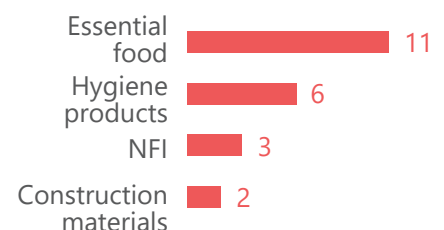
**Food assistance: 20 out of 21 assessed households reported food security as a top priority need.**

The priority need is consistent with the reported barriers to food access experienced by all households, as well as the reliance on negative coping strategies observed in the RCSI.

**Number of assessed households per each Reduced Coping Strategy Index (RCSI) category<sup>2</sup> (n=21)**

Low	Medium	High
4	5	12

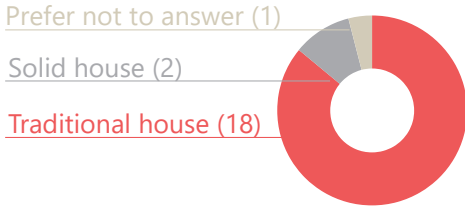
**Most commonly reported types of products available at the market**, by number of assessed households that reported having access to a market nearby\* (n=13)



\*select multiple, the total value may exceed 100%

## SHELTER & NFIs

**Most commonly reported condition of current shelter, by number of assessed households (n=21)**



**Most commonly reported type of living arrangement, by number of assessed households (n=21)**

- 11 In a borrowed house
- 10 With host family

**Ownership of essential NFIs, by number of assessed households\* (n=21)**

Essential NFI	% of HH
Stove	0
Lamp	1
Mosquito nets	1
Sleeping mats	1
Sheets/blankets	1
Soap	1
Cooking utensils	3
Water buckets	4
Clothes	4
Pots >5 litres	7

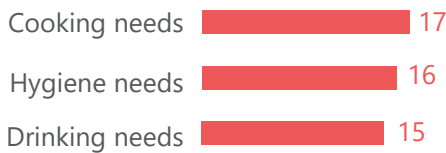
### PRIORITY ACTION

**Emergency shelter and NFI kit distribution: Shelter (14/21) and NFIs (6/21) were both reported amongst the top priority needs by assessed households.**

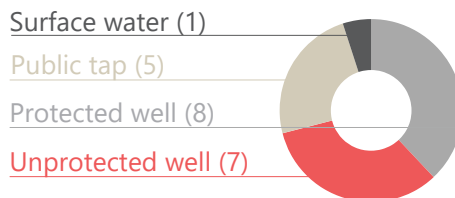
All 21 assessed households either lived with a host family or in a house borrowed from one. Additionally, more than half (11/21) did not own any essential NFIs, emphasizing the need for emergency shelter and NFI kit distribution.

## WATER, SANITATION, AND HYGIENE

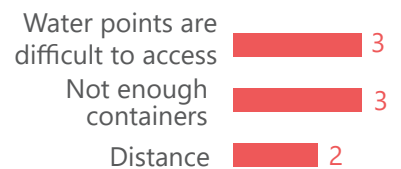
**Number of assessed households that reported having enough water to meet the following needs (n=21)**



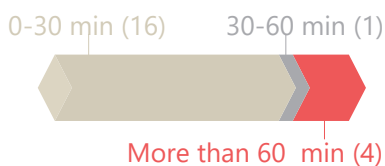
**Most commonly reported primary source of drinking water, by number of assessed households (n=21)**



**Top 3 most commonly reported barriers to accessing clean water, by number of assessed households that reported not having enough water to meet their needs\* (n=6)**



**Most commonly reported water collection time (including travel time and wait time at water point), by number of assessed households (n=21)**



13/21

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

16/21

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, by the number of assessed households that reported having sanitation facilities issues\* (n=13)**



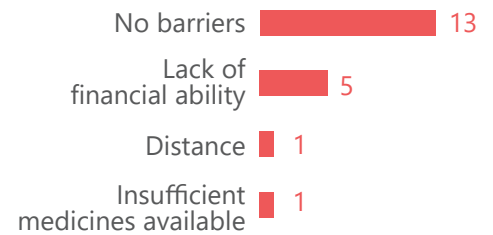
\*select multiple, the total value may exceed 100%

## HEALTH

**14/21** assessed households reported having at least **an adult member who was sick during the 2 weeks prior to data collection**, with malaria (7), body pain (4), diarrhoea (2), and stomach illness (2) as the most commonly reported conditions.

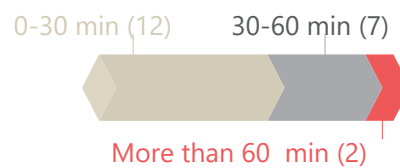
**6/9** assessed households with at least one child under age 5 reported having **at least one child who was sick during the 2 weeks prior to data collection**, with malaria (3), fever (2), skin infection (2), and cough (2) as the most commonly reported symptoms.

**Top 4 most commonly reported barriers to healthcare**, by number of assessed households\* (n=21)



**21/21** assessed households reported **going to a health center (clinic, hospital) when someone in the household needed healthcare**.

**Most commonly reported distance to the nearest health facility**, by number of assessed households (n=21)



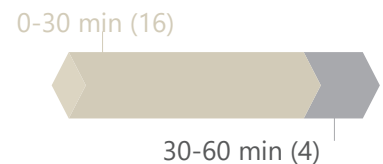
## EDUCATION

**5/20** assessed households with at least one child aged 5-17 reported having **all school aged-children attending school at the time of data collection**.

**Top 4 most commonly reported barriers to school attendance**, by number of assessed households\* (n=15)

- 8 Lack of school materials/uniforms
- 8 Interruption following a move/return
- 4 Lack of documentation
- 4 Conflict

**Most commonly reported distance to the nearest school**, by number of assessed households with school-aged children (n=20)



## PROTECTION

**17/21** assessed households reported a **good or very good relationship between IDPs and the host community**.

**6/21** 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**.

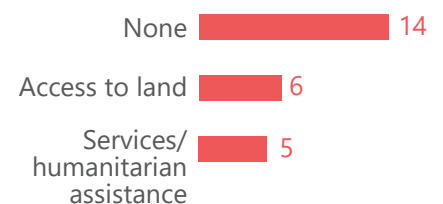
**15/21** assessed households **reported at least one member that was missing their identity documents**.

**9/21** assessed households were **concerned about protection issues in their community** at the time of data collection, with fear of **theft or looting** (4), **armed conflict and violence** (3), and **physical violence** (2).

**Top 4 most commonly reported reasons for children not residing in the household**, by number of assessed households\* (n=6)

- 4 Left the house to study
- 3 Married and left the house
- 1 Left the house to seek employment
- 1 Living with another household

**Top 3 most commonly reported reasons for social tension in the community**, by number of assessed households\* (n=21)



\*select multiple, the total value may exceed 100%

## ACCOUNTABILITY TO AFFECTED POPULATIONS

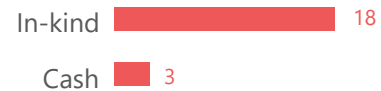
### Top 6 preferred sources of information on humanitarian aid, by number of assessed households\* (n=21)

- 15 Face-to-face with a humanitarian worker
- 5 Through community leaders
- 2 Phone call
- 2 Face-to-face with a female humanitarian worker
- 2 Community events
- 2 Town crier

### Top 3 preferred complaint mechanisms of humanitarian aid, by number of assessed households\* (n=21)

- 10 Face-to-face with a humanitarian worker
- 6 Through community leaders
- 4 Linha Verde<sup>3</sup>

### Preferred modalities of assistance, by number of assessed households (n=21)



\*select multiple, the total value may exceed 100%

## METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from Action Contre la Faim conducted 21 structured, face-to-face household surveys with displaced families residing in the Meluco Sede community of Meluco District on 21 February 2025. The survey tool, deployed via KoBo Collect, targeted displaced households, which were selected using an on-site purposive sampling method. The household surveys are usually 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. However, the data collection team was unable to complete the qualitative component for this round.

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. Lastly, all findings are presented as counts rather than percentages due to a low sample size. Please refer to the [Terms of Reference](#) and the [Dataset and Analysis](#) for more details.

## ENDNOTES

1 RRM Mozambique: Alert ACF\_MEL\_19022025. February 2024 (for access, please contact ACF Field Coordinator, Tom Meunier, at areaco@mz-actioncontrelafaim.org).

2 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.

3 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.

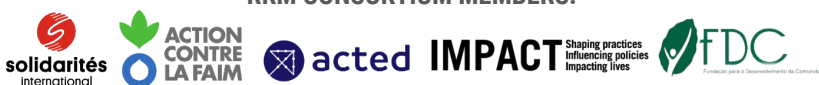
## ABOUT THE RRM

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:



### FUNDED BY:

