

Rapid Needs Assessment (RNA)

Rapid Response Mechanism (RRM)

Ntocota - Metuge District (Alert NRC_Chiure-Mazeze_21102025)
 Cabo Delgado, Mozambique
 6 November 2025

CONTEXT & RATIONALE






BETWEEN 1 AND 17 OCTOBER 2025, incidents involving non-state armed groups (NSAGs) continued across Cabo Delgado and parts of Nampula, severely affecting civilians. Mazeze in Chiúre district was particularly hit, with attacks on 2, 4, 9, 14, 15, and 17 October targeting Juravo, Soma, Milapene, and Mazeze Sede, causing homes to be burned, property looted, and residents displaced. In Chiúre Velho, Napala, one person was killed and several homes destroyed, while in Erati, Nampula, four men were abducted in Odinepa. The violence triggered widespread displacement, with 1,329 households reported in Metuge Sede (Saul 85, Manono 215, Namuapala 66, Taratara 9, Bandar 15, Cuaia 50, Nanjua 31, Nanlia 9), Mieza (Naminawe A 188, Naminawe B 148), and Ntocota 457, either in resettlement centers or hosted within communities.¹

Access Conditions: Ntocota is accessible by road from Pemba in approximately 1 hour and 30 minutes, covering around 60 kilometers. The road is paved but in very poor condition. To reach Ntocota, it is necessary to cross Cahora Bassa on a dirt road, which may become impassable during the rainy season. The security situation in the area is generally stable, although it remains volatile and requires continuous monitoring. However, the presence of non-state armed groups was reported in Ntocota during the last week of October.

This document presents the main findings of the assessment. As Metuge Sede and Naminawe were assessed separately by NRC and SCI, the analysis presented here focuses exclusively on the situation and priority needs in Ntocota. Further details are available in the Methodology Description and Limitations section at the end of the document.

TOP 3 REPORTED PRIORITY NEEDS by % of households

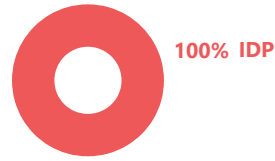
 <p>Food 97%</p> <ul style="list-style-type: none"> 97% of households reported having problems accessing food 84% of households reported a reduction in the number of meals consumed since the event 66% of households had high rCSI, indicating severe reliance on negative coping strategies 	 <p>NFI 87%</p> <ul style="list-style-type: none"> None of the assessed households had access to lamps or stoves 	 <p>Shelter 79%</p> <ul style="list-style-type: none"> 89% of IDP households did not intend on returning to their place of origin in the 30 days following data collection 55% of households were living in displacement/collective sites, with mostly improvised shelters (50%)
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HOUSEHOLD PROFILES

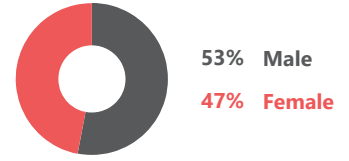
457 Number of newly-arrived IDP households at the assessed location, as per community leaders

38 Number of assessed households

Population groups, by % of households



Respondent gender, by % of households



DISPLACEMENT

89% of IDP households did **not intend** on **returning** to their **place of origin** in the 30 days following data collection (n=38)

94% of IDP households reported **lack of security** as the **principal barrier to return** to their place of origin (n=34)

QUALITATIVE INSIGHTS

The ongoing insecurity in areas of origin, such as Mazeze and Chuire Velho, has prevented families from returning safely; before the attacks by non-state armed groups, they relied on agriculture, fishing, handicrafts, and small-scale gold mining for their livelihoods. Currently, the arrival of new internally displaced households in the host community remains dynamic, with new households being registered each week.

FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

97%

Average number of meals consumed per household member per day

1.7

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

84%

Top 3 reported barriers to food access, by % of households that reported having problems accessing food (n=37)*

- 97% Lack of financial resources
- 35% Lack access to land
- 8% Limited essential food supply

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

- 61% Borrowing food from relatives
- 50% Food in exchange for work
- 24% Received as gift from relatives

Top 3 reported primary livelihood activities, by % of households

- 84% Subsistence farming
- 8% Craftsmanship
- 3% Small business

PRIORITY ACTION

Food assistance: 97% of assessed households reported food security as a top 3 priority need

90% of households reported having problems accessing food, with 66% of households categorized as "high" in the RCSI, indicating negative coping strategies.

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

Low	Medium	High
3%	32%	66%

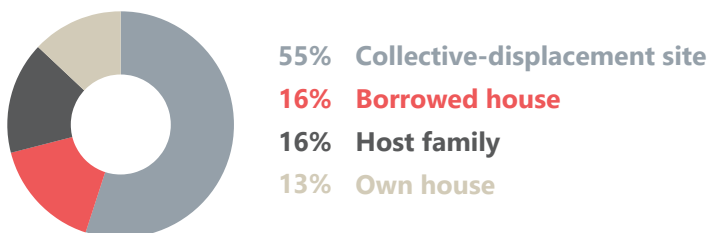
11% of households that reported having **access to land for cultivation**

37% of households that reported having **access to mobile money (M-Pesa/e-Mola)**

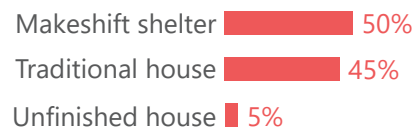
*select multiple, the total value may exceed 100%

NFI SHELTER & NFIs

Most reported living arrangement, by % of households



Most reported shelter condition, by % of households



Ownership of essential NFIs, by % of households*

Essential NFI	% of HH
None	5%
Lamp	0%
Stove	0%
Soap	3%
Sleeping sheets	5%
Sleeping mats	8%
Mosquito nets	8%
Cooking utensils	24%
Water buckets	42%
Pots > 5 Lt	45%
Clothes	58%

PRIORITY ACTION

Shelter assistance: NFI (87%) and Shelter (79%) were reported amongst the top 3 priority needs by assessed households

55% of households were living in **collective-displacement sites**, while another 16% were living in **borrowed houses**. Qualitative observations indicated that, in general, both displaced and host community families rely on **shelters built with weak local materials, offering minimal and insufficient protection** against environmental risks and adverse weather conditions.

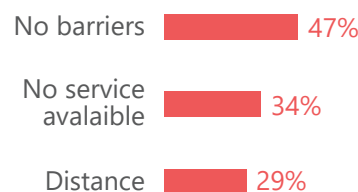
Essential NFIs were also scarce: none of the assessed households **had access to lamps or stoves**.

HEALTH & NUTRITION

29% 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 (6), skin problems (3), and not severe diarrhea (1) as the most reported conditions

3/15 households with at least one child under age 5 (n=15) reported having **at least one child who was sick in the 2 weeks prior to data collection**

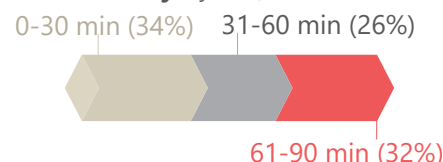
Top 3 reported barriers to healthcare, by % of assessed households*



9/11 households with a sick member above age 5 (n=11) **received treatment for their condition**

1/4 households **with newborns (less than 6 months old) reported that their infants consumed anything other than breast milk** during the 24 hours prior to data collection

Reported time to reach the nearest health facility, by % of households



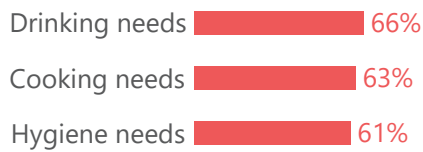
QUALITATIVE INSIGHTS

Community leaders reported that the community had only two Community Health Agents (APEs) responsible for providing malaria diagnosis and treatment, while other health issues were referred to the Nanlia Health Centre, located 8 km away. They also noted that the IOM mobile health brigade visited the community on a monthly basis, although the population had requested more frequent visits, ideally weekly or biweekly, to better address existing needs. In this context, **the community's access to essential healthcare services has been limited**, highlighting a critical area for potential interventions.

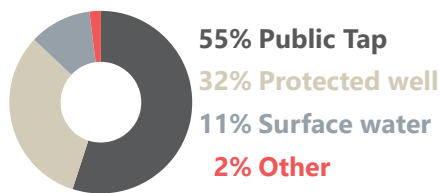
*select multiple, the total value may exceed 100%

WATER, SANITATION AND HYGIENE

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



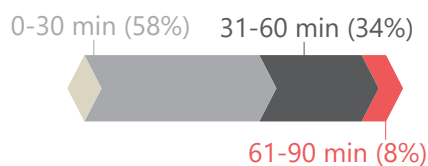
Most reported primary source of drinking water, by % of households



Top 3 reported barriers to accessing clean water, by % of households* (n=17)

- 8 Lack of water containers
- 8 Insufficient water points
- 4 Distance

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



37% of households reported **having problems related to sanitation facilities** (toilet/latrine)

84% of households reported **using a non-hygienic sanitation facility** (open pit latrine or open defecation)

Top 3 reported barriers to accessing a hygienic sanitation facility, by % of households who reported having sanitation facility issues (n=14)

- 6 Facilities were unclean
- 3 Facilities were not private
- 3 Facilities were not segregated

QUALITATIVE INSIGHTS

The team leader highlighted that **sanitation coverage and access to basic services in the community had been limited**. At the time of data collection, only two latrines and two bathing facilities had been constructed using local materials, such as wooden logs and mud, for approximately 245 households, while the latrines in the host community were made of low-quality materials. **The number of latrines and bathing areas remained insufficient, and although six functional manual water points and eight solar-powered water systems existed, only two of the latter were operational**. Water scarcity continues to be one of the main concerns for both displaced families and host communities.

EDUCATION

12/23 of households with at least one girl aged 5-17 reported having **all school aged girls attending school at the time of data collection** (n=23)

10/23 of households with at least one boy aged 5-17 reported having **all school aged boys attending school at the time of data collection** (n=23)

0% of households with children reported having their children participate in **non-school educational activities** (n=23)

Most reported barriers to school attendance for girls, by number of households* (n=11)

- 3 Lack of financial resources
- 2 No documentation
- 1 No school nearby

Most reported barriers to school attendance for boys, by number of households* (n=12)

- 6 Lack of financial resources
- 1 Lack of interest
- 1 No school nearby

Top 3 reported most pressing educational needs for children, by % of households* (n=31)

- 32% School supplies
- 29% Need to resume school
- 23% Needs tutoring

QUALITATIVE INSIGHTS

Community leaders reported that the local school, built with mixed materials and offering education from 1st to 6th grade, has allowed the integration of displaced children upon arrival, as they are not required to provide documentation for enrollment and are placed in the grade they were attending in their place of origin. However, they noted that **children who arrived recently have not been able to enroll due to the end of the school year, which means they will miss this academic cycle**, highlighting a gap in educational access for newly arrived students.

*Select multiple, the total value may exceed 100%

PROTECTION, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

76% of households reported a **good or very good relationship between IDPs and the host community**

8% of households had **heard or encountered separated/unaccompanied children among the newly arrived population**

61% of households **reported at least one member with missing identity documents**

16% of households were **concerned about protection issues in their community** (n=6), with fears of **armed conflict** (6) and **thefts** (4)

Most reported causes of separated/unaccompanied children, by number of households (n=3)*

3 Loss of parents due to displacement

11% of households reported **knowing children** in the community that **worked with armed groups**, with **roads, schools, and resettlement sites** as the most commonly reported **recruitment location**

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

- 66%** Sadness and discouragement
- 55%** Anxiety or fear
- 18%** Resilience

Top 3 reported psychosocial signs in girls, by % of households (n=23)*

- 12** Sadness and discouragement
- 11** Anxiety or fear
- 9** Resilience and adaptation

Top 3 reported psychosocial signs in boys, by % of households (n=23)*

- 12** Resilience and adaptation
- 10** Sadness and discouragement
- 5** Anxiety or fear

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

- 84%** None
- 11%** Tension over assistance
- 11%** Ethnic differences

QUALITATIVE INSIGHTS

The team leader mentioned that the **continuous arrival of new internally displaced persons had increased the pressure on the already limited water resources in the community**. However, he highlighted that the community environment was collaborative and well organized, with strong participation from local leaders and community activists in coordination and humanitarian response efforts. Despite these limitations, the **community has demonstrated a remarkable sense of integration and social cohesion**, as host families have supported newly arrived households through mechanisms of cooperation and resource sharing.

ACCOUNTABILITY TO AFFECTED POPULATIONS



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

- 61%** Community leaders
- 55%** Face to face with humanitarian worker (any)
- 29%** Phone call

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

- 63%** Face to face with humanitarian worker (any)
- 28%** Community leaders
- 29%** Phone call

Preferred modalities of assistance, by % of households

- In-kind  **71%**
- Cash  **29%**

*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team of Action Contre la Faim (ACF) conducted 38 structured, face-to-face household surveys with households in Metuge on 6 October 2025, all the surveys with displaced families living in Ntocota. 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.

HUMANITARIAN ACTORS PRESENT IN NTOCOTA

Organization	Type	Intervention Sectors
OIM	UN agency	Shelter, Protection, WASH, health ³
UNOPS	UN agency	Shelter, Education, Health
ACF	INGO	Multipurpose vouchers
Ayuda en Acción	INGO	Needs assessments for future interventions

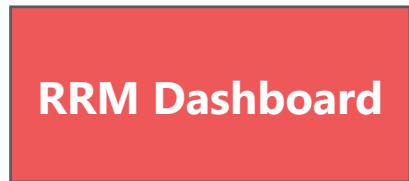
ENDNOTES

1. RRM Mozambique. NRC_Chiure-Mazeze_21102025. October 2025 (for access, please contact NRC Emergency Response Manager, Issufo Muhamade, at issufo.muhamade@nrc.no and contact ACF Deputy Area Coordinator for Programs, Capucine Peignier, at dfc-cd@mz-actioncontrelafaim.org).
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. The mentioned interventions are not targeted at the displaced households, but rather at the host community.

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:



COOPERATING PARTNERS



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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).