

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

Nangade Sede, Nangade District - Cabo Delgado, Mozambique
22 July 2024

KEY MESSAGES

- **Food security was reported as the top priority need for the respondents (91% of assessed households),** with 89% of assessed households citing lack of financial resources as the main barrier to food access.
- **The second most reported priority need was the provision of essential non-food items (NFIs).** At the time of data collection, **more than half of the respondents did not possess any essential NFIs** including cooking utensils, sleeping mats/sheets, cooking fuel, and hygiene items.
- Both quantitative and qualitative findings highlight **WASH** as a priority need. **Only 3/8 public taps in the communities are operational, which has led to 30% of assessed households resorting to polluted surface water sources.** Furthermore, **77% of assessed households used non-hygienic sanitation facilities¹,** which could lead to outbreaks of waterborne diseases.

CONTEXT & RATIONALE

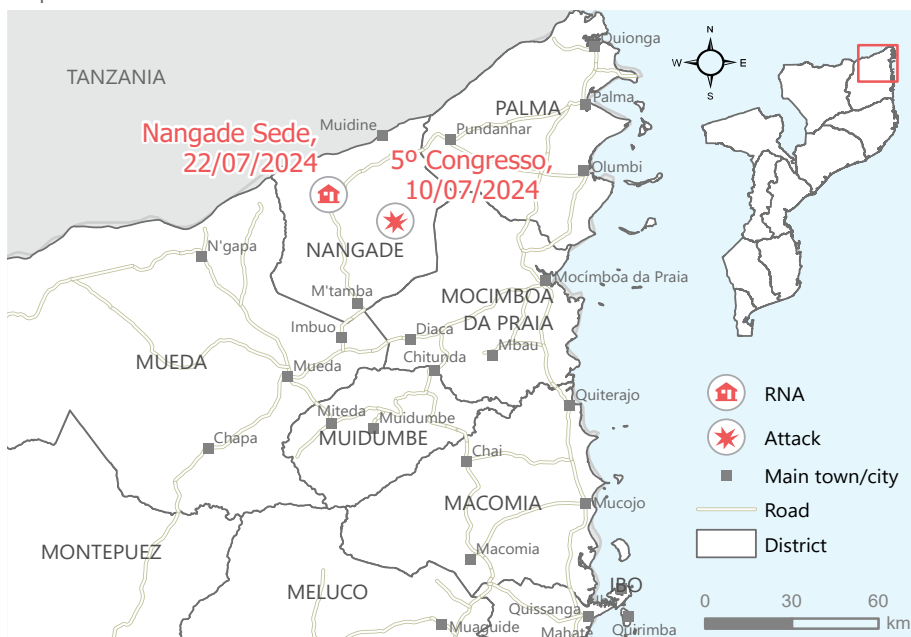
ON 10 JULY 2024, an unknown number of non-state armed group (NSAG) members entered the village of Quinto Congresso and launched an attack on the civilian population. The shooting started at around 3.30pm and lasted for 13 hours, which forced the population to leave their homes in search of safety. No houses were reported to be set on fire and no civilian deaths were recorded after the intervention of the Mozambique Defence Armed Forces (FADM)².

Local authorities reported that 71 affected households from Quinto Congresso moved to Nangade Sede (about 70 km away) following the attack to seek safety.² The RRM team of Solidarités International (SI) conducted an RNA on 22 July 2024 to understand priority needs of the affected population following displacement. This document presents the key findings.

55%

of assessed households reported at the time of data collection that they **do not intend on returning to their place of origin,** citing security concerns as the main barrier.

Map 1: Locations of attack and site assessed for RNA



ASSESSMENT OVERVIEW

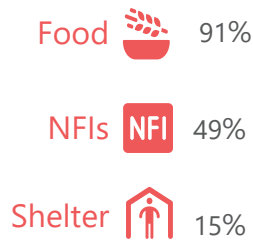
This assessment utilized a mixed-method approach. The quantitative element consisted of 47 household surveys conducted on 22 July 2024 in the communities of Nangade Sede and Olotá in the Nangade district of Cabo Delgado.

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 for further detail.

PRIORITY NEEDS

Top 3 most commonly reported priority needs, by % of assessed households*



Qualitative findings based on observations and community leader engagement also highlight significant **WASH** and **Education** needs.

SHELTER & NFIs

72%

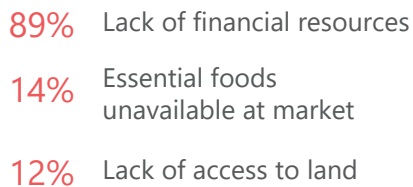
of assessed households live in shelters with **precarious construction** (made with traditional materials such as *matope* or are partially damaged).

53%

of assessed households do not possess **any essential NFIs** (cooking utensils, sleeping mats/blankets, soap, cooking fuel, water buckets, and lamps).

FOOD SECURITY, MARKETS & LIVELIHOODS

Most common barriers to food access, by % of assessed households*



Average number of meals consumed per assessed household per day

1.67

% of assessed households that scored medium or high on the Reduced Coping Strategy Index (RCSI)³

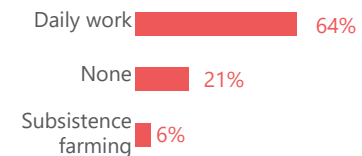
87%

83% of assessed households do not have **access to land for cultivation**.

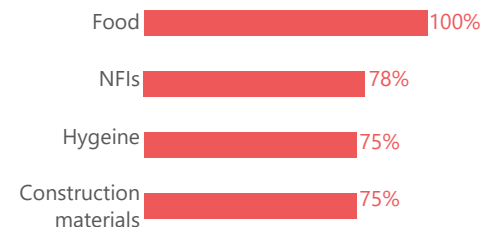
79% of assessed households reported a **decrease in the average number of meals consumed per day since the shock**.

45% of assessed households have access to **mobile money** (M-Pesa/e-Mola)

Primary livelihood activity, by % of assessed households



Reported types of products available at the market, by % of assessed households*



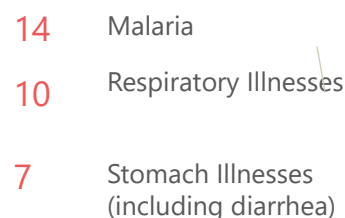
HEALTH

62% of assessed households reported **an adult member who was sick during the past 2 weeks**

98% of assessed households have **access to a nearby health center**

Qualitative findings suggest that the local health center is in good condition and has sufficient capacity. However, **lack of financial resources** (40%) and **insufficient medicines** (26%) were cited as the **main barriers to accessing adequate healthcare**.

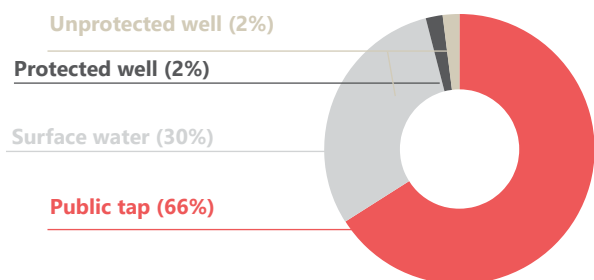
Most commonly reported health concerns for adults, by number of assessed households* from the 29 out of 47 assessed households where an adult member was sick during the past 2 weeks)



*select multiple, the total value may exceed 100%

WATER, SANITATION, AND HYGIENE

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



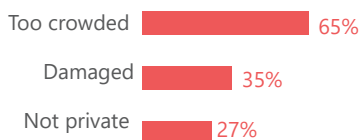
3/8

Number of **public water taps that are operational out of the total number available**. Each use costs 5 meticaís, however, respondents resort to collecting water from the Chingwale stream if they lack the financial means.

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

- 49% Cooking needs
- 40% Drinking needs
- 38% Hygiene needs

Most commonly reported barriers to a hygienic sanitation facility, by % of assessed households*



77%

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

NUTRITION

70% of assessed households with at least one child (under age 5) reported having at least **one child (under age 5) who was sick during the past 2 weeks** (n=30).

Most commonly reported symptoms, by number of assessed households* from the 21 out of 30 assessed households who had at least one sick child (under age 5) during the past 2 weeks.

- 9 Fever
- 7 Cough
- 5 Diarrhea

EDUCATION

69% of assessed households with at least one child (aged 5-17) reported having at least one child (aged 5-17) **who was not attending school at the time of data collection** (n=35).

Most commonly reported barriers to education, by number of assessed households* from the 24 out of 35 assessed households who had at least one child (aged 6-17) who is currently not attending school.

- 10 Displacement
- 5 Lack of school materials
- 4 Never attended school

PROTECTION

2/47

of assessed households are currently **concerned about violence in their community**, with reports of domestic violence and violence against children.

17%

of assessed households with at least one child (under age 18) reported having **at least one child (under age 18) who is currently not residing in the household** (n=41). 2/3 of these cases were due to marriage and none were reported due to separation during displacement.

ACCOUNTABILITY TO AFFECTED POPULATIONS

70%

of assessed households **received some type of assistance during the past 2 weeks** (from humanitarian actors, government, host community, or religious organizations).

Top 3 preferred types of support from humanitarian actors, by % of assessed households*

- 91% Food
- 49% NFI
- 23% Agricultural inputs

Preferred modalities of assistance, by % of assessed households*



*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

On 22 July 2024, the RRM team of Solidarités International (SI) conducted 47 quantitative, structured face-to-face household surveys in the communities of Nangade Sede and Olota in the Nangade district of Cabo Delgado, using a survey tool owned by IMPACT Initiatives and deployed through KoBo software. The surveyed households were all from the affected population from Quinto Congresso who were displaced by the attacks on 10 July and were selected using an on-site purposive sampling method.

The household surveys were complemented by a qualitative semi-structured team leader feedback form consisting of observations, community leader/local authority engagement, and insights from the data collection team. This data was used to contextualize the shock, triangulate information, and gain detailed observations and descriptions of the site and affected population.

The assessment was designed by REACH in collaboration with RRM partners, Solidarités International (SI) and Action Contre la Faim (ACF). Data collection teams in both organizations participated in a 2-day training and pilot session led by the REACH Assessment Officer.

The scope of the RNA is restricted by the quick turnaround required by the RRM and the limited capacity of partner enumerators. Therefore, the quantitative findings are indicative only. Furthermore, the questionnaire is designed to be quick (hence Rapid Needs Assessment), so only the most essential indicators were included for each sector.

ENDNOTES

1 Non-hygienic sanitation facilities refer to open pit latrines (without slab) or open defecation.

2 Mozambique: Alert SI_NAN_18072024. July 2024.

3 A high score means extensive use of negative coping strategies and hence increased food insecurity.

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).

[Terms of Reference](#)



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IMPACT

Shaping practices
Influencing policies
Impacting lives

