

Rapid Needs Assessment (RNA)

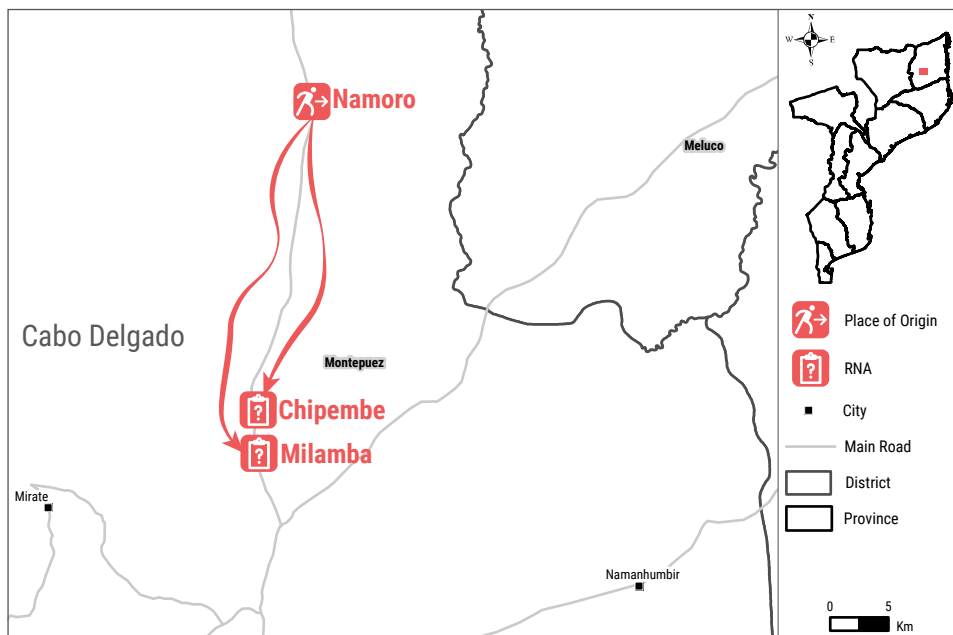
Rapid Response Mechanism (RRM)

Milamba and Chipembe - Montepuez District

Cabo Delgado, Mozambique

21 September 2025

CONTEXT & RATIONALE






ON 04 September 2025, movements of non-state armed groups (NSAG) in Namoro village, Meluco district, caused the displacement of approximately 850 HH to Chipembe and 90 HH to Milamba, and others to Montepuez Sede, Montepuez district. Most displaced families in Chipembe have started returning to Namoro, while approximately 141 HH remain hosted by the local community.¹

In response, the Norwegian Refugee Council (NRC) issued an RRM alert on 5 September 2025, and conducted an RNA with 69 displaced families residing in the host communities of Milamba and Chipembe villages. This document presents the main findings of the assessment. All findings are indicative of the priority needs of the displaced population that remained in Chipembe and Milamba. Further details can be found in the Methodology Description and Limitations section at the end of the document.

Access Conditions: Chipembe and Milamba are located less than 60 km from Montepuez Sede. The connecting road is unpaved but passable. A new checkpoint has been established by local forces in Nikokwe, and prior security checks are recommended before deployment.

TOP 3 REPORTED PRIORITY NEEDS by % of households

 <p>100% Food</p> <ul style="list-style-type: none"> 84% of households reported having problems accessing food 57% of households depended on gifts from friends/relatives as their primary source of food 75% of households reported a decrease in frequency of meals since the shock 	 <p>72% NFI</p> <ul style="list-style-type: none"> Approximately 19% of households reported not owning any essential non-food items (NFIs) 	 <p>52% Shelter</p> <ul style="list-style-type: none"> 74% of IDP households did not intend on returning to their place of origin in the 30 days following data collection IDP households (89%) were living with host families or in houses borrowed from the host community
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RRM PLANNED INTERVENTIONS

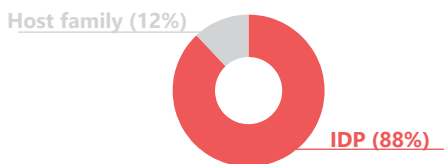
Organization	Date	Sites	Intervention	Beneficiaries
NRC	26/09/25	Milamba, Unidade, and Namatil	Multipurpose vouchers	141 HH

HOUSEHOLD PROFILES

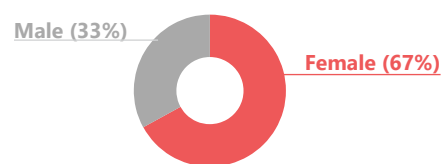
141 Number of households in the affected population

69 Number of assessed households

Population groups, by % of households



Respondent gender, by % of households



DISPLACEMENT

74% of IDP households **did not intend** on **returning** to their **place of origin** in the 30 days following data collection (n=45)

98% of IDP households reported **lack of security** as the **principal barrier to return** to their place of origin (n=44)

QUALITATIVE INSIGHTS

This is the fourth displacement that this population has experienced since the start of the conflict. Over time, this pendular displacement became normalized and a part of their routine. While the majority of the 940 HH returned to Namoro prior to data collection, the remaining families did not intend to return within the next month due to insecurity.

FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

84%

Average number of meals consumed per household member per day

1.8

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

75%

Top 3 reported barriers to food access, by % of households that reported having problems accessing food (n=58)*

- 98%** Lack of financial resources
- 5%** Markets are not functioning
- 5%** Lack access to land

Top 3 reported sources of food, by % of households

- 57%** Received as gift from relatives
- 13%** Personal production
- 13%** Gathering, hunting or fishing

Top 3 reported primary livelihood activities, by % of households

- 93%** Subsistence farming
- 3%** Remittances
- 1%** None

PRIORITY ACTION

Food assistance: 100% of assessed households reported food security as a top 3 priority need

84% of households reported having problems accessing food. Households also stressed the need for agricultural inputs.

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

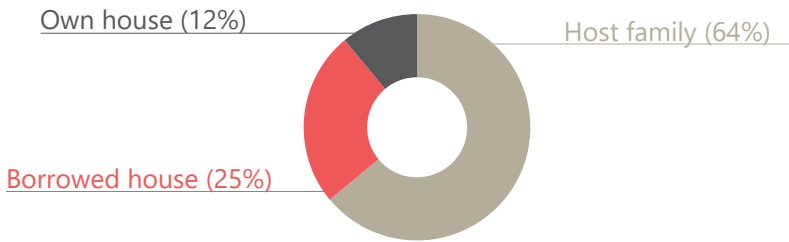
Low	Medium	High
1%	42%	57%

43% of households that reported having **access to land for cultivation**

36% of households that reported having **access to mobile money (M-Pesa/e-Mola)**

NFI SHELTER & NFIs

Most reported living arrangement, by % of households



Most reported shelter condition, by % of households



PRIORITY ACTION

Shelter and NFI assistance: Shelter (52%) and NFIs (72%) were both reported amongst the top 3 priority needs by assessed households

89% of displaced households were living with host families or in houses borrowed from the host community. Qualitative observations added that most shelters were precariously constructed using the traditional pau-a-pique method, and were susceptible to external elements.

Essential NFIs were also scarce: Approximately 19% of households reported not owning any essential NFIs, such as cooking utensils, blankets, and clothes.

Ownership of essential NFIs, by % of households*

Essential NFI	% of HH
None	19%
Stove	4%
Lamp	4%
Sleeping sheets	4%
Soap	6%
Mosquito nets	7%
Sleeping mats	12%
Clothes	19%
Cooking utensils	46%
Water buckets	55%
Pots > 5 Lt	61%

HEALTH & NUTRITION

23%

of households reported having at least **one household member above age 5 who was sick in the 2 weeks prior to data collection**, with respiratory illness (7), skin problems (4), and fever (3) as the most reported conditions

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households with at least one child under age 5 (n=18) reported having **at least one child who was sick in the 2 weeks prior to data collection**

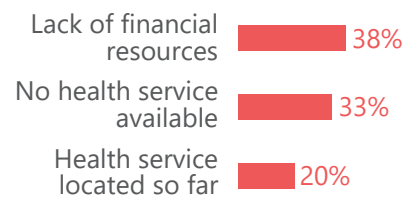
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households with a sick member above age 5 **received treatment for their condition**

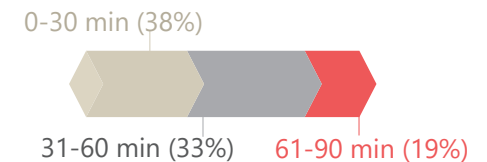
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households **with newborns (less than 6 months old) reported that their infants consumed anything other than breast milk** during the 24 hours prior to data collection

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



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



QUALITATIVE INSIGHTS

Chipembe had a functional health center, albeit limited in capacity. However, Milamba did not possess any health center, suggesting the urgent need of a mobile health clinic or the construction of a health center.

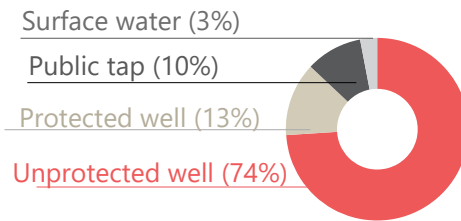
*select multiple, the total value may exceed 100%

WATER, SANITATION AND HYGIENE

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

- Drinking needs ■ 22%
- Cooking needs ■ 20%
- Hygiene needs ■ 20%

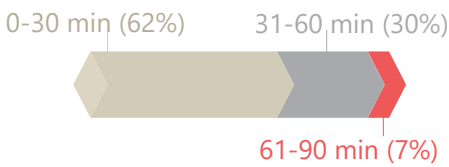
Most reported primary source of drinking water, by % of households



Top 3 reported barriers to accessing clean water, by % of households* (n=55)

- Insufficient water containers ■ 65%
- Distance ■ 18%
- Insufficient water points ■ 7%

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



10% of households reported **having problems related to sanitation facilities** (toilet/latrine)

82% of households reported **using a non-hygienic sanitation facility** (open pit latrine or open defecation)

Top 3 reported barriers to access a hygienic sanitation facility, by % of households who reported having sanitation facility issues (n=7)

- 2 Facilities were occupied
- 1 Facilities were damaged
- 1 Facilities were too far

QUALITATIVE INSIGHTS

Although not identified as a top 3 priority need, 35% and 14% of households reported sanitation and access to water, respectively, as priority needs. This was corroborated by observations - both Chipembe and Milamba only had one water point each, which did not meet the increased demand following the arrivals of displaced families.

Similar observations were drawn regarding sanitation facilities - they were not enough to meet the growing demand, which could increase the risk of water-borne illnesses.

EDUCATION

36% 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=59)

36% 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=58)

0% of households with children reported having their children participate in **non-school educational activities** (n=64)

Most reported barriers to school attendance for girls, by number of households* (n=34)

- 13 Lack of documentation
- 9 School was closed
- 6 Child protection risks when traveling to school

Most reported barriers to school attendance for boys, by number of households* (n=34)

- 11 Lack of documentation
- 9 School was closed
- 2 No nearby accessible school

Top 3 reported most pressing educational needs for children, by % of households* (n=64)

- 59% School supplies
- 46% ID card for official registration
- 34% Better conditions at school

QUALITATIVE INSIGHTS

Both Chimepmbe and Milamba have operational schools, however, they do not have the capacity for the newly arrived students. Education in emergencies activities, such as temporary learning spaces, catch-up lessons, and school materials, are needed to ensure that displaced children are not left behind.

*select multiple, the total value may exceed 100%

PROTECTION, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

90% of households reported a **good or very good relationship between IDPs and the host community**

3% of households had **heard or encountered separated/unaccompanied children among the newly arrived population**

48% of households **reported at least one member with missing identity documents**

41% of households were **concerned about protection issues in their community** (n=37), with fears of **armed conflict** (37) and **theft or looting** (4)

Most reported causes of separated/unaccompanied children, by number of households (n=2)*

- 1** Loss of parents due to displacement
- 1** Disappearance of children shortly after attacks

0% of households reported **knowing children** in the community that **worked with armed groups**

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

- 78%** Sadness and discouragement
- 45%** Anxiety or fear
- 4%** Strength and resilience

Top 3 reported psychosocial signs in girls, by % of households (n=59)*

- 80%** Anxiety or fear
- 39%** Sadness and discouragement
- 3%** Isolation

Top 3 reported psychosocial signs in boys, by % of households (n=38)*

- 79%** Anxiety or fear
- 45%** Sadness and discouragement
- 3%** Overcoming and adaptation

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

- 54%** None
- 35%** Religious differences
- 35%** Ethnic differences

QUALITATIVE INSIGHTS

The team leader mentioned that the general climate in the region is one of constant tension and insecurity, worsened by a perceived lack of government support. Despite these challenges, social cohesion within the communities remains stable, with all displaced persons being hosted by family members, contributing to a relatively harmonious and supportive environment. However, the fear of new attacks continues to be the main concern among residents.

ACCOUNTABILITY TO AFFECTED POPULATIONS

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

- 65%** Community leaders
- 35%** Face to face with humanitarian worker (any)
- 14%** Community events

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

- 78%** Face to face with humanitarian worker (any)
- 54%** Community leaders
- 10%** Phone call

Preferred modalities of assistance, by % of households

- In-kind  **52%**
- Cash  **46%**

*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from NRC conducted 37 structured, face-to-face household surveys with internally displaced persons (IDPs) in Montepuez district on 21 September 2025: 37 with displaced families living in the village of Milamba and 32 with displaced families living in the village of Chipembe. 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 MONTEPUEZ

Organization	Type	Intervention Sectors
NRC	INGO	RRM first line - Vouchers, Civil documentation
Ayuda en Acción	INGO	RRM second line - WASH, Protection
SCI	INGO	Education, MHPSS, Child Protection
ForAfrika	INGO	Food assistance
Johanniter	INGO	Health, WASH, Livelihoods
ADRA	INGO	Livelihoods, Nutrition, Education
SEPPA	NNGO	Food Security, Agriculture
ADEL	NNGO	Food Security and Livelihoods

ENDNOTES

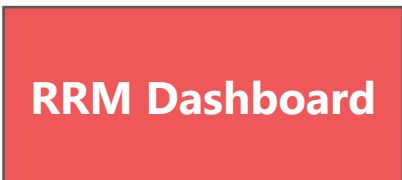
1 RRM Mozambique. Alert NRC_NAM_08092025. September 2025 (for access, please contact NRC Emergency Response Manager, Issufo Muhamade, at issufo.muhamade@nrc.no).

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.

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

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