

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

Chilindi Resettlement Center (Alert: SI_NAM_30092024)

Mueda District - Cabo Delgado, Mozambique

14 October 2024

KEY MESSAGES

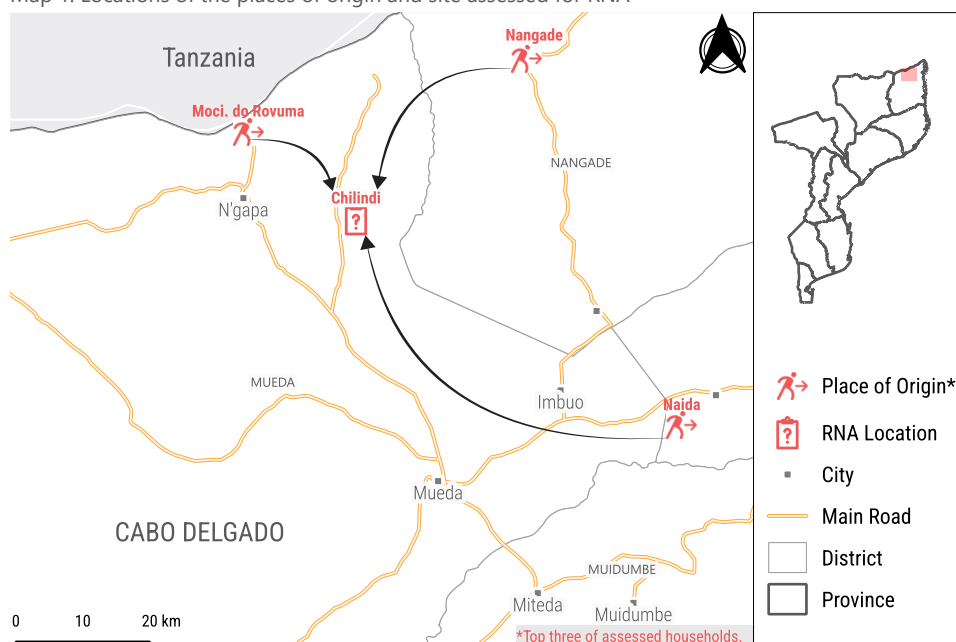
- Food security** was the most commonly reported priority need by the respondents (88% of assessed households), with **the lack of financial resources** as the most commonly reported barrier to food access (83% of assessed households).
- The second most reported priority need was water access (60% of assessed households)**. At the time of data collection, only 22% of respondents had enough water for their drinking needs and only 4% had enough water for their hygiene needs. **Distance to the nearest functional water point** is the most commonly reported barrier to water access (79% of assessed households).
- Both quantitative and qualitative findings highlighted shelter and non-food items (NFI) as a priority need**. Less than 10% of respondents owned essential NFIs such as stoves and sleeping mats, with a particular need for hygiene kits.
- Protection concerns need to be monitored and investigated** - the majority of respondents were missing identity documents, there were 2 cases of missing/separated child, and there were concerns of theft, child marriage, and gender-based violence.

CONTEXT & RATIONALE

The rural area of Chilindi in the northern Mueda District has faced significant challenges due to the ongoing insurgency in Cabo Delgado. Initially, while insurgent activity primarily targeted coastal districts like Mocímboa da Praia and Palma, the subsequent escalation of violence gradually extended to more remote areas. Chilindi became increasingly inaccessible for humanitarian intervention due to the intensification of insurgent raids and military operations. Access was sporadic until the end of 2023 when the area became completely inaccessible due to poor road conditions.

In September 2024, Chilindi became accessible once again as conditions improved on the road from Mueda to Namatil. The RRM team of Solidarités International (SI) conducted an RNA to understand priority needs of the 842 households in the Chilindi Resettlement Center. This document presents the key findings.

Map 1: Locations of the places of origin and site assessed for RNA



ASSESSMENT OVERVIEW

This assessment utilized a mixed-method approach. The quantitative element consisted of 50 household surveys conducted on October 14th with displaced families living in the Chilindi Resettlement Center, most of whom have resided there since the onset of the conflict.

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*



DISPLACEMENT

56%

of assessed IDP households **do not intend on returning to their place of origin**, with the **lack of security** cited as the most common barrier to return.

FOOD SECURITY, MARKETS & LIVELIHOODS

82%

of assessed households had **problems accessing food** at the time of data collection, with the **lack of financial resources as the most commonly reported barrier**.

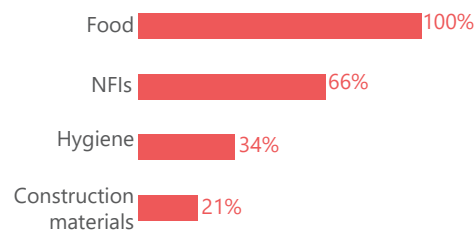
Primary sources of food, by % of assessed households*



42%

of assessed households **do not have access to a market nearby**.

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



Average number of meals consumed per assessed household member per day

1.7

% of assessed households per Reduced Coping Strategy Index (RCSI) category ¹		
Low	Medium	High
0%	72%	28%

66%

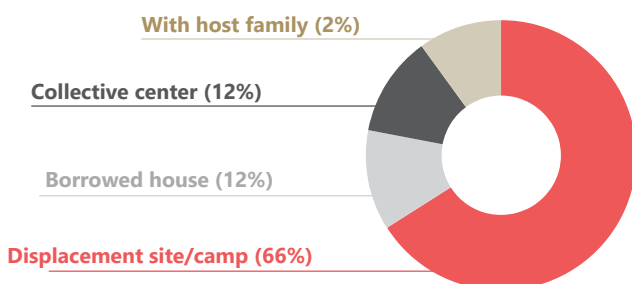
of assessed households reported **having access to land**.

38%

of assessed households had access to **mobile money** (M-Pesa/e-Mola) at the time of data collection.

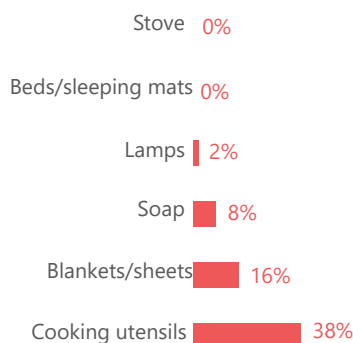
SHELTER & NFIs

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



86% of the current shelters of assessed households are made with traditional materials such as *matope* (mud-brick), and qualitative findings suggested that most shelters appeared to be in good condition, although some lacked adequate top cover.

% of assessed households that own essential NFIs, by type of NFI*

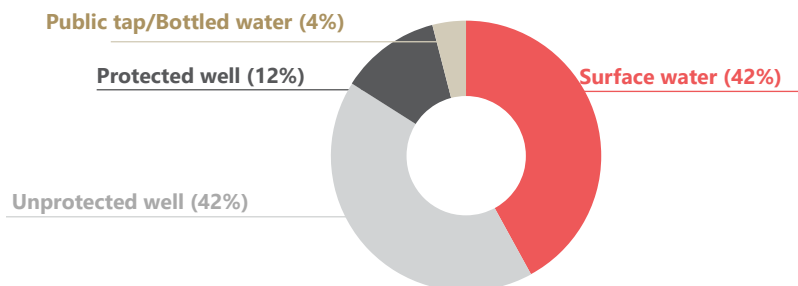


Qualitative findings suggested the need for NFIs, especially hygiene kits.

*select multiple, the total value may exceed 100%

WATER, SANITATION, AND HYGIENE

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



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

- 30% Cooking needs
- 22% Drinking needs
- 4% Hygiene needs

Both quantitative and qualitative findings suggested that **distance to the nearest water point was the primary barrier to water access** for the assessed households. There is one public tap in Chilindi, however it is located far away from the community, and many households have resorted to using rain water collected and stored in tanks.

98% of assessed households reported **using an open-pit latrine (without slab)** at the time of data collection.

28% of assessed households reported **having problems related to sanitation facilities**, with facilities too crowded/shared amongst too many people and facilities not gender segregated as the most commonly reported barriers.

HEALTH

72% of assessed households reported having **an adult member who was sick during the past 2 weeks.**

Most commonly reported conditions, by % of assessed households* from the 36 assessed households who had at least one adult sick during the past 2 weeks

- 42% Malaria
- 31% Diarrhea
- 19% Body pain
- 19% Stomach illness

56% of assessed households with at least one child (under age 5) reported having **at least one child who was sick during the past 2 weeks.**

Most commonly reported symptoms, by number of assessed households* from the 18 assessed households who had at least one sick child (under age 5) during the past 2 weeks

- 10 Fever
- 5 Diarrhea
- 5 Vomiting
- 5 Cough

98% of assessed households reported **visiting the local health clinic for healthcare.** However, both quantitative and qualitative findings revealed that the clinic does not have an adequate supply of medications nor medical professionals.

PROTECTION

78% of assessed households are currently **missing their identity documents.**

30% of assessed households with at least one child (under age 18) reported having **at least one child who is currently not residing in the household (n=50).**

While most cases were due to study or employment, **1 household reported their child missing and 1 household reported that their child was separated during displacement.**

12% of assessed households are currently **concerned about violence in their community**, with reports of theft, child marriage, and gender-based violence.

*select multiple, the total value may exceed 100%

EDUCATION

80%

of assessed households with at least one child (aged 5-17) reported having **at least one child who was attending school at the time of data collection** (n=44).

Qualitative observations highlighted that **although the local school is functional, the conditions are not ideal**. Many lessons are held outdoors due to the lack of available classrooms, and the conditions of the latrines are very poor.

ACCOUNTABILITY TO AFFECTED POPULATIONS

Preferred modalities of assistance, by % of assessed households*



The majority of respondents preferred cash-based assistance. However, as detailed on p. 2, only 38% of assessed households have access to mobile money.

In addition, the local market (which is inaccessible to nearly half of the respondents) may not have certain essential NFIs and shelter materials available to allow for cash-based assistance.

METHODOLOGY OVERVIEW AND LIMITATIONS

On October 14th, 2024, the RRM team of Solidarités International (SI) conducted 50 quantitative, structured face-to-face household surveys with displaced families residing in the Chilindi Resettlement Center in the rural northern region of the Mueda District in Cabo Delgado. The survey tool is owned by IMPACT Initiatives and was deployed through KoBo software. The surveyed households consisted of primarily displaced families 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 in the same communities as the household surveys. 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 need to work within existing partner resources. 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.

Please refer to the [Terms of Reference](#) for more details.

ENDNOTES

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

