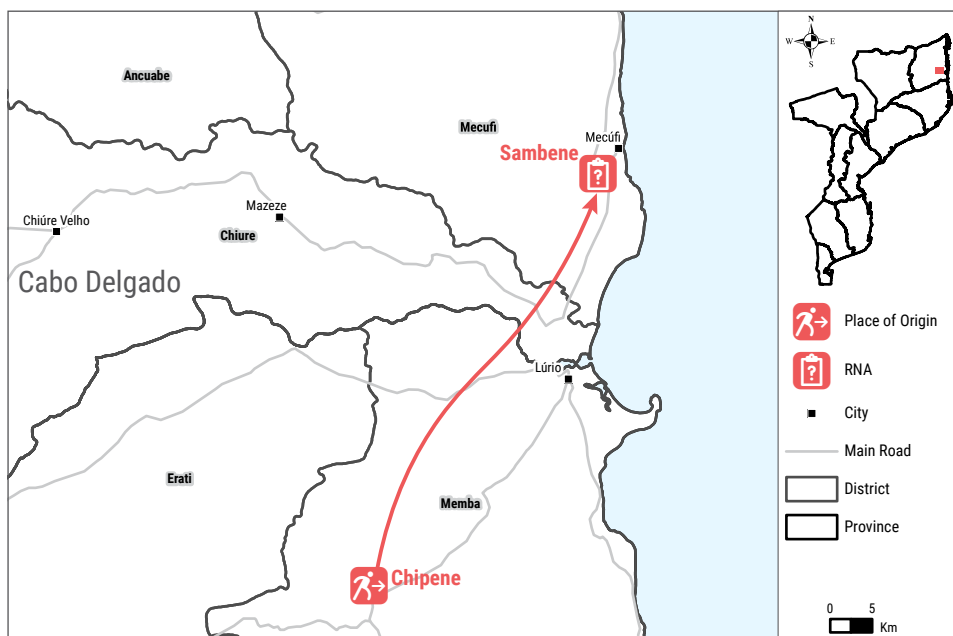


Rapid Needs Assessment (RNA)

Rapid Response Mechanism (RRM)

Sambene - Mecufi District
 Cabo Delgado, Mozambique
 25 November 2025

CONTEXT & RATIONALE



BETWEEN 10 AND 17 NOVEMBER 2025, recent attacks by non-state armed groups (NSAGs) in Memba district (Nampula Province) triggered new displacement, adding to the ongoing violence across Cabo Delgado and northern Mozambique. A total of 14,172 families (71,983 individuals) were verified as displaced in Erati. Meanwhile, in Sambene, Mecufi district, government sources reported 1,137 displaced households, while Solidarité International (SI) registered 600 internally displaced households in the same area.¹

This document presents the main findings of the assessment. All findings are indicative of the priority needs of the displaced population. Further details can be found in the Methodology Description and Limitations section at the end of the document.

Access Conditions: The route from Pemba to Mecufi via Sambene consists mainly of dirt and sandy roads, which are accessible with a 4x4 vehicle. Traffic flow is generally normal, and the overall security situation in the area is considered relatively stable.

TOP 3 REPORTED PRIORITY NEEDS by % of households

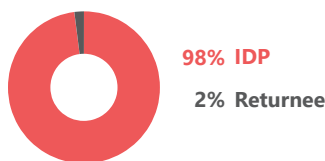
<p> 94% Food</p> <ul style="list-style-type: none"> 79% of households reported having problems accessing food 77% of households reported a reduction in the number of meals consumed since the event 69% of households depended on gifts and borrowing as their primary source of food 	<p> 65% Shelter</p> <ul style="list-style-type: none"> 64% of IDP households did not intend on returning to their place of origin in the 30 days following data collection, while another 32% were unsure whether they would return 65% of IDP households were living in borrowed houses 	<p> 44% NFI</p> <ul style="list-style-type: none"> Approximately 44% of households reported not owning any essential non-food items (NFIs)
---	--	--

HOUSEHOLD PROFILES

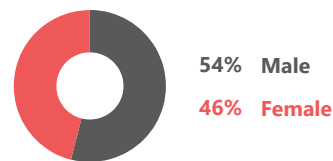
600 Number of IDP households in the affected population

48 Number of assessed households

Population groups, by % of households



Respondent gender, by % of households



DISPLACEMENT

64% of IDP households did **not intend** on **returning** to their **place of origin** in the 30 days following data collection (n=48)

100% of IDP households reported **lack of security** as the **principal barrier to return** to their place of origin (n=45)

QUALITATIVE INSIGHTS

Attacks by non-state armed groups in Memba and nearby areas caused a sustained increase in displacement, with thousands of families arriving in Erati and Sambene. Community leaders reported a **severe deterioration in psychosocial well-being, including acute anxiety, vulnerable children, and mothers in shock**, while displaced households continued to face **extreme insecurity, lack of adequate shelter, and no mechanisms to plan a safe return to their communities**.

FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

79%

Average number of meals consumed per household member per day

1.5

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

77%

Top 3 reported barriers to food access, by % of households that reported having problems accessing food (n=38)*

- 97% Lack of financial resources
- 16% Lack of access to land
- 5% Insufficient market food availability

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

- 52% Borrowing food from relatives
- 29% Food in exchange for work
- 17% Received as gift from relatives

Top 3 reported primary livelihood activities, by % of households

- 69% Subsistence farming
- 15% None
- 10% Daily work

PRIORITY ACTION

Food assistance: 94% of assessed households reported food security as a top 3 priority need

79% of households reported having problems accessing food, with 35% of households categorized as "high" in the RCSI, indicating heavy reliance on coping strategies.

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

Low	Medium	High
19%	46%	35%

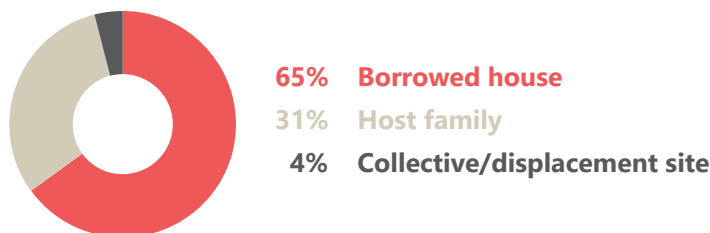
10% of households that reported having **access to land for cultivation**

44% of households that reported having **access to mobile money (M-Pesa/e-Mola)**

*select multiple, the total value may exceed 100%

SHELTER & NFIs

Most reported living arrangement, by % of households



Most reported shelter condition, by % of households



PRIORITY ACTION

Shelter assistance: Shelter (65%) and NFI (44%) were reported amongst the top 3 priority needs by assessed households

65% of households were living in **borrowed houses**. Qualitative observations indicated that **shelter support was one of the most urgent needs reported by community leaders**, and that the quality of housing varied widely, ranging from improved and good structures to poorly constructed ones.

Essential NFIs were also scarce: Approximately 44% of households reported **not owning any essential NFIs**, such as soap, stove, lamps, etc. According to a community leader, **there was a pressing need for mats and sleeping pads to support displaced households**.

Ownership of essential NFIs, by % of households*

Essential NFI	% of HH
None	44%
Sleeping mats	2%
Lamp	2%
Soap	4%
Stove	4%
Clothes	4%
Mosquito nets	8%
Sleeping sheets	10%
Pots > 5 Lt	31%
Water buckets	35%
Cooking utensils	38%

HEALTH & NUTRITION

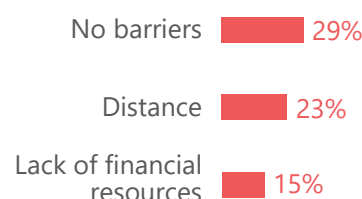
35% of households reported having at least **one household member above age 5 who was sick in the 2 weeks prior to data collection**, with fever (7), skin problems (3), and not severe diarrhea (2) as the most reported conditions

6/18 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**

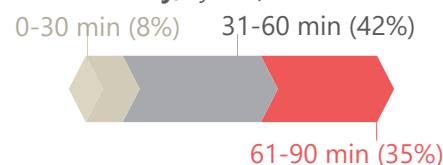
10/17 households with a sick member above age 5 (n=17) **received treatment for their condition**

1/2 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

The team leader reported that **health facilities are located at a considerable distance, with an estimated walking time of approximately one and a half hours**. Additionally, the community has expressed an urgent need for support, highlighting the critical condition of these facilities and the inadequate access to health services.

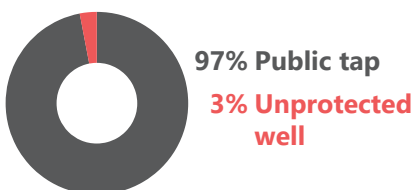
*select multiple, the total value may exceed 100%

WATER, SANITATION AND HYGIENE

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



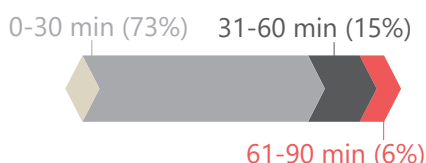
Most reported primary source of drinking water, by % of households



Top 3 reported barriers to accessing clean water, by % of households* (n=10)

- 7 Lack of water containers
- 5 Insufficient water points
- 2 Difficult to access

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



38% of households reported **having problems related to sanitation facilities** (toilet/latrine)

81% 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=18)

- 10 Facilities were occupied
- 5 Facilities were destroyed
- 3 Facilities were not working

QUALITATIVE INSIGHTS

The team leader reported that the community has a total of 11 water sources, of which 9 are operational and 2 are damaged, and highlighted that the water quality is suitable for consumption. However, he noted that **there is still a significant need to improve access to water by increasing both the number of available sources and sanitation facilities** to ensure adequate supply and hygiene conditions for the population.

EDUCATION

26% 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=35)

35% 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=31)

3/26 of households with children reported having their children participate in **non-school educational activities** (n=26)

Most reported barriers to school attendance for girls, by number of households* (n=26)

- 7 Lack of financial resources
- 6 No documentation
- 4 Protection risk at school

Most reported barriers to school attendance for boys, by number of households* (n=19)

- 5 Lack of financial resources
- 5 No documentation
- 3 Completed secondary

Top 3 reported most pressing educational needs for children, by % of households* (n=38)

- 24% School supplies
- 24% Needs remedial classes
- 24% None

QUALITATIVE INSIGHTS

The team leader reported that in the community of Sambene, **several nearby schools have an insufficient number of classrooms, limiting their capacity to accommodate all students, especially children from IDP households.**

*Select multiple, the total value may exceed 100%

PROTECTION, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

92% of households reported a **good or very good relationship between IDPs and the host community**

15% of households had **heard or encountered separated/unaccompanied children among the newly arrived population**

52% of households **reported at least one member with missing identity documents**

8% of households were **concerned about protection issues in their community** (n=4), with fears of **thefts** (2) and **armed conflict** (1)

Most reported causes of separated/unaccompanied children, by number of households (n=7)*

- 3** Loss of parents due to displacement
- 2** Loss of parents due to illness

2% 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*

- 96%** Sadness and discouragement
- 48%** Anxiety or fear
- 19%** Nightmares

Top 3 reported psychosocial signs in girls, by % of households (n=35)*

- 74%** Sadness and discouragement
- 27%** Anxiety or fear
- 37%** Nightmares

Top 3 reported psychosocial signs in boys, by % of households (n=31)*

- 61%** Sadness and discouragement
- 35%** Anxiety or fear
- 35%** Nightmares

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

- 46%** None
- 17%** Tension over assistance
- 13%** Political tension

QUALITATIVE INSIGHTS

Among the **community's most immediate needs, the community leader identified access to food, livelihoods (seeds and tools), shelter, and water and sanitation facilities**. He also mentioned that the relationship between IDP households, returnees, and the host community remains positive, noting that, so far, no complaints or conflicts have been reported regarding interactions between these groups.

ACCOUNTABILITY TO AFFECTED POPULATIONS

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

- 35%** Phone call
- 31%** Community leaders
- 23%** Community events

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

- 42%** Community leaders
- 19%** Face to face with humanitarian worker (any)
- 19%** Linha verde

Preferred modalities of assistance, by % of households

- In-kind  **50%**
- Cash  **27%**

*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) teams of Solidarité International (SI) conducted 48 structured, face-to-face household surveys with households in Mecufi district on 25 November 2025: all surveys were conducted with displaced households living in the community of Sambene. 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.

ENDNOTES

1. RRM Mozambique. ETT Movement Alert Report_149_Memba, Nampula Attacks_IOM. November 2025 (for access, please contact SI Deputy Area Coordinator for Programs, Amorim Manuel, at rrm.pm@solidarites-mozambique.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.

COOPERATING PARTNERS



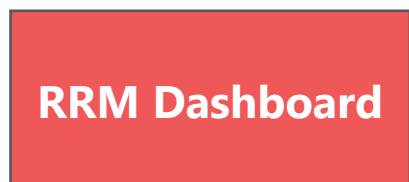
FUNDED BY:



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:



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).