

Rapid Response Mechanism (RRM)

Rapid Needs Assessment (RNA)

Escola Industrial - Nanga B - Macomia Sede (Alert ACF_MAC_23062025)
 Macomia District - Cabo Delgado, Mozambique
 27 June 2025

PRIORITY NEED	KEY FINDINGS
Food	<ul style="list-style-type: none"> 100% of households reported food as a top 3 priority need. Findings highlighted the need for immediate in-kind food assistance, or cash/voucher assistance, where market conditions permit.
Shelter	<ul style="list-style-type: none"> 90% of households reported shelter as a top 3 priority need. All households slept on the floor inside the Escola Industrial, suggesting the need for in-kind emergency shelter kit distribution or cash/voucher assistance, where market conditions permit.
NFI	<ul style="list-style-type: none"> 84% of households reported NFIs as a top 3 priority need. Nearly half of assessed households did not possess any essential NFIs, emphasizing the need for NFI kit distribution or cash/voucher assistance, where market conditions permit.

Access Conditions: Macomia Sede is accessible by road from Pemba via the N1 and N380 roads. The security situation is volatile and requires monitoring. The N380 has two permanent checkpoints with the Rwandese Defense Force present in the area.

Map 1: RNA location and places of origin of the affected population



CONTEXT & RATIONALE

ON 19 JUNE 2025, non-state armed groups (NSAG) attacked the village of Quinto Congresso, burning six houses and looting essential items, prompting residents to flee to Macomia Sede. This marked a new wave of displacement for families who had recently returned to resume agricultural activities. Many have now been displaced four to six times due to recurring insecurity.¹

In response to these events, a Rapid Response Mechanism (RRM) alert was issued, and the teams of Action Contre la Faim (ACF) and Save the Children (SCI) conducted a Rapid Needs Assessment (RNA) in the Escola Industrial IDP Site in the Nanga B neighborhood of Macomia Sede to identify the most urgent needs of the displaced population. This document presents the key findings of the assessment.

ASSESSMENT OVERVIEW

This assessment employed a mixed-methods approach. The quantitative element consisted of 50 household surveys conducted on 27 June with displaced families living in the Escola Industrial IDP site. The assessment also drew on qualitative insights gathered through direct observations, discussions with community leaders, and feedback from the data collection team. Additionally, SCI carried out a complementary assessment focused on Education, Mental Health and Psychosocial Support (MHPSS), and Child Protection in Emergencies, surveying 38 of the same households.

All findings are indicative of the living conditions and priority needs of the displaced population. Further details can be found in the Methodology Overview and Limitations section at the end of the document.

HOUSEHOLD PROFILES

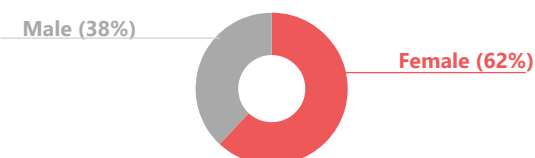
210 Estimated number of affected households

50 Number of assessed households

4.1 Average size of assessed household

2.4 Average number of children per assessed household

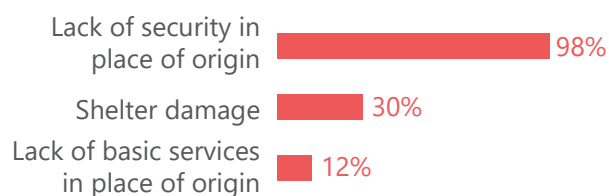
Respondent gender, by % of households



DISPLACEMENT

62% of households **did not intend on returning to their place of origin in the 30 days following data collection**

Top 3 reported barriers to return, by % of households who did not intend on returning to their place of origin in the next 30 days* (n=31)



FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

98%

Average number of meals consumed per household member per day

1.4

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

94%

Top 3 reported barriers to food access, by % of households that reported having problems accessing food (n=47)*

96% Lack of financial resources

74% Lack of cooking utensils

55% Lack of access to land

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

64% Received as gift from relatives

44% Received as aid from government, NGOs, UN, etc.

32% Borrowing from relatives/friends

Top 3 reported primary livelihood activities, by % of households

88% None

10% Remittances

2% Daily work

0% of households that reported having **access to land**

20% of households that reported having **access to mobile money (M-Pesa/e-Mola)**

100% of households that reported having **access to a market nearby**

PRIORITY ACTIONS

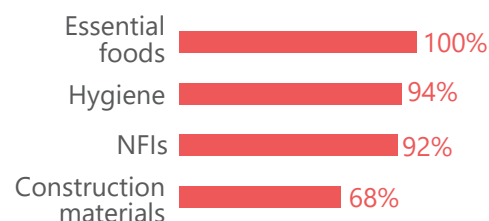
Food assistance: 100% of households reported food as a top 3 priority need.

The priority need is consistent with the reported barriers to food access, decrease in the frequency of meals per day, and the reliance on negative coping strategies observed in the RCSI.

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

Low	Medium	High
2%	22%	76%

Most reported types of products available at the market, by % of households that reported having access to a market nearby (n=50)*



*select multiple, the total value may exceed 100%

SHELTER & NFIs

98% of households reported **living in a solid structure**

100% of households reported **living in a collective center**

PRIORITY ACTIONS

Emergency shelter and NFI kit distribution or cash/voucher assistance: Shelter (90%) and NFIs (84%) were both reported amongst the top 3 priority needs by the assessed households.


All households were living inside the Escola Industrial building; however, all were sleeping directly on the floor without mats. Overall, 48% of households lacked essential NFIs, including sleeping mats, soap, lamps, stoves, mosquito nets, and sheets.

Ownership of essential NFIs, by % of households*


Essential NFI	% of HH
Sleeping mats	0%
Soap	0%
Lamps	0%
Stove	0%
Sheets/blankets	0%
Mosquito nets	0%
Cooking utensils	2%
Pots > 5L	4%
Water buckets	8%
Clothes	48%

WATER, SANITATION, AND HYGIENE

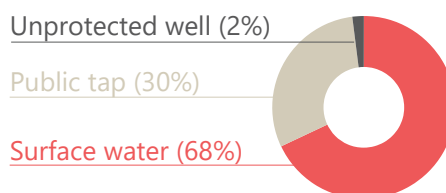
% of households that reported having enough water to meet the following needs

Cooking needs  38%


Drinking needs  34%


Hygiene needs  34%


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



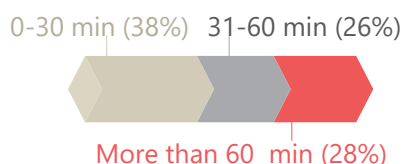
Top 3 reported barriers to accessing clean water, by % of households* (n=33)

Lack of water containers  97%

Insufficient water points  24%

Distance  24%

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



68% of households reported **having problems related to sanitation facilities** (toilet/latrine)

34% 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=34)

100% Facilities were shared

74% Facilities were unhygienic

9% Facilities were damaged

Qualitative findings were consistent with the quantitative findings that there was only one functional public tap in the Escola Industrial site and that most households resorted to using surface water. Furthermore, the only available latrines were emergency latrines that were in very poor condition according to team leader observations.

While not reported as a priority need by the households themselves, poor WASH conditions could increase the risk of the spread of water-borne diseases.

*select multiple, the total value may exceed 100%

HEALTH & NUTRITION

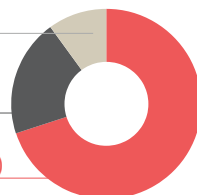
20% of households reported having at least **one household member above age 5 who was sick in the 2 weeks prior to data collection**, with fever (5) and non-severe diarrhea (2) as the most reported conditions

% of households that required medical attention, by number of households that reported having a sick adult or child over age 5 (n=10)

Stayed in hospital after treatment (1)

Did not require medical attention (2)

Received treatment (7)

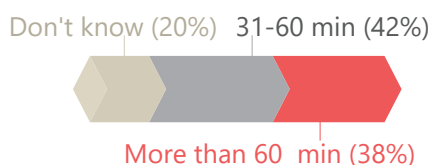


17% of households with at least one child under age 5 (n=30) reported having **at least one child who was sick in the 2 weeks prior to data collection**, with fever (3), diarrhea (2), and skin infection (1) as the most reported symptoms

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



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

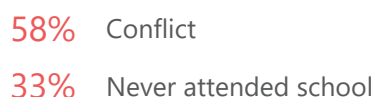


3 households **with newborns** (less than 6 months old) (n=8) **reported that their infants consumed anything other than breastmilk** during the 24 hours prior to data collection

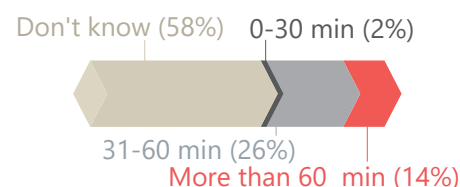
EDUCATION

14% of households with at least one child aged 5-17 reported having **all school aged-children attending school at the time of data collection** (n=38)

Most reported barriers to school attendance, by number of households* (n=33)

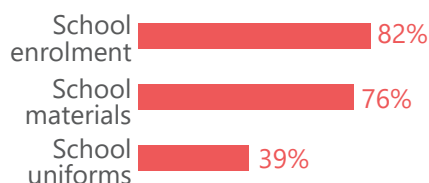


Reported distances to the nearest school, by % of households



3% of households reported **having an adult who supported children with school-related activities** (n=38). Barriers included the lack of knowledge or confidence in supporting learning, and the prioritization of survival needs.†

Top 3 reported priority education needs, by % of assessed households (n=38)*†



Despite the presence of **two functional schools in the area**, both were **overstretched and operating with limited infrastructure**. One school had 4,206 students with just 64 teachers (66:1 ratio), and the other had 2000 students with just 40 teachers (50:1 ratio) and had suspended new enrolments, **leaving many displaced children with no access to learning**.†

PRIORITY ACTIONS†

- Negotiate temporary enrolment** of displaced children in nearby schools, and support with advocacy to local authorities for flexible admission
- Distribute essential learning materials and uniforms**, prioritizing displaced children not currently attending school
- Establish or support catch-up learning clubs** and peer homework groups to bridge learning gaps
- Train caregivers** on basic parenting strategies to support children's learning at home, including psychoeducation

*Select multiple, the total value may exceed 100%

†Results from SCI's Education, MHPSS, and Child Protection in Emergencies assessment

PROTECTION

82% of households reported a **good or very good relationship between IDPs and the host community**

16% of households with at least one child under age 18 reported having **at least one child not residing in the household at the time of data collection** (n=50)

74% of households **reported at least one member with missing identity documents**

6% of households were **concerned about protection issues in their community** (n=3), with fears of **theft** (2).

Most reported reasons for children not residing in the household, by number of households (n=17)*

- 4 Lives with relatives in another location
- 4 Married and left house

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

- 86% None
- 6% Services or humanitarian assistance
- 4% Ethnic/religious differences

Top 3 reported pressing issues for children, by % of assessed households (n=38)*†

- Lack of food **95%**
- Lack of shelter **68%**
- Insecurity **42%**

Top 4 reported signs of psychosocial distress in children, by % of households (n=38)*†

- 86% Increased emotional vulnerability in children
- 45% Anxiety or fear
- 18% Sleep disturbances
- 18% Aggressive behavior

Top 3 reported protection and social services available to support children in the host community, by % of households (n=38)*†

- 82% Social welfare
- 21% Shelter
- 11% Food assistance

86% of households reported **knowing someone with a physical or mental disability**†

10% of households reported **knowing where to access mental or psychosocial support**†

84% of households **positively acknowledged the presence of child-friendly spaces**†

PRIORITY ACTIONS†

- **Scale up psychosocial support** through mobile teams and trained community focal points to address general emotional distress among children and caregivers
- **Expand access to MHPSS information** through community-based awareness campaigns and referrals, especially for caregivers of children with disabilities
- **Promote specialized psychological support** to the most severe cases
- **Strengthen inclusion of persons with disabilities** by mapping needs and ensuring their access to specialized services

ACCOUNTABILITY TO AFFECTED POPULATIONS

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

- 84% Face to face with humanitarian worker (any)
- 40% Community leaders
- 24% Phone call

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

- 74% Face to face with humanitarian worker
- 40% Community leaders
- 36% Linha Verde 1458³

Preferred modalities of assistance, by % of households

- In-kind **68%**
- Cash **30%**

*Select multiple, the total value may exceed 100%

†Results from SCI's Education, MPHSS, and Child Protection in Emergencies assessment

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from Action Contre la Faim (ACF) conducted 50 structured, face-to-face household surveys with displaced families residing in the Escola Industrial IDP site in the Nanga B neighborhood of Macomia Sede in the Macomia district on 27 June 2025. 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. Additionally, Save the Children (SCI) carried out a complementary assessment focused on Education, MHPSS, and Child Protection in Emergencies, surveying 38 of the same households.

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. Alert ACF_MAC_23062025. June 2025 (for access, please 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 Linha Verde 1458 is a free-to-use hotline which aid beneficiaries can call to discuss any matters related to humanitarian aid, including any feedback, complaints, or reports of misconduct.

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, 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:

RRM Dashboard

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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).