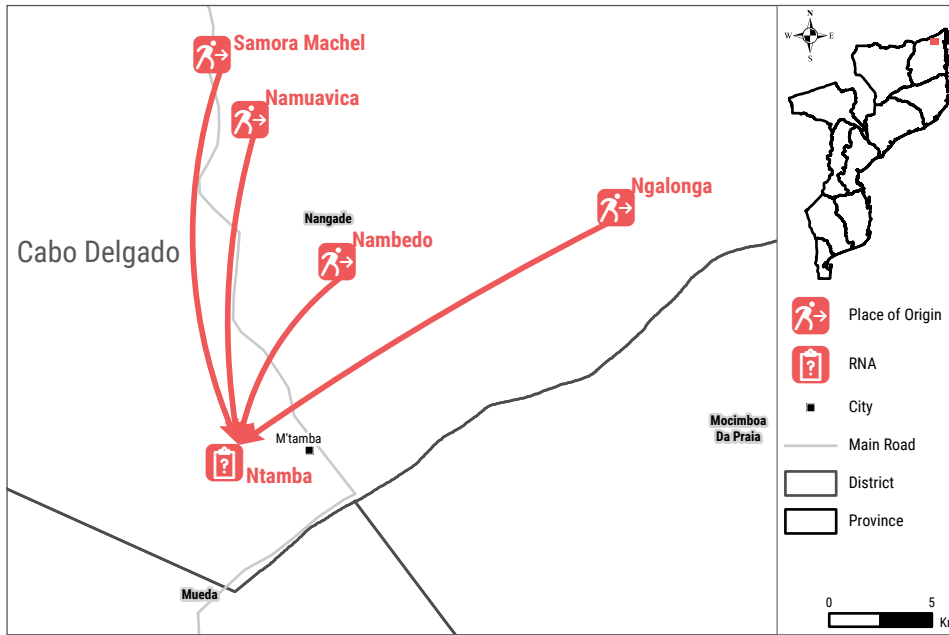


Rapid Needs Assessment (RNA)

Rapid Response Mechanism (RRM)

Ntamba - Nangade District
Cabo Delgado, Mozambique
14 December 2025

CONTEXT & RATIONALE



BETWEEN 26 NOVEMBER AND 10 DECEMBER 2025, the continued presence of non-state armed groups (NSAGs) was reported in several villages under Ntamba Administrative Post in Nangade District. On 30 November, NSAGs burned five shops and destroyed eight civilian houses in Ngalonga village. On 10 December, the group attacked Nambedo village, injuring one child by gunfire and abducting four civilians. These movements and incidents triggered population displacement, with affected households fleeing their areas of origin in search of safer locations. An estimated 700 displaced households arrived in the resettlement site and host community of Ntamba.

The RRM team of the Norwegian Refugee Council (NRC) conducted an RNA in Ntamba to identify the immediate priority needs of the affected population. 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 Overview and Limitations section.

Access Conditions: Access from Mueda to Ntamba is currently feasible, covering approx. 40 km in about 50 minutes. The route is considered calm, with no recent security incidents reported. Movement typically involves passing through several security checkpoints manned by local forces and PRM, where teams may undergo routine identification and mission document checks. Road conditions are generally good, allowing steady movement of light and heavy vehicles, and transportation of humanitarian supplies without significant constraints. Despite stable conditions, field teams are advised to maintain regular communication with base and monitor any changes in the security environment during movements.

TOP 3 REPORTED PRIORITY NEEDS by % of households

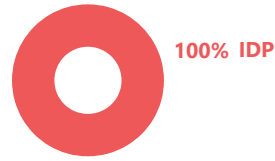
 <p>Food 100%</p> <ul style="list-style-type: none"> 64% of households reported having problems accessing food 64% of households reported a reduction in the number of meals consumed since the event 24% of households had high rCSI, indicating severe reliance on negative coping strategies 	 <p>Shelter 100%</p> <ul style="list-style-type: none"> 68% of IDP households did not intend on returning to their place of origin in the 30 days following data collection 54% of households were living in improvised shelters 	 <p>NFI 52%</p> <ul style="list-style-type: none"> 42% of households reported not having enough water to meet their hygiene needs Approximately half of the surveyed households (42%) reported that the main available water source is located about 30 minutes or more from their homes
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HOUSEHOLD PROFILES

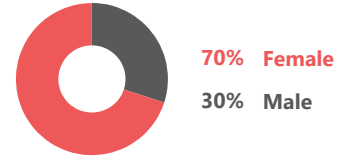
700 Number of households at the assessed location, as per community leaders

54 Number of assessed households

Population groups, by % of households



Respondent gender, by % of households



DISPLACEMENT

97% of IDP households did **not intend** on **returning** to their **place of origin** in the 30 days following data collection

95% of IDP households reported **lack of security** as the **principal barrier to return** to their place of origin (n=51)

QUALITATIVE INSIGHTS

Prior to the incidents, households primarily relied on subsistence agriculture, small-scale trade, and livestock rearing for their livelihoods. Housing was constructed using locally available materials and had limited structural resilience. The broader context was already characterized by recurrent insecurity, which had undermined the socio-economic stability of the communities.

The Ntamba displacement site currently hosts an estimated total of 3,042 households, placing significant strain on available basic services and resources.

FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

83%

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

81%

Top 3 reported barriers to food access, by % of households that reported having problems accessing food (n=35)*

- 96% Lack of financial resources
- 22% Lack of access to land
- 11% Lack of cooking utensils

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

- 57% Borrowing/receiving from relatives
- 41% Personal production
- 30% Food in exchange for work

Top 3 reported primary livelihood activities, by % of households

- 80% Subsistence farming
- 15% None
- 2% Small business

PRIORITY ACTION

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

83% of households reported having problems accessing food, with 20% of households categorized as "high" in the RCSI, indicating negative coping strategies.

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

Low	Medium	High
20%	60%	20%

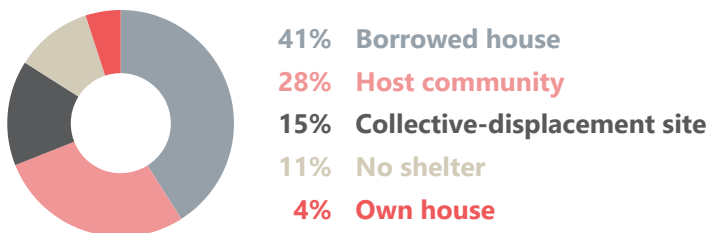
15% of households that reported having **access to land for cultivation**

26% of households that reported having **access to mobile money (M-Pesa/e-Mola)**

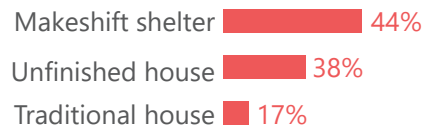
*select multiple, the total value may exceed 100%

SHELTER & NFIs

Most reported living arrangement, by % of households



Most reported shelter condition, by % of households



PRIORITY ACTION

Shelter assistance: Shelter (100%) and NFI (52%) were reported amongst the top 3 priority needs by assessed households

Shelters in the IDP site were temporary and primarily constructed using tarpaulins and grass, providing limited protection against rain and wind and increasing household vulnerability, particularly during the rainy season.

Furthermore, 69% of assessed IDP households slept directly with or in homes borrowed from the host community. While the relationship between the groups was amicable, tensions over limited resources may strain this unsustainable and temporary living arrangement.

Ownership of essential NFIs, by % of households*

Essential NFI	% of HH
None	28%
Stove	0%
Sleeping mats	0%
Mosquito nets	7%
Soap	7%
Clothes	9%
Pots > 5 Lt	26%
Water buckets	33%
Sleeping sheets	33%
Lamp	33%
Cooking utensils	54%

HEALTH & NUTRITION

15%

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 (4), respiratory illness (3), and non-severe diarrhea (1) as the most reported conditions

4/22

households with at least one child under age 5 (n=22) reported having **at least one child who was sick in the 2 weeks prior to data collection**

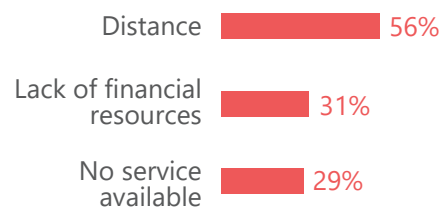
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households with a sick member above age 5 (n=8) **received treatment for their condition**

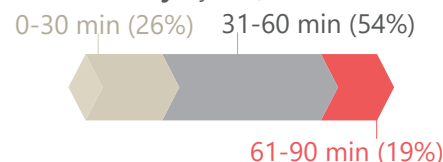
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households **with newborns (less than 6 months old) reported that their infants consumed anything other than breast milk** during the 24 hours prior to data collection

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



Reported time to reach the nearest health facility, by % of households



QUALITATIVE INSIGHTS

The Ntamba Health Centre provided services to both the displaced population and the host community but faced significant shortages of staff, medicines, and overall response capacity.

Health was the fourth most reported priority need (26%), with community leaders also stressing the need for psychosocial support to the displacement families.

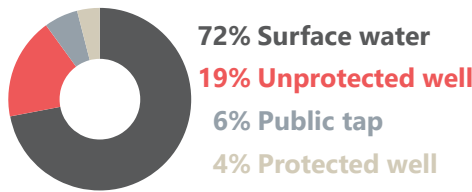
*select multiple, the total value may exceed 100%

WATER, SANITATION AND HYGIENE

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

- Hygiene needs ■ 17%
- Cooking needs ■ 15%
- Drinking needs ■ 11%

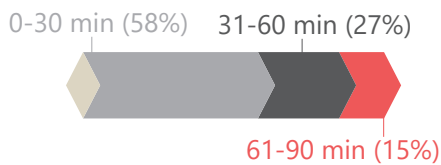
Most reported primary source of drinking water, by % of households



Top 3 reported barriers to accessing clean water, by % of households* (n=51)

- 77% Distance
- 22% Insufficient water points
- 18% Not enough water containers

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



54% of households reported **having problems related to sanitation facilities** (toilet/latrine)

63% 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 number of households who reported having sanitation facility issues (n=29)

- 19 Facilities were shared
- 4 Facilities were too far
- 4 Facilities were damaged

QUALITATIVE INSIGHTS

Water supply is currently provided through water trucking; however, quantities are insufficient for the current population, resulting in long waiting times. Water quality risks have also been identified due to limited storage capacity. Furthermore, the quantitative survey suggested that 72% of the assessed households relied on surface water for drinking water, which significantly increases the risk of water-borne disease, especially during the rainy season.

Communal latrines are present at the Ntamba displacement site, but their number is inadequate relative to the population size, and many are in poor condition. Overuse by multiple households increases public health risks and undermines privacy and safety, particularly for women and children.

EDUCATION

56% 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=36)

50% 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=36)

0% of households with children reported having their children participate in **non-school educational activities** (n=36)

Most reported barriers to school attendance for girls, by number of households* (n=17)

- 7 No school nearby
- 6 Lack of financial resources
- 3 Protection risks at school

Most reported barriers to school attendance for boys, by number of households* (n=20)

- 6 No school nearby
- 5 Lack of financial resources
- 3 Inadequate school infrastructure

Top 3 reported most pressing educational needs for children, by % of households* (n=44)

- 41% Lack of school supplies
- 32% Catch up classes
- 25% Needs to enroll

QUALITATIVE INSIGHTS

The local school accommodates both displaced children and those from the host community, offering education from Grades 1 to 9 in two shifts. However, the displacement occurred after the examination period had concluded, resulting in some students missing their exams while fleeing from their areas of origin.

*Select multiple, the total value may exceed 100%

PROTECTION, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

80% of households reported a **good or very good relationship between IDPs and the host community**

0% of households had **heard or encountered separated/unaccompanied children among the newly arrived population**

69% of households **reported at least one member with missing identity documents**

11% of households were **concerned about protection issues in their community** (n=6), with fears of **discrimination** (2), **armed conflict** (2), **property damage** (1), and **theft** (2)

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

- 63%** Tension land
- 63%** Tension over assistance
- 35%** Ethnic differences

2% of households reported **knowing children** in the community that **worked with armed groups**

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

- 57%** Sadness and discouragement
- 31%** Anxiety or fear
- 28%** Nightmares

Top 3 reported psychosocial signs in girls, by % of households (n=36)*

- 47%** Sadness and discouragement
- 39%** Anxiety or fear
- 31%** Nightmares

Top 3 reported psychosocial signs in boys, by % of households (n=36)*

- 50%** Anxiety or fear
- 36%** Sadness and discouragement
- 31%** Nightmares

QUALITATIVE INSIGHTS

The Ntamba host community has shown solidarity in accommodating displaced families; however, available resources are limited. Pressure on water, food, shelter, sanitation, and social services continues to increase, raising the risk of tensions if humanitarian assistance is not scaled up.

Displaced families remain highly vulnerable and face continued risks of exposure to violence during displacement. A timely humanitarian response is essential to prevent further deterioration of living conditions and the escalation of tensions with host communities.

ACCOUNTABILITY TO AFFECTED POPULATIONS

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

- 74%** Community leaders
- 41%** Face to face with humanitarian worker (any)
- 7%** Community events

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

- 70%** Community leaders
- 48%** Face to face with humanitarian worker (any)
- 7%** Religious leaders

Preferred modalities of assistance, by % of households

- Cash  **54%**
- In-kind  **43%**

*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team of NRC conducted 54 structured, face-to-face household surveys with households in Nangade on 14 December 2025, all the surveys with displaced families living in the host community and displacement site in Ntamba. 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 NTAMBA

Organization	Type	Intervention Sectors
Save the Children	INGO	Education in Emergencies, Child Protection
Solidarites Intl	INGO	WASH
ACF	INGO	Health - Mobile Clinics
Ayuda en Acción	INGO	WASH, Protection
NRC	INGO	Multipurpose vouchers, Shelter
Girls Child Rights	NNGO	Child Protection, GBV
UNICEF	UN	Education, Child Protection, Nutrition
For Afrika	INGO	Food Security
ICRC	ICRC	Livelihoods

ENDNOTES

1. RRM Mozambique. Displacement tracking matrix - Movement Alert 149 - IOM. November 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.

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:

[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).