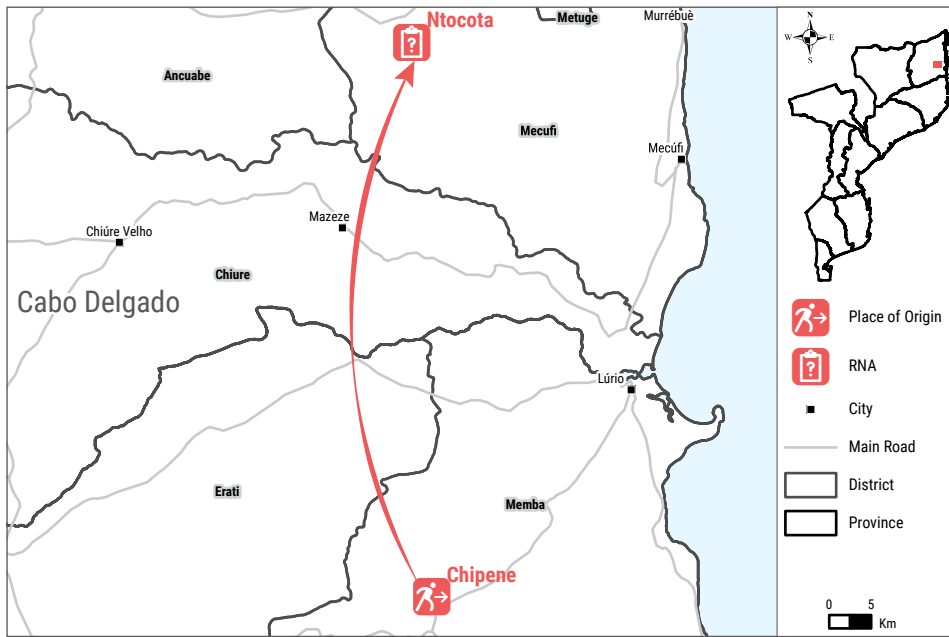


Rapid Needs Assessment (RNA)

Rapid Response Mechanism (RRM)

Ntocota - Metuge District
Cabo Delgado, Mozambique
14 December 2025

CONTEXT & RATIONALE






BETWEEN 10 AND 17 NOVEMBER 2025, attacks by Non-State Armed Groups (NSAGs) continued in Momba District, Nampula Province, triggering new displacement amid escalating violence across northern Mozambique. Between 16–23 November, joint verification by the National Institute for Disaster Management (INGD), District Services for Planning and Infrastructure (SDPI), and IOM’s Displacement Tracking Matrix (DTM) confirmed 14,172 families displaced in Erati. Major concentration points include Alua Sede (10,169 families), Miliva (1,634 families), Alua Velha Primary School (2,369 families), Mecufi (2000 households), and Ntocota (288 families).

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: Ntocota is accessible by road from Pemba in approximately 1 hour, covering around 52 kilometers. The road is paved but in very poor condition. To reach Ntocota, it is necessary to cross Cahora Bassa on a dirt road, which may become impassable during the rainy season. The security situation in the area is generally stable, although it remains volatile and requires continuous monitoring.

TOP 3 REPORTED PRIORITY NEEDS by % of households

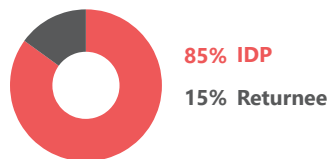
 <p>96% Food</p> <ul style="list-style-type: none"> 64% of households reported having problems accessing food 64% of households reported a reduction in the number of meals consumed since the event 24% of households had high rCSI, indicating severe reliance on negative coping strategies 	 <p>95% Shelter</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>36% WASH</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

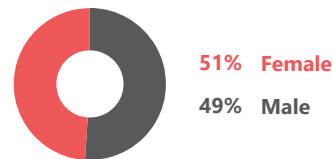
288 Number of households at the assessed location, as per community leaders

55 Number of assessed households

Population groups, by % of households



Respondent gender, by % of households



DISPLACEMENT

68% of IDP households did **not intend** on **returning** to their **place of origin** in the 30 days following data collection (n=47)

95% of IDP households reported **lack of security** as the **principal barrier to return** to their place of origin (n=39)

QUALITATIVE INSIGHTS

Prior to displacement, families reported relatively stable living conditions in their areas of origin in Memba, including freedom of movement, access to land, and the ability to sustain their livelihoods through housing, livestock, and agricultural activities. Following displacement, families initially sought refuge at the Alua Velha transit site in Erati before being instructed by local authorities to vacate the site. They subsequently travelled on foot, crossing the Lúrio River into Chiúre and onward to Ntocota, where some have relatives, arriving with only a few personal belongings and no remaining livelihood assets.

FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

64%

Average number of meals consumed per household member per day

1.7

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

64%

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

- 74% Lack of financial resources
- 31% Limited essential food supply
- 17% Lack of cooking utensils

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

- 29% Food in exchange for work
- 27% Personal production
- 27% Purchase at market

Top 3 reported primary livelihood activities, by % of households

- 62% Subsistence farming
- 18% Small business
- 7% None

PRIORITY ACTION

Food assistance: 96% of assessed households reported food security as a top 3 priority need

64% of households reported having problems accessing food, with 24% of households categorized as "high" in the RCSI, indicating negative coping strategies.

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

Low	Medium	High
24%	53%	24%

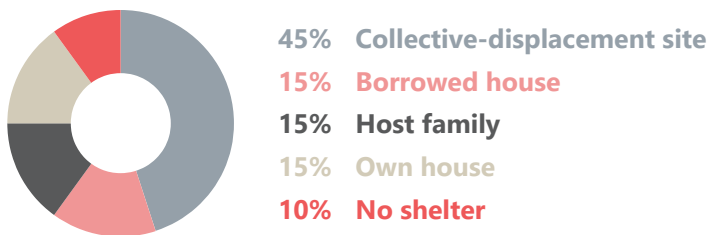
18% of households that reported having **access to land for cultivation**

31% of households that reported having **access to mobile money (M-Pesa/e-Mola)**

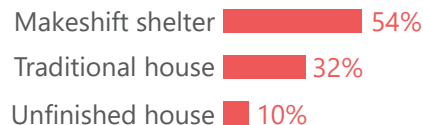
*select multiple, the total value may exceed 100%

SHELTER & NFIs

Most reported living arrangement, by % of households



Most reported shelter condition, by % of households



PRIORITY ACTION

Shelter assistance: Shelter (95%) was reported amongst the top 3 priority needs by assessed households

Since 2022, Ntocota has been formally established as a displacement site; however, most shelters are traditional, makeshift structures constructed without technical support, using tarpaulins and grass roofing with inadequate fastening. While IOM is currently constructing 839 shelters for the most vulnerable households, many structures remain incomplete or offer limited protection. Newly arrived families continue to identify shelter as a priority need, with many temporarily staying in transit areas or overcrowded host-community homes that do not provide adequate living conditions.

Ownership of essential NFIs, by % of households*

Essential NFI	% of HH
None	27%
Stove	2%
Clothes	7%
Mosquito nets	9%
Sleeping sheets	9%
Sleeping mats	11%
Lamp	11%
Soap	15%
Cooking utensils	15%
Pots > 5 Lt	44%
Water buckets	49%

HEALTH & NUTRITION

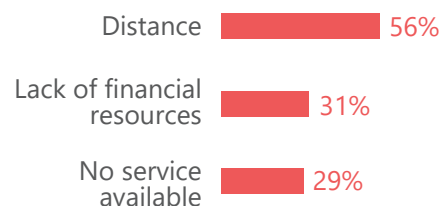
29% of households reported having at least **one household member above age 5 who was sick in the 2 weeks prior to data collection**, with non-severe diarrhea (10), fever (7), and respiratory illness (3) as the most reported conditions

11/26 households with at least one child under age 5 (n=26) reported having **at least one child who was sick in the 2 weeks prior to data collection**

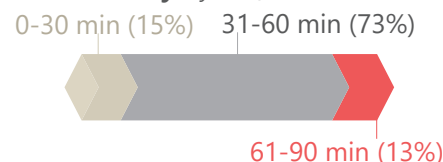
3/16 households with a sick member above age 5 (n=16) **received treatment for their condition**

0/0 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

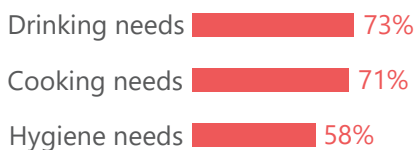
Although a hospital facility exists in Ntocota, it is currently non-operational due to the absence of medical personnel. Health services are limited to two Elementary Multipurpose Agents (APEs), who provide basic services such as referrals, counselling, rapid diagnosis, and treatment of common illnesses, including malaria. The nearest referral hospital is located in Nanlia, approximately 7 km away.

Compounding these gaps, **active cholera cases have been reported in the area**, and the risk of further transmission is high during the rainy season due to latrines being located in close proximity to water sources, increasing the likelihood of contamination.

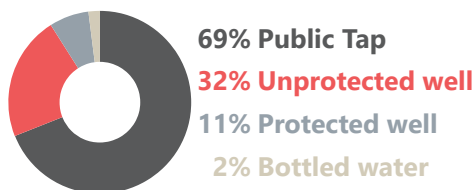
*select multiple, the total value may exceed 100%

WATER, SANITATION AND HYGIENE

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



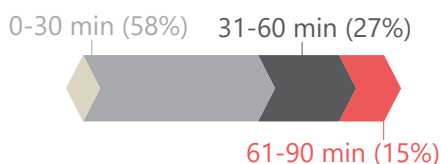
Most reported primary source of drinking water, by % of households



Top 3 reported barriers to accessing clean water, by % of households* (n=24)

- 21 Distance
- 5 Difficult to access
- 3 Insufficient water points

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



45% of households reported **having problems related to sanitation facilities** (toilet/latrine)

49% 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=25)

- 17 Facilities were shared
- 13 Facilities were unclean
- 12 Facilities were destroyed

QUALITATIVE INSIGHTS

Nine solar-powered water supply systems were observed in Ntocota, of which only two remain functional. Key issues include damage caused by Cyclone Chido and the absence of water storage tanks. In addition, six manual water pumps were identified, with only three currently operational; the non-functional pumps require technical assessment to determine the causes of failure.

The only functioning water storage tank is powered by three solar panels instead of the six originally planned, significantly reducing water availability. As a result, households increasingly rely on nearby streams for water, heightening public health risks. Ayuda en A and IOM were identified as the primary organizations supporting WASH activities in Ntocota.

EDUCATION

54% 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)

38% 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=32)

9% of households with children reported having their children participate in **non-school educational activities** (n=35)

Most reported barriers to school attendance for girls, by number of households* (n=15)

- 11 Lack of financial resources
- 3 Lack of interest
- 3 No school nearby

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

- 15 Lack of financial resources
- 7 No school nearby
- 5 Lack of interest

Top 3 reported most pressing educational needs for children, by % of households* (n=42)

- 60% Needs to enroll
- 38% Needs school placement
- 19% Needs tutoring

QUALITATIVE INSIGHTS

A school facility currently under construction was observed in Ntocota. In the interim, a primary school is operational, consisting of five conventionally constructed classrooms.

*Select multiple, the total value may exceed 100%

PROTECTION, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

84% 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**

51% of households **reported at least one member with missing identity documents**

13% of households were **concerned about protection issues in their community** (n=7), with fears of **explosives** (4) and **thefts** (2)

Most reported causes of separated/unaccompanied children, by number of households (n=8)*

- 5 Loss of parents due to illness
- 4 Loss of parents due to displacement

11% 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*

- 78% Sadness and discouragement
- 56% Anxiety or fear
- 16% Nightmares

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

- 80% Sadness and discouragement
- 40% Anxiety or fear
- 32% Nightmares

Top 3 reported psychosocial signs in boys, by % of households (n=32)*

- 78% Sadness and discouragement
- 38% Anxiety or fear
- 22% Nightmares

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

- 72% Tension land
- 58% Ethnic differences
- 51% Tension over assistance

QUALITATIVE INSIGHTS

Relations between IDPs, returnees, and host communities in Ntocota are generally positive, characterized by peaceful coexistence, shared use of limited resources, information exchange, and joint participation in community-level decision-making. Host communities and longer-term IDPs have actively supported newly arrived families, including through sharing food, seeds, and agricultural resources. However, the increasing number of IDPs intending to remain in the area has placed growing pressure on host community resources, leading to the depletion of food stocks and agricultural inputs.

While relations between displaced populations and host communities remain largely harmonious, tensions are emerging between community members and local leadership. These tensions are driven by perceptions of exclusion from humanitarian assistance processes, limited community involvement in decision-making, and a tendency for humanitarian actors to coordinate primarily with community leaders rather than the broader population—creating mistrust and concerns about transparency and potential misuse of resources.

ACCOUNTABILITY TO AFFECTED POPULATIONS

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

- 61% Face to face with humanitarian worker (any)
- 18% Community leaders
- 16% Phone call

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

- 62% Face to face with humanitarian worker (any)
- 18% Community leaders
- 16% Phone call

Preferred modalities of assistance, by % of households

- Cash  53%
- In-kind  36%

*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team of NRC conducted 55 structured, face-to-face household surveys with households in Metuge on 14 December 2025, all the surveys with displaced families living in Ntocota. 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 NTOCOTA

Organization	Type	Intervention Sectors
IOM	UN	Shelter, Protection, WASH, CCCM
UNOPS	UN	Shelter, Education, Health
ACF	INGO	Health - Mobile Clinics
Ayuda en Acción	INGO	WASH, Protection
NRC	INGO	Multipurpose vouchers, Shelter

ENDNOTES

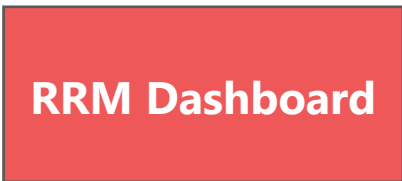
1. RRM Mozambique. Displacement tracking matrix - Movement Alert 149 - IOM. November 2025 (for access, please contact NRC Emergency Response Manager, Issufo Muhamade, at issufo.muhamade@nrc.no).

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.

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).

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