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

Namatil 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 all 32 respondents, with the **lack of financial resources** as the most commonly reported barrier to food access.

- Both quantitative and qualitative findings highlighted **shelter and non-food items (NFIs)** as a priority need. Less than 10% of respondents owned essential NFIs such as stoves and sleeping mats.

- **Water access (38% of assessed households)** was the third most reported priority need**. Distance to the nearest functional water point** is the most commonly reported barrier to water access (70% of assessed households) in addition to the lack of water buckets.
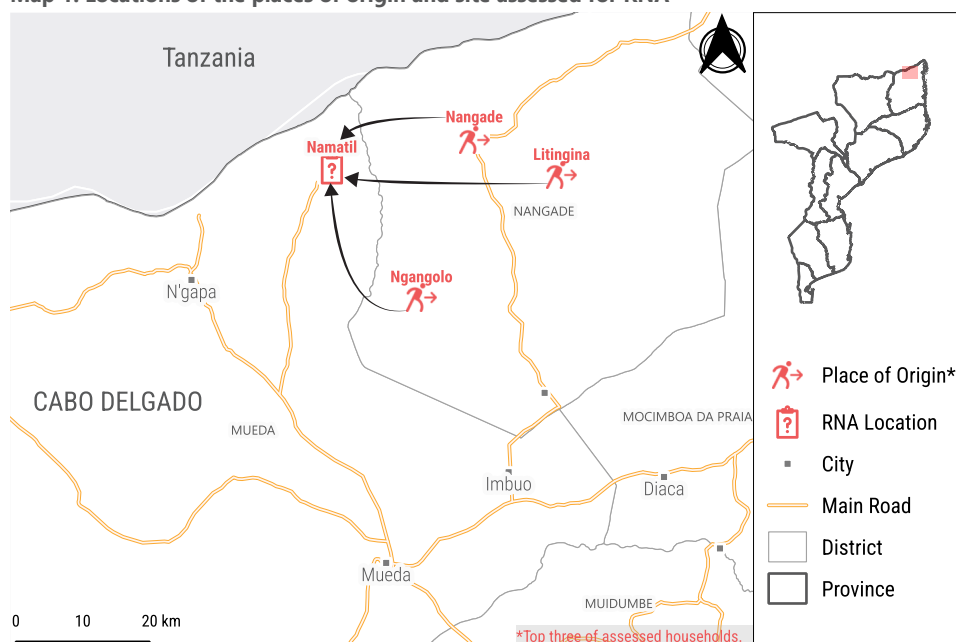
75% of assessed households have been at the Namatil Resettlement Center for more than 2 years.

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

*Top three of assessed households.

CONTEXT & RATIONALE

The rural area of Namatil 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. Namatil 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.[1]

In September 2024, Namatil became accessible once again as conditions improved on the road from Mueda. The RRM team of Solidarités International (SI) conducted an RNA to understand priority needs of the 520 households in the Namatil Resettlement Center. This document presents the key findings.

ASSESSMENT OVERVIEW

This assessment utilized a mixed-method approach. The quantitative element consisted of 32 household surveys conducted on October 14th with displaced families living in the Namatil 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 4 most commonly reported priority needs, by % of assessed households*

Food Security   100%
Shelter   44%
WASH   38%
Health   38%
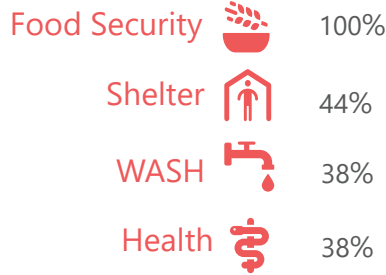
DISPLACEMENT

53% of assessed IDP households **do not intend on returning to their place of origin,** with the **lack of security (78% of respondents)** and **psychological trauma from the shock (22% of respondents)** cited as the most common barriers to return.

FOOD SECURITY, MARKETS & LIVELIHOODS

94% of assessed households had **problems accessing food** at the time of data collection, with the **lack of financial resources cited by all respondents as the principal barrier.**

Primary sources of food, by % of assessed households*

Work for food   75%
Personal production   47%
Purchase at market   16%

87% of assessed households **do not have access to a market nearby.**

Average number of meals consumed per assessed household member per day

1.75

% of assessed households per Reduced Coping Strategy Index (RCSI) category[2]		
Low	Medium	High
3%	88%	9%

Primary livelihood activity, by % of assessed households

Daily work   63%
Small business   16%
Subsistence farming   9%
None   9%
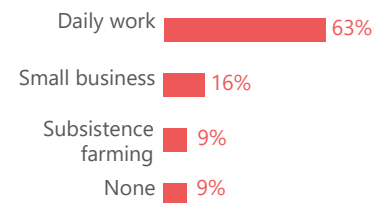
94% of assessed households reported a **decrease in the average number of meals consumed per day since the shock.**

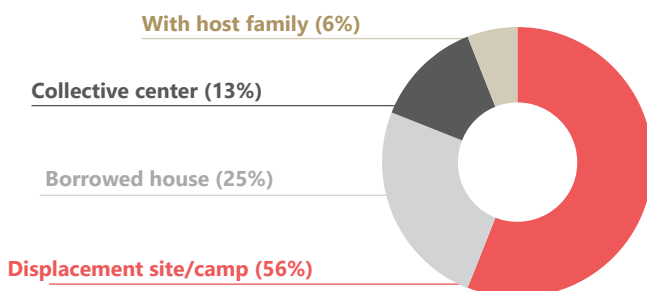**53%** of assessed households had access to **mobile money** (M-Pesa/e-Mola) at the time of data collection.

SHELTER & NFIs

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

With host family (6%)
Collective center (13%)
Borrowed house (25%)
Displacement site/camp (56%)

81% 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 cover.

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

Stove   6%
Beds/sleeping mats   6%
Soap   16%
Blankets/sheets   25%
Pots > 5 liters   34%
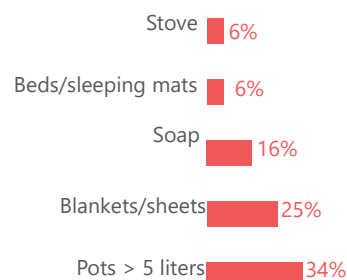
Qualitative findings suggested the need for NFIs, especially sleeping mats, water buckets, and lamps.

*select multiple, the total value may exceed 100%

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WATER, SANITATION, AND HYGIENE

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

Bottled water (3%)

Protected well (13%)

Unprotected well (53%)

Surface water (31%)
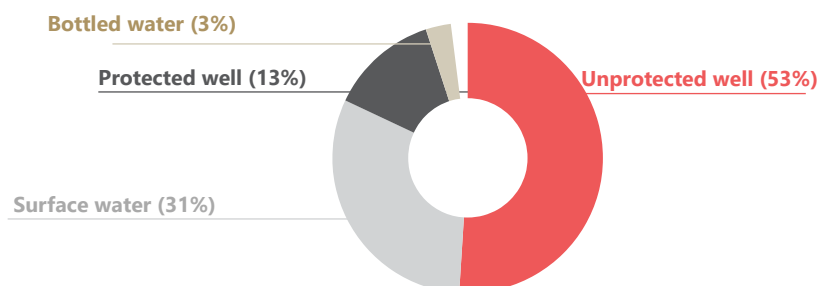
% of assessed households that reported having enough water to meet the following needs

41% Cooking needs

38% Drinking needs

28% 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. The lack of water buckets was also reported as a prominent barrier.

69% of assessed households reported **using an open-pit latrine (without slab) or open defecation** 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 being damaged as the most commonly reported barriers.

HEALTH

72% of assessed households reported **an adult member who was sick in the past 2 weeks** (n=32).

6/13 of assessed households with at least one child (under age 5) reported having **at least one child who was sick in the past 2 weeks** (n=13).

Most commonly reported conditions, by number of assessed households* *from the 23 assessed households who reported at least one sick adult in the past 2 weeks*

9   Stomach illness

7   Body pain

6   Malaria

Most commonly reported symptoms, by number of assessed households* *from the 6 assessed households who reported at least one sick child (under age 5) in the past 2 weeks*

4   Fever

2   Cough

2   Malaria

97% of assessed households reported **visiting a health center for healthcare.** Qualitative observations found that the **center was in relatively good condition and adequately stocked with medication**. However, about a third of respondents were unable to access the clinic due to financial constraints.

PROTECTION

69% of assessed households are currently **missing their identity documents.**

13% 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=32).

All cases were due to marriage, employment, or study and none were due to separation during displacement.

9% of assessed households are currently **concerned about violence in their community,** with all 3 reports related to child protection (child marriage, child labor, and violence against children.)

*select multiple, the total value may exceed 100%

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EDUCATION

17/25

of assessed households with at least one child aged 5-17 reported **that all children in the household attended school at the time of data collection** *(n=25).*

> Qualitative observations highlighted that although the school is functional, most students sat on the floor due to the lack of desks. Furthermore, the toilets were in very poor condition.

ACCOUNTABILITY TO AFFECTED POPULATIONS

Preferred modalities of assistance, by % of assessed households*

Cash	84%
In-kind	69%

> The majority of respondents preferred cash-based assistance. However, as detailed on p. 2, only 13% of respondents had access to a market nearby, which may limit the effectiveness of cash-based assistance.

*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

On October 14th, 2024, the RRM team of Solidarités International (SI) conducted 32 quantitative, structured face-to-face household surveys with displaced families residing in the Namatil 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 a 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 RRM Mozambique: Alert SI_RRM_MOC_30092024. September 2024.
2 The RCSI is a proxy indicator of household food insecurity that is based on a list of behaviors (coping strategies) that people do to manage their food insecurity situation. The higher the score, the more extensive 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).