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

Bairro de Muengue - Mocimboa da Praia Sede (Alert: SI_MOC_041124)
Mocimboa da Praia District - Cabo Delgado, Mozambique
12 November 2024

KEY MESSAGES

- **Food security was reported as the top priority need by the respondents** (90% of assessed households). Of those, 96% of assessed households cited lack of financial resources as the main barrier to food access.

- **Shelter was identified as the second highest priority by the respondents,** with the majority of assessed houeholds living in borrowed homes (70%) or with host families (27%).

- Both quantitative and qualitative findings highlighted **essential NFIs as a priority need.** Blankets/sheets, soap, stoves, and clothes were the most commonly reported missing essential NFIs.

55% of assessed displaced households intend on returning to their place of origin, with lack of security (100%) cited as the most common barrier to return.

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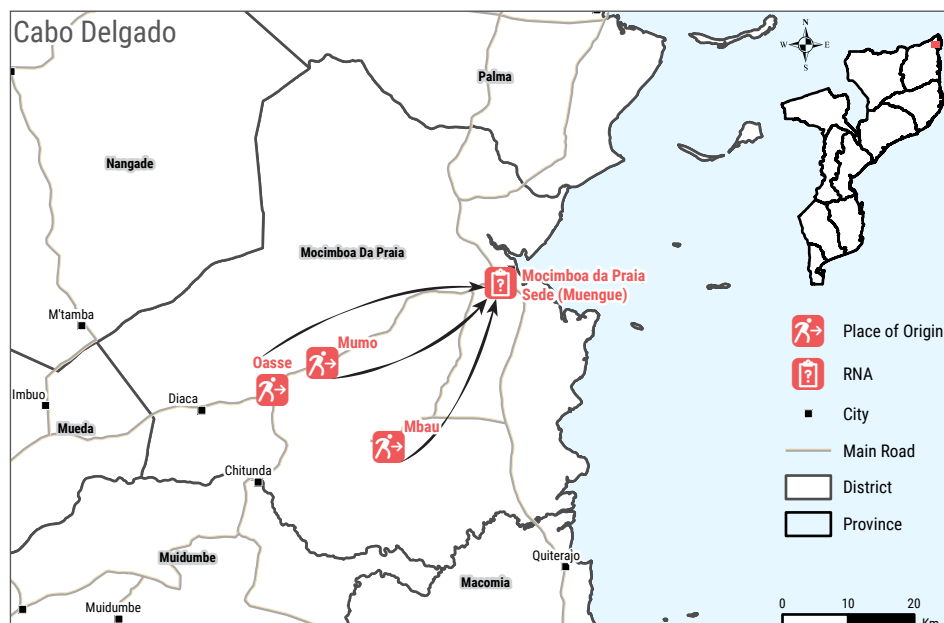

CONTEXT & RATIONALE

ON OCTOBER 23RD, 2024, non-state armed groups (NSAGs) attacked the village of Oasse, resulting in the deaths of 3 civilians and the looting of food supplies. The following day, NSAGs attacked the community of Mumo, causing 1 civilian death and significant property damage, including the burning of 5 houses. On October 29th, a vehicle struck a mine on the road between Chinda and Mbau, and was subsequently attacked by NSAGs, leading to the deaths of 2 civilians. On the same day, 3 civilians were found dead along the road between Mocimboa da Praia and Marere. These incidents have triggered several movements of people from Mbau, Mumo, and Oasse to the Muengue neighborhood of Mocimboa da Praia.[1]

In response to these events, a Rapid Response Mechanism (RRM) alert was issued, and a Rapid Needs Assessment (RNA) was conducted to identify the most urgent needs of the displaced population. This document presents the key findings of the assessment.

ASSESSMENT OVERVIEW

This assessment utilized a mixed-method approach. The quantitative element consisted of 30 household surveys conducted on November 12th with displaced families from the village of Mbau living in the host communities of the Muengue neighborhood in Mocimboa da Praia Sede. 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 section at the end of the document for further detail.

PRIORITY NEEDS

Top 3 most commonly reported humanitarian aid preferences, by % of assessed households*

Food   90%

Shelter 67%

NFIs   37%

ACCOUNTABILITY TO AFFECTED POPULATIONS

37% of assessed households **reported to have received some type of assistance during the past 2 weeks** (from humanitarian actors, government, host community, or religious organizations).

Preferred modalities of assistance, by % of assessed households*

In-kind   83%
Cash   53%

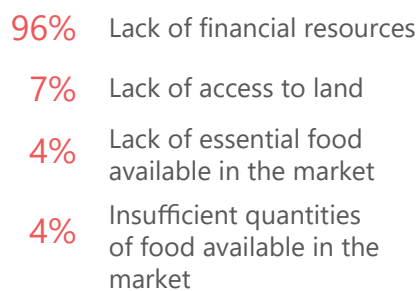# FOOD SECURITY, LIVELIHOODS & MARKETS

% of assessed households that reported having problems accessing food at the time of data collection
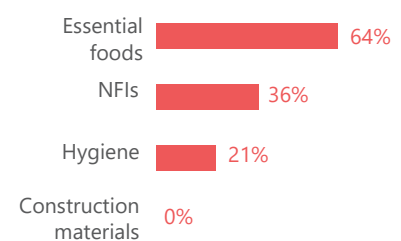
90%

Average number of meals consumed per assessed household member per day
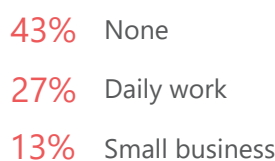
1.97

% of assessed households per each Reduced Coping Strategy Index (RCSI) category[2]		
Low	Medium	High
3%	73%	23%

Most commonly reported barriers to food access, by % of assessed households*

96%   Lack of financial resources

7%   Lack of access to land

4%   Lack of essential food available in the market

4%   Insufficient quantities of food available in the market

Top 3 most commonly reported primary livelihood activities, by % of assessed households

43%   None

27%   Daily work

13%   Small business

Most commonly reported types of products available at the market, by % of assessed households*

Essential foods   64%
NFIs   36%
Hygiene   21%
Construction materials 0%

53% of assessed households **did not have access to a market nearby.**

67% % of assessed households had access to **mobile money** (M-Pesa/e-Mola).
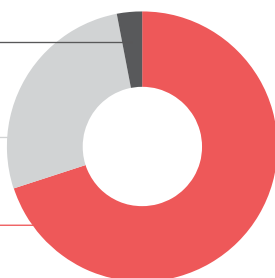
SHELTER & NFIs

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

Co-tenant (3%)

With host family (27%)

In a borrowed house (70%)

100%

of assessed households reported living in traditional or solid houses. Qualitative observations added that most houses were made of solid materials such as brick or stone with sheet metal roofing or constructed using the traditional *pique-a-pau* method.[3]
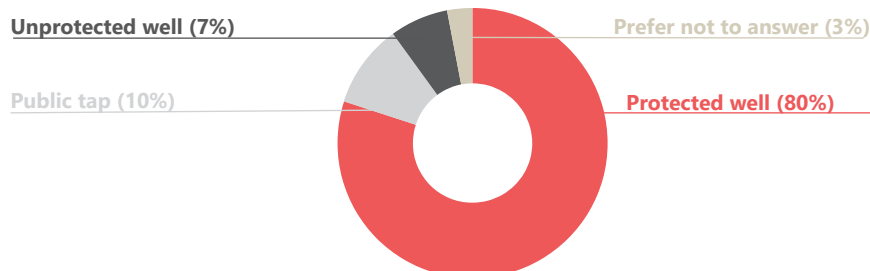
% of assessed households by most commonly reported missing essential NFI

Essential NFI	% of HH
Stove	100%
Soap	100%
Blankets/sheets	100%
Beds/sleeping mats	97%
Lamps	90%
Cooking utensils	37%
Water buckets	37%

*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

Unprotected well (7%)

Public tap (10%)

Prefer not to answer (3%)

Protected well (80%)

73% of assessed households reported using **a non-hygienic sanitation facility** (open pit latrine) at the time of data collection.

47% of assessed households reported **having problems related to sanitation facilities** (toilet/latrine).

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

100% Cooking needs

97% Hygiene needs

97% Drinking needs

Qualitative findings suggested that although Muengue was covered by the municipal water network, it was out of service at the time of data collection. The community had resorted to using small, artesian wells[4] that were about 2 meters deep. Approximately 2 out of every 5 houses had a well, most of which had covers and drainage systems. However, some wells were less than 3m away from a latrine.

Most commonly reported barriers to a hygienic sanitation facility* *from the 14 households that reported having sanitation facilities issues*
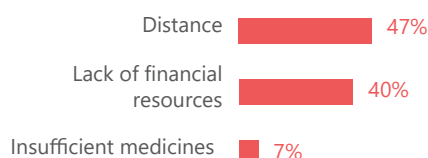
12/14 Facilities were shared amongst too many people

3/14 Facilities were damaged

1/14 Facilities were not private

HEALTH

47% of assessed households reported **an adult member who was sick during the past 2 weeks,** with malaria, stomach illness and body pain being most the commonly reported conditions.

8/18 of assessed households with at least one child under age 5 reported having **at least one child who was sick during the past 2 weeks.**

EDUCATION

15/19 of assessed households with at least one child aged 5-17 reported having **at least one child who was not attending school at the time of data collection.**

Most commonly reported barriers to healthcare, by % of assessed households*

Distance — 47%
Lack of financial resources — 40%
Insufficient medicines — 7%

Most commonly reported symptoms, by number of assessed households* *from the 8 assessed households who had at least one sick child under age 5 during the past 2 weeks.*

5 Fever

3 Malaria

1 Skin infection

Most commonly reported barriers to education, by number of assessed households* *from the 15 assessed households who had at least one child aged 5-17 who was not attending school at the time of data collection.*

8 Lack of school materials

4 Interruption following move

3 Lack of documentation

Most commonly reported distance to the nearest health facility, by % of assessed households

17% 0-30 minutes

50% 30-60 minutes

33% 60-90 minutes

Qualitative findings supported the quantiative findings that the **majority of assessed households (97%) used the Health Center of the Vila de Mocimboa da Praia for healthcare.**

Most commonly reported distance to the nearest school, by number of assessed households

5/19 0-30 minutes

13/19 30-60 minutes

1/19 60-90 minutes

*select multiple, the total value may exceed 100%

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PROTECTION

13% of assessed households were **concerned about violence in their community** at the time of data collection, with fears of physical violence (2) and domestic violence (1).

63% of assessed households **reported at least one member that was missing their identity documents.**

1 assessed household 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** due to marriage.

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from Solidarités International (SI) conducted 30 structured, face-to-face household surveys with displaced families from the village of Mbau, now residing in the Muengue neighborhood of Mocimboa da Praia Sede located in the Mocimboa da Praia District of Cabo Delgado. The survey tool, deployed via KoBo software, targeted primarily 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, 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 observations and descriptions of the sites and affected populations.

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. As a result, the quantitative findings should be considered indicative only. Additionally, the questionnaire was designed to include 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. This lack of detailed insight limits the assessment's ability to fully address nuanced vulnerabilities within households. Please refer to the Terms of Reference and the Dataset and Analysis for more details.

ENDNOTES

1 RRM Mozambique: Alert SI_RRM_MOC_04112024. November 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 the use of negative coping strategies and hence potentially increased food insecurity.

3 *Pique-a-pau* translates to "wattle and daub", which is a composite building method where a woven lattice of wooden strips is held together with a sticky material commonly composed of wet soil, clay, or animal dung.

4 An artesian well naturally brings groundwater to the surface without pumping due to pressure within an underground water-bearing rock.
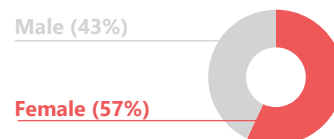
RRM CONSORTIUM MEMBERS:

solidarités international   ACTION CONTRE LA FAIM   acted   IMPACT Shaping practices Influencing policies Impacting lives   FDC Fundação para o Desenvolvimento da Comunidade

FUNDED BY:

European Commission

HOUSEHOLD PROFILES

Respondent gender, by % of assessed households

Male (43%)

Female (57%)

4.7 Average household size

2.4 Average number of children under 18 per assessed household

ABOUT THE RRM

The Rapid Response Mechanism (RRM) in Northern Mozambique is a consortium composed of Solidarités International (SI), Action Contre la Faim (ACF), a Fundação para o Desenvolvimento da Comunidade (FDC), Acted, and IMPACT Initiatives, that provides emergency assistance to populations affected by conflict, epidemics, or located in a newly accessible area.

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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