

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

April 2026 | Nangade District, Cabo Delgado, Mozambique

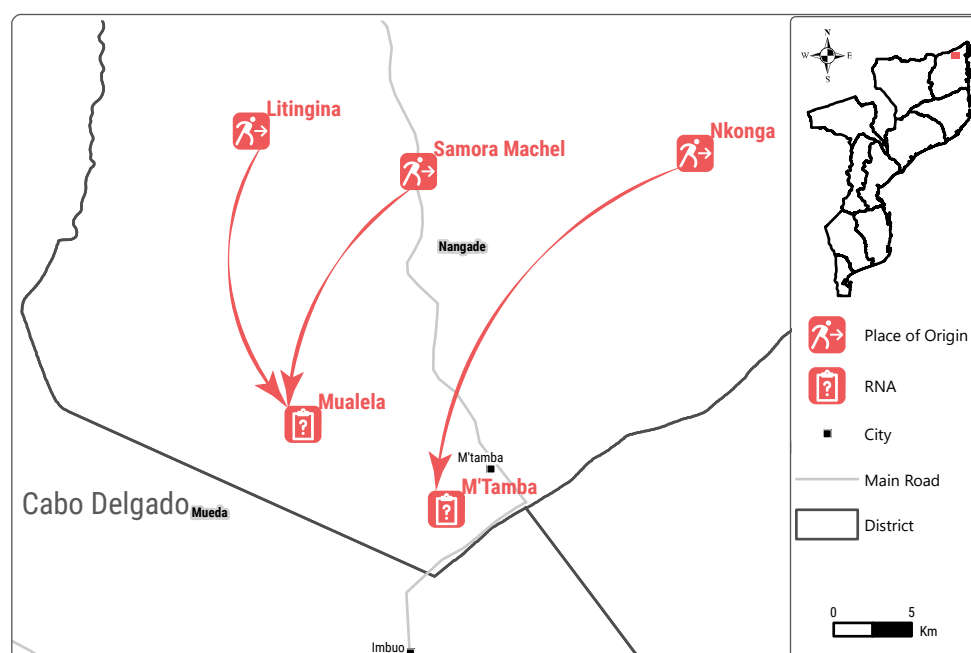
CONTEXT

BETWEEN 12 AND 20 OF APRIL 2026, multiple security incidents linked to the presence and movement of **non-state armed groups (NSAGs)** were reported across several villages in **Nangade District, Cabo Delgado Province**, particularly **Nkonga, Samora Machel, Namajonda, Muangaz, Litingina and Machava**. On 20 April, Nkonga village was attacked with gunfire, after which NSAGs reportedly looted civilian goods and moved towards the south-eastern area of Chitolo village. While no casualties were reported, the attack generated widespread fear among residents of Nkonga and surrounding areas, prompting displacement towards safer locations. Preliminary information indicated around **190 newly arrived families in Mualela**, including older people, women and children. Additional arrivals were also reported in Ntamba, Muadi and Ntole, with **continued movements from Samora Machel, Nkonga, Namajonda and Machava**.¹

In response, the Rapid Response Mechanism (RRM) team of the **Norwegian Refugee Council (NRC)** conducted **38 Key Informant Interviews (KIIs)** in late April 2026 across the communities of **Ntamba and Mualela** in Nangade District (see Map 1). This brief presents the main findings of the assessment. Findings are indicative of priority needs in the assessed locations; further details are provided in the Methodology and Limitations section at the end of the document.

227 Number of affected households across Nangade District.²

Map 1: Conflict affected communities in Nangade District of Cabo Delgado



TOP 3 PRIORITY NEEDS

as reported by Key Informants (KIs) in assessed communities



Food

95% of KIs

Food emerged as the most urgent priority need, driven primarily by limited financial capacity, loss of food stocks and livelihoods during displacement and constrained market access.



Shelter

87% of KIs

Shelter needs were the second most frequently reported priority, driven by limited access to emergency shelter materials and basic NFI, which is preventing displaced households from building or improving adequate shelters.



Safe Water

55% of KIs

Safe water was also reported as an urgent priority needs, with affected households relying on surface or purchased water, as water systems in Ntamba and Mualela have not functioned since early April.

DISPLACEMENT DYNAMICS

95% of KIs reported that **conflict and insecurity** were the main **trigger** affecting households

Displacement remains ongoing in the assessed locations, with **92%** of Key Informants (KIs) reporting that **new households are still arriving** and the same proportion expecting **arrivals to continue**. **Newly arrived displaced households** were identified as the **group most affected by the shock** by 97% of KIs, followed by **protracted displaced households** (24%) and **returnees** (16%). Arrivals appear recent, with **53%** of KIs reporting that **displaced households arrived within the past week**, 29% within the past two weeks, and 16% within the past three weeks. Field team observations also noted continued movements from affected villages, with households reportedly fleeing rapidly and leaving behind homes, food stocks and livelihood assets.

Return in the short term appears unlikely: 92% of KIs reported that displaced households are not expected to return to their areas of origin within the next 30 days. Among these KIs, all cited **insecurity in areas of origin**, while 29% mentioned **damaged or unsafe shelters** and 26% **psychological trauma** linked to the shock as reasons for not returning.

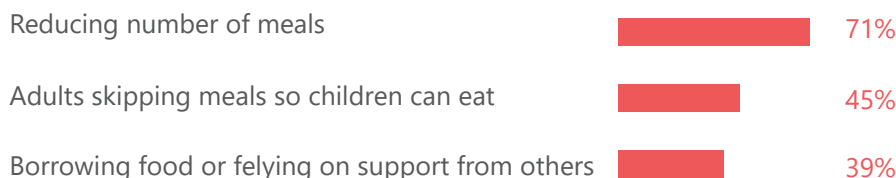
FOOD SECURITY & LIVELIHOODS

Food security emerged as the most urgent priority need, with 95% of KIs reporting food security needs among affected households. Among the 31 KIs who said households reported these needs, 55% said that **almost all households were facing serious difficulties accessing enough food**. The main reported barriers were **limited financial capacity** (79%), **lack of cooking utensils or facilities** (47%), and **limited availability**, quantity or quality of essential food items in markets (39%).

While 58% of KIs reported that **basic food items were available in nearby markets or shops**, field observations indicated that **markets were too far for households in Mualela and that suppliers were not available** to regularly supply local markets. Affected households are reportedly **adopting negative coping strategies**, including reducing the number of meals eaten, adults skipping meals so children can eat, and borrowing food or relying on support from others.

Livelihood disruptions are closely linked to food access. Before displacement, affected households reportedly **relied mainly on subsistence farming, daily work and small businesses**. Key reported livelihood barriers included **loss of access to land or machambas** (56%), **loss of tools, seeds or inputs** (44%), **loss of livestock or productive assets** (33%), and **lack of capital** to restart income-generating activities (33%). Many newly displaced households reportedly fled without food stocks and abandoned their machambas, basic goods and livelihood assets, disrupting both immediate food access and livelihood activities.

Negative coping strategies used by affected households, by % of KIs*



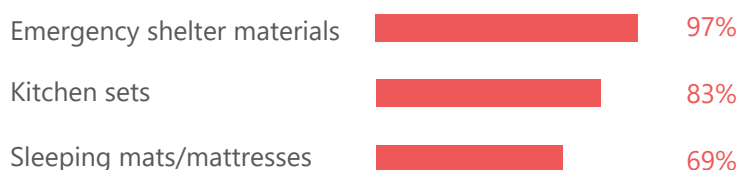
*select multiple, the total value may exceed 100%

SHELTER & NFIs

Shelter and NFI needs were reported by 87% of KIs, with the most urgent gaps including **emergency shelter materials/ tarpaulins, kitchen sets, and sleeping mats or mattresses**. Newly displaced households appear to be particularly affected. Among KIs who identified **displaced households** as the group **most in need of shelter/NFI support**, 74% reported that they were **staying in borrowed houses**, while 17% reported that they were **staying with host families**.

Field observations also found **households living in makeshift or emergency shelters, unfinished houses, and traditional mud houses**, with some families reportedly **homeless** and **sharing shelters with relatives**. Shelter conditions were described as poor, with **several shelters built from low-quality materials**, including tarpaulin roofing, and some tarpaulins already in an advanced state of degradation. **Both moderate and severe shelter damage were observed**, including shelters considered uninhabitable and in need of reconstruction. Although space is reportedly available in the centres, the lack of shelter materials and tools is preventing families from building or improving adequate shelters. **Preferred forms of support** included **cash and voucher assistance** (91%), **in-kind shelter/NFI items** (86%), and **shelter repair support** (57%).

Most urgent Shelter NFI needs, by % of KIs*



WATER, SANITATION & HYGIENE (WASH)

WASH needs were reported by 76% of KIs, with 55% of KIs specifically identifying **safe water as an urgent priority**. Among the 29 KIs who reported WASH needs, 41% said **affected households were mainly relying on river, lake or surface water**, while another 41% reported that households were **purchasing water**. The main barriers to accessing enough safe water were **distance to water sources, cost of water and insufficient water availability**.

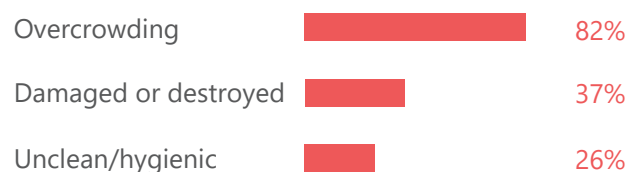
Field observations confirmed that **water trucking was not being provided** in either assessed location. Some families were reportedly resorting to the **Ntamba River**, while others were relying on support from host community families. Although **water systems exist** in Ntamba and Mualela, they **have reportedly not been functioning since the beginning of April** and are considered **insufficient to meet current needs**, particularly given the arrival of newly displaced households.

Sanitation conditions also raise concerns. Among KIs reporting WASH needs, most said **latrines were shared by too many people**, while others reported that **latrines were damaged, destroyed, unclean or unhygienic**. Field teams observed traditional latrines without slabs, open defecation, and sanitation facilities that were either in poor condition or unusable, raising concerns about **increased sanitation risks in overcrowded areas**. The most urgent hygiene needs reported were **water containers/buckets** (86%), **soap** (83%) and **menstrual hygiene items** (66%).

Main barriers to accessing enough safe water, by % of KIs*



Main problems with toilets/latrines, by % of KIs*



HEALTH & NUTRITION

Although health was not among the top three priority needs, **79% of KIs reported health needs or concerns among affected households**. Among these 30 KIs, 57% said **illness symptoms had not been commonly reported** in the previous two weeks. **Where illness was reported**, the most commonly cited symptoms were **fever/malaria** and **respiratory issues**. **Among children under five**, reported symptoms mainly included **fever/malaria, cough** and **diarrhoea**.

Access to health care appears to be a key concern, with 50% of KIs reporting health needs indicating that affected households could not access a functioning health facility when needed. The **main barriers were distance to facilities, lack of health staff, and lack of medicines or supplies**. Field observations also noted that health care and medication access were distant for households in Mualela. **Ntamba and Mualela reportedly rely on the Ntamba Health Centre**, which has limited capacity to respond to the needs of newly displaced households. Priority support needs included **mobile clinics/outreach services, medicines or medical supplies, and maternal and child health support**.

Nutrition risks were also identified. Among all KIs interviewed, 55% reported that **affected households mainly rely on limited or low-diversity foods**, while 56% reported that many children under five lack access to age-appropriate and diverse foods. Among KIs reporting low dietary diversity, 62% said pregnant or breastfeeding women lacked access to enough nutritious food, and 71% reported concerns about the safety or quality of food consumed by affected households.

Main barriers to accessing health facilities, by % of KIs*



Most urgent health support needed, by % of KIs*



EDUCATION

Although education was not among the top priority needs, **79% of KIs reported education-related needs among affected households**. Among these 30 KIs, 53% said that **most school-aged children were attending school** or learning activities. For those not attending, the **main barriers** were lack of school materials (63%), distance or lack of transport (43%), and lack of documents or enrolment barriers (30%).

53% of KIs reported that **school-aged children are attending school**

Field observations indicated that **schools are available** near both Ntamba and Mualela, but **host community schools have limited capacity to absorb newly displaced children**. Key challenges include **lack of school materials** (57%) and **lack of space or insufficient classrooms** (53%). The most urgent education needs reported were **guidance on school continuation** for children who missed only a few days (57%), **remedial classes** for children who missed several weeks or months (47%), and **school supplies** (43%).

PROTECTION

84% of KIs said **no protection or concerns** had been reported by affected households

Protection or safety concerns were not widely reported, but among the 6 KIs who did report them, **armed conflict and violence was identified as the main issue**. Reported tensions were linked to **access to land, services or humanitarian assistance**, and relations between **host community members and displaced households**. Field observations suggest that protection risks are mainly linked to the shock and displacement conditions, with continued insecurity limiting intentions to return. Newly arrived households were also described as **vulnerable and affected by trauma**, highlighting the need for **psychosocial support, improved registration and triage, and stronger site organisation**.

*select multiple, the total value may exceed 100%

ACCOUNTABILITY TO AFFECTED POPULATIONS

Community leaders were reported as the preferred channel for sharing information with affected households by 79% of KIs, followed by **phone/SMS** (32%) and **helpdesks at distribution sites** (21%). This aligns with field team feedback noting strong collaboration with community leaders during data collection and the need to strengthen registration, triage and organisation of newly arrived households.

Regarding assistance modalities, **vouchers were most frequently reported as the preferred type of assistance** (53%), followed by **cash** (24%) and **in-kind** assistance (18%). Given reported market access constraints, particularly in Mualela, any voucher or cash-based response should consider market distance, supplier availability, and affected households' safe and physical access to markets.

Preferred modalities of assistance, by % of KIs

Vouchers		53%
Cash		24%
In-kind		18%

METHODOLOGICAL OVERVIEW & LIMITATIONS

The Rapid Response Mechanism (RRM) team of the Norwegian Refugee Council conducted 38 structured, face-to-face key informant interviews (KIIs) in conflict-affected displacement locations in Nangade District, Cabo Delgado, in late April 2026. The assessment covered Ntamba and Mualela, following reported displacement from affected villages including Nkonga, Samora Machel, Namajonda, Muangaz, Litingina and Machava. The survey was deployed via KoBo Collect and used the Area of Knowledge (AoK) approach, purposively selecting key informants, such as community leaders, local authorities and service providers, based on their knowledge of the shock and priority needs. KIIs were complemented by a semi-structured team leader observation grid. This qualitative component helped contextualize the impact of the shock, triangulate key findings, and provide detailed insights into displacement dynamics, access constraints, shelter conditions, WASH infrastructure, and the availability and quality of essential services such as markets, schools and health facilities.

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. Furthermore, access constraints and poor road conditions during the rainy season limited full geographic coverage of some planned areas. 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. RRM_NRC_NANG_22042026. April 2026 (for access, please contact NRC Emergency Response Manager, Issufo Muhamade, at issufo.muhamade@nrc.no)

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).

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