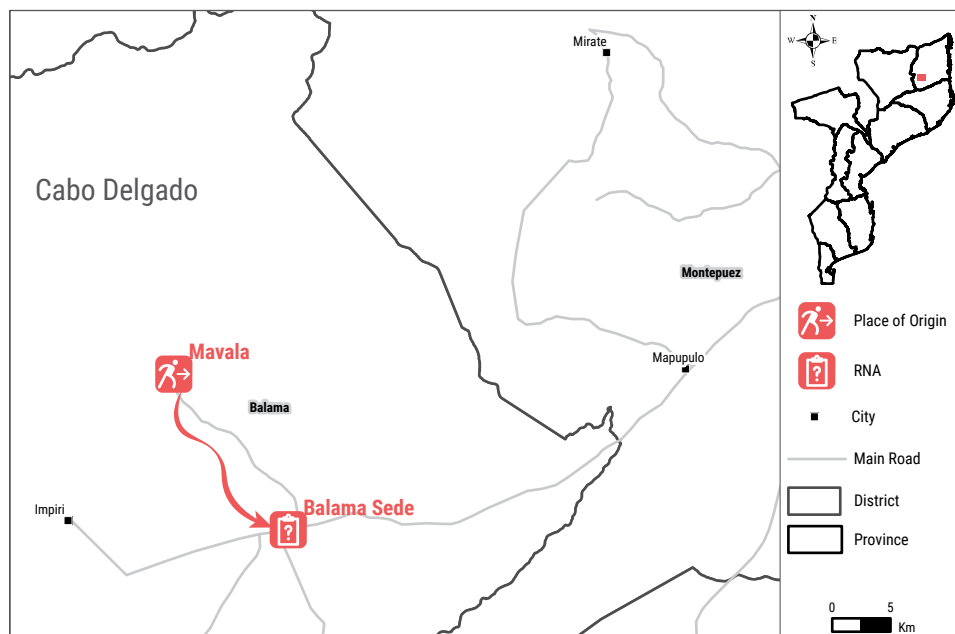


Rapid Needs Assessment (RNA)

Rapid Response Mechanism (RRM)

Balama Sede - Balama District - Cabo Delgado - Mozambique
21 to 22 September 2025

CONTEXT & RATIONALE



ON 15 SEPTEMBER 2025, non-state armed groups (NSAG) attacked the village of Messalo in the Mavala administrative post, Balama district, causing the displacement of approximately 1800 households (HH) from Messalo, as well as from the neighbouring villages of Sapamoto, Monapo and Nsewe, to Mavala Sede and Balama Sede, where most are hosted by the local community and others are temporarily sheltered in the local school.¹ In response, Solidarités International (SI) issued an RRM alert on 17 September 2025 and conducted an RNA along with Save the Children (SCI) with displaced families residing in Balama Sede. 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: The village of Mavala is currently inaccessible by road from Balama Sede (19 km) due to the high risk of renewed NSAG activities, including village raids, attacks on artisanal mines, kidnappings for ransom and looting. The security situation needs to be monitored prior to deployment.

TOP 3 REPORTED PRIORITY NEEDS by % of households

<p>93% Food</p> <ul style="list-style-type: none"> 92% of households reported having problems accessing food 40% of households categorized as high in the RCSI, indicating heavy reliance on coping strategies. 89% of households reported a decrease in frequency of meals 	<p>71% Shelter</p> <ul style="list-style-type: none"> 72% of IDP households intend on returning to their place of origin in the 30 days following data collection 52% of households were living with host families or in houses borrowed from the host community 	<p>42% WASH</p> <ul style="list-style-type: none"> 38% of households reported not having enough water to meet their drinking needs 55% of households reported that their main source of water was an unprotected well
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RRM PLANNED INTERVENTIONS

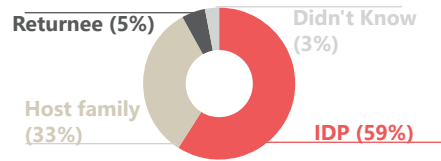
Organization	Date	Sites	Intervention	Beneficiaries
Solidarités International	27/09/2025	Balama Sede	Multipurpose vouchers	900 HH
Save the Children	27/09/2025	Balama Sede	Cash Transfer	900 HH

HOUSEHOLD PROFILES

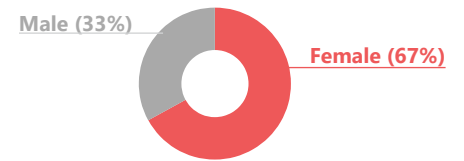
1800 Number of IDP households in the affected population

73 Number of assessed households

Population groups, by % of households



Respondent gender, by % of households



DISPLACEMENT

72% of IDP households **intend** on **returning** to their **place of origin** in the 30 days following data collection

10/12 of IDP households reported **lack of security** as the **principal barrier to return** to their place of origin (n=12)

QUALITATIVE INSIGHTS

Community leaders reported that most displaced families depended on subsistence farming for their livelihoods. With their *machambas* (fields) in their places of origin now at risk, many families plan to return within the next month despite ongoing security concerns.

FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

92%

Average number of meals consumed per household member per day

1.6

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

89%

Top 3 reported barriers to food access, by % of households that reported having problems accessing food (n=42)*

- 48%** Lack of financial resources
- 28%** Lack access to land
- 25%** Limited supply of essential foods in the market

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

- 62%** Personal production
- 27%** Borrowing food from relatives
- 11%** Food in exchange for work

Top 3 reported primary livelihood activities, by % of households

- 52%** Subsistence farming
- 37%** Small business
- 4%** Daily work

PRIORITY ACTION

Food assistance: 93% of assessed households reported food security as a top 3 priority need.

92% of households reported having problems accessing food, with 40% of households categorized as "high" in the RCSI, indicating heavy reliance on coping strategies.

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

Low	Medium	High
0%	60%	40%

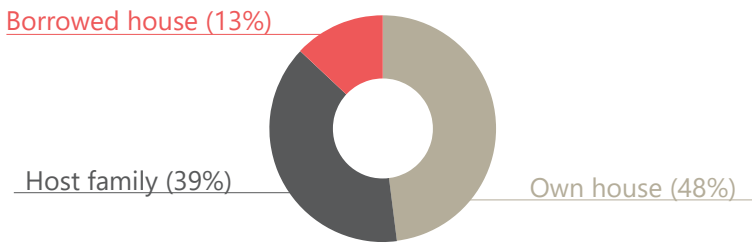
66% of households that reported having **access to land for cultivation**

51% of households that reported having **access to mobile money (M-Pesa/e-Mola)**

*select multiple, the total value may exceed 100%

NFI SHELTER & NFIs

Most reported living arrangement, by % of households



Most reported shelter condition, by % of households



Ownership of essential NFIs, by % of households*

Essential NFI	% of HH
None	16%
Stove	0%
Lamp	0%
Mosquito nets	3%
Soap	5%
Sleeping mats	5%
Sleeping sheets	7%
Clothes	11%
Cooking utensils	21%
Water buckets	27%
Pots > 5 Lt	29%

PRIORITY ACTION

Shelter assistance: Shelter (71%) was reported amongst the top 3 priority needs by assessed households.

52% of households were living with host families or in houses borrowed from the host community. Qualitative observations added that these shared spaces were extremely crowded - up to 30 people were sharing the same living space.

As for shelter construction, most houses were made with local materials, bamboo, grass, and *matope* (mud brick).

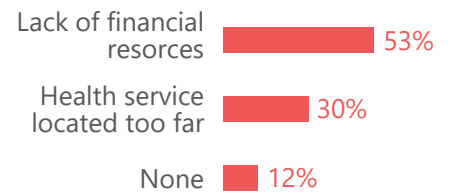
HEALTH & NUTRITION

49% 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 (13), respiratory illness (11), and diarrhea not severe (4) as the most reported conditions

14/32

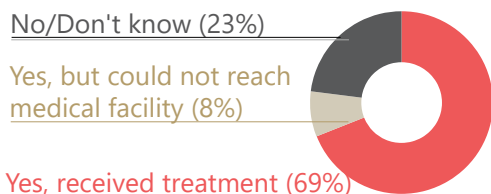
households with at least one child under age 5 (n=32) reported having **at least one child who was sick in the 2 weeks prior to data collection**

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



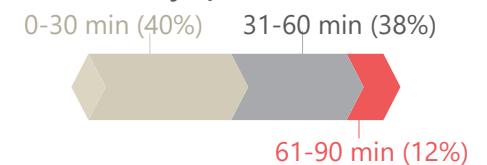
Households requiring medical attention, by number of households with a sick member above age 5 (n=12)

8/17



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

Reported distances to the nearest health facility, by % of households



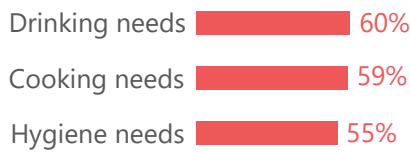
QUALITATIVE INSIGHTS

Health was reported as the fourth most reported priority need (26% of households). Qualitative engagements supported the quantitative findings that healthcare was difficult to access for the affected families. Although the health center in the host community was functional, it appeared unhygienic and lacked potable water.

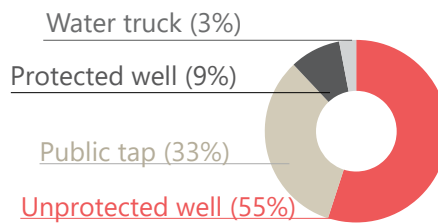
*select multiple, the total value may exceed 100%

WATER, SANITATION AND HYGIENE

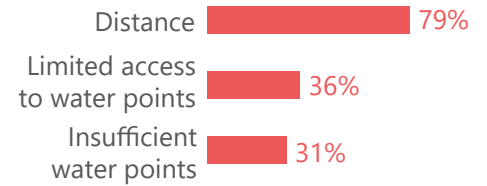
% of households that reported having enough water to meet the following needs



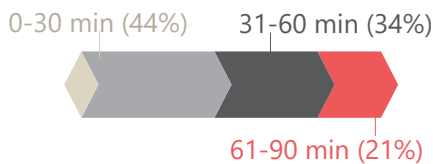
Most reported primary source of drinking water, by % of households



Top 3 reported barriers to accessing clean water, by % of households* (n=39)



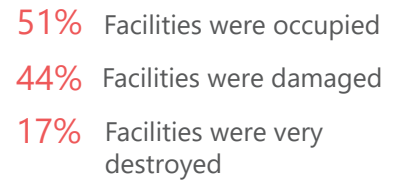
Reported water collection times (including travel time and wait time at water point), by % of households



81% of households reported **having problems related to sanitation facilities** (toilet/latrine)

86% of households reported **using a non-hygienic sanitation facility** (open pit latrine or open defecation)

Top 3 reported barriers to access a hygienic sanitation facility, by % of households who reported having sanitation facility issues (n=59)



PRIORITY ACTION

Improve water access: Water (38%) was reported amongst the top 3 priority needs by assessed households

Qualitative observations suggested that there were only two water sources available for displaced families within the host community in Balama Sede, which were not enough to meet the demand of the newly arrived. Furthermore, latrines were shared amongst too many people and were made from precarious local material that will be prone to damage during the upcoming rainy season.

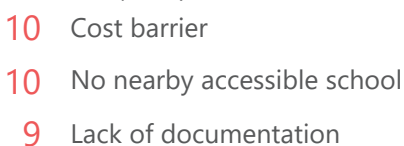
EDUCATION

66% 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=68)

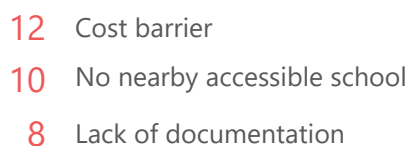
59% of households with at least one boy aged 5-17 reported having **all school aged boys attending school at the time of data collection** (n=59)

10% of households with children reported having their children participate in **non-school educational activities** (n=68)

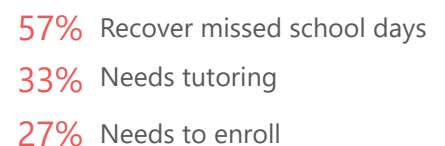
Most reported barriers to school attendance for girls, by number of households* (n=21)



Most reported barriers to school attendance for boys, by number of households* (n=24)



Top 3 reported most pressing educational needs for children, by % of households* (n=70)



QUALITATIVE INSIGHTS

Education was reported as the fifth most reported priority need (**24% of households**). Qualitative observations highlighted that although the local school was functional, it lacked adequate sanitary facilities.

*select multiple, the total value may exceed 100%

PROTECTION, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

19% of households reported a **good or very good relationship between IDPs and the host community**

47% of households had **heard or encountered separated/unaccompanied children among the newly arrived population**

73% of households **reported at least one member with missing identity documents**

82% of households were **concerned about protection issues in their community** (n=60), with fears of **armed conflict** (47) and **damage to property** (13)

Most reported causes of separated/unaccompanied children, by number of households (n=34)*

20 Loss of parents due to displacement

11 Loss of parents due to illness

41% of households reported **knowing children** in the community that **worked with armed groups**, with **resettlement sites** as the most commonly reported **recruitment location**

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

- 47%** Sadness and discouragement
- 36%** Anxiety or fear
- 27%** Nightmares

Top 3 reported psychosocial signs in girls, by % of households (n=68)*

- 50%** Sadness and discouragement
- 31%** Anxiety or fear
- 18%** Nightmares

Top 3 reported psychosocial signs in boys, by % of households (n=59)*

- 39%** Sadness and discouragement
- 37%** Anxiety or fear
- 22%** Nightmares

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

- 58%** Access over humanitarian aid
- 56%** Access to land
- 51%** Ethnic differences

PRIORITY ACTION

Protection Services: Family reunification, Psychosocial support, Support to victims of gender-based violence (GBV), and Child Protection

Overall, **82%** of households were **concerned of protection issues** in the community. **47%** of households had **encountered unaccompanied children** among the newly arrived population, and **41% knew of children in the community that worked with armed groups**. The community also reported several cases of GBV to the field teams, which need to be followed up by protection partners.

ACCOUNTABILITY TO AFFECTED POPULATIONS

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

- 60%** Face to face with humanitarian worker (any)
- 41%** Phone call
- 14%** Face to face with humanitarian worker (female only)

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

- 63%** Face to face with humanitarian worker (any)
- 45%** Phone call
- 8%** Community leaders

Preferred modalities of assistance, by % of households

- In-kind  **37%**
- Cash  **21%**

*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from Solidarités International and Save the Children conducted 73 structured, face-to-face household surveys with displaced households in Balama Sede on 21-22 September 2025. No surveys were conducted in Mavala village due to the ongoing insecurity. 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 BALAMA

Organization	Type	Intervention Sectors
Solidarités International	INGO	RRM First line responder
Save the Children	INGO	Education, MHPSS, and Child Protection
IOM	UN	Shelter, Reconstruction

ENDNOTES

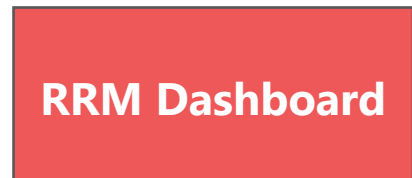
1 RRM Mozambique. Alert SI_BAL_17092025. September 2025 (for access, please contact SI RRM PM, Amorim Manuel, at rrm.pm@solidarites-mozambique.org).

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).

COOPERATING PARTNERS



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