

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

Mualela IDP Site (Alert: SI_NAN_111124)
Nangade District - Cabo Delgado, Mozambique
20 November 2024

KEY MESSAGES

- **Food security was reported as the top priority need by the respondents** (100% of assessed households). Out of the 78% of assessed households that had difficulties accessing food, 24 out of 25 cited the lack of financial resources as the main barrier.
- **Both quantitative and qualitative findings suggested NFIs as a priority need.** Essential NFIs were the second most preferred type of humanitarian assistance (63% of assessed households), and none of the assessed households owned stoves, lamps, blankets/sheets, or cooking utensils.
- **WASH was reported as a priority need by the respondents.** Drinking water was the third most preferred type of humanitarian assistance (38% of assessed households), and 100% of assessed households reported using a non-hygienic sanitation facility.

72%

of assessed displaced households **do not** intend on returning to their place of origin, with lack of security (18/23) and psychological trauma (6/23) cited as the most common barriers to return.

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



CONTEXT & RATIONALE

ON NOVEMBER 4TH, 2024, an unknown number of non-state armed group (NSAG) members attacked the village of Quinto Congresso. The assault on the civilian population involved shooting, and the looting and destruction of shops. Although no houses were burned down and no civilian lives were lost, the attack triggered fear among nearby communities, resulting in a mass displacement of residents from the villages of Litingina, Chibau, Naleque, Ngangolo, and Chicuaia. An estimated 70 households have moved to the Mualela site for Internally Displaced People (IDP) in the southern Nangade district.¹

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

ASSESSMENT OVERVIEW

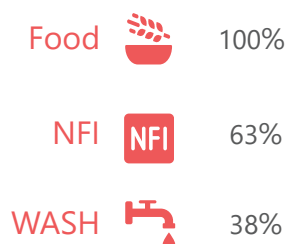
This assessment utilized a mixed-method approach. The quantitative element consisted of 32 household surveys conducted on November 19th with displaced families living in the Mualela IDP site in the Nangade district.

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*



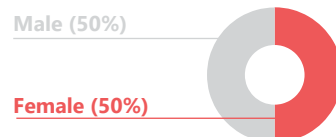
HOUSEHOLD PROFILES

3.3 Average household size

1.3 Average number of children under 18 per assessed household

32 Number of households surveyed

Respondent gender, by % of assessed households



70 Estimated size of affected population (in households)²

FOOD SECURITY, LIVELIHOODS & MARKETS

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

78%

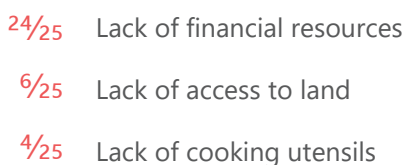
Average number of meals consumed per assessed household member per day

1.84

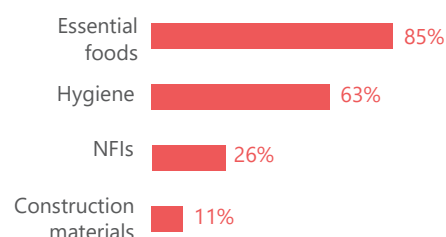
% of assessed households that reported a change in the frequency of meals per day

63%

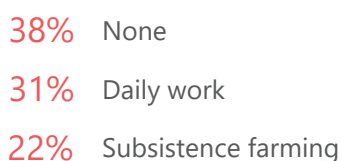
Top 3 most commonly reported barriers to food access, by % of assessed households*



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



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



84% of assessed households had access to a market nearby.

88% of assessed households had access to **mobile money** (M-Pesa/e-Mola).

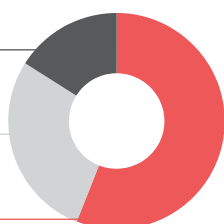
SHELTER & NFIs

Most commonly reported condition of current shelter, by % of assessed households

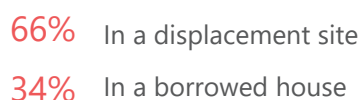
Makeshift/ emergency shelter (16%)

Unfinished house (28%)

Traditional house (56%)



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



Qualitative observations suggested that shelters were precariously constructed with local material.

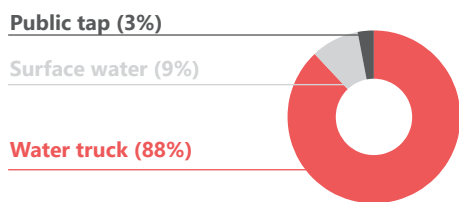
% of assessed households by most commonly reported missing essential NFI

Essential NFI	% of HH
Stove	100%
Lamps	100%
Blankets/sheets	100%
Cooking utensils	100%
Beds/sleeping mats	97%
Soap	97%
Pots	69%
Water buckets	62%

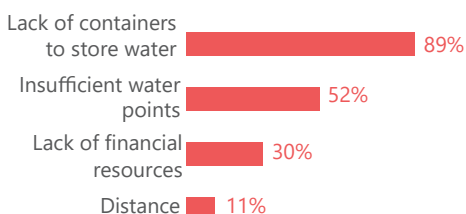
*select multiple, the total value may exceed 100%

WATER, SANITATION, AND HYGIENE

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



Most commonly reported barriers to accessing clean water by % of assessed households*



Top 3 most commonly reported barriers to a hygienic sanitation facility* from the 17 households that reported having sanitation facilities issues

- 7/17 Facilities were shared amongst too many people
- 6/17 Facilities were damaged
- 5/17 Facilities were not functional

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

- 75% Drinking needs
- 56% Cooking needs
- 16% Hygiene needs

53% of assessed households reported **having problems related to sanitation facilities** (toilet/latrine).

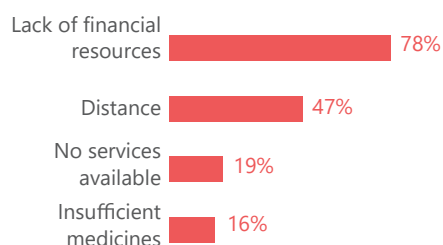
100% of assessed households reported using a **non-hygienic sanitation facility** (open pit latrine or open defecation) at the time of data collection.

HEALTH

44% of assessed households reported **an adult member who was sick during the past 2 weeks**, with body pain (8), malaria (4), and respiratory illness (4) being most the commonly reported conditions.

8/15 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**, with fever (5), malaria (3), and skin infection (2), as the most commonly reported symptoms.

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



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

- 13% 0-30 minutes
- 31% 30-60 minutes
- 53% 60-90 minutes
- 3% 90-120 minutes

Qualitative findings suggested that there was no health center in Mualela - the **nearest health center was located in Ntamba approximately 13km away**.

Qualitative findings suggested that there was a functional school in the host community with sufficient teachers. However, the school did not contain any desks or latrines for students.

EDUCATION

8/18 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**.

Top 3 most commonly reported barriers to education, by number of assessed households* from the 8 assessed households who had at least one child aged 5-17 who was not attending school at the time of data collection.

- 3 Lack of school materials
- 2 Distance
- 2 Displacement

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

- 8/18 0-30 minutes
- 9/18 30-60 minutes
- 1/18 60-90 minutes

*select multiple, the total value may exceed 100%

PROTECTION

66% of assessed households **reported at least one member that was missing their identity documents.**

22% assessed households 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.** Out of 7 reports, 2 were due to child marriage and none were due to separation during displacement.

ACCOUNTABILITY TO AFFECTED POPULATIONS

0% 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*

Cash **88%**
In-kind **56%**

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from Solidarités International (SI) conducted 32 structured, face-to-face household surveys with displaced families now residing in the Mualela IDP site located in the southern Nangade 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_NAN_11112024. November 2024.

2 This is an estimate based on information gained by key informants in Alert SI_RRM_NAN_11112024. However, this number is subject to change as more families register with local authorities in Mualela.

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).

RRM CONSORTIUM MEMBERS:



FUNDED BY:

