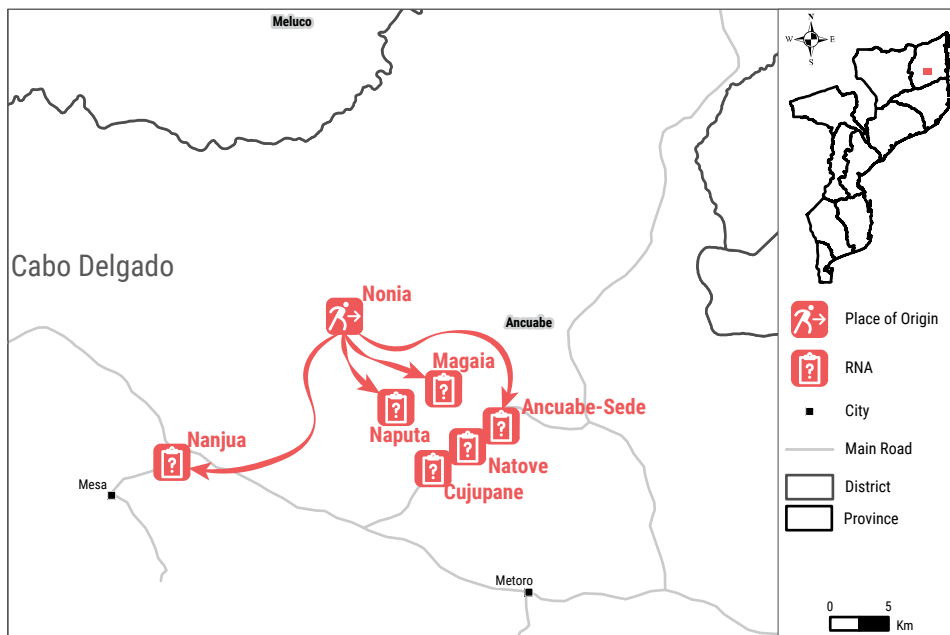


Rapid Needs Assessment (RNA)

Rapid Response Mechanism (RRM)

Barrio Ntutu (Ancuabe Sede), Magaia, Cujupane, Nanjua, Naputa and Natove - Ancuabe District
Cabo Delgado, Mozambique
23 to 24 September 2025

CONTEXT & RATIONALE



ON 18 SEPTEMBER 2025, non-state armed groups (NSAGs) attacked the village of Nonia in Ancuabe district, prompting civilians to flee in search of safety. The incident led to the displacement of approximately 154 HH to various locations within Ancuabe district, including 20 HH in the resettlement center of Cujupane, 40 HH in Nanjua A, 30 HH in Nanjua A, 40 HH in the Ntutu neighborhood of Ancuabe Sede, 10 HH in Naputa, and 15 HH in Natove. Population movements are still ongoing, with figures expected to rise further.¹

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: Ancuabe Sede (105 km from Pemba) is accessible, however, an escort is required on the N380 road between Silva Macua to Nacussa. Security is currently stable with Rwandan and local patrols, though the situation needs to be monitored before team deployment.

TOP 3 REPORTED PRIORITY NEEDS by % of households



Food

91%

- 67% of households reported having **problems accessing food**
- 47% of households depended on **borrowing food from relatives as their primary source of food**
- 40% of households categorize as high in the RCSI, indicating heavy reliance on coping strategies



Shelter

62%

- 89% of IDP households **did not intend on returning to their place of origin** in the 30 days following data collection
- IDP households (91%) were **living with host families or in houses borrowed from the host community**



WASH

50%

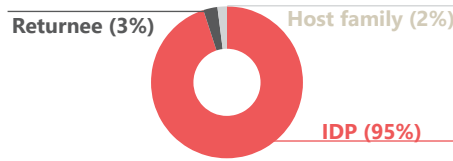
- 66% of households reported **not having enough water to meet their drinking needs**
- 47% of households reported that their **main source of water** were untreated sources such as **unprotected wells or surface water**

HOUSEHOLD PROFILES

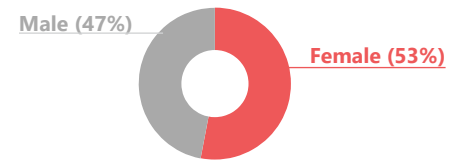
154 Number of IDP households in the affected population

58 Number of assessed households

Population groups, by % of households



Respondent gender, by % of households



DISPLACEMENT

89% of IDP households **did not intend** on **returning** to their **place of origin** in the 30 days following data collection (n=55)

91% of IDP households reported **lack of security** as the **principal barrier to return** to their place of origin (n=49)

QUALITATIVE INSIGHTS

This was the third NSAG attack in Nonia since the start of 2024 and reportedly the most severe. Community leaders reported that NSAGs burned 23 houses, subjected 4 women to conflict-related sexual violence, kidnapped one man, and looted food from homes and the market. With violence escalating in Ancuabe and neighboring Macomia, 89% of households reported they did not intend to return to Nonia within the next 30 days.

FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

67%

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

60%

Top 3 reported barriers to food access, by % of households that reported having problems accessing food (n=61)*

- 72%** Lack of financial resources
- 18%** Limited food availability
- 15%** Lack access to land

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

- 47%** Borrowing food from relatives
- 24%** Food in exchange for work
- 17%** Received as gift from relatives

Top 3 reported primary livelihood activities, by % of households

- 50%** None
- 36%** Subsistence farming
- 9%** Daily work

PRIORITY ACTION

Food assistance: 91% of assessed households reported food security as a top 3 priority need.

67% of households reported having problems accessing food, with 57% of households had high rCSI, indicating severe reliance on coping strategies

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

Low	Medium	High
28%	16%	57%

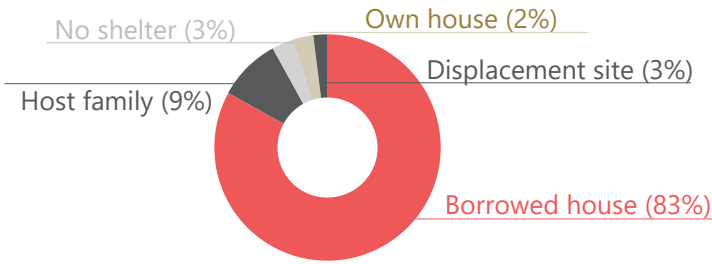
3% of households that reported having **access to land for cultivation**

29% of households that reported having **access to mobile money (M-Pesa/e-Mola)**

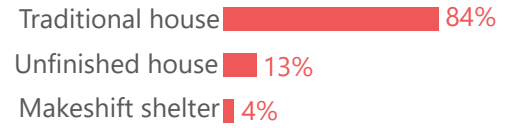
*select multiple, the total value may exceed 100%

NFI SHELTER & NFIs

Most reported living arrangement, by % of households



Most reported shelter condition, by % of households



PRIORITY ACTION

Shelter assistance: Shelter (62%) was reported amongst the top 3 priority needs by assessed households

91% of households were living with host families or in houses borrowed from the host community. Qualitative observations added that homes were constructed from local materials and were in relatively decent condition.

Essential NFIs were also scarce: Approximately 74% of households reported not owning any essential NFIs, such as cooking utensils, blankets, clothes, etc. Community leaders also highlighted the need for NFIs as most families fled Nonia with few personal belongings.

Ownership of essential NFIs, by % of households*

Essential NFI	% of HH
None	74%
Cooking utensils	0%
Sleeping sheets	2%
Soap	2%
Lamp	2%
Sleeping mats	3%
Stove	3%
Pots > 5 Lt	5%
Water buckets	5%
Mosquito nets	5%
Clothes	7%

HEALTH & NUTRITION

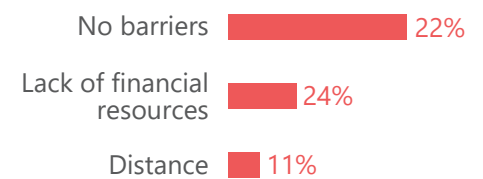
29% of households reported having at least **one household member above age 5 who was sick in the 2 weeks prior to data collection**, with fever (8), preexisting condition (2), and diarrhea severe (1) as the most reported conditions

0/19 households with at least one child under age 5 (n=19) reported having **at least one child who was sick in the 2 weeks prior to data collection**

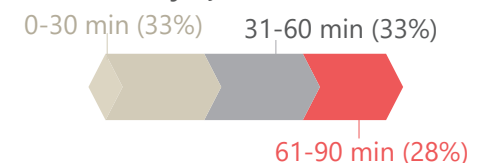
12/17 households with a sick member above age 5 **received treatment for their condition**

1/2 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

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



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



QUALITATIVE INSIGHTS

The district hospital in Ancuabe Sede was the nearest health facility to all assessed sites. Community leaders reported that an SDMAS mobile brigade operated in Natove but with limited frequency and stock of medications.

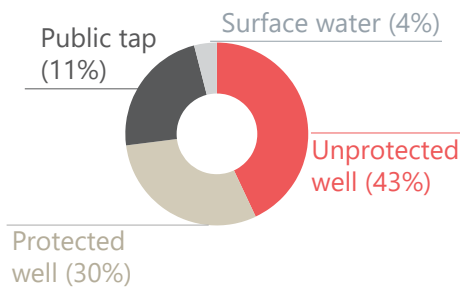
*select multiple, the total value may exceed 100%

WATER, SANITATION AND HYGIENE

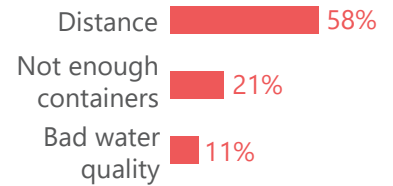
% of households that reported having enough water to meet the following needs



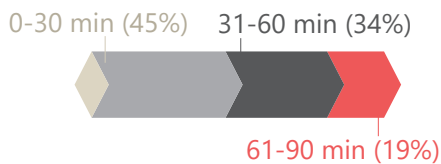
Most reported primary source of drinking water, by % of households



Top 3 reported barriers to accessing clean water, by % of households* (n=38)



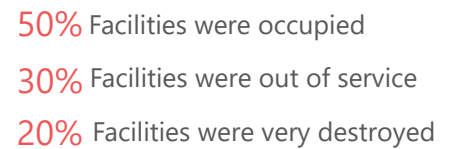
Reported water collection times (including travel time and wait time at water point), by % of households



17% of households reported **having problems related to sanitation facilities** (toilet/latrine)

74% 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=38)



PRIORITY ACTION

Improve access to water: Access to water (50%) was reported amongst the top 3 priority needs by assessed households

Natove, Magaia, Naputa, Nanjua A, and Nanjua B all have functional water points, but some of the boreholes had low water levels, resulting in insufficient quantity to support both the host community and IDPs. CARE constructed latrines in Natove and water points in Naputa, which were functional but could use maintenance. Displaced households in Magaia, Nanjua A, and Nanjua B mostly used latrines of host families, however, observations suggested that hygiene standards could be improved.

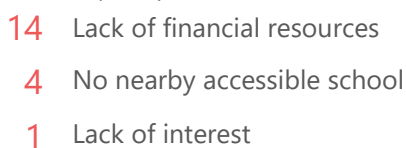
EDUCATION

30% 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=37)

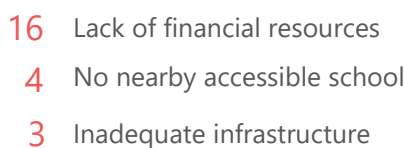
26% of households with at least one boy aged 5-17 reported having **all school aged boys attending school at the time of data collection** (n=42)

0% of households with children reported having their children participate in **non-school educational activities** (n=47)

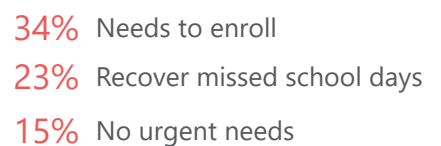
Most reported barriers to school attendance for girls, by number of households* (n=24)



Most reported barriers to school attendance for boys, by number of households* (n=28)



Top 3 reported most pressing educational needs for children, by % of households* (n=47)



QUALITATIVE INSIGHTS

The team leader reported that Nagaia and Naputa both had functional primary schools in decent condition, but was unable to assess the condition of schools in the other assessed locations due to time constraints.

*select multiple, the total value may exceed 100%

PROTECTION, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

93% of households reported a **good or very good relationship between IDPs and the host community**

5% of households had **heard or encountered separated/unaccompanied children among the newly arrived population**

29% of households **reported at least one member with missing identity documents**

38% of households were **concerned about protection issues in their community** (n=22), with fears of **armed conflict** (5) and **discrimination** (3)

Most reported causes of separated/unaccompanied children, by number of households (n=3)*

- 1 Loss of parents due to displacement
- 1 Loss of parents due to illness

2% 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*

- 76% Sadness and discouragement
- 53% Anxiety or fear
- 17% Nightmares

Top 3 reported psychosocial signs in girls, by % of households (n=37)*

- 73% Sadness and discouragement
- 49% Anxiety or fear
- 24% Nightmares

Top 3 reported psychosocial signs in boys, by % of households (n=42)*

- 79% Sadness and discouragement
- 55% Anxiety or fear
- 19% Nightmares

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

- 47% Didn't know
- 21% None
- 7% Access to land

QUALITATIVE INSIGHTS

The data collection team highlighted that many respondents were visibly traumatized following the attack and displacement. Furthermore, reports of unaccompanied minors in Nanjua and gender-based violence (GBV) suggested the need for protection services such as psychosocial support, family reunification, and GBV survivor support.

ACCOUNTABILITY TO AFFECTED POPULATIONS




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

- 45% Community leaders
- 34% Community events
- 17% Face to face with humanitarian worker (any)

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

- 79% Community leaders
- 21% Face to face with humanitarian worker (any)

Preferred modalities of assistance, by % of households

- In-Kind  50%
- Services  5%
- Cash  3%

*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from Solidarités International conducted 58 structured, face-to-face household surveys with households in Ancuabe district on 26 September 2025: 6 with displaced families living in the Ntutu neighborhood of Ancuabe Sede, 14 in Natove, 9 in Magaia, 5 in Nacutupane, 8 in Nanjua A, 10 in Nanjua B, and 6 in Naputa. 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 ANCUABE

Organization	Type	Intervention Sectors
Solidarités International	INGO	RRM - SNFI, WASH, Food
Save the Children	INGO	Education, Child Protection, MHPSS
CARE	INGO	WASH
Ayuda en Acción	INGO	RRM - WASH, Protection
IOM	UN	SNFI, CCCM

ENDNOTES

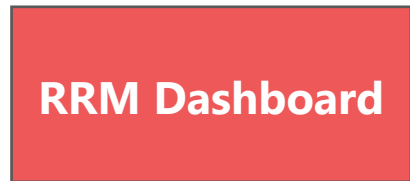
1 RRM Mozambique. Alert SI_ANC_19092025. September 2025 (for access, please contact SI RRM PM, Amorim Manuel, at rrm.pm@solidarites-mozambique.org).

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).

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