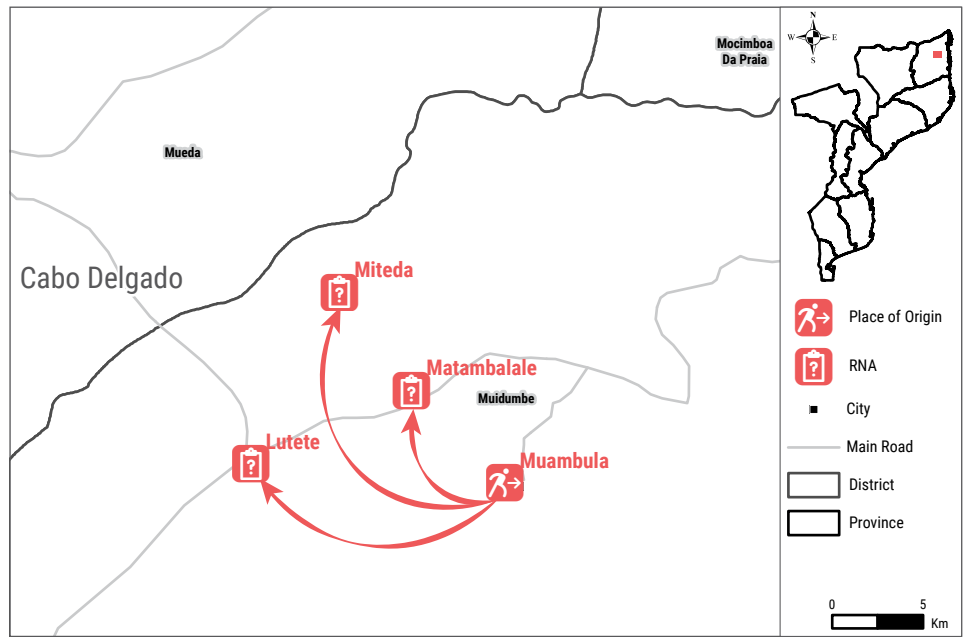


Rapid Needs Assessment (RNA)

Rapid Response Mechanism (RRM)

Lutete, Matambalale and Miteda - Muidumbe District
 Cabo Delgado, Mozambique
 20 November 2025

CONTEXT & RATIONALE



BETWEEN 11 AND 12 NOVEMBER 2025, an unknown number of non-state armed groups (NSAGs) attacked Muambula village. The attack resulted in three civilian deaths, three abductions including children, and several injuries. According to key informants, around 120 newly displaced families, including women and children, fled from Muambula and took refuge in Matambalale and Miteda relocation sites in Muidumbe district. Among them, 85 households were registered in Matambalale and 35 in Miteda. Population movements in Matambalale and Miteda remain ongoing.¹

Access Conditions: Miteda and Matambalale are located 23 km and 28 km from Mueda along National Road 381. The road is generally passable but may be damaged during the rainy season. The district remains volatile, requiring regular security monitoring. Checkpoints managed by local forces and PRM are present, and transport of goods and humanitarian supplies continues normally.

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.

TOP 3 REPORTED PRIORITY NEEDS by % of households

<p>Food 100%</p> <ul style="list-style-type: none"> 91% of households reported having problems accessing food 89% of households reported a reduction in the number of meals consumed since the event 73% of households depended on gifts and borrowing as their primary source of food 	<p>Shelter 80%</p> <ul style="list-style-type: none"> 85% of IDP households did not intend on returning to their place of origin in the 30 days following data collection 58% of IDP households were living in displacement sites 	<p>NFI 78%</p> <ul style="list-style-type: none"> Approximately 27% of households reported not owning any essential non-food items (NFIs)
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HOUSEHOLD PROFILES

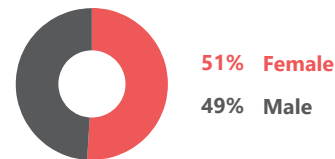
120 Number of new IDP households in the affected population

55 Number of assessed households

Population groups, by % of households



Respondent gender, by % of households



DISPLACEMENT

85% of IDP households did **not intend** on **returning** to their **place of origin** in the 30 days following data collection (n=55)

100% of IDP households reported **lack of security** as the **principal barrier to return** to their place of origin (n=5)

QUALITATIVE INSIGHTS

In November 2025, attacks by non-state armed groups in Muambula, Nampanha, and nearby villages caused deaths, abductions, injuries, and looting, forcing rural families who relied on subsistence farming to flee. Many left suddenly for the centres of Matambalale, Miteda, and Lutete, abandoning their homes and livelihoods. The violence has created persistent fear and uncertainty, and the unstable security situation prevents many families from feeling safe enough to return.

FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

91%

Average number of meals consumed per household member per day

1.4

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

91%

Top 3 reported barriers to food access, by % of households that reported having problems accessing food (n=50)*

94% Lack of financial resources

32% Lack of access to land

22% Lack of access to hunting grounds

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

36% Received as gift from relatives

36% Borrowing food from relatives

18% Food in exchange for work

Top 3 reported primary livelihood activities, by % of households

64% Subsistence farming

16% None

9% Small business

PRIORITY ACTION

Food assistance: 100% of assessed households reported food security as a top 3 priority need

91% of households reported having problems accessing food, with 65% 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
2%	33%	65%

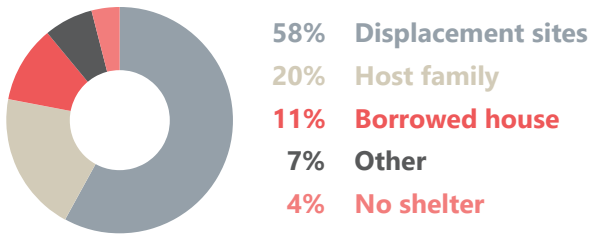
2% of households that reported having **access to land for cultivation**

40% of households that reported having **access to mobile money (M-Pesa/e-Mola)**

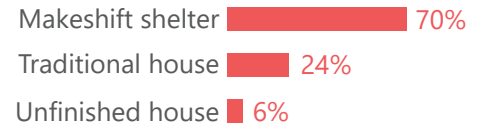
*select multiple, the total value may exceed 100%

SHELTER & NFIs

Most reported living arrangement, by % of households



Most reported shelter condition, by % of households



PRIORITY ACTION

Shelter assistance: Shelter (80%) and NFI (78%) were reported amongst the top 3 priority needs by assessed households

58% of households were living in **displacement sites**, while another **4% had no shelter at all**. Qualitative observations indicated that the arrival of newly displaced families, especially in the Matambalale center, had created a **critical overcrowding situation**. Many families were without adequate shelter, **staying under a mango tree or in improvised structures**.

Essential NFIs were also scarce: Approximately **27%** of households reported **not owning any essential NFIs**, such as soap, stove, lamps, etc. According to a community leader, the distribution of shelter kits, essential non-food items (tarpaulins, blankets, mats, and household utensils) and clothing is a priority, as most families fled with only the clothes on their backs.

Ownership of essential NFIs, by % of households*

Essential NFI	% of HH
None	27%
Soap	2%
Stove	2%
Sleeping mats	4%
Sleeping sheets	5%
Lamp	5%
Mosquito nets	11%
Cooking utensils	27%
Water buckets	27%
Pots > 5 Lt	31%
Clothes	40%

HEALTH & NUTRITION

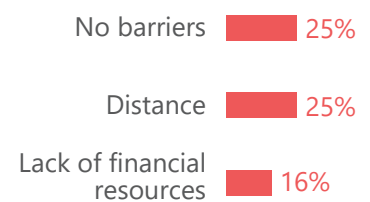
22% of households reported having at least **one household member above age 5 who was sick in the 2 weeks prior to data collection**, with fever (8), respiratory illness (1), and not severe diarrhea (1) as the most reported conditions

2/29 households with at least one child under age 5 (n=29) reported having **at least one child who was sick in the 2 weeks prior to data collection**

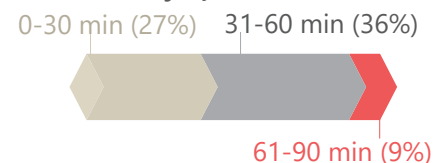
9/12 households with a sick member above age 5 (n=12) **received treatment for their condition**

0/5 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 team leader highlighted that the health centers in Miteda and Muatide **have limited capacity, with insufficient human and material resources to serve the newly displaced population**. He noted the need to strengthen the supply of medicines and first aid materials to ensure adequate care.

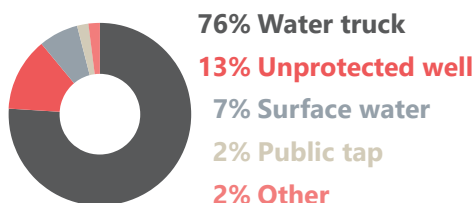
*select multiple, the total value may exceed 100%

WATER, SANITATION AND HYGIENE

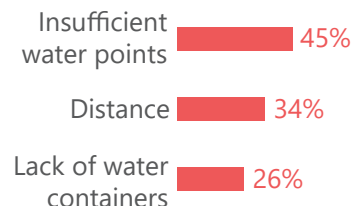
% of households that reported having enough water to meet the following needs



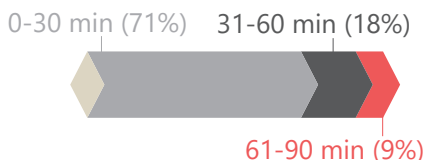
Most reported primary source of drinking water, by % of households



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



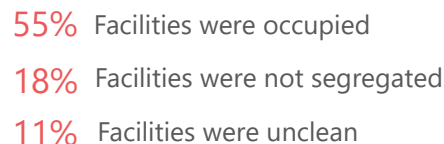
Reported water collection times (including travel time and wait time at water point), by % of households



69% of households reported **having problems related to sanitation facilities** (toilet/latrine)

62% of households reported **using a non-hygienic sanitation facility** (open pit latrine or open defecation)

Top 3 reported barriers to accessing a hygienic sanitation facility, by % of households who reported having sanitation facility issues (n=38)



QUALITATIVE INSIGHTS

The team leader reported that the Miteda and Matambalale centres have water supply systems with a daily capacity of 15,000 litres, but **these are not sufficient to meet the needs of all families**. In Lutete, the **water system is still under construction**. Each centre has 100 improved latrines; the rest are basic or improvised, which is inadequate for the new population and poses a sanitation risk.

EDUCATION

61% 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=41)

48% 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=33)

0% of households with children reported having their children participate in **non-school educational activities** (n=41)

Most reported barriers to school attendance for girls, by number of households* (n=16)

- 4 Lack of financial resources
- 3 Protection risks en route
- 2 No school nearby

Most reported barriers to school attendance for boys, by number of households* (n=16)

- 5 Lack of financial resources
- 4 Protection risks en route
- 1 No school nearby

Top 3 reported most pressing educational needs for children, by % of households* (n=51)

- 45% School supplies
- 31% Needs tutoring
- 22% None

QUALITATIVE INSIGHTS

The team leader mentioned that displaced students from Muambula take their exams in Miteda, while those from Nampanha take theirs in Namande. **Many face difficulties, as some are in improvised shelters, which affects their concentration and proper preparation for the exams**. Despite these challenges, teachers and local authorities have made efforts to ensure the exams take place, providing supervision and basic materials whenever possible.

*Select multiple, the total value may exceed 100%

PROTECTION, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

75% 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**

53% of households **reported at least one member with missing identity documents**

20% of households were **concerned about protection issues in their community** (n=11), with fears of **armed conflict** (11) and **thefts** (8)

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

3 Loss of parents due to displacement

0% of households reported **knowing children** in the community that **worked with armed groups**, with **roads, schools, and resettlement sites** as the most commonly reported **recruitment location**

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

44% Sadness and discouragement
35% Nightmares
22% Anxiety or fear

Top 3 reported psychosocial signs in girls, by % of households (n=41)*

42% Resilience and adaptation
27% Sadness and discouragement
20% Anxiety or fear

Top 3 reported psychosocial signs in boys, by % of households (n=33)*

53% Resilience and adaptation
21% Nightmares
18% Sadness and discouragement

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

38% Access to land
36% None
35% Tension over assistance

QUALITATIVE INSIGHTS

All centers face a **complete lack of space to accommodate newly arrived families, increasing pressure on already occupied areas and complicating their organization**. Host communities continue to shelter these families, but local capacity is saturated, essential **resources are under strain**, and there is a **risk of tensions if the flow of displaced people continues without additional humanitarian support**. No center currently has space available for new families, while the constant arrival of displaced households from Muambula, Nampanha, and Namacule makes the expansion of relocation areas urgent. **Food scarcity is also a serious issue**, as families fled leaving behind their fields and basic belongings.

ACCOUNTABILITY TO AFFECTED POPULATIONS

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

45% Community leaders
36% Face to face with humanitarian worker (any)
33% Community events

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

42% Community leaders
42% Face to face with humanitarian worker (any)
38% Linha verde

Preferred modalities of assistance, by % of households

Cash  **51%**
In-kind  **42%**

*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) teams of Norwegian Refugee Council (NRC) conducted 55 structured, face-to-face household surveys with households in Muidumbe district on 20 November 2025: 33 with displaced families living in Matambalale, 11 in Lutete and 11 in Miteda. 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.

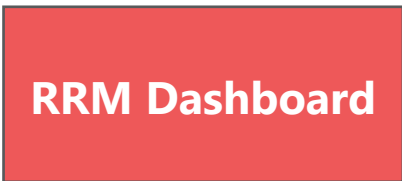
HUMANITARIAN ACTORS PRESENT IN MUIDUMBE

Organization	Type	Intervention Sectors
NRC	INGO	Emergency Response, Shelter, NFI, Legal Assistance
Save the Children	INGO	Child Protection, Education
ICRC	INGO	MPCA
Ayuda en Acción	INGO	Protection, WASH
MSF	INGO	Health
Solidarités International (SI)	INGO	WASH
Plan International	INGO	Protection, Child Protection
IOM	UN Agency	Displacement Monitoring (DTM)
UNDP	UN Agency	Strengthening of Local Capacities
OCHA	UN Agency	Humanitarian Coordination
FDC	NNGO	Protection
INAS	Government	Protection

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:



ENDNOTES

1. RRM Mozambique. NRC_Mua_13/11/2025. November 2025 (for access, please contact NRC Emergency Response Manager, Issufo Muhamade, at issufo.muhamade@nrc.no).
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.

COOPERATING PARTNERS



FUNDED BY:



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).

