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

Ntchinga and Nangunde (Alert NRC_MUI_25072025)
Muidumbe District - Cabo Delgado, Mozambique
29 to 30 June 2025

| PRIORITY NEED | KEY FINDINGS |
|---|---|
| **Food** | • **96%** of households reported **food as a top 3 priority need**.<br><br>• Findings highlighted the need for **immediate food assistance**. |
| **Shelter** | • **80%** of households reported **shelter as a top 3 priority need**.<br><br>• Almost all households lived with relatives of the host community in small, crowded, and insecure spaces, suggesting the need for **immediate shelter assistance**. |
| **NFI** | • **57%** of households reported **NFIs as a top 3 priority need**.<br><br>• Half of assessed households did not possess any essential NFIs, emphasizing the need for **immediate NFI assistance**. |
| **Protection** | • Findings stressed the need for **family reunification, psychosocial support, and civil documentation assistance**. |

**Access Conditions:** The communities Ntchinga and Nangunde are accesible from Mueda, however, the situation is unstable and requires close monitoring. All movements must be coordinated with security actors and clearance may be required.

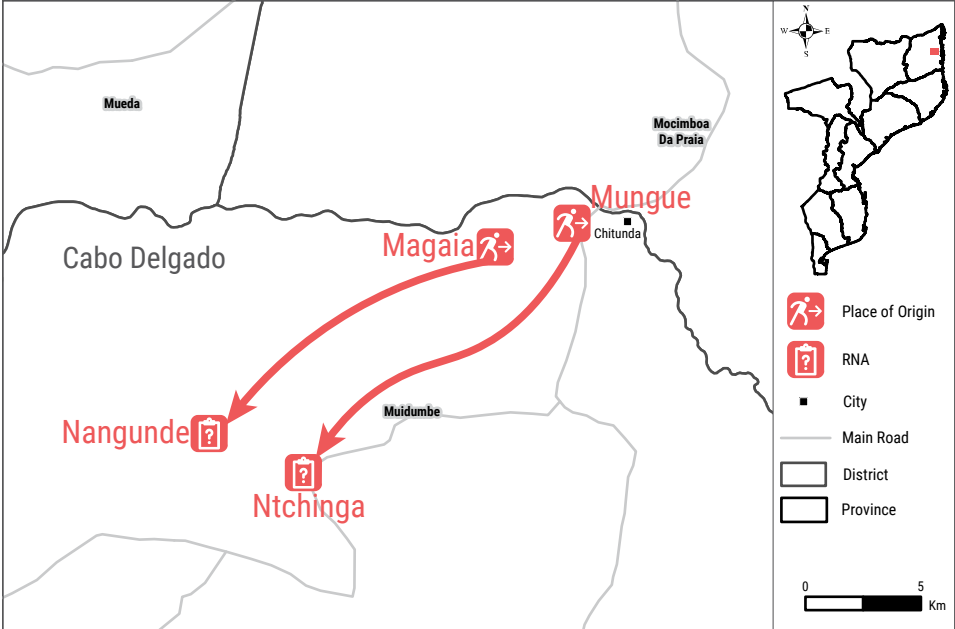**Map 1: RNA location and places of origin of the affected population**



## CONTEXT & RATIONALE

**ON 24 JULY 2025**, non-state armed group (NSAG) attacked and set fire to houses in the village of Magaia. Later that day, gunfire was reported in the nearby village of Mungue. These events triggered the displacement of 456 households to the villages of Ntchinga (245 households) and Nangunde (211 households), who fled on foot carrying just a few household items. The families are being hosted by their relatives and acquantainces of the host communities of Ntchinga and Nangunde.[1]

In response to these events, a Rapid Response Mechanism (RRM) alert was issued, and a Rapid Needs Assessment (RNA) was conducted in the communities of Ntchinga and Nangunde by the RRM team of the Norwegian Refugee Council (NRC) 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 51 household surveys conducted from July 29-30 with displaced families living in the host communities of Ntchinga and Nangunde in the Muidumbe district. The quantitative findings were supplemented with a qualitative component consisting of observations, community leader engagement, and insights from the data collection team.

All results are indicative of the displaced population's living conditions and priority needs. Please refer to the Methodology Overview and Limitations section at the end of the document for further detail.
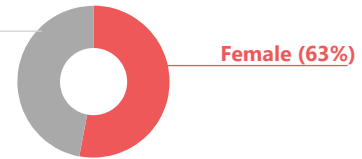
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# HOUSEHOLD PROFILES

**456** Estimated number of affected households

**51** Number of assessed households

**4.8** Average size of assessed household

**2.3** Average number of children per assessed household

**Respondent gender,** *by % of households*

Male (37%)

**Female (63%)**

# DISPLACEMENT

**51%** of households **did not intend on returning to their place of origin in the 30 days following data collection,** with the **lack of security** cited as the principal barrier to return.

**Magaia and Mungue were areas of return where families lived off farming, livestock, and small businesses**. Despite lingering fears following a previous attack in June 2025, they were attempting to move forward. However, the renewed a**ttack in July 2025 forced them to flee once again, resulting in the loss of nearly everything — crops, animals, and homes.**

# FOOD SECURITY, LIVELIHOODS & MARKETS

**% of households that reported having problems accessing food**

# 92%

**Top 3 reported barriers to food access,** *by % of households that reported having problems accessing food (n=47)\**

**98%** Lack of financial resources

**15%** Lack of access to land

**15%** Lack of access to hunting/ fishing grounds

**8%** of households that reported having **access to land**

**Average number of meals consumed per household member per day**

# 1.5

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

**63%** Borrowing from relatives/friends

**35%** Received as gift from relatives

**20%** Food in exchange for work

**39%** of households that reported having **access to mobile money (M-Pesa/e-Mola)**

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

# 92%

**Top 3 reported primary livelihood activities,** *by % of households*

**69%** None

**26%** Remittances

**4%** Small business

**96%** of households that reported having **access to a market nearby**

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**PRIORITY ACTION**

**Food assistance: 96% of assessed households reported food security as a top 3 priority need**.

92% of households reported having problems accessing food, with 96% of households scoring medium or high in the RCSI.

*select multiple, the total value may exceed 100%

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**% of households per Reduced Coping Strategy Index (RCSI) category[2]**

| Low | Medium | High |
|-----|--------|------|
| 4% | 33% | 63% |

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**Most reported types of products available at the market,** *by % of households that reported having access to a market nearby (n=49)\**

Essential foods — 94%

NFIs — 37%

Hygiene — 29%

Construction materials — 2%

# 🏠 NFI  SHELTER & NFIs

**98%** of households reported **living either directly in the homes of the host community or a house borrowed from the host community**

### PRIORITY ACTION

**Shelter and NFI assistance: Shelter (80%) and NFIs (57%) were both reported amongst the top 3 priority needs by assessed households.**

Qualitative findings indicated that many displaced families were mostly living with relatives, sharing small, insecure spaces, with around half of households lacking essential NFIs. This overcrowding and shortage of basic items is unsustainable and may lead to rising tensions if not addressed.

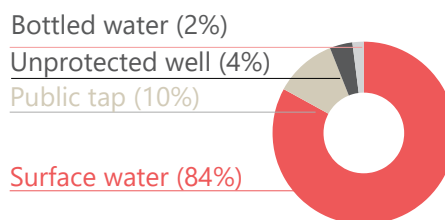**Ownership of essential NFIs,** *by % of households\**

| Essential NFI | % of HH |
|---|---|
| Sleeping mats | 0% |
| Mosquito nets | 0% |
| Lamps | 0% |
| Cooking utensils | 2% |
| Sheets/blankets | 2% |
| Stove | 2% |
| Soap | 8% |
| Pots > 5L | 8% |
| Water buckets | 12% |
| Clothes | 41% |

# 🚰 WATER, SANITATION, AND HYGIENE

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

Cooking needs 27%
Hygiene needs 26%
Drinking needs 24%

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

Bottled water (2%)
Unprotected well (4%)
Public tap (10%)
Surface water (84%)

**Top 3 reported barriers to accessing clean water,** *by % of households\* (n=67)*

Distance 98%
Lack of water containers 15%
Water points are difficult to access 8%
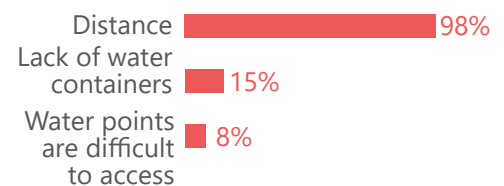
**Reported water collection times (including travel time and wait time at water point),** *by % of households*

0-30 min (2%)  31-60 min (33%)
More than 60 min (59%)
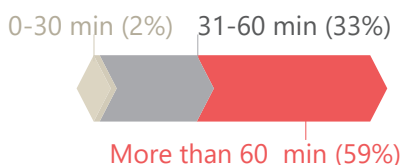
**18%** of households reported **having problems related to sanitation facilities** (toilet/latrine)

**94%** 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=9)*

3 Facilities were damaged
2 Facilities were unhygienic
1 Facilities were non-functional

**Nangunde**
Qualitative observations suggested that there are **no functional boreholes or public taps in Nangunde,** and supported the quantitative findings that **most households collected water at the Muatide River,** which is untreated and unsafe to consume.

**Ntchinga**
**Qualitative observations found 7 boreholes, 4 of which are functional.** However, these are **not sufficient to meet the needs** of both the host community and the displaced families, **forcing many families to collect water at the Ntchinga River**, which is untreated and unsafe to consume.

In both locations, most **displaced families constructed improvised open-pit latrines** which were not resistant against the wind and rain.

*select multiple, the total value may exceed 100%

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# ⚕ 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 (12) and severe traumatic injury (2) as the most reported conditions

**% of households that required medical attention,** *by number of households that reported having a sick member above age 5 (n=15)*

Could not reach health facility(4)

Received treatment (11)
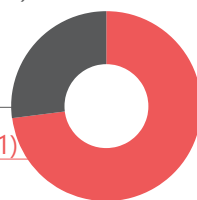
**Top 3 reported barriers to healthcare,** *by % of assessed households**

Distance — 51%
No health service available — 23%
Lack of financial ability — 19%

**1** households with at least one child under age 5 (n=6) reported having **at least one child who was sick in the 2 weeks prior to data collection**

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

0-30 min (12%)    31-60 min (18%)

Don't know(31%)    > 60 min (39%)
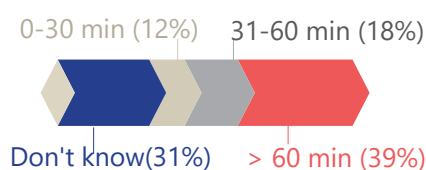
**0%** of households **with newborns (less than 6 months old) reported that their infants consumed anything other than breastmilk** during the 24 hours prior to data collection

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Qualitative findings indicated that there were **no health facilities in either village**. **The nearest facilities were located in Muatide and Namacande,** however, they only **had a limited stock of medications** and did not have the capacity to assist all patients. For serious or urgent cases, **the nearest adequately equipped and sufficiently staffed health facilities were located in Mueda or Miteda.**

Some families in Nangunde went to the "Agente Polivante" for basic care or resorted to traditional medicine to alleviate symptoms.

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# 📕 EDUCATION

**14%** of households with at least one child aged 5-17 reported having **all school aged-children attending school at the time of data collection** (n=41)
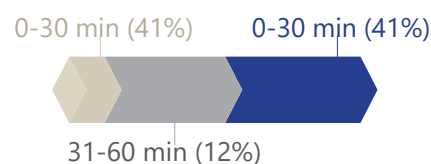
**Most reported barriers to school attendance,** *by number of  households** (n=34)*

18%   Absence of teachers

15%   Lack of school materials

15%   Displacement

**Reported distances to the nearest school,** *by % of households*

0-30 min (41%)    0-30 min (41%)

31-60 min (12%)

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**Nangunde**
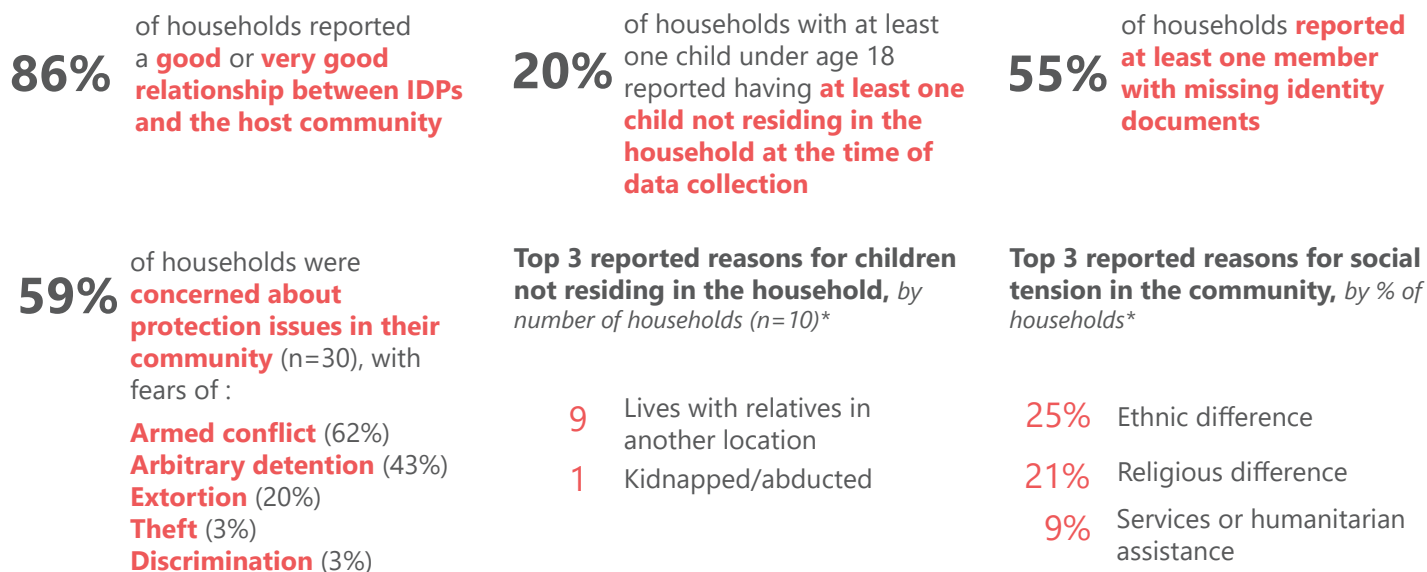Qualitative observations suggested that the **primary school was overcapacity,** with 6 classrooms. However, each class had 40-50 students and **lacked sufficient desks, notebooks, and teachers**.

**Ntchinga**
Qualitative observations found one basic school. However, it was **overcrowded and lacked basic materials. Most recently arrived children had yet to be registered.**

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*select multiple, the total value may exceed 100%

# PROTECTION

**86%** of households reported a **good** or **very good relationship between IDPs and the host community**

**20%** of 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**

**55%** of households **reported at least one member with missing identity documents**

**59%** of households were **concerned about protection issues in their community** (n=30), with fears of :
**Armed conflict** (62%)
**Arbitrary detention** (43%)
**Extortion** (20%)
**Theft** (3%)
**Discrimination** (3%)

**Top 3 reported reasons for children not residing in the household,** *by number of households (n=10)\**

9　Lives with relatives in another location

1　Kidnapped/abducted

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

25%　Ethnic difference

21%　Religious difference

9%　Services or humanitarian assistance

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**PRIORITY ACTION**

**Family Reunifcation:** Qualitative findings indicated that 12 unaccompanied children arrived in Nangunde on July 24th, with 4 still not reunited with their families. Community leaders in Ntchinga also reported displaced families arriving with missing children and elders.

**Psychosocial Support:** Qualitative findings suggested that many displaced households were traumatized by the attack and the constant feeling of insecurity. Community leaders stressed the need for psychosocial support, especially for women and children.
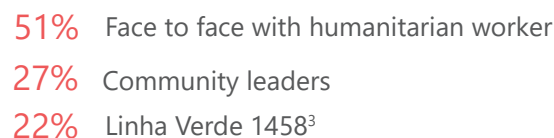
**Civil Documentation:** Community leader engagement highlighted the urgent demand for civil documentation, which supported the quantitative finding that more than half of the households reported at least one member missing identity documents.

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# ACCOUNTABILITY TO AFFECTED POPULATIONS

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

63%　Face to face with humanitarian worker (any)

25%　Community leaders

25%　Phone call
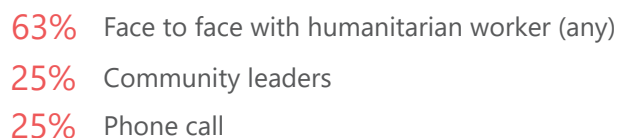
**Top 3 preferred complaint mechanisms of humanitarian aid,** *by % of households\**

51%　Face to face with humanitarian worker

27%　Community leaders

22%　Linha Verde 1458[3]

**Preferred modalities of assistance,** *by % of households*

Cash　57%
In-kind　43%

Qualitative findings indicated that, although **displaced families were coexisting peacefully with the host community** at the time of data collection, the continued **sharing of limited resources may lead to tensions** in the absence of humanitarian support.

*select multiple, the total value may exceed 100%

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## METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from the Norwegian Refugee Council (NRC) conducted 51 structured, face-to-face household surveys with displaced families residing in the host communities of Ltchinga and Nangunde in the Muidumbe district on 30 and 31 July 2025. 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

| Actor | Type | Assistance |
|---|---|---|
| Norwegian Refugee Council (NRC) | INGO | RRM First Line Reponse, Emergency Shelter, Civil Documentation, and Legal Assistance |
| Ayuda en Acción | INGO | Protection |
| Plan International | INGO | Child Protection, Education, and Dignity Kits |
| Instituto Nacional de Acção Social (INAS) | Government | Social Assistance Registration and Referalls |
| For Afrika (WFP Implementing Partner) | INGO | Food Security and Nutrition |
| Serviços Distritais de Saúde e de Educação(SDSE) | Government | Health and Education (limited capacity) |
| Promura | NNGO | Gender |
| Helpcode | INGO | Child Protection and Education |
| International Committee of the Red Cross | ICRC | Protection, Health, and WASH |

## ENDNOTES

1 RRM Mozambique. Alert NRC_MUI_25072025. July 2025 (for access, please contact NRC Emergency Coordinator, 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.

3 Linha Verde 1458 is a free-to-use hotline which aid beneficiaries can call to discuss any matters related to humanitarian aid, including any feedback, complaints, or reports of misconduct.

**RRM CONSORTIA MEMBERS:**

**FUNDED BY:**

### 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, 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.

### 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).