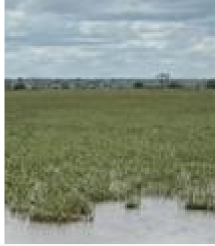
ACUTE NEEDS ANALYSIS



MOZAMBIQUE

Acute Needs Analysis | August to October 2025

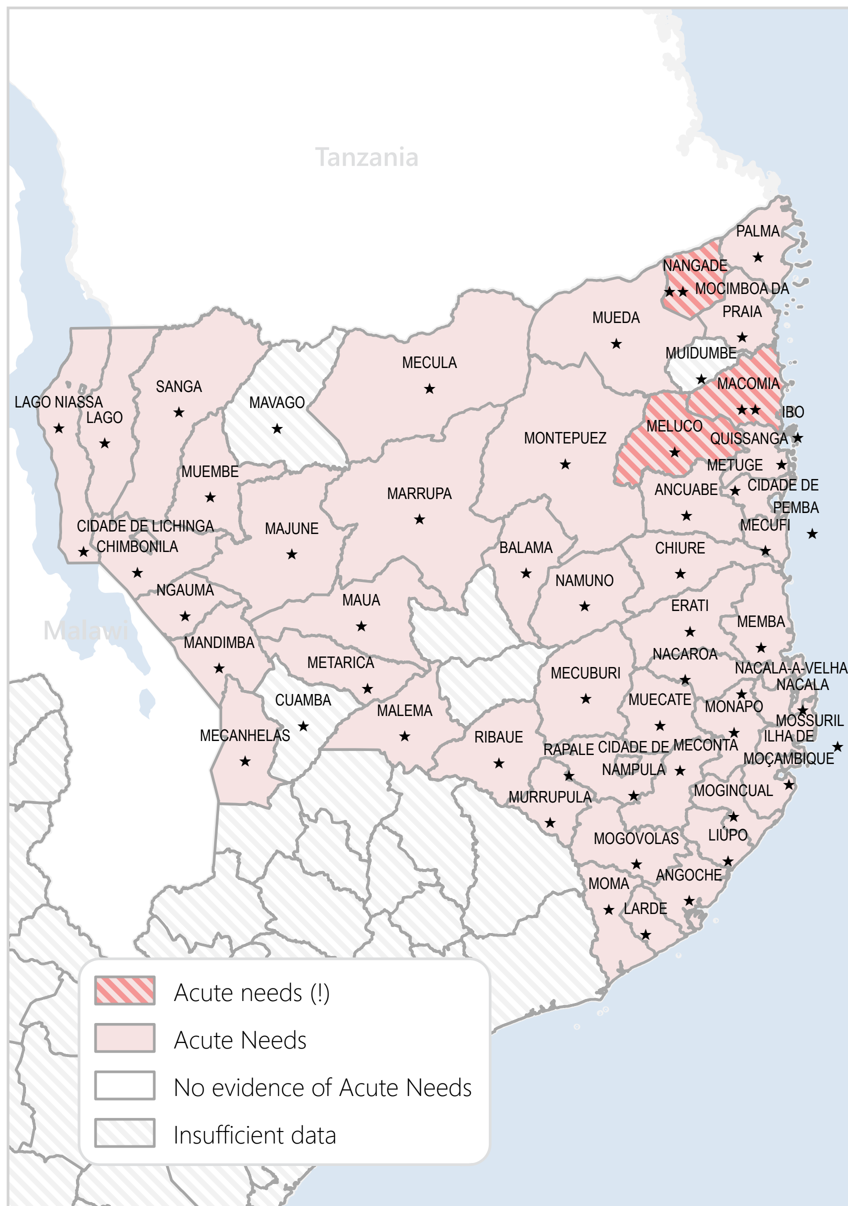
WHAT IS THE ACUTE NEEDS ANALYSIS?

The **2025 Acute Needs Analysis (ANA)** seeks to support needs-based humanitarian prioritisation by **identifying populations facing the most acute, life-threatening needs.** The analysis uses a standardised framework to consolidate a wide range of evidence and develops findings that are **comparable within and across crises**.

The ANA focuses on **intersectoral drivers of mortality to assess the risk of emergency mortality.** The ANA considers the impact of violence and insecurity on (access to) critical services. However, due to the complexity of anticipating conflict dynamics and impacts, **it does not include risk of direct trauma deaths**, nor does it provide a full picture of all humanitarian needs or community priorities.

More info on definitions, methods, and limitations can be found on page 5.

Area-level analytical conclusions and corresponding level of certainty, ranging from low (*) to high (***). More detailed findings per administrative unit can be found in Annex 2 on page 6.



WHERE ARE THE MOST ACUTE NEEDS?

For the purpose of this analysis, Acute Needs were defined as critical gaps in essential systems required to sustain life and prevent life-threatening conditions. All districts with sufficient data, including **all districts of Cabo Delgado and Nampula provinces**, were flagged as experiencing **Acute Needs**.

Macomia, Nangade, and **Meluco** emerged as **areas of particular concern** due to the convergence of severe deprivations across multiple systems (food security, water access, living conditions, and health services), combined with recent shocks. However, limitations in available health outcome data (nutrition and morbidity) constrained the ability to fully analyse mortality risk.

WHO IS MOST AT RISK?

In Macomia, all three population groups - internally displaced persons (IDPs), non-displaced, and returnees appeared to face greater life-threatening vulnerabilities.

In Nangade and Meluco, non-displaced and returnee populations initially appeared to be at higher risk. However, in Nangade, nearly 8,000 people were displaced following two waves of non-state armed group (NSAG) attacks in late 2025—after the analysis period. In the context of a severely weakened health system and poor living conditions in IDP sites, this recent large-scale displacement suggests that conditions may have deteriorated considerably since the analysis period.

REACH Informing more effective humanitarian action

MACOMIA

62%
of households in **Macomia** reported relying on **emergency level livelihood coping strategies**

71%
of **IDP** households in **Macomia** reported **protection concerns** related to **sanitation**

11%
of **health facilities** in **Macomia** were **operational** at the time of data collection

57%
of **returnees** in **Nangade** relied on **surface water** as their **primary water source**

Macomia remains the district most affected by the insurgency, with eastern coastal areas functioning as core non-state armed group (NSAG) operating zones that are currently inaccessible to humanitarian actors and largely devoid of essential services. Insecurity has severely disrupted livelihoods, with approximately 25% of the population displaced, the highest proportion in Cabo Delgado, and displacement characterized by frequent pendular movements (UNFPA, 2025). Many IDPs travel between Macomia Sede, where they access food assistance, and their areas of origin to tend agricultural land, exposing them to ongoing security risks and compounding vulnerability.

Multiple system deprivations are evident across Macomia. Findings from the Multi-sectoral Needs Assessment (MSNA) conducted by IOM-DTM (2025a) suggested that food systems remain fragile, with 62% of households reporting reliance on emergency-level livelihood coping strategies. WASH infrastructure and living conditions are particularly inadequate in newly established displacement sites, where 71% of IDP households reported protection concerns related to sanitation facilities (IOM-DTM, 2025a). These vulnerabilities are further compounded by a near-collapse of health service functionality, with only 11% of health facilities currently operational (WHO, 2024). Although available health and nutrition outcome data do not yet confirm a Risk of Excess Mortality (RoEM)[7], limitations in coverage and timeliness constrain definitive conclusions. As such, the absence of a confirmed RoEM should not be interpreted as the absence of significant mortality risk.

Several plausible contextual pathways could rapidly lead to excess mortality following an additional shock. First, large-scale displacement into high-risk or informal settings, particularly the sites lacking adequate services around Macomia Sede, would expose populations to heightened risks of water-borne disease, environmental exposure, and delayed access to care, with mortality risk typically highest in the initial weeks before services can scale up. Second, persistent conflict, insecurity, and access constraints create conditions in which excess mortality can arise both directly through violence and indirectly through disrupted access to food, health care, and humanitarian assistance. In such contexts, mortality is often under-reported due to insecurity and weakened surveillance systems. Third, ongoing health system attrition presents a critical risk factor: even where health facilities nominally exist, limited staffing, shortages of medicines, insecurity, and access barriers severely constrain their ability to prevent deaths from chronic conditions, maternal complications, acute illness, and trauma.

These risks are further amplified by conditions in and around Macomia Sede. IDP sites remain overcrowded and unsanitary, and recent relocations by local authorities to sites further from town have shifted displaced populations into areas with even more limited infrastructure and services, often located in high-risk zones. While no major attacks have been reported in the past three months, the security context remains highly volatile. Past events, such as the NSAG capture of Macomia Sede between May and October 2024, which resulted in the suspension of all government and humanitarian presence, demonstrate how rapidly access can deteriorate. In this environment, a single major shock could quickly overwhelm already fragile coping mechanisms and service capacity, creating a credible pathway towards the worsening health outcomes.

NANGADE

In Nangade, MSNA findings suggest that livelihoods are highly unstable, with widespread reliance on unstable income sources (51% of households) and emergency-level livelihood coping strategies (45% of households) (IOM-DTM, 2025a). However, these economic stressors have not translated into severe food consumption gaps for most households, suggesting that food insecurity is currently being mitigated through coping mechanisms and assistance, with only localized pockets likely experiencing severe consumption deficits.

Water systems appear broadly functional at the district level, but significant disparities persist for specific population groups. Returnees, in particular, exhibit very high reliance on surface water (57% of households), increasing exposure to water-borne disease risks. Sanitation conditions are poor across the population, consistent with rural Cabo Delgado; however, findings suggest that IDPs face additional vulnerabilities due to overcrowded and inadequate shelter conditions within displacement sites (only 36% of households have at least 3.5 m2 of covered living space per person (IOM-DTM, 2025a).

of IDPs in Nangade had adequate living space (at least 3.5 m2 of covered living space per person)

of health facilities in Nangade were operational at the time of data collection

of households in Meluco relied on surface water as their primary water source

of health facilities in Meluco were operational at the time of data collection

the system's ability to mitigate public health risks arising from poor WASH conditions and overcrowding (IOM-DTM, 2025a).

These vulnerabilities have been sharply intensified by a major shock occurring after the analysis period. In December 2025, waves of NSAG attacks triggered the displacement of nearly 8,000 people, causing the Ntamba IDP site to expand rapidly to approximately 15,000 people - well beyond its intended capacity (IOM-DTM, 2025b). This rapid, large-scale displacement into an already overstretched and high-risk setting represents a key contextual pathway toward excess mortality, particularly during the rainy season, when precarious shelters offer little protection from storms and flooding and disease transmission risks increase.

The convergence of deteriorating living conditions, uneven WASH access, and large-scale displacement, occurring in the context of ongoing health system attrition, constitutes a plausible and concerning pathway toward excess mortality in Ntamba. However, limited and outdated health outcome data, especially following the recent developments, constrain the ability to analyse and conclude on RoEM in this analysis. As such, the absence of an RoEM conclusion should not be interpreted as an absence of elevated mortality risk.

MELUCO

Meluco remains one of the least accessible districts in Cabo Delgado due to persistent insecurity and severe access constraints. Government services only partially resumed earlier this year after withdrawing during repeated attacks in 2023 and currently operate at minimal capacity, with no permanent military presence. Humanitarian access is similarly constrained, with most actors limited to one-off rapid interventions rather than sustained programming. These conditions significantly restrict service delivery, data collection, and routine monitoring, increasing the likelihood that deteriorating conditions and adverse outcomes go undetected.

Although available health outcome data was insufficient to directly confirm excess mortality, the conflict and access context constitutes a credible pathway of risk. In highly insecure and hard-to-reach areas such as Meluco, deteriorating health outcomes often arise indirectly through disrupted access to food, clean water, and essential health services, and are frequently underreported due to surveillance breakdowns. A single additional shock, such as a disruption to livelihoods or food supply, or a waterborne disease outbreak, could rapidly overwhelm already fragile coping mechanisms.

Health system attrition further compounds these risks. Only 36% of primary health facilities were functional, severely limiting the district's capacity to prevent or respond to acute illness or absorb shock-related health needs. Even where facilities existed, only 36% had essential medicines in stock, reducing the system's ability to mitigate preventable morbidity and mortality (WHO, 2024). Water availability appeared sufficient in quantity for much of the population; however, water quality remains a major concern. The majority of households relied on unimproved water sources, with more than half using surface water, reflecting both underdeveloped infrastructure and limited maintenance capacity in this highly inaccessible district (IOM-DTM, 2025a). Poor water quality, combined with weak sanitation and limited health services, heightens the risk of disease outbreaks that the health system is ill-equipped to manage.

Food consumption outcomes presented a mixed picture. Nearly half of households (48%) had poor Food Consumption Scores (FCS), and livelihoods were highly precarious, with 79% of households relying on unstable income sources. However, only a small proportion of households (2%) reported the use of emergency-level coping strategies (IOM-DTM, 2025a). This suggests that while food insecurity was widespread (IPC Level 3), it had not yet reached catastrophic levels at the district level. Nevertheless, the heavy reliance on fragile livelihoods indicates limited resilience, meaning that even relatively minor shocks could rapidly translate into severe food consumption gaps and heightened mortality risk.

Taken together, persistent insecurity, extreme access constraints, and severe health system attrition form a plausible and concerning pathway toward excess mortality in Meluco. While current data do not conclusively demonstrate RoEM, the absence of evidence should not be interpreted as evidence of absence in a district where monitoring is limited and system resilience is exceptionally low.

MEMBA

It is important to note that the analysis period ran from August to October, following MSNA data collection in August and concluding with the completion of the deep-dive analysis. As a result, the large-scale NSAG attacks in mid-November in Memba district, which displaced more than 100,000 people to temporary relocation sites in Erati and host communities in neighbouring districts, were not captured in this analysis (IOM-DTM, 2025c).

Following the displacement, local authorities ordered the forced return of nearly 50,000 IDPs from temporary sites in Alua back to their areas of origin in Memba. At the time, these areas were largely abandoned of services and inaccessible to humanitarian actors until January 2026. This population movement occurred in the context of the rainy season and poor sanitation conditions, with 78% of households using unimproved sanitation facilities (IOM-DTM, 2025a). These factors likely contributed to the cholera outbreak that began in December, which has affected more than 1,000 people and recorded a case fatality rate of 1.3 – above the acute needs threshold (Mozambique Ministry of Health, 2026). However, outside of sanitation and hygiene, Memba did not flag for acute needs across other key systems, including food security, water access, or living conditions. Importantly, health service provision in Memba (and Nampula Province more broadly) remains substantially stronger than in Cabo Delgado, with 92% of health facilities reported as functional and 93% of those facilities stocked with essential medicines.[3]

Taken together, while the recent shock and cholera outbreak represent a serious public health concern requiring continued monitoring and response, the analysis does not indicate widespread convergence of vulnerabilities at the household level. The relatively strong health system capacity suggests that, despite elevated risks, Memba is currently better positioned to mitigate preventable loss of life, and a Risk of Excess Mortality is therefore unlikely at this time.

LIMITATIONS

The Acute Needs Analysis (ANA) is constrained by the timeframe and geographic scope of the underlying data sources (e.g., MSNA, IPC, HERAMS), as well as by the geographic focus defined in the Humanitarian Needs and Response Plan (HNRP). As a result, the analysis was limited to the three northern provinces of Cabo Delgado, Nampula, and Niassa, and did not include other provinces affected by subsequent shocks. For example, the catastrophic floods of January 2026 in Gaza, Inhambane, Maputo, and Sofala occurred outside both the geographic and temporal scope of this analysis and were therefore not assessed in terms of interacting system deprivations or mitigation capacity prior to the shock.

Even within the assessed provinces, the ANA is bounded by its analytical timeframe (August to October 2025). Shocks occurring after this period are not reflected in the results, and in locations where significant events have taken place since then, the situation has likely deteriorated. Notably, the mass displacement of over 100,000 individuals following NSAG attacks in Memba district (Nampula) in December 2025—and the subsequent cholera outbreak—occurred after the analysis period and were therefore not incorporated into the RoEM assessment.

However, the ANA provides important contextual insight into pre-shock vulnerabilities and mitigation capacity. In Memba, while certain contributing systems flagged for acute needs, available health service data indicated substantially higher functionality compared to many districts in Cabo Delgado, with most facilities operational and stocked with essential medicines. This comparatively stronger health system capacity suggests a greater ability to mitigate preventable mortality linked to displacement and cholera, although continued monitoring remains essential given the evolving context.

Despite the constraints related to scope and timing, the ANA offers a structured, evidence-based foundation for understanding population-level risk dynamics and identifying areas where more in-depth or updated analysis may be required.

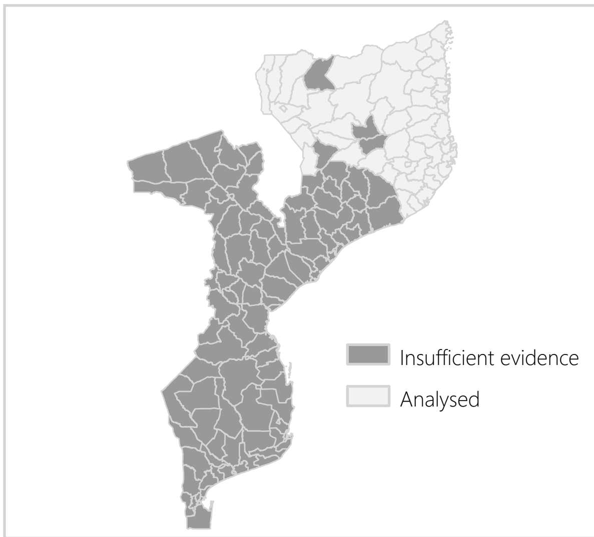
ABOUT REACH

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 or Training and Research - Operational Satellite Applications Programme (UNITAR - UNOSAT).

REACH Informing more effective humanitarian action

ANNEX 1: METHODOLOGY OVERVIEW

WHO IS NOT INCLUDED IN THE ANALYSIS?



In order to align with the geographic scope of the Humanitarian Needs and Response Plan (HNRP) 2026 and MSNA 2025, the Acute Needs Analysis was limited to the districts of the Cabo Delgado, Nampula, and Niassa provinces.

The initial flagging analysis was conducted across 54 districts of Cabo Delgado, Nampula, and Niassa with sufficient data. Based on the available data and thresholds, three districts - Macomia, Meluco, and Nangade - were identified as potentially at Risk of Excess Mortality (RoEM) and were therefore selected for a more in-depth deep dive analysis. The remaining districts either did not meet the threshold for RoEM during the initial flagging phase or lacked sufficient data to meaningfully assess mortality risk. As a result, they were not included in the subsequent deep dive analysis aimed at validating and further interrogating the preliminary RoEM findings.

HOW WAS THE ANALYSIS CONDUCTED?

The ANA is a structured analysis designed to identify populations facing the most acute, life-threatening conditions resulting from a breakdown of critical systems in contexts in which mortality data is unavailable. It aims to inform big-picture humanitarian prioritisation decisions.

The analysis assesses the functionality of critical systems (health, nutrition, food, water, and living conditions), triangulated with immediate mortality drivers (acute malnutrition and morbidity). Severe deprivations in any or multiple of these public health systems are investigated further to determine whether they are severe enough to result in a Risk of Excess Mortality (RoEM).

The analysis consists of two critical phases. During the quantitative phase, preliminary "flags" are raised when emergency thresholds are exceeded across multiple indicators, based on global reference frameworks (SPHERE, WHO, IPC, etc.). Analysts then verify, triangulate, and interpret these flags with contextual evidence during the Deep-dive phase, using structured analysis techniques, to reach a final ANA category for each area or group:

- **Excess Mortality:** Timely evidence confirms mortality rates exceed the World Health Organisation (WHO) Emergency Threshold (>1 death/10,000 people/day, >2 for children under 5 years old).
- **Risk of Excess Mortality (RoEM):** Very severe gaps in multiple mortality drivers are interacting in a way that suggests excess mortality is likely occurring within the analysis timeframe, or is imminent.
- **Acute Needs (AN):** Evidence confirms very severe gaps in at least one mortality driver, but not to the extent that there is immediate concern for excess mortality.
- **No evidence of AN:** There is no evidence of very severe gaps in mortality drivers.

In some cases, (nearly) all available evidence suggests potential concern for RoEM due to multiple systems failing, but a specific data gap prevents final confirmation of RoEM. Those areas are categorised as **"Acute Needs (!)".**

DISCLAIMER

While the analysis framework and process are standardised to promote consistency and reduce cognitive biases, conclusions depend on the availability, reliability, and timeliness of data, as well as the quality of contextual interpretation. Each area is assigned an **analytical certainty score,** reflecting the degree of confidence in the conclusion (★ /★★/★★★) based on the type and quality of the data and the strength of triangulation.

The ANA does not speak to community priorities and should not replace sectoral assessments, nor does it provide a comprehensive view of the full breadth and depth of intersectoral humanitarian needs.

The ANA considers the impact of violence and insecurity on access to and functionality of critical systems, and its possible cascading impacts on public health. However, due to limitations in nowcasting and anticipating conflict dynamics, **the ANA does not assess the risk of direct trauma deaths.**

The ANA in Mozambique assesses the situation in the period **August to October 2025**. **Contextual changes after this time window have not been reflected in the results.**

More detailed information on the methodology and its limitations are available upon request.

ANNEX 2: ANALYSIS CONCLUSIONS

Unit of Analysis	Province	Analytical Conclusion	Certainty Score
Macomia	Cabo Delgado	Acute Needs (!)	**
Nangade	Cabo Delgado	Acute Needs (!)	**
Meluco	Cabo Delgado	Acute Needs (!)	*
Ancuabe	Cabo Delgado	Acute Needs	*
Balama	Cabo Delgado	Acute Needs	*
Chiure	Cabo Delgado	Acute Needs	*
Cidade de Pemba	Cabo Delgado	Acute Needs	*
Ibo	Cabo Delgado	Acute Needs	*
Mecufi	Cabo Delgado	Acute Needs	*
Metuge	Cabo Delgado	Acute Needs	*
Mocimboa da Praia	Cabo Delgado	Acute Needs	*
Montepuez	Cabo Delgado	Acute Needs	*
Mueda	Cabo Delgado	Acute Needs	*
Muidumbe	Cabo Delgado	Acute Needs, insufficient data to analyse RoEM	*
Namuno	Cabo Delgado	Acute Needs	*
Nangade	Cabo Delgado	Acute Needs	*
Palma	Cabo Delgado	Acute Needs	*
Quissanga	Cabo Delgado	Acute Needs	*
Erati	Nampula	Acute Needs	*
Memba	Nampula	Acute Needs	*
Angoche	Nampula	Acute Needs	*
Cidade De Nampula	Nampula	Acute Needs	*
Ilha De Moçambique	Nampula	Acute Needs	*
Larde	Nampula	Acute Needs	*
Liúpo	Nampula	Acute Needs	*
Malema	Nampula	Acute Needs	*
Meconta	Nampula	Acute Needs	*
Mecuburi	Nampula	Acute Needs	*
Mogincual	Nampula	Acute Needs	*
Mogovolas	Nampula	Acute Needs	*
Moma	Nampula	Acute Needs	*
Monapo	Nampula	Acute Needs	*
Mossuril	Nampula	Acute Needs	*
Muecate	Nampula	Acute Needs	*
Murrupula	Nampula	Acute Needs	*
Nacala	Nampula	Acute Needs	*
Nacala-A-Velha	Nampula	Acute Needs	*
Nacaroa	Nampula	Acute Needs	*
Rapale	Nampula	Acute Needs	*
Ribaue	Nampula	Acute Needs	*
Chimbonila	Niassa	Acute Needs	*
Cidade De Lichinga	Niassa	Acute Needs	*
Cuamba	Niassa	Insufficient data	*
Lago	Niassa	Acute Needs	*
Lago Niassa	Niassa	Acute Needs	*
Majune	Niassa	Acute Needs	*
Mandimba	Niassa	Acute Needs	*
Marrupa	Niassa	Acute Needs	*
Maua	Niassa	Acute Needs	*
Mavago	Niassa	Insufficient data	*
Mecanhelas	Niassa	Acute Needs	*
Mecula	Niassa	Acute Needs	*
Metarica	Niassa	Acute Needs	*
Muembe	Niassa	Acute Needs	*
Ngauma	Niassa	Acute Needs	*
Sanga	Niassa	Acute Needs	*

ANNEX 3: LIST OF SOURCES

The 2025 ANA in Mozambique draws on data from the following sources:

1. United Nations Population Fund (UNFPA). Common Operational Dataset on Population Statistics (COD-PS): Mozambique, 2025 Update. July 2025.

2. International Organization for Migration (IOM). Displacement Tracking Matrix (DTM): Mozambique Multisectoral Needs Assessment (MSNA) 2025. August 2025.

3. World Health Organization (WHO). HeRAMS Dashboard – Mozambique. Geneva: WHO; 2024.

4. International Organization for Migration (IOM), Dec 16 2025. DTM Mozambique — ETT Movement Alert Report #152— Nangade attack (15 December 2025). IOM, Mozambique.

5. International Organization for Migration (IOM), Dec 02 2025. DTM Mozambique — ETT Movement Alert Report — Memba, Nampula attack #151 (30 November 2025). IOM, Mozambique.

6. Republic of Mozambique Ministry of Health, Jan 15 2026. Cholera Daily Bulletin. January 2026.

7. Republic of Mozambique Technical Secretariat for Food Security and Nutrition (SETSAN), National Institute of Statistics (INE), United Nations Children's Fund (UNICEF), Action Contre la Faim. Northern Mozambique SMART Survey for 5 Districts. August 2025.

8. Republic of Mozambique Technical Secretariat for Food Security and Nutrition (SETSAN), World Food Programme (WFP). Mozambique: Integrated Food Security Phase Classification (IPC) Snapshot - October 2025 to March 2026. October 2025.

9. IMPACT Initiatives, Norweigian Refugee Council, Mozambique Rapid Response Mechanism. Rapid Needs Assessment - Ntamba, Nangade - 14 December 2025. December 2025.