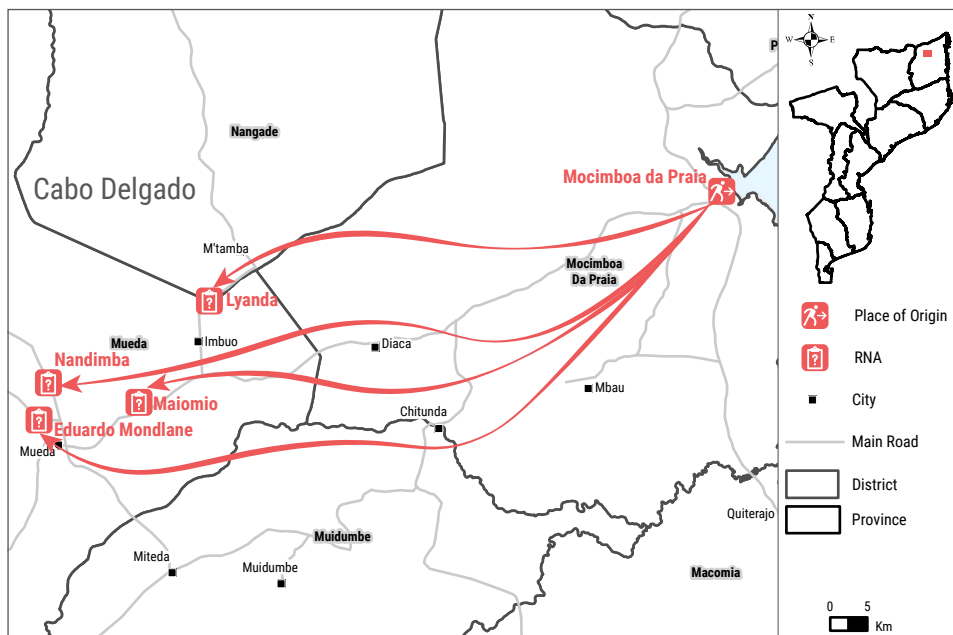


Rapid Needs Assessment (RNA) Rapid Response Mechanism (RRM)

Eduardo Mondlane, Lyanda, Mpeme and Nandimba - Mueda District
Cabo Delgado, Mozambique
19 - 22 September 2025

CONTEXT & RATIONALE



ON 7 SEPTEMBER 2025, non-state armed groups (NSAG) attacked the 30 de Junho and Filipe Nyusi neighborhoods of Mocimboa da Praia Sede, beheading civilians and looting homes, prompting residents to flee to the districts of Nangade (485 HH) and Mueda (1,135 HH) in search for safety.¹ In response, the Norwegian Refugee Council (NRC) issued an RRM alert on 10 September 2025, and conducted an RNA with 63 displaced families residing in the resettlement sites and host communities of Eduardo Mondlane, Lyanda, Mpeme, and Nandimba in the Mueda district.

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: The sites hosting newly arrived families are accessible from Mueda Sede. Eduardo Mondlane is located 9 km from Mueda, Nandimba 15 km, Mpeme 13 km, and Lyanda 21 km. Roads to all locations are in good condition, and no security constraints were reported at the time of data collection.

TOP 3 REPORTED PRIORITY NEEDS by % of households

 Food 100%	 Shelter 79%	 WASH 62%
<ul style="list-style-type: none"> 97% of households reported having problems accessing food 78% of households depended on borrowing food from relatives as their primary source of food 94% of households reported a decrease in frequency of meals since the shock 	<ul style="list-style-type: none"> 46% of households were living in displacement sites, with mostly improvised shelters that were vulnerable to strong winds and rain. As 80% of households do not intend to return to Mocimboa da Praia within the next month, shelter fortification is essential before the upcoming rainy season. 	<ul style="list-style-type: none"> 87% of households reported not having enough water to meet their drinking needs Water sources were functional in the resettlement sites, but coverage was limited and did not meet the increased demand following the arrival of newly displaced families.

RRM PLANNED INTERVENTIONS

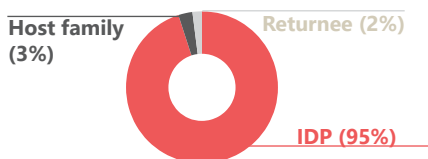
Org.	Sites	Intervention	Beneficiaries
NRC	Eduardo Mondlane, Cimento, Lyanda, Mpembe, Ntandedi, Maimio, Maputo	Multipurpose vouchers	1135 HH

HOUSEHOLD PROFILES

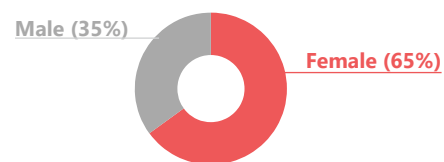
1135 Number of IDP households in the affected population

63 Number of assessed households

Population groups, by % of households



Respondent gender, by % of households



DISPLACEMENT

80% of IDP households **did not intend** on **returning** to their **place of origin** in the 30 days following data collection (n=60)

96% of IDP households reported **lack of security** as the **principal barrier to return** to their place of origin (n=29)

QUALITATIVE INSIGHTS

Mocimboa da Praia Sede continues to be insecure, with NSAGs attacking the Filipe Nyusi neighborhood once again on 22 September, reportedly beheading two civilians and kidnapping an NGO worker. More and more residents are leaving the city amid fears of a rumored attack on 5 October, the eighth anniversary of the first NSAG assault on the city and the official start of the conflict.

FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

97%

Average number of meals consumed per household member per day

1.5

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

94%

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

- 72%** Lack of financial resources
- 38%** Markets are not functioning
- 26%** Lack access to land

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

- 78%** Borrowing food from relatives
- 54%** Received as gift from relatives
- 11%** Purchase from a neighbor

Top 3 reported primary livelihood activities, by % of households

- 75%** Subsistence farming
- 16%** Small business
- 5%** Gathering, hunting or fishing

PRIORITY ACTION

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

97% of households reported having problems accessing food, with 78% of households depending on borrowing from relatives as their primary source of food.

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

Low	Medium	High
3%	30%	67%

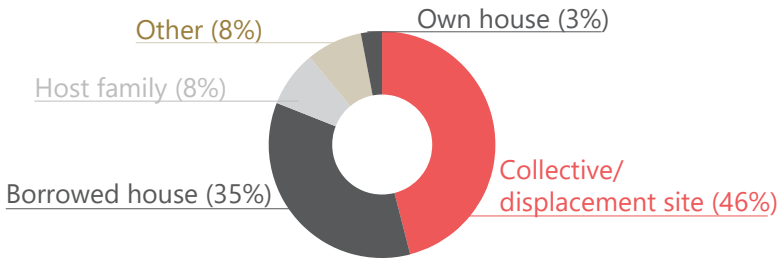
48% of households that reported having **access to land for cultivation**

63% of households that reported having **access to mobile money (M-Pesa/e-Mola)**

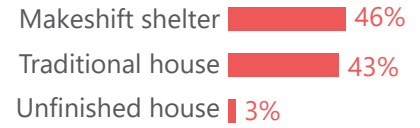
*select multiple, the total value may exceed 100%

NFI SHELTER & NFIs

Most reported living arrangement, by % of households



Most reported shelter condition, by % of households



PRIORITY ACTION

Shelter assistance: Shelter (79%) was reported amongst the top 3 priority needs by assessed households

46% of displaced households were living in displacement sites, with mostly improvised shelters that were vulnerable to strong winds and rain. As 80% of households do not intend to return to Mocimboa da Praia within the next month, shelter fortification assistance is essential before the upcoming rainy season.

The displaced families residing with the host community are sheltered in more solid structures. However, the continuous arrival of newly displaced will only increase pressure on limited available space of the host community.

Ownership of essential NFIs, by % of households*

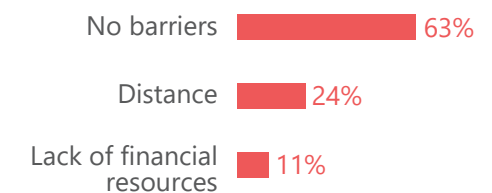
Essential NFI	% of HH
None	13%
Cooking utensils	2%
Sleeping mats	2%
Stove	2%
Lamp	5%
Soap	6%
Mosquito nets	6%
Sleeping sheets	11%
Pots > 5 Lt	21%
Water buckets	35%
Clothes	41%

HEALTH & NUTRITION

19% of households reported having at least **one household member above age 5 who was sick in the 2 weeks prior to data collection**, with respiratory illness (5), fever (2), and skin problems (2) as the most reported conditions

9/33 households with at least one child under age 5 (n=33) reported having **at least one child who was sick in the 2 weeks prior to data collection**

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

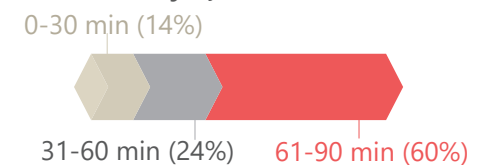


Households requiring medical attention, by number of households with a sick member above age 5 (n=12)



1/11 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

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



QUALITATIVE INSIGHTS

Households in Lyanda went to the health center in Ntamba (Nangade), while the households in the other communities used the health center of Mpeme, or the Rural Hospital of Mueda for more serious conditions. However, access for many displaced households can be difficult due to the distance and cost associated to reach the health centers.

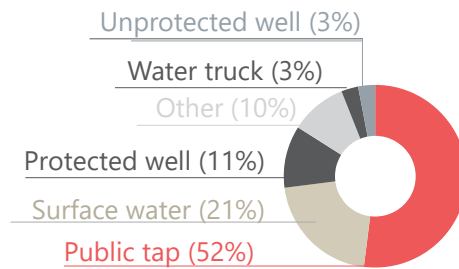
*select multiple, the total value may exceed 100%

WATER, SANITATION AND HYGIENE

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

- Cooking needs ■ 13%
- Drinking needs ■ 13%
- Hygiene needs ■ 13%

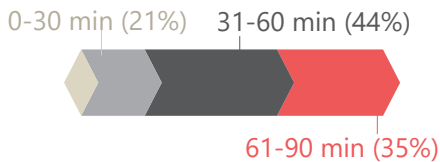
Most reported primary source of drinking water, by % of households



Top 3 reported barriers to accessing clean water, by % of households* (n=55)

- Distance ■ 47%
- Insufficient water points ■ 42%
- Water is too expensive ■ 36%

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



63% of households reported **having problems related to sanitation facilities** (toilet/latrine)

48% 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=40)

- 83% Facilities were occupied
- 23% Facilities were very destroyed
- 13% Facilities were damaged

PRIORITY ACTION

WASH assistance: Access to water (51%) and sanitation/hygiene (11%) were reported amongst the top 3 priority needs by assessed households

Water sources were functional in the resettlement sites, but coverage was limited and did not meet the increased demand following the arrival of newly displaced families. The host communities relied on local cisterns, Chude, or purchased water (25 MZN per 20-liter jerrycan).

Latrines in the resettlement sites were few and shared amongst many families, and in poor hygienic conditions. Latrines in the host community were in better condition, but also were shared amongst too many families after the new arrivals.

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)

64% 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=39)

20% 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)

- 10 Lack of financial resources
- 7 Lack of interest
- 3 No nearby accessible school

Most reported barriers to school attendance for boys, by number of households* (n=14)

- 7 Lack of financial resources
- 4 Lack of interest
- 3 No nearby accessible school

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

- 45% Recover missed school days
- 35% Needs tutoring
- 33% Needs to enroll

QUALITATIVE INSIGHTS

Temporary Learning Spaces (TLS) existed in the resettlement sites, linked to the Lyanda, Eduardo Mondlane, and Nandimba schools, ensuring basic education for displaced children. However, class sizes are large (around 60 students), limiting individualized learning support.

*select multiple, the total value may exceed 100%

PROTECTION, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

84% of households reported a **good or very good relationship between IDPs and the host community**

17% of households had **heard or encountered separated/unaccompanied children among the newly arrived population**

54% of households **reported at least one member with missing identity documents**

44% of households were **concerned about protection issues in their community** (n=28), with fears of **armed conflict** (18) and **thefts** (8)

Most reported causes of separated/unaccompanied children, by number of households (n=11)*

- 8** Loss of parents due to displacement
- 5** Loss of parents due to illness

0% 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*

- 87%** Sadness and discouragement
- 52%** Anxiety or fear
- 30%** Nightmares

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

- 78%** Sadness and discouragement
- 44%** Anxiety or fear
- 37%** Nightmares

Top 3 reported psychosocial signs in boys, by % of households (n=39)*

- 74%** Sadness and discouragement
- 51%** Anxiety or fear
- 28%** Nightmares

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

- 60%** Access over humanitarian aid
- 59%** Access to land
- 52%** Ethnic differences

QUALITATIVE INSIGHTS

The team leader highlighted several psychosocial and psychological impacts on displaced families following the 07 September 2025 attack in Mocimboa da Praia. Families experienced deaths, loss of homes and livelihoods, and ongoing trauma, facing significant challenges adapting in resettlement sites and host communities. Access to potable water, food, rainproof shelter, basic household items, and psychosocial support remains critical.

ACCOUNTABILITY TO AFFECTED POPULATIONS



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

- 49%** Phone call
- 46%** Face to face with humanitarian worker (any)
- 44%** Community leaders

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

- 43%** Phone call
- 43%** Face to face with humanitarian worker (any)
- 41%** Community leaders

Preferred modalities of assistance, by % of households

- Cash  **73%**
- In-kind  **22%**

*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from NRC conducted 63 structured, face-to-face household surveys with internally displaced persons (IDPs) in Mueda district on 22 September 2025: 34 with displaced families living in Eduardo Mondlane, 12 with displaced families living in Lyanda, 6 with displaced families living in Mpeme and 11 with displaced families living in Nandimba. 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 MUEDA

Organization	Type	Intervention Sectors
NRC	INGO	RRM first line - Vouchers, Civil documentation
Ayuda en Acción	INGO	RRM second line - WASH, Protection
ICRC	ICRC	Livelihoods
GCR	NNGO	Gender-based violence
Save the Children	INGO	Education, MHPSS, Child Protection
For Afrika	INGO	Food assistance
Plan Intl	INGO	Child Protection, Gender
MSF	INGO	Mobile clinics and local health centers
UNICEF	UN	Child Protection, Gender, Education, Nutrition
UNDP	UN	Sustainable Development, Reconstruction
Solidarites Intl	INGO	Shelter, NFI

ENDNOTES

1 RRM Mozambique. Alert NRC_MDP_10092025. September 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



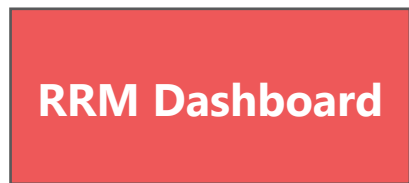
FUNDED BY:



ABOUT 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).