

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

April 2026 | Montepuez District, Cabo Delgado, Mozambique

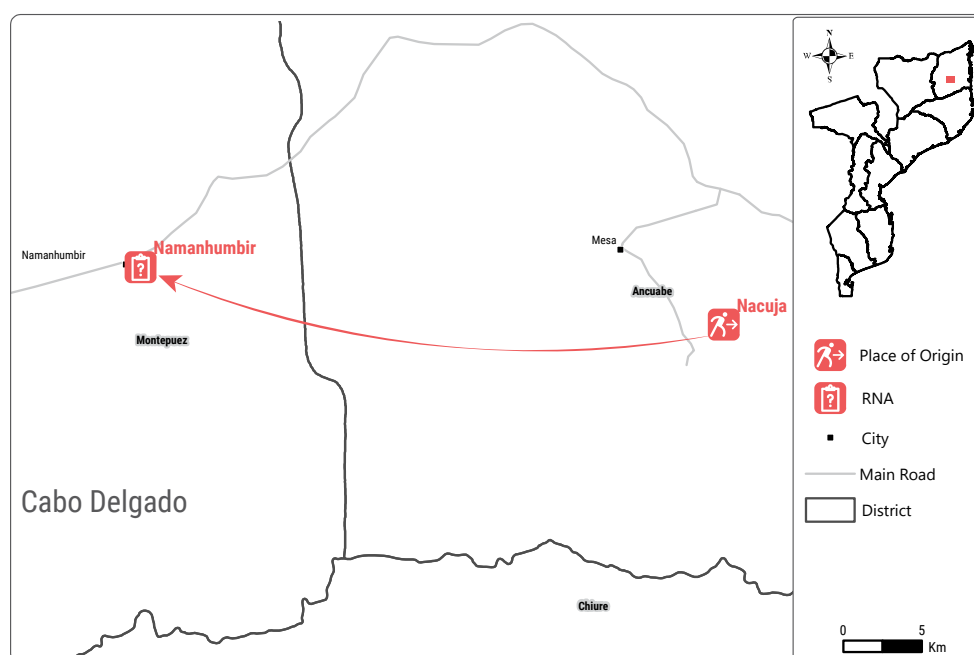
CONTEXT

On **5 May 2026**, at around 15:00, an attack by **non-state armed groups (NSAGs)** was reported in **Nacuja village, Ancuabe District, Cabo Delgado Province**, near the border with Montepuez. According to the alert, NSAGs reportedly **burned an unknown number of houses, looted civilian property and killed one civilian**. A confrontation between NSAGs and Naparama was also reported, resulting in **two Naparama members killed**. The attack triggered **widespread fear-driven displacement**, with residents fleeing Nacuja and nearby villages, including Nacaca and Campire, towards safer areas.¹

Preliminary information indicated that around **500 displaced families arrived in Namanhumbire on 5 May**, where they were gathering near the community leader's meeting point and receiving immediate support from residents. **Older people, women and children** were reported to make up the majority of the displaced population requiring urgent support. Local authorities were reportedly conducting registration, while displacement was still ongoing. In response, the RRM team of the **Norwegian Refugee Council (NRC)** conducted **15 KIIs** on **May 8** across **Namanhumbir Administrative Post in Montepuez District**. This brief presents the main findings of the assessment.

626 Number of affected households across Montepuez

Map 1: Conflict affected communities in Montepuez District of Cabo Delgado



TOP 3 PRIORITY NEEDS

as reported by Key Informants (KIs)
in assessed communities



Food

100% of KIs

Food emerged as the most urgent priority need, driven by affected households' reported difficulties accessing enough food, limited financial capacity, disrupted livelihoods, and reliance on negative coping strategies.



Shelter

87% of KIs

Shelter was the second most frequently reported priority need, with many displaced households reportedly staying in collective shelters or with host families and requiring emergency shelter materials



NFIs

67% of KIs

Basic NFIs were the third most frequently reported priority need, with affected households reportedly requiring essential household items to support safer and more dignified living conditions.

DISPLACEMENT DYNAMICS

93% of KIs reported that **households were still arriving**

Displacement was still ongoing at the time of data collection, with **households still arriving and expecting further arrivals**. All KIs reported **conflict as the main trigger**, and all stated that displaced households had **arrived within the previous week**. **Newly arrived displaced households** were identified as the most affected group by 67% of KIs, while 47% also identified **host households** as affected.

100% of KIs identified **conflict as the main trigger of displacement**

Short-term return intentions remain unclear: 50% of KIs did not know whether displaced households intended to return within the next 30 days, while 30% expected some returns. For those not expected to return, reported barriers included **continued insecurity, damaged or unsafe shelters, and psychological trauma**.

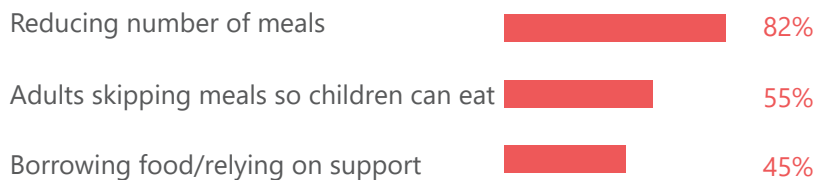
Host households are already absorbing part of the shock. Among KIs who reported host households as affected, 86% said they were **hosting displaced households**, and 57% said they were **sharing food, water, shelter or NFIs**.

FOOD SECURITY & LIVELIHOODS

Food security was the most urgent need identified during the assessment. According to findings, 87% of KIIs said food security needs have been reported among affected households, while 57% of those reporting food security needs stated that **most affected households were facing serious difficulties accessing enough food**. The **main reported barrier to food access was lack of financial capacity**, reported by 73% of KIIs who identified food access barriers. Other barriers included **lack of cooking utensils or facilities** and the **security situation**, each reported by 27%. **KIIs also reported food-related coping strategies**, including reducing the number of meals, adults skipping meals so children can eat, and relying on help or borrowing food.

Livelihood disruption was also significant. Among KIIs who identified displaced households as among the most affected groups, 100% reported that **displaced households had relied on subsistence farming before displacement**. In addition, 60% of KIIs reported livelihood or income needs, mainly linked to **loss of access to machambas, loss of tools, seeds or inputs, and loss of livestock or productive assets**.

Negative coping strategies used by affected households, by % of
KIs reporting food security needs among affected households, n=11*



NFI SHELTER & NFIs

Most urgent Shelter NFI needs, by % of KIs* reporting
Shelter & NFIs needs among affected households, n=11



Shelter and NFI needs were reported as severe and immediate. The most urgent shelter/NFI items reported were **mosquito nets, emergency shelter materials or tarpaulins, blankets, and sleeping mats or mattresses**. Most KIIs reported **in-kind shelter/NFI assistance** as the most appropriate modality, followed by **cash or voucher assistance** and **support to host families**. Findings also indicate that 70% of KIIs reported that **most displaced households were staying in collective shelter**. The field teams further noted that some **affected households were living in a community meeting shelter/alandre**, while **others were staying with host families, relatives and acquaintances in traditional houses**. The field teams indicated that shelters in Namanhumbire itself were not directly damaged by the attack, but that **displaced households had reportedly fled from areas where houses were burned**.

*select multiple, the total value may exceed 100%

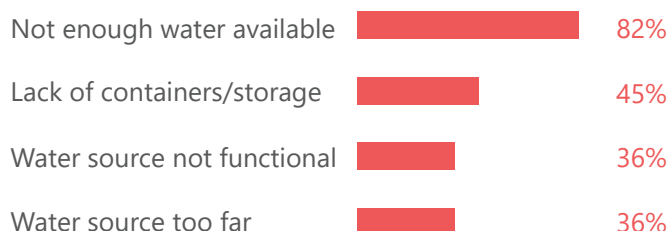
WATER, SANITATION & HYGIENE (WASH)

WASH needs were said to have been reported by affected households by 73% of KIIs and confirmed by direct observation. KIIs reported **mixed water sources**, including protected wells, unprotected wells and piped or public water points. Among KIIs reporting WASH needs, the main barriers to accessing enough safe water were **insufficient water availability, lack of containers for collection and storage, non-functional water sources and distance to water sources**.

Sanitation was also a concern. 100% of KIIs reported **overcrowding of latrines or toilets**, with facilities shared by too many people, while 27% noted that **facilities were not separated between men and women**. The field teams identified the **use of latrines with slabs, traditional latrines without slabs and open defecation**. They also noted that affected households were **relying on host family latrines**, increasing pressure on already limited and poorly maintained facilities.

The most urgent hygiene needs were soap, water containers, buckets and jerrycans, and menstrual hygiene items. In addition, 55% of KIIs reported that **around half of affected households had very limited access to safe water** for drinking, cooking and hygiene.

Main barriers to accessing enough safe water, by % of KIIs*
reporting WASH needs among affected households, n=11



HEALTH & NUTRITION

53% of KIIs reported that health needs or concerns had not been reported among affected households, and 93% of KIIs reported that affected households could access a functional health facility when needed. The field teams also confirmed that a health facility was available nearby. However, among the 7 KIIs who reported illness symptoms, **fever or malaria-like symptoms were commonly reported among children under 5**, followed by coughing. Among these KIIs, the most urgent health support needs were **medicines or medical supplies (86%), vaccination or outbreak response (57%) and mental health and psychosocial support (43%)**. The field teams also noted that, although a health facility is nearby, **medicines are not always available due to increased caseloads and weak supply**.

Nutrition-related findings were more concerning. The majority of KIIs reported that **affected households were mainly relying on low-diversity diets**, largely limited to cereals or other staple foods. KIIs also highlighted nutrition concerns among vulnerable groups, with many **children under 5 reportedly lacking access to age-appropriate food** and many **pregnant or breastfeeding women lacking sufficient nutritious food**. In addition, 53% of KIIs reported **concerns about**

 **93%** of KIIs*

reported that affected households are **relying on low-diversity foods**

 **47%** of KIIs*

reported many **children under 5 lack age-appropriate food**

 **47%** of KIIs*

reported many **pregnant or breastfeeding women lack sufficient nutritious food**

*select multiple, the total value may exceed 100%

EDUCATION

60% of KIIs reported **education-related needs among affected households**

Although education was not among the top priority needs, **60% of KIIs reported education-related needs among affected households**. Among these KIIs, the most urgent reported needs were **school supplies** (67%) and **remedial classes** for children who had missed several weeks or months of classes (44%). The field teams indicated that **schools were available nearby** for both children and adolescents from displaced and host communities. However, they also noted that **there were not yet education actors present** to identify school-aged children and support their reintegration into schooling.

PROTECTION

93% of KIIs said **no protection or concerns** had been reported by affected households

KII findings did not indicate widespread immediate protection concerns in the assessed community. However, when asked which groups faced the **greatest risks or barriers to accessing assistance and services**, KIIs most frequently identified **children** (47%), followed by **women and girls, older persons** and **persons with disabilities** (40% each).

100% of KIIs said **no social tensions** had been reported by affected households

The lack of reported tensions should be interpreted cautiously, as the field observations and KII findings both indicate pressure on host households, shared food, shared shelter and shared sanitation facilities.

MARKETS

93% of KIIs reported that affected households could **safely and physically access nearby markets or shops**

Markets were reported to be available and physically accessible. 60% of KIIs reported that most basic food items were available in nearby markets or shops, while 93% reported that affected households could safely and physically access nearby markets or shops. **The field teams also confirmed that food markets, NFI markets and suppliers were available nearby**.

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP), ACCESS & RESPONSE CAPACITY

In-kind assistance was the preferred modality, reported by 67% of KIIs, while 100% identified **community and religious leaders as the most effective channels** for communicating with affected households. Access to Namanhumbire was possible at the time of observation, with the journey from Montepuez taking around 25 minutes, although **road conditions were poor**, with potholes and accident risks along asphalted sections. **Security forces and checkpoints** were observed on the route, and **areas towards the southwest border between Ancuabe and Montepuez remained unsafe** due to continued NSAG movements and repeated incidents. NRC was already present in the community, with other humanitarian actors expected, including Solidarites Internationale, Save the Children and possibly MSF. Government actors, including local authorities, community leaders, police, INGD and SDPI, were also present, with **initial food assistance reportedly already provided**.

*select multiple, the total value may exceed 100%

METHODOLOGICAL OVERVIEW & LIMITATIONS

The Rapid Response Mechanism (RRM) team of the Norwegian Refugee Council conducted 38 structured, face-to-face key informant interviews (KIIs) in conflict-affected displacement locations in Nangade District, Cabo Delgado, in late April 2026. The assessment covered Ntamba and Mualela, following reported displacement from affected villages including Nkonga, Samora Machel, Namajonda, Muangaz, Litingina and Machava. The survey was deployed via KoBo Collect and used the Area of Knowledge (AoK) approach, purposively selecting key informants, such as community leaders, local authorities and service providers, based on their knowledge of the shock and priority needs. KIIs were complemented by a semi-structured team leader observation grid. This qualitative component helped contextualize the impact of the shock, triangulate key findings, and provide detailed insights into displacement dynamics, access constraints, shelter conditions, WASH infrastructure, and the availability and quality of essential services such as markets, schools and health facilities.

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. Furthermore, access constraints and poor road conditions during the rainy season limited full geographic coverage of some planned areas. 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.

Endnotes

1 RRM Mozambique. RRM_NRC_NACU_06052026. May 2026 (for access, please contact NRC Emergency Response Manager, Issufo Muhamade, at issufo.muhamade@nrc.no)

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.

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).

COOPERATING PARTNERS



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