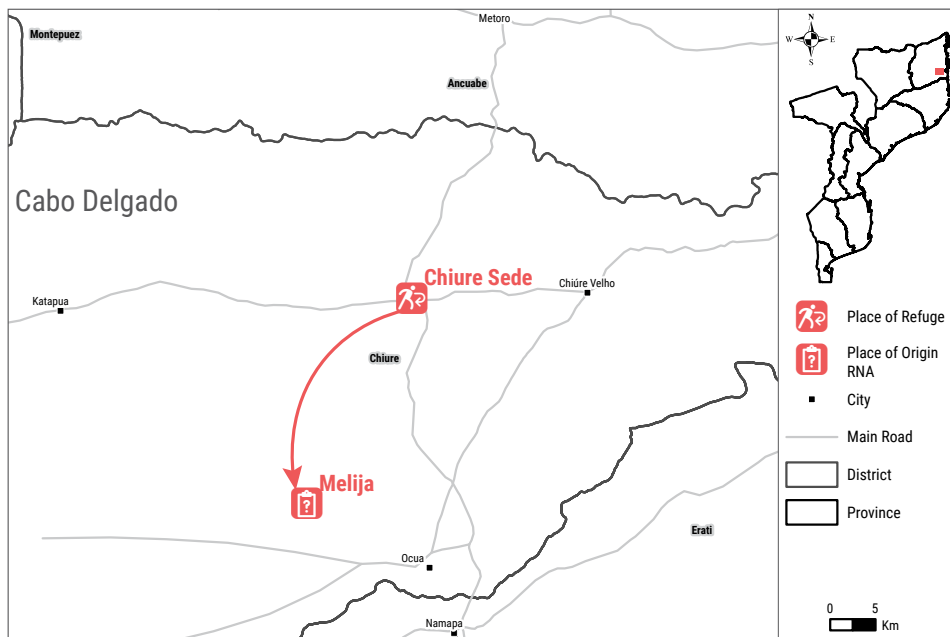


Rapid Needs Assessment (RNA) Rapid Response Mechanism (RRM)

Melija - Chiúre District
Cabo Delgado, Mozambique
13-14 February 2026

CONTEXT & RATIONALE






Following several waves of insecurity in the Chiúre district between July and October 2025, families that sought refuge in the temporary accommodation sites of Micone Primary School, Namassir Primary School, and the Mengueleua Accommodation Center in Chiúre Sede, gradually returned to their places of origin in Napala (1,130 HH), Ntonhane (382 HH), Mugipala (1,884 HH), and Melija (430 HH). Continuing insecurity prevented humanitarian actors from entering the area until late December 2025.

The RRM team of Action Contre la Faim were able to access the community of Melija on 13 February, and conducted an RNA to better understand the primary needs of the returnee population.

Access Conditions: Chiúre Sede is accessible by road from Pemba via the N1 national highway, taking approximately 4 hours. Melija is located a further 37km from Chiúre Sede, following the N1 highway south towards Nampula, with the final section requiring 4x4 vehicles. The trip from Chiúre Sede can take up to 2 hours due to the uneven terrain and overall poor condition of the road.

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 98%</p> <ul style="list-style-type: none"> 70% of households reported having problems accessing food 70% of households reported a reduction in the number of meals consumed since the event 28% of households had high rCSI, indicating severe reliance on negative coping strategies 	 <p>Shelter 74%</p> <ul style="list-style-type: none"> Nearly all homes in Melija were burned during the NSAG attacks, leaving families without adequate shelter. While some households had erected improvised structures as a temporary coping mechanism, these offer limited protection and are not a sustainable solution. 	 <p>NFI 52%</p> <ul style="list-style-type: none"> Less than half of the households reported possessing essential NFIs such as blankets, lamps, soap, sleeping mats, mosquito nets, and cooking utensils Although 82% of households reported owning water buckets, 67% reported that they were insufficient and a barrier to water access.
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HOUSEHOLD PROFILES

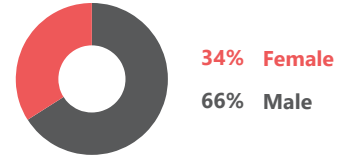
430 Number of returnee households in Melija, as per community leaders

50 Number of assessed households

Population groups, by % of households



Respondent gender, by % of households



QUALITATIVE INSIGHTS

In October 2025, all families from Melija village fled following an attack by non-state armed groups (NSAGs), during which more than 600 homes were burned and looted. Displaced residents sought refuge in various locations, including temporary accommodation sites in Chiure Sede. In the months that followed, families gradually began returning to Melija, where they found their homes destroyed and agricultural fields damaged, and have since started the process of rebuilding their lives and livelihoods.

FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

70%

Average number of meals consumed per household member per day

1.9

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

70%

Top 3 reported barriers to food access, by % of households that reported having problems accessing food (n=35)*

74% Lack of financial resources

31% Limited essential food supply

17% Lack of cooking utensils

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

94% Personal production

24% Food in exchange for work

14% Exchange of products for food

Top 3 reported primary livelihood activities, by % of households

88% Subsistence farming

6% Small business

2% Daily work

PRIORITY ACTION

Food assistance: 98% of assessed households reported food security as a top 3 priority need

70% of households reported having problems accessing food, with 28% of households categorized as "high" in the RCSI, indicating negative coping strategies.

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

Low	Medium	High
18%	54%	28%

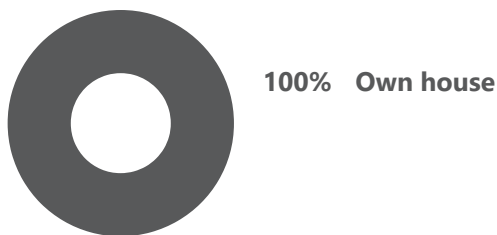
92% of households that reported having **access to land for cultivation**

74% of households that reported having **access to mobile money (M-Pesa/e-Mola)**

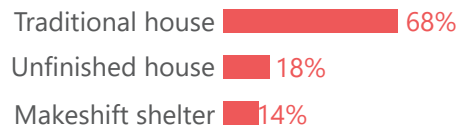
*select multiple, the total value may exceed 100%

NFI SHELTER & NFIs

Most reported living arrangement, by % of households



Most reported shelter condition, by % of households



PRIORITY ACTION

Shelter assistance: Shelter (74%) and NFIs (52%) were reported amongst the top 3 priority needs by assessed households

Nearly all homes in Melija were burned during the NSAG attacks, leaving families without adequate shelter. While some households had erected improvised structures as a temporary coping mechanism, these offer limited protection and are not a sustainable solution.

Field teams emphasized that **the most urgent shelter need** in Melija is not the provision of additional temporary shelters, but **support for the reconstruction of permanent homes.**

Ownership of essential NFIs, by % of households*

Essential NFI	% of HH
Blankets	12%
Lamp	18%
Soap	24%
Sleeping mats	34%
Cooking utensils	40%
Mosquito nets	44%
Clothes	56%
Pots > 5 Lt	64%
Water buckets	82%

HEALTH & NUTRITION

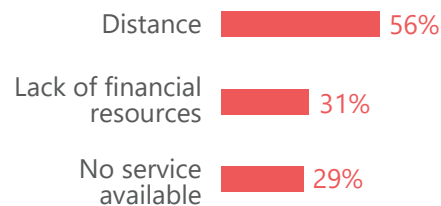
52%

of households reported having at least **one household member above age 5 who was sick in the 2 weeks prior to data collection**, with non-severe fever (8), skin problems (8), and non-severe diarrhea (5) as the most reported conditions

4/12

households with at least one child under age 5 (n=12) 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*



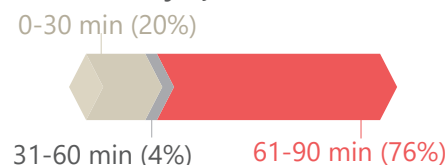
15/26

households with a sick member above age 5 (n=26) **received treatment for their condition**

0/0

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 time to reach the nearest health facility, by % of households



QUALITATIVE INSIGHTS

Although a health facility exists in Melija, it lacks essential medicines in stock, forcing residents to attend the nearby health facility in the community of Samora Machel.

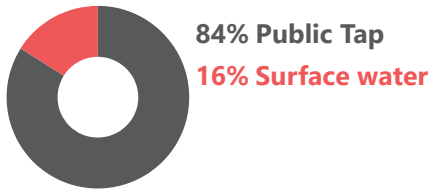
*select multiple, the total value may exceed 100%

WATER, SANITATION AND HYGIENE

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



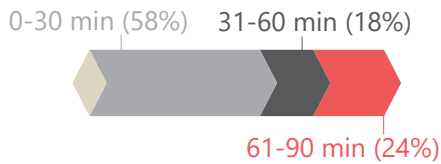
Most reported primary source of drinking water, by % of households



Top 3 reported barriers to accessing clean water, by % of households* (n=32)

- 69%** Insufficient water containers
- 53%** Insufficient water points
- 47%** Non-functional water points

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



14% of households reported **having problems related to sanitation facilities** (toilet/latrine)

90% 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=7)

- 4** Facilities were damaged
- 2** Facilities were non-functional
- 1** Facilities were shared

QUALITATIVE INSIGHTS

Field teams corroborated the quantitative findings, that WASH was not a pressing concern for the affected returnee population of Melija. ACF has begun tuning up and rehabilitating the existing two public taps - which provide enough water for the 600+ households of the village.

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=28)

63% 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=32)

0% of households with children reported having their children participate in **non-school educational activities** (n=39)

Most reported barriers to school attendance for girls, by number of households* (n=11)

- 2** School closed due to insecurity
- 1** Lack of documentation
- 1** Disability/health issue

Most reported barriers to school attendance for boys, by number of households* (n=20)

- 4** School closed due to insecurity
- 2** Inadequate infrastructure
- 1** Protection risks at school

Top 3 reported most pressing educational needs for children, by % of households* (n=39)

- 71%** School supplies
- 31%** Documentation for enrolment
- 18%** Needs tutoring

QUALITATIVE INSIGHTS

Melija had one operational school at the time of data collection, serving students from the 1st to the 6th class. However, some structures were burned during the NSAG attack and have yet to be repaired.

*Select multiple, the total value may exceed 100%

PROTECTION, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

54% of households reported a **good** or **very good relationship between the community members of Melija**

10% of households had **heard or encountered separated/unaccompanied children among the newly arrived population**

40% of households **reported at least one member with missing identity documents**

38% of households were **concerned about protection issues in their community** (n=19), with fears of **armed conflict** (19, **theft** (10), and **child marriage** (8).

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

- 94%** None
- 6%** Did not know

0% of households reported **knowing children** in the community that **worked with armed groups**

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

- 78%** Anxiety or fear
- 54%** Sadness and discouragement
- 40%** Nightmares

Top 3 reported psychosocial signs in girls, by % of households (n=28)*

- 71%** Anxiety or fear
- 57%** Sadness and discouragement
- 25%** Nightmares

Top 3 reported psychosocial signs in boys, by % of households (n=32)*

- 63%** Anxiety or fear
- 53%** Sadness and discouragement
- 25%** Nightmares

QUALITATIVE INSIGHTS

Residents of Melija continued to express concern over the potential for renewed violence due to the ongoing presence of NSAGs in Mazeze administrative post. Although no attacks have been reported in 2026 to date, there are reports from humanitarian security actors of “sleeper cells” that could be activated at any time, contributing to a persistent sense of insecurity.

Regarding child protection risks, none of the 55 households surveyed through the RNA reported direct knowledge of child recruitment. However, community members indicated that children in the community were indeed being recruited by armed groups and requested strengthened child protection services to address this concern.

ACCOUNTABILITY TO AFFECTED POPULATIONS

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

- 86%** Community leaders
- 22%** Face to face with humanitarian worker (any)
- 20%** Phone call

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

- 74%** Community leaders
- 22%** Face to face with humanitarian worker (any)
- 20%** Phone call

Preferred modalities of assistance, by % of households

- In-kind  **64%**
- Cash  **34%**

*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team of Action Contre la Faim conducted 50 structured, face-to-face household surveys with households in Melija on 13-14 February 2026, all the surveys with returnee families that were displaced to Chiure Sede between July and October 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.

ENDNOTES

1. RRM Mozambique. ACF_CHI_09022026. February 2026 (for access, please contact ACF RRM Program Manager, Telmo Calage, at rrmpm@mz-actioncontrelafaim.org).
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.

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:

[RRM Dashboard](#)

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