

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

Josina Machel & Oasse (Alert: SI_MOC_011024)

Mocimboa da Praia District - Cabo Delgado, Mozambique

05 October 2024

KEY MESSAGES

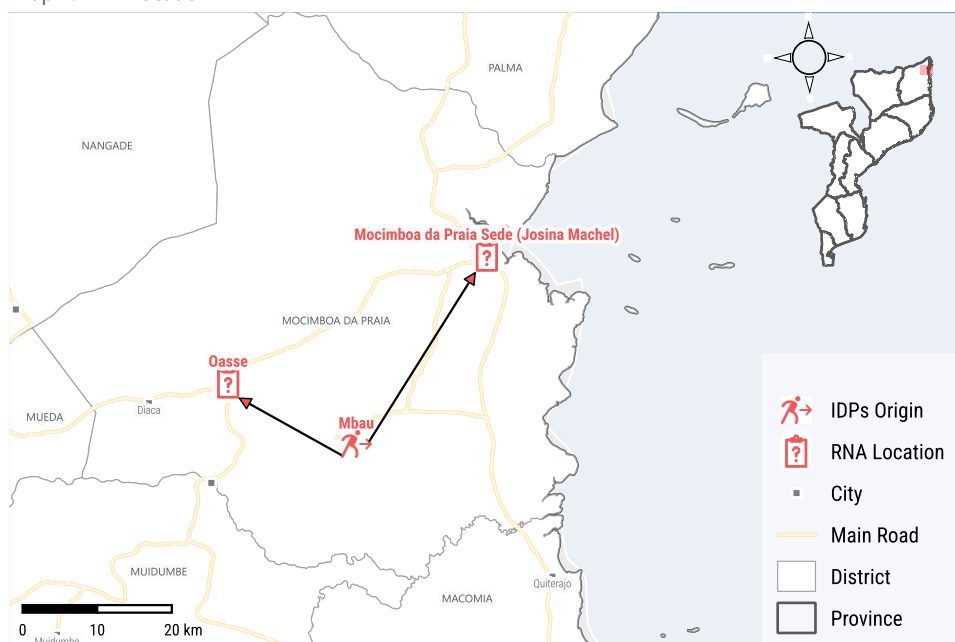
- **Food security was reported as the top priority need by the respondents** (92% of assessed households). Of those, 92% of assessed households citing lack of financial resources as the main barrier to food access.
- **Shelter and NFIs were identified as the second highest priority need among the assessed households, with the vast majority (98%) living in borrowed homes or staying with host families.** Qualitative findings suggest a positive dynamic between displaced families and host communities, with displaced families feeling supported in their areas of displacement.
- **Nutrition was also highlighted as a significant need. Among households with children under the age of five, 85% reported that at least one child had been sick in the past two weeks,** with fever and stomach illness being the most common issues. Half of the assessed households cited distance to health centers and a lack of financial resources as the main barriers to accessing healthcare.
- **Although WASH was not identified as a priority issue by the assessed households, the results point to poor conditions,** with 75% of households relying on unprotected water sources and the vast majority (88%) using non-hygienic sanitation facilities. This concern was also highlighted in qualitative findings and raised by local leaders.

CONTEXT & RATIONALE

In September, following a series of violent incidents in Mbau, a significant number of displaced people moved to other areas of Mocimboa da Praia. Armed groups were responsible for burning houses in the village and triggering explosions from improvised explosive devices (IEDs) in the surrounding area. As a result of this atmosphere of fear and insecurity, approximately 118 newly displaced families have arrived in various neighborhoods of Mocimboa da Praia Sede, with Josina Machel serving as a central point of reference. Additionally, around 66 households have sought refuge in Oasse.

In response to these events, a Rapid Response Mechanism (RRM) alert was issued, and a Rapid Needs Assessment (RNA) was conducted to identify the most urgent needs of the displaced population now residing in Oasse and Josina Machel. This document presents the key findings of the RNA.

Map 1: RNA Location



ASSESSMENT OVERVIEW

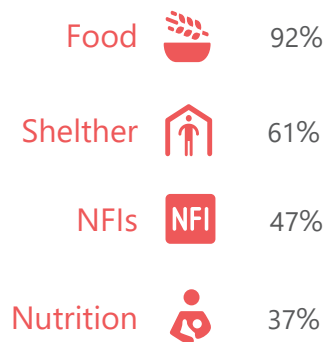
This assessment utilized a mixed-method approach. The quantitative element consisted of 51 household surveys conducted on October 5th with displaced families from Mbau living in the host communities of the Josina Machel neighborhood in Mocimboa da Praia Sede and Oasse village.

The quantitative findings were supplemented with a qualitative component consisting of observations, community leader engagement, and insights from the data collection team.

Results are indicative. Please refer to the Methodology Overview and Limitations for further detail.

PRIORITY NEEDS

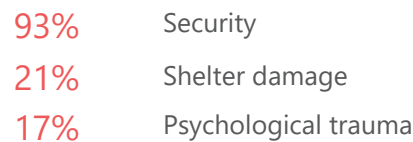
Top 4 most commonly reported humanitarian aid preferences, by % of assessed households*



DISPLACEMENT

43% of assessed IDP households **intend on returning to their place of origin.**

Most commonly reported barriers to return, by % of assessed households*



FOOD SECURITY, MARKETS & LIVELIHOODS

% of assessed households that scored medium or high on the Reduced Coping Strategy Index (RCSI)¹

92%

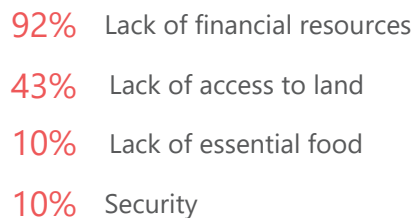
Average number of meals consumed per assessed household member per day

1.8

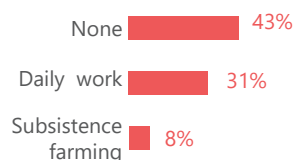
% of assessed households that reported a decrease in the average number of meals consumed per day since the shock

71%

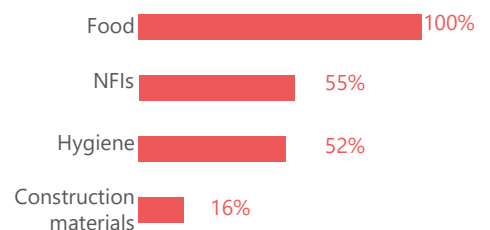
Most commonly reported barriers to food access, by % of assessed households*



Primary livelihood activity, by % of assessed households



Reported types of products available at the market, by % of assessed households*



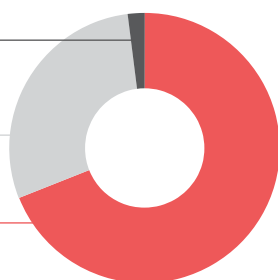
61% % of assessed households have access to **mobile money** (M-Pesa/e-Mola).

67% % of assessed households have access to a **mobile phone**.

SHELTER & NFIs

Most commonly reported type of living arrangement, by % of assessed households

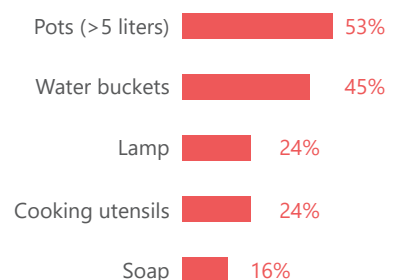
No shelter (2%)
With host family (29%)
In a borrowed house (69%)



88%

of assessed households reported living in a traditional house, while 8% were living in an emergency shelter.

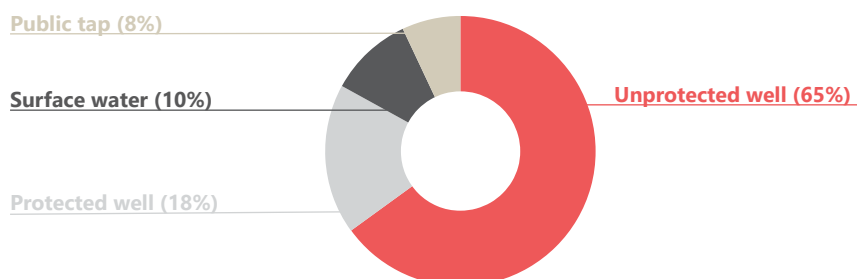
% of assessed households that own essential NFIs, by type of NFI*



*select multiple, the total value may exceed 100%

WATER, SANITATION, AND HYGIENE

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



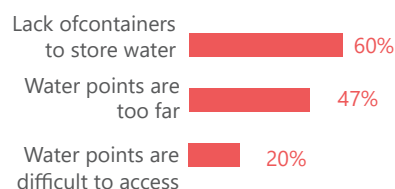
% of assessed households that reported having enough water to meet the following needs

75% Cooking needs

75% Hygiene needs

75% Drinking needs

Most commonly reported barriers to access water by % of assessed households*

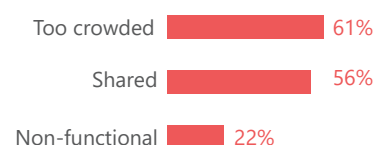


88%

of assessed households reported using a **non-hygienic sanitation facility** (open pit latrine or open defecation) at the time of data collection.

35% of assessed households reported having problems related to sanitation facilities (toilet/latrine)

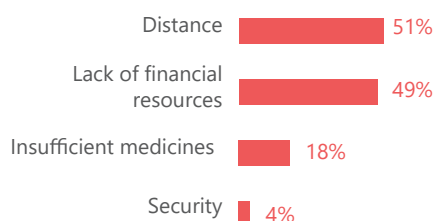
Most commonly reported barriers to a hygienic sanitation facility* from households who reported having sanitation facilities issues



HEALTH

76% of assessed households reported **an adult member who was sick during the past 2 weeks**, with fever, malaria and diarrhoea being the most commonly reported.

Most commonly reported barriers to healthcare, by % of assessed households*

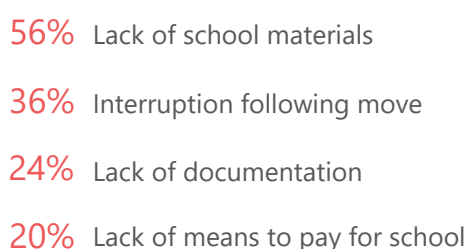


18% reported having no barriers.

EDUCATION

53% of assessed households with at least one child (aged 5-17) reported having **at least one child who was not attending school at the time of data collection** (n=25/47).

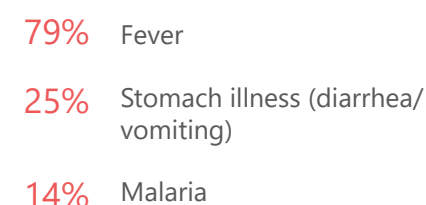
Most commonly reported barriers to education, by number of assessed households* from the 25 out of 47 assessed households who had at least one child (aged 5-17) who is currently not attending school



NUTRITION

85% of assessed households with at least one child (under age 5) reported having **at least one child who was sick during the past 2 weeks** (n=28/33).

Most commonly reported symptoms, by number of assessed households* from the 28 out of 33 assessed households who had at least one sick child (under age 5) during the past 2 weeks



About half of the assessed households (51%) reported that the nearest health center was located 30 to 60 minutes away from their residence, while 29% indicated it was 60 to 90 minutes away. The vast majority of households (88%) stated that they would go to a health center (clinic or hospital) if someone in their household needed healthcare, whereas 10% said they would seek care from the SDSMAS Mobile Brigade.²

*select multiple, the total value may exceed 100%

ACCOUNTABILITY TO AFFECTED POPULATIONS

4%

of assessed households **received some type of assistance during the past 2 weeks** (from humanitarian actors, government, host community, or religious organizations).

Preferred modalities of assistance, by % of assessed households*



PROTECTION

18%

of assessed households are currently **concerned about violence in their community**, with fears of physical violence and non-state armed group (NSAG) attacks.

18%

of assessed households with at least one child (under age 18) reported having **at least one child who is currently not residing in the household** ($n=9/51$). While most were due to marriage (6/9), 3 of these cases were due to study.

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from Solidarités International (SI) conducted 51 structured, face-to-face household surveys with displaced families from Mbau, now residing in the Josina Machel neighborhood of Mocimboa da Praia Sede (28 surveys) and the village of Oasse (23 surveys), both in Mocimboa da Praia District, Cabo Delgado. The survey tool, deployed via KoBo software, targeted primarily 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, 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 observations and descriptions of the sites and affected populations.

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. As a result, the quantitative findings should be considered indicative rather only. Additionally, the questionnaire was designed to include 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. This lack of detailed insight limits the assessment's ability to fully address nuanced vulnerabilities within households.

ENDNOTES

1 The rCSI is a proxy indicator of household food insecurity that is based on a list of behaviors (coping strategies) that people do to manage their food insecurity situation. The higher the score, the more extensive use of negative coping strategies and hence potentially increased food insecurity.

2 The SDMAS Mobile Brigade is a temporary primary care station set up by the local District Services for Health and Social Action to bring basic healthcare to remote areas.

Terms of Reference

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).

