

Rapid Needs Assessment (RNA)

Rapid Response Mechanism (RRM)

Muambula and 24 de Março - Muidumbe District

Cabo Delgado, Mozambique

4 to 10 September 2025

CONTEXT & RATIONALE



ON 25 AUGUST 2025, non-state armed groups (NSAG) attacked the village of Mapate in the Muidumbe district, causing the displacement of approximately 796 households (HH) to the villages of Muambula (253 HH), Mandava (45 HH), and 24 de Março (25 HH), and to the resettlement sites of Matambalale (100 HH) and Miteda (25 HH).¹

In response, the Norwegian Refugee Council (NRC) issued an RRM alert on 27 August 2025², and conducted an RNA with 37 displaced families residing in the host communities of Muambula and 24 de Março. 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: Access to Mandava is highly restricted due to security risks stemming from its proximity to Mapate. Nampanha, Muambula, 24 de Março, and Namande are accessible from Mueda (37 km), with mandatory security checks and monitoring prior to deployment.

TOP 3 REPORTED PRIORITY NEEDS by % of households

 **97%**
Food

- 92% of households reported having **problems accessing food**
- 46% of households depended on **gifts from relatives as their primary source of food**
- 89% of households reported a **decrease in frequency of meals since the shock**

 **68%**
NFI

- Approximately **41%** of households reported **not owning any essential non-food items (NFIs)**

 **51%**
Shelter

- **78%** of IDP households **did not intend on returning to their place of origin** in the 30 days following data collection
- All IDP households (**100%**) were **living with host families or in houses borrowed from the host community**

RRM PLANNED INTERVENTIONS

Organization	Sites	Intervention	Beneficiaries
NRC	Matambalale, Muambula, Miteda, and 24 de Março	Multipurpose voucher assistance	535 HH

HOUSEHOLD PROFILES

796 Number of IDP households in the affected population

37 Number of assessed households

Population groups, by % of households



Respondent gender, by % of households



DISPLACEMENT

78% of IDP households **did not intend** on **returning** to their **place of origin** in the 30 days following data collection (n=29)

100% of IDP households reported **lack of security** as the **principal barrier to return** to their place of origin (n=29)

QUALITATIVE INSIGHTS

Before displacement, families from Mapate relied on their *machambas* and fishing in the Messalo River for their livelihoods. Yet daily life was marked by insecurity, as frequent armed group attacks in nearby villages kept them in a constant state of alert since the onset of the conflict. Many lost their crops and homes during the 25 August attack.

FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

92%

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

89%

Top 3 reported barriers to food access, by % of households that reported having problems accessing food (n=42)*

- 59%** Lack of financial resources
- 32%** Security situation in the area
- 18%** Lack access to land

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

- 46%** Received as gift from relatives
- 35%** Borrowing food from relatives
- 16%** Food in exchange for work

Top 3 reported primary livelihood activities, by % of households

- 78%** Subsistence farming
- 16%** None
- 3%** Daily work

PRIORITY ACTION

Food assistance: 97% of assessed households reported food security as a top 3 priority need.

92% of households reported having problems accessing food, with 46% of households depending on gifts from relatives as their primary source of food.

% of households per Reduced Coping Strategy Index (RCSI) category³

Low	Medium	High
0%	16%	84%

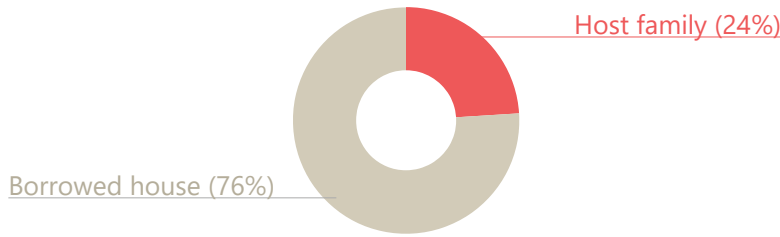
27% of households that reported having **access to land for cultivation**

57% of households that reported having **access to mobile money (M-Pesa/e-Mola)**

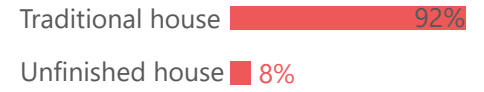
*select multiple, the total value may exceed 100%

SHELTER & NFIs

Most reported living arrangement, by % of households



Most reported shelter condition, by % of households



PRIORITY ACTION

Shelter and NFI assistance: Shelter (51%) and NFIs (68%) were both reported amongst the top 3 priority needs by assessed households.

100% of displaced households were living with host families or in houses borrowed from the host community. Qualitative observations added that most shelters were precariously constructed using local materials, and that there was not enough space to accommodate all displaced families.

Essential NFIs were also scarce: Approximately **41%** of households reported not owning any essential NFIs, such as cooking utensils, blankets, and clothes.

Ownership of essential NFIs, by % of households*

Essential NFI	% of HH
None	41%
Stove	3%
Sleeping mats	5%
Sleeping sheets	16%
Soap	16%
Cooking utensils	16%
Lamp	16%
Mosquito nets	16%
Clothes	22%
Pots > 5 Lt	35%
Water buckets	51%

HEALTH & NUTRITION

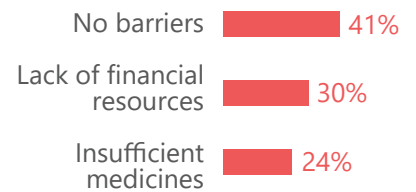
27% of households reported having at least **one household member above age 5 who was sick in the 2 weeks prior to data collection**, with respiratory illness (4), fever (3), and diarrhea not severe (2) as the most reported conditions

4/22 households with at least one child under age 5 (n=22) reported having **at least one child who was sick in the 2 weeks prior to data collection**

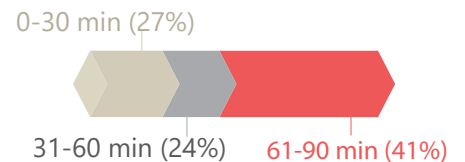
5/10 households with a sick member above age 5 **received treatment for their condition**

0/6 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

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



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



QUALITATIVE INSIGHTS

Nearby health centers in Muatide, Namacande, and Miteda were critically under-resourced, with limited staff and medications, leaving them unable to provide adequate care—particularly for children, pregnant women, and people with chronic illnesses.

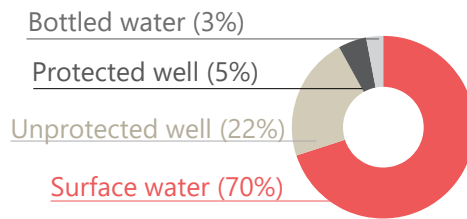
*select multiple, the total value may exceed 100%

WATER, SANITATION AND HYGIENE

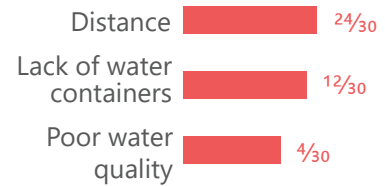
% of households that reported having enough water to meet the following needs



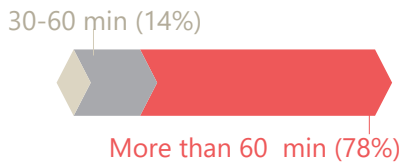
Most reported primary source of drinking water, by % of households



Top 3 reported barriers to accessing clean water, by % of households* (n=21)



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



27% of households reported **having problems related to sanitation facilities** (toilet/latrine)

97% 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=10)

- 5 Facilities were damaged
- 2 Facilities were unclean
- 2 Facilities were too far

QUALITATIVE INSIGHTS

Qualitative observations confirmed survey findings, with most households in Muambula walking long distances to fetch surface water from the Ngundi, Mpapalaka, and Magwedo rivers, and those in 24 de Março relying on the Chilindi and Chivava rivers. Latrines were scarce and often in poor condition, heightening the risk of waterborne diseases

Although water (24%) and sanitation/hygiene (14%) were reported less frequently than food, shelter, or NFIs as top priorities, the RNA highlights a clear need for WASH interventions to improve access to safe water and basic hygiene conditions.

EDUCATION

44% 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=27)

42% 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=24)

0% of households with children reported having their children participate in **non-school educational activities** (n=29)

Most reported barriers to school attendance for girls, by number of households* (n=15)

- 5 No nearby accessible school
- 3 Lack of teachers
- 3 Child protection risks when traveling to school

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

- 4 No nearby accessible school
- 3 Lack of teachers
- 2 Cost barrier

Top 3 reported most pressing educational needs for children, by % of households* (n=35)

- 46% School supplies
- 40% Immediate educational continuity
- 34% Needs tutoring

QUALITATIVE INSIGHTS

Classrooms at the Escola Básica of Muambula, the 24 de Março primary school, and the Vyaka Sabini secondary school already hosted up to 70 students each, and the arrival of displaced families risked pushing them into severe overcrowding.

*select multiple, the total value may exceed 100%

PROTECTION, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

59% of households reported a **good** or **very good relationship between IDPs and the host community**

14% of households had **heard or encountered separated/unaccompanied children among the newly arrived population**

68% of households **reported at least one member with missing identity documents**

41% of households were **concerned about protection issues in their community** (n=15), with fears of **armed conflict** (15) and **explosives** (5)

Most reported causes of separated/unaccompanied children, by number of households (n=5)*

- 4 Loss of parents due to displacement
- 3 Disappearance of children shortly after attacks

8% 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*

- 54% Sadness and discouragement
- 32% Anxiety or fear
- 32% Nightmares

Top 3 reported psychosocial signs in girls, by % of households (n=27)*

- 44% Sadness and discouragement
- 22% Anxiety or fear
- 22% Strength and resilience

Top 3 reported psychosocial signs in boys, by % of households (n=38)*

- 38% Sadness and discouragement
- 33% Strength and resilience
- 25% Anxiety or fear

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

- 38% Access to land
- 30% None
- 30% Ethnic differences

QUALITATIVE INSIGHTS

Host communities in Muambula and 24 de Março welcomed displaced families with solidarity, yet they themselves faced shortages of food, water, and space, making the arrangement increasingly unsustainable. At the time of data collection, 32% of assessed households reported strained relations with host communities, and continued sharing of scarce resources risks further heightening tensions.

ACCOUNTABILITY TO AFFECTED POPULATIONS

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

- 60% Community leaders
- 41% Face to face with humanitarian worker (any)
- 35% Phone call

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

- 57% Community leaders
- 41% Face to face with humanitarian worker (any)
- 22% Linha Verde

Preferred modalities of assistance, by % of households

Cash  62%

In-kind  35%

*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from NRC conducted 37 structured, face-to-face household surveys with internally displaced persons (IDPs) in Muidumbe district on 10 September 2025: 31 with displaced families living in the village of Muambula and 6 with displaced families living in the village of 24 de Março. No surveys were conducted in Matambalale and Miteda in order to avoid assessment fatigue from recent RNAs conducted in those sites, and no surveys were conducted in Mandava due to insecurity. 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 MUIDUMBE

Organization	Type	Intervention Sectors
NRC	INGO	RRM first line - Vouchers, Civil documentation
Ayuda en Acción	INGO	RRM second line - WASH, Protection
Plan International	INGO	Child protection, Education
IOM-DTM	UN	Displacement monitoring
INAS	Govt.	Registration, Social assistance
For Afrika	INGO	Food assistance

ENDNOTES

1 International Organization for Migration (IOM), Sep 10 2025. DTM Mozambique — ETT Movement Alert Report —139_Mocimboa da Praia and Muidumbe attacks (10 September 2025). IOM, Mozambique.

2 RRM Mozambique. Alert NRC_MUI_27082025. August 2025 (for access, please contact NRC Emergency Response Manager, Issufo Muhamade, at issufo.muhamade@nrc.no).

3 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



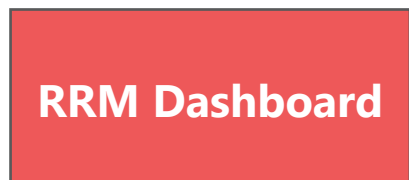
FUNDED BY:



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).

