

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

Josina Machel - neighborhood of Mocimboa da Praia Sede (Alert SI_MUI_17122024)
Mocimboa da Praia District - Cabo Delgado, Mozambique
17 January 2025

PRIORITY NEED	KEY FINDINGS
Food	<ul style="list-style-type: none"> 100% of assessed households reported food as a priority need. Findings highlighted the need for immediate food assistance.
NFI	<ul style="list-style-type: none"> 90% of assessed households reported NFIs as a priority need. Low rates of essential NFI ownership, including sleeping mats, soap, blankets, clothes, mosquito nets, and lamps, emphasized the need for NFI kit distribution.
Shelter	<ul style="list-style-type: none"> 53% of assessed households reported shelter as a priority need. IDP families were allocated parcels of land to construct shelters; however, a lack of building materials resulted in mostly improvised shelters, suggesting the need for emergency shelter kit distribution.

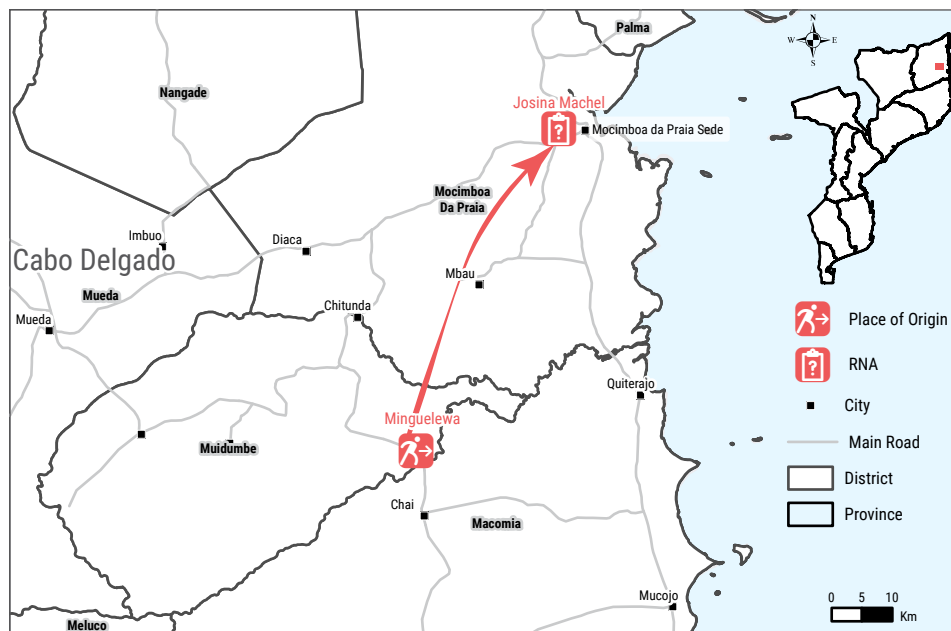
CONTEXT & RATIONALE

ON DECEMBER 11TH, 2024, an unknown number of non-state armed group (NSAG) members attacked the community of Mingualewa in the Muidumbe district, killing 2 civilians, wounding another, and setting several houses on fire. Local authorities reported that the attack triggered the displacement of approximately 1,156 households from Mingualewa to the IDP sites in Lutete, Miteda, Matambalale, and Muambula in the Muidumbe district, in addition to the Ntamba IDP site in the Nangade district, and the community of Josina Machel in the Mocimboa da Praia district.¹

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

Access Conditions: The neighborhood of Josina Machel is located less than 1km from the center of Mocimboa da Praia Sede and is reportedly accessible without any restrictions.

Map 1: RNA location and places of origin of the affected population



ASSESSMENT OVERVIEW

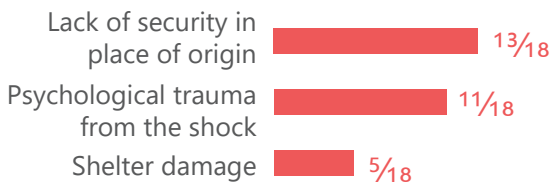
This assessment utilized a mixed-method approach. The quantitative element consisted of 30 household surveys conducted on January 17th with displaced families living in the Josina Machel community in the Mocimboa da Praia district. The quantitative findings were supplemented with a qualitative component consisting of observations, community leader engagement, and insights from the data collection team.

Results are indicative. Please refer to the Methodology Overview and Limitations section at the end of the document for further detail.

DISPLACEMENT

60% of assessed households **did not** intend on returning to their place of origin in the 30 days following data collection.

Top 3 most commonly reported barriers to return, by % of households who reported not having an intention to return to their place of origin* (n=18)



HOUSEHOLD PROFILES

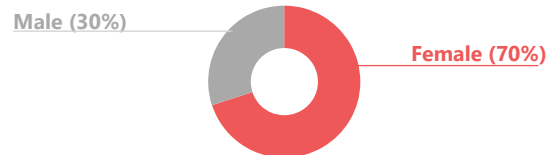
37 Estimated number of affected households²

30 Number of assessed households

5.5 Average size of assessed household

2.9 Average number of children per assessed household

Respondent gender, by % of assessed households



FOOD SECURITY, LIVELIHOODS & MARKETS

% of assessed households that reported having problems accessing food at the time of data collection

100%

Average number of meals consumed per assessed household member per day

1.5

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

100%

Top 3 most commonly reported barriers to food access, by % of assessed households*

- 100% Lack of financial resources
- 30% Lack of access to land
- 10% Lack of cooking utensils

Top 3 most commonly reported sources of food, by % of assessed households*

- 37% Food in exchange for work
- 37% Received as gift from relatives
- 23% Buy at the market

Top 3 most commonly reported primary livelihood activities, by % of assessed households

- 57% Daily work
- 16% None
- 13% Subsistence farming

33% of assessed households that reported having **access to land**.

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

23% of assessed households that reported having **access to a market nearby**.

PRIORITY ACTION

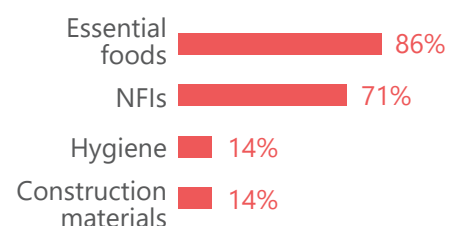
Food assistance: 100% of assessed households reported food security as a top priority need.

The priority need is consistent with the reported barriers to food access experienced by all households, as well as the reliance on negative coping strategies observed in the RCSI.

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

Low	Medium	High
0%	40%	60%

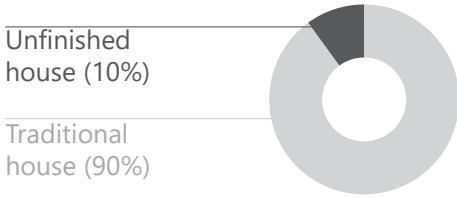
Most commonly reported types of products available at the market, by % of assessed households*



*select multiple, the total value may exceed 100%

SHELTER & NFIs

Most commonly reported condition of current shelter, by % of assessed households



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

- 73% In a borrowed house
- 23% In a host family
- 3% No shelter

Ownership of essential NFIs, by % of assessed households*

Essential NFI	% of HH
Lamp	0%
Stove	3%
Mosquito nets	10%
Clothes	13%
Sheets/blankets	23%
Soap	27%
Sleeping mats	30%
Cooking utensils	60%
Pots > 5L	60%
Water buckets	73%

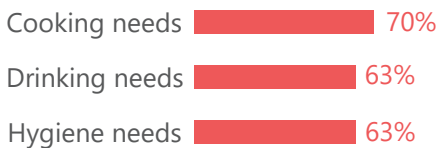
PRIORITY ACTION

Emergency shelter and NFI kit distribution: NFIs (90%) and Shelter (53%) were both reported amongst the top priority needs by assessed households.

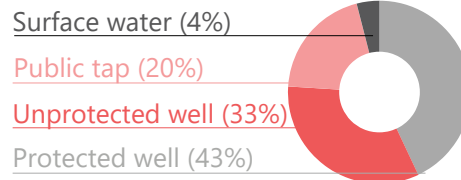
Qualitative findings aligned with quantitative data, as input from community leaders, respondent feedback, and observations underscored the need for NFIs and improved shelter conditions.

WATER, SANITATION, AND HYGIENE

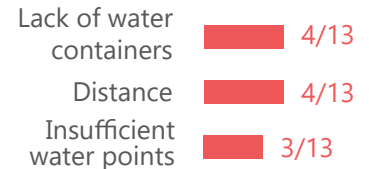
% of assessed households that reported having enough water to meet the following needs



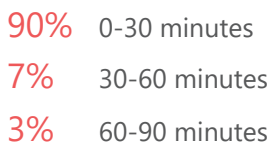
Most commonly reported primary source of drinking water, by % of assessed households



Top 3 most commonly reported barriers to accessing clean water, by % of assessed households* (n=13)



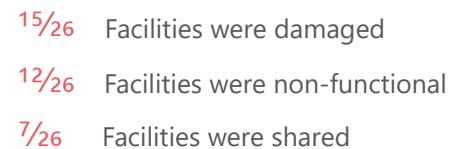
Most commonly reported water collection time (including travel time and wait time at water point), by % of assessed households



87% of assessed households reported **having problems related to sanitation facilities** (toilet/latrine).

87% of assessed households reported using **a non-hygienic sanitation facility** (open pit latrine or open defecation) at the time of data collection.

Top 3 most commonly reported barriers to a hygienic sanitation facility from the 26 households that reported having sanitation facilities issues*



Qualitative observations are consistent with the quantitative findings regarding the challenges the community faces in accessing safe drinking water and adequate sanitation facilities. Although families primarily relied on a covered well, the **water quality was described as poor**, characterized by an unpleasant odor, leading some households to occasionally **fetch water from the Quinhevo River**. In terms of sanitation, **emergency latrines are currently in a deteriorated condition** and require rehabilitation.

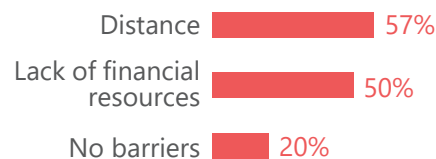
*select multiple, the total value may exceed 100%

HEALTH

67% of assessed households reported having at least **an adult member who was sick during the 2 weeks prior to data collection**, with body pain (8), stomach illness (5), and respiratory illness (5) as the most commonly reported conditions.

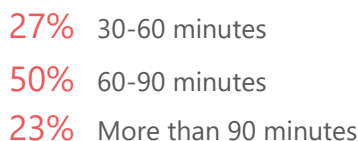
3/6 of assessed households with at least one child under age 5 reported having **at least one child who was sick during the 2 weeks prior to data collection**, with fever (3), diarrhea (1), and vomiting (1) as the most commonly reported symptoms.

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



80% of assessed households reported **going to a health center** (clinic, hospital, etc.) **when someone in the household needed healthcare**.

Most commonly reported distance to the nearest health facility, by % of assessed households

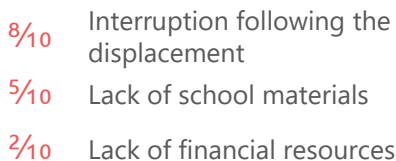


Qualitative findings indicated that the nearest health center is 1 hour and 30 minutes away from Josina Machel. While the center was reported to have **sufficient personnel**, it was also noted to **lack essential equipment**.

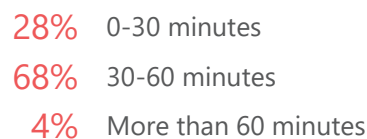
EDUCATION

15/25 of assessed households with at least one child aged 5-17 reported having **all school aged-children attending school at the time of data collection** (n=25).

Most commonly reported barriers to school attendance, by number of assessed households* (n=10)



Most commonly reported distance to the nearest school, by % of assessed households



Qualitative observations added that the **local school is located 40 minutes away from the community and had a sufficient number of teachers**.

PROTECTION

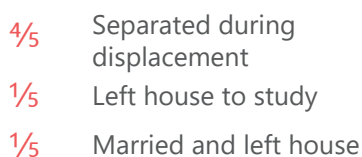
73% of assessed households reported a **good or very good relationship between IDPs and the host community**.

17% assessed households with at least one child under age 18 (n=30) reported having **at least one child not residing in the household at the time of data collection**.

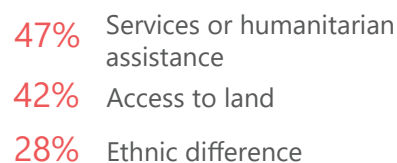
60% of assessed households **reported at least one member that was missing their identity documents**.

60% of assessed households were **concerned about protection issues in their community** at the time of data collection, with fear of **armed conflict** (4), **civilian casualties from explosive devices** (3), **damage to civilian property** (3), and **discrimination and harassment** (3).

Top 3 most commonly reported reasons for children not residing in the household, by number of assessed households*



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



*select multiple, the total value may exceed 100%

ACCOUNTABILITY TO AFFECTED POPULATIONS

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

- 87% Phone
- 63% Community leaders
- 13% Face to face with humanitarian worker

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

- 93% Phone
- 60% Community leaders
- 30% Face to face with humanitarian worker

Preferred modalities of assistance, by % of assessed households



*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from Solidarités International (SI) conducted 30 structured, face-to-face household surveys with displaced families residing in the Josina Machel community of Mocimboa da Praia on 17 January 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, 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. The findings of the RNA are indicative only. 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: Alert SI_MUI_17122024. December 2024 (for access, please contact SI RRM PM, Saiful Bari, at rrm.pm@solidarites-mozambique.org).

2 This is an estimate based on information gained by key informants in Alert SI_MUI_17122024. However, this number is subject to change as more families register with local authorities in Mocimboa da Praia.

3 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 the use of negative coping strategies and hence potentially increased food insecurity.

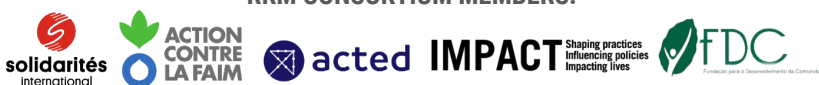
ABOUT THE RRM

The Rapid Response Mechanism (RRM) in Northern Mozambique is a consortium composed of Solidarités International (SI), Action Contre la Faim (ACF), a Fundação para o Desenvolvimento da Comunidade (FDC), Acted, and IMPACT Initiatives, that provides emergency assistance to populations affected by conflict, epidemics, or located in a newly accessible area.

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).

RRM CONSORTIUM MEMBERS:



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