

Rapid Needs Assessment (RNA)

Rapid Response Mechanism (RRM)

Namuapala (Centro Agrário Resettlement Center) and Bandar (Bairro and Resettlement Center)
 Metuge District - Cabo Delgado, Mozambique
 13 August 2025

PRIORITY NEEDS

<p>Food</p>	<p>100% of households reported food as a top 3 priority need.</p> <p>76% of households reported having problems accessing food, highlighting the need for immediate food assistance.</p>
<p>Shelter</p>	<p>96% of households reported shelter as a top 3 priority need.</p> <p>48% of IDP households did not intend on returning to their place of origin in the 30 days following data collection, suggesting the need for immediate shelter assistance.</p>
<p>NFI</p>	<p>73% of households reported NFIs as a top 3 priority need.</p> <p>56% of households did not possess any essential NFIs, emphasizing the need for immediate NFI assistance.</p>

CONTEXT & RATIONALE

SINCE 24 JULY 2025, non-state armed groups (NSAG) have attacked several villages in the Chiure, Ancuabe, and Muidumbe districts, leading to the displacement of more than 60,000 people.¹ The attack on Mazeze village on 28 July forced approximately 100 families to flee to the communities of Namuapala and Bandar in the Metuge district in search for safety.

In response to these events, the Norwegian Refugee Council (NRC) issued an RRM alert and conducted an RNA on 13 August in the Centro Agrário Resettlement Center in the village of Namuapala, and the host community (HC) and Resettlement Site of Bandar in Metuge Sede to identify the most urgent needs of the displaced population and the host community. This document presents the key findings of the assessment.

PLANNED INTERVENTIONS

Organization	Intervention	Site	IDPs	HC
NRC (RRM)	Multipurpose Vouchers	Centro Agrário	63 HH	1 HH
		Bandar	38 HH	7 HH

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



Access Conditions: Namuapala and Bandar are accessible from Pemba via the N1 and R762. Security should be monitored before field team deployment.

ASSESSMENT OVERVIEW

This assessment utilized a mixed-method approach. The quantitative element comprised a total of 45 household surveys: 29 with displaced families living in the Centro Agrário Resettlement Center in Namuapala village, 11 with displaced families living within the host community and resettlement center of Bandar, and 5 with host families in Bandar. The quantitative findings were supplemented with a qualitative component consisting of observations, community leader engagement, and insights from the data collection team.

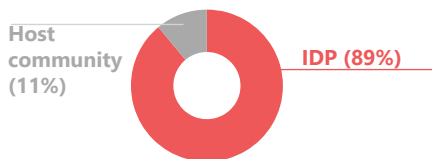
All results are indicative of the displaced population's living conditions and priority needs. Please refer to the Methodology Overview and Limitations section at the end of the document for further detail.

HOUSEHOLD PROFILES

101 Number of IDP households in the affected population

45 Number of assessed households

Population groups, by % of households



Respondent gender, by % of households



DISPLACEMENT

48% of IDP households **did not intend** on **returning** to their **place of origin** in the 30 days following data collection (n=40)

19/19 households that did not intend on returning to their place of origin cited the **lack of security** as the principal **barrier to return**

QUALITATIVE INSIGHTS

Improved safety: Living conditions were reported to have improved after displacement, mainly due to greater safety.

Livelihood challenges: Some households faced challenges adapting to new livelihoods, citing a lack of agricultural and fishing inputs previously used for income.

FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

76%

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

69%

Top 3 reported barriers to food access, by % of households that reported having problems accessing food (n=34)*

- 94% Lack of financial resources
- 3% Lack of access to land
- 3% Lack of access to hunting/fishing grounds

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

- 91% Received as gift from relatives
- 7% Personal production
- 4% Food in exchange for work

Top 3 reported primary livelihood activities, by % of households

- 76% Remittances
- 9% Daily work
- 7% Subsistence farming

22% of households that reported having **access to land for cultivation**

53% of households that reported having **access to mobile money (M-Pesa/e-Mola)**

56% of households that reported having **access to a market nearby**

PRIORITY ACTION

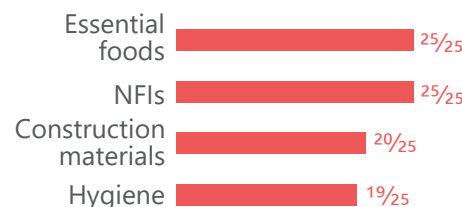
Food assistance: 100% of assessed households reported food security as a top 3 priority need.

76% of households reported having problems accessing food, with 91% of households depending on gifts from relatives as their primary source of food.

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

Low	Medium	High
4%	44%	51%

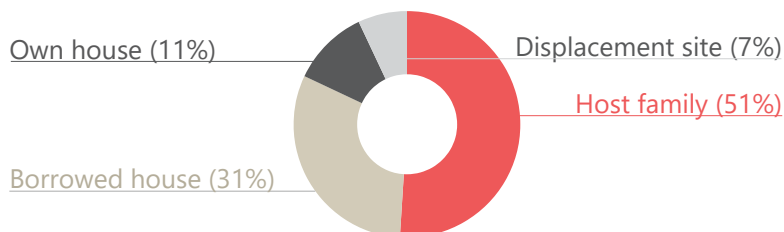
Most reported types of products available at the market, by % of households that reported having access to a market nearby (n=25)*



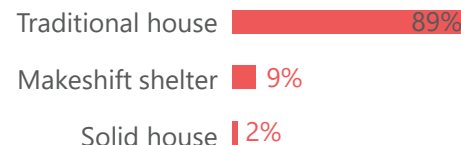
*select multiple, the total value may exceed 100%

SHELTER & NFIs

Most reported living arrangement, by % of households



Most reported shelter condition, by % of households



PRIORITY ACTION

Shelter and NFI assistance: Shelter (96%) and NFIs (73%) were both reported amongst the top 3 priority needs by assessed households.

Bandar: Ayuda en Acción constructed 151 Type C shelters and distributed approximately 300 NFI kits with tarpaulins, completing the intervention on 31 July 2025. However, new arrivals from Chiure remained unassisted at the time of data collection.

Centro Agrário: Shelters were in precarious conditions, built from local materials with tarpaulin-covered walls and tarpaulin or grass roofing, often without proper fastening. No assistance had been provided as of 15 August 2025.

Ownership of essential NFIs, by % of households*

Essential NFI	% of HH
Lamps	0%
Clothes	0%
Soap	2%
Stove	2%
Sleeping mats	7%
Sheets/blankets	7%
Mosquito nets	27%
Cooking utensils	42%
Water buckets	42%
Pots > 5L	44%

HEALTH & NUTRITION

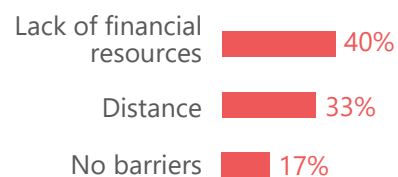
22% of households reported having at least **one household member above age 5 who was sick in the 2 weeks prior to data collection**, with fever (3), respiratory illness (2), and non-diarrhea (2) as the most reported conditions

0/9 households with at least one child under age 5 (n=6) reported having **at least one child who was sick in the 2 weeks prior to data collection**

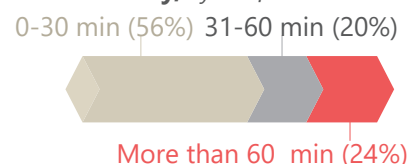
9/10 households with a sick member above age 5 **received treatment for their condition**

0/1 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

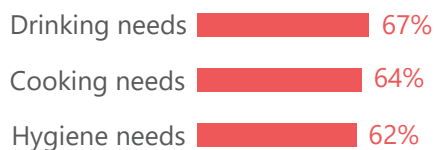
Centro Agrário: The nearest health clinic was located 1km away, however, it was lacking essential services and was unable to meet the growing demand of new arrivals. No mobile brigades were operational.

Bandar: The nearest health clinic was located 4km away, limiting access for the most vulnerable. No mobile brigades were operational.

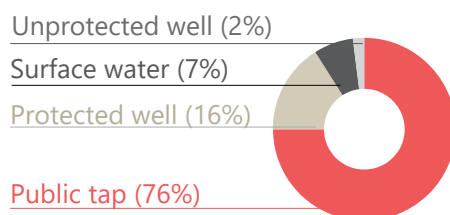
*select multiple, the total value may exceed 100%

WATER, SANITATION, AND HYGIENE

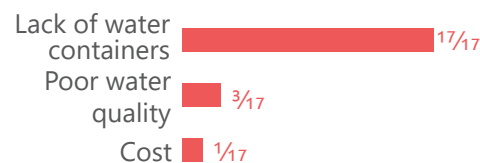
% of households that reported having enough water to meet the following needs



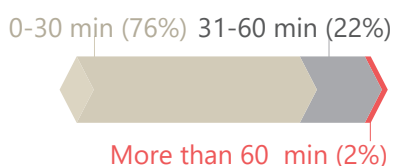
Most reported primary source of drinking water, by % of households



Top 3 reported barriers to accessing clean water, by % of households* (n=17)



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



20% of households reported having problems related to sanitation facilities (toilet/latrine)

96% 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=9)

- 3 Facilities were unhygienic
- 3 Facilities were non-functional
- 2 Facilities were shared among too many people

WASH INFRASTRUCTURE OBSERVATIONS

Site	Water Points	Water Point Conditions	Latrines	Latrine Conditions
Centro Agrário	2 Afridev hand pumps	Decent water quality, but poor hygiene standards	20 built by Helpcode in 2024	Reasonable condition, but poor hygiene standards
Bandar - Bairro	2 manual water pumps	Decent condition, but insufficient to meet demand	Personal latrines made from local materials	Precarious
Bandar - Resettlement Site	2 manual water pumps	Decent condition, but insufficient to meet demand	All destroyed	IDPs resorted to open defecation

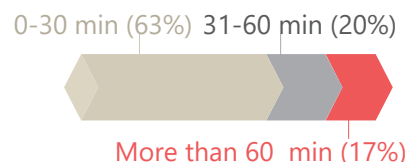
EDUCATION

29% of households with at least one child aged 5-17 reported having all school aged-children attending school at the time of data collection (n=41)

Most reported barriers to school attendance, by number of households* (n=29)

- 52% Absence of teachers
- 31% Lack of school materials
- 10% Lack of financial resources

Reported distances to the nearest school, by % of households

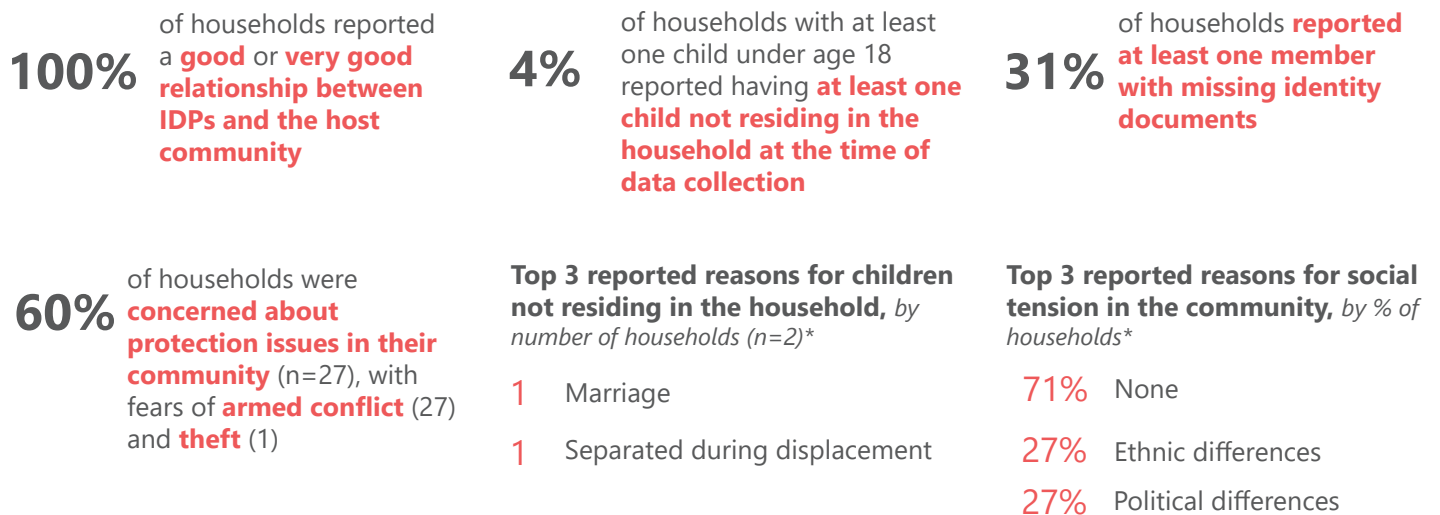


QUALITATIVE INSIGHTS

Centro Agrário: The nearest primary school was located 700m away and the nearest secondary school was located 4km away. While infrastructure was reasonable, both schools were struggling to meet the demand from new arrivals. Some students have been reintegrated by the government, and SOS Children's Villages is implementing a school reintegration project covering resettlement centers and communities in the district.

*select multiple, the total value may exceed 100%

PROTECTION

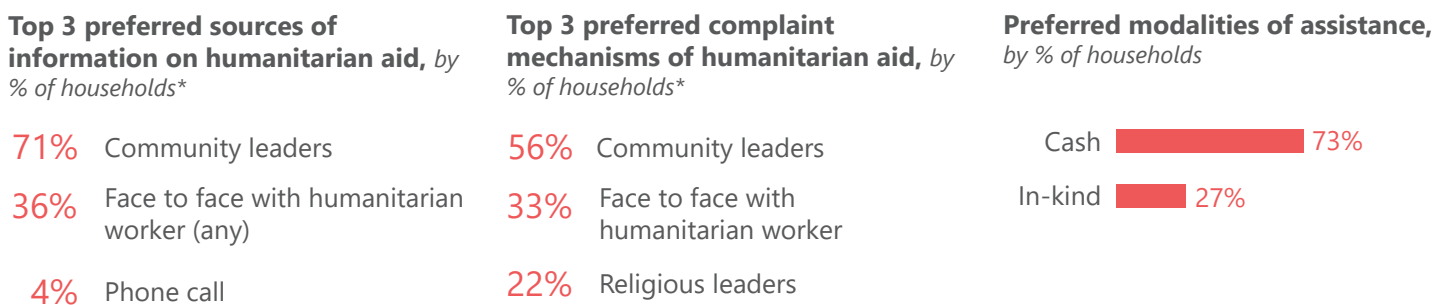


QUALITATIVE INSIGHTS

Lack of documentation: In both sites, many new arrivals complained about the lack of documentation, hindering their ability to register for services, seek employment, and enroll their children in the local schools.

Violence against minors: In Bandar, violence against minors was reported between the host community and displaced residents of the resettlement center, often linked to tensions over scarce resources. In response, community leaders held awareness sessions on the impacts and legal consequences, resulting in an observed reduction in such cases.

ACCOUNTABILITY TO AFFECTED POPULATIONS



QUALITATIVE INSIGHTS

Long term IDPs: Both the Centro Agrário and Bandar Resettlement Centers are classified as temporary, yet some IDPs have lived there since 2017, having been relocated from former centers at Nangua, Manono, and 25 de Junho primary schools.

Permanent relocation plans: The Serviço Distrital de Planeamento e Infraestruturas (SDPI) has an action plan to relocate displaced families to permanent sites throughout the district and has submitted a formal request for assistance to several organizations, including IOM and Ayuda en Acción.

*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from the Norwegian Refugee Council (NRC) conducted 45 structured, face-to-face household surveys in the Metuge district on 13 August 2025: 29 with displaced families living in the Centro Agrário Resettlement Center in Namupala, 11 with displaced families living within the host community and resettlement center of Bandar, and 5 with host families in Bandar. 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 METUGE

NRC	Pathfinder	UNHCR
Ayuda en Acción	UNFPA	IOM
Save the Children	Ariel Glaser Foundation	ICRC
CARE	UNICEF	ADRA
FDC	SOS Children's Villages	Oikos
ADEL	AVSI	ACF

ENDNOTES

1 International Organization for Migration (IOM), Aug 5 2025. DTM Mozambique — ETT Movement Alert Report —137_Ancuabe, Chiure and Muidumbe attacks (20 July to 3 August). IOM, Mozambique.

2 RRM Mozambique. Alert NRC_MET_31072025. July 2025 (for access, please contact NRC Emergency Coordinator, 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.

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](#)

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).

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