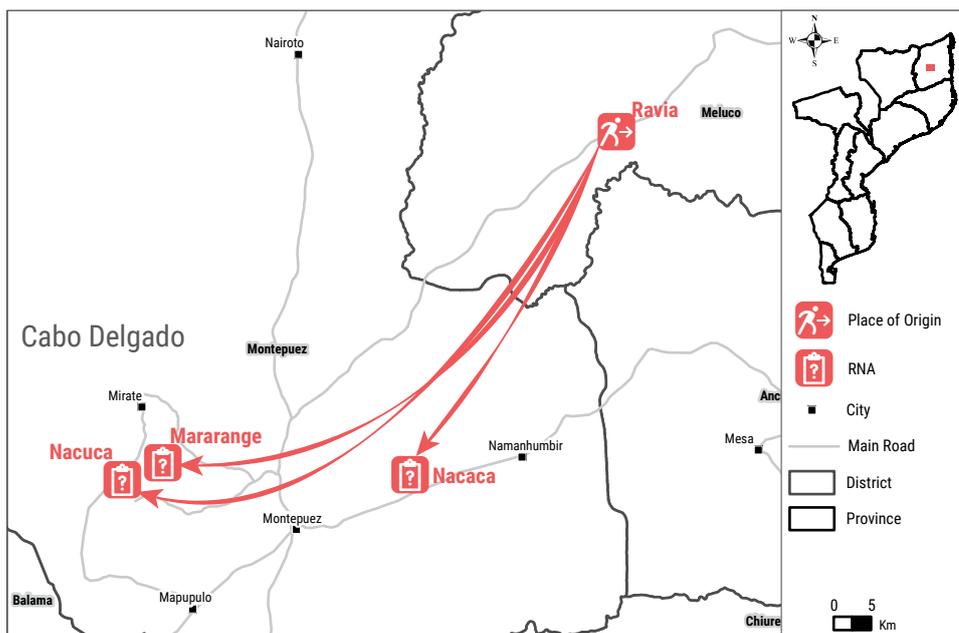


# Rapid Needs Assessment (RNA)

## Rapid Response Mechanism (RRM)

Mararange, Nacaca and Nacuca - Montepuez District  
Cabo Delgado, Mozambique  
16 and 17 October 2025

### CONTEXT & RATIONALE



**SINCE 24 SEPTEMBER 2025**, new arrivals of internally displaced persons (IDPs) have been reported in Montepuez District, totaling 1513 HH as of 03 October. Mararange hosts 572 HH, Nacuca 238 HH, Ntele 16 HH, Massase 3 HH, Napai 5 HH, and Nacaca 679 HH. These movements follow recent security incidents in Meluco district, including abductions and killings by NSAG in Ravia, sightings near Namoro, and an ambush on an FADM patrol in Ntola, which have caused widespread fear among residents. Displaced HH have moved along various routes seeking safety, primarily toward Tivara B, Chipembe, Namitil, and Montepuez town, and are being hosted within local communities. Verification of these figures by the RRM is still pending, and further arrivals are expected in the coming days.<sup>1</sup>

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:** Montepuez (around 4 hours from Pemba) is accessible by road via the N1 to Metoro and continuing along the N14. From Montepuez, Ntele (91 km, about 3 hours), Nacuca (34 km), and Mararange/Ncumpe (1h30) are reachable via the R698, which also connects through the villages of Muica and Namitil. Nacaca (11 km) is accessible via the N14. Security is generally stable but remains volatile and should be monitored prior to deployment. One joint FADM-PRM checkpoint is located on the Montepuez River Bridge after Muica.

### TOP 3 REPORTED PRIORITY NEEDS by % of households

<p> <b>97%</b></p> <p><b>Food</b></p> <ul style="list-style-type: none"> <li>90% of households reported having <b>problems accessing food</b></li> <li>79% of households reported a <b>reduction in the number of meals consumed since the event</b></li> <li>66% of households depended on <b>borrowing food from relatives as their primary source of food</b></li> </ul>	<p> <b>87%</b></p> <p><b>Shelter</b></p> <ul style="list-style-type: none"> <li>85% of IDP households <b>did not intend on returning to their place of origin</b> in the 30 days following data collection</li> <li>More than half of IDP households (55%) were living in <b>houses borrowed from the host community or in displacement sites</b></li> </ul>	<p> <b>60%</b></p> <p><b>NFI</b></p> <ul style="list-style-type: none"> <li>Approximately <b>54%</b> of households reported <b>not owning any essential non-food items (NFIs)</b></li> </ul>
---	--	--

## HOUSEHOLD PROFILES

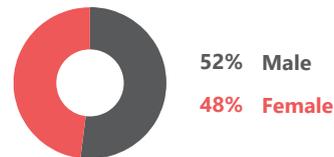
**1507** Number of IDP households in the affected population

**67** Number of assessed households

Population groups, by % of households



Respondent gender, by % of households



## DISPLACEMENT

**85%** of IDP households did **not intend** on **returning** to their **place of origin** in the 30 days following data collection (n=67)

**90%** of IDP households reported **lack of security** as the **principal barrier to return** to their place of origin (n=63)

### QUALITATIVE INSIGHTS

The team leader reported that the normal life of IDPs, dedicated to agriculture and economic activities, was abruptly interrupted due to recent attacks. Following abductions by unidentified armed groups in the Mahapa forests, residents fled en masse as insurgents eventually took over the village. This testimony confirms the persistence of insecurity in the areas of origin, such as Meluco, where Non-State Armed Groups (NSAGs) continue to generate terror and force new and continuous population displacements.

## FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

**90%**

Average number of meals consumed per household member per day

**1.8**

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

**79%**

**Top 3 reported barriers to food access**, by % of households that reported having problems accessing food (n=60)\*

- 93% Lack of financial resources
- 37% Lack access to land
- 18% Lack access to cooking utensils

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

- 66% Borrowing food from relatives
- 60% Received as gift from relatives
- 13% Food in exchange for work

**Top 3 reported primary livelihood activities**, by % of households

- 57% Subsistence farming
- 15% Small business
- 9% Daily work

### PRIORITY ACTION

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

90% of households reported having problems accessing food, with 40% of households categorized as "high" in the RCSI, indicating heavy reliance on coping strategies.

% of households per Reduced Coping Strategy Index (RCSI) category<sup>2</sup>

Low	Medium	High
16%	43%	40%

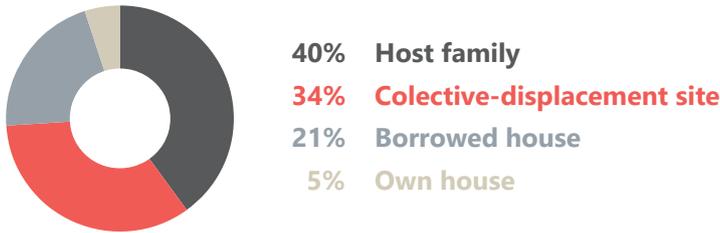
**10%** of households that reported having **access to land for cultivation**

**51%** 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 (87%) was reported amongst the top 3 priority needs by assessed households

55% of households were in **houses borrowed from the host community or in displacement sites**. Qualitative observations added that the construction **quality of the houses is precarious**, especially in Nacaca. This finding reinforces the team leader's point that shelter was highlighted as one of the most immediate needs of the affected population.

Essential NFIs were also scarce: Approximately **54%** of households reported **not owning any essential NFIs**, such as soap, stove, lamps, etc. Community leaders underscored this scarcity, reporting that NFI is one of the most immediate needs of the IDPs, especially pots, tarpaulins (lonas), and lighting panels.

Ownership of essential NFIs, by % of households\*

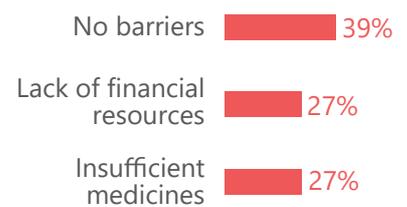
Essential NFI	% of HH
None	54%
Lamp	0%
Soap	0%
Stove	0%
Cooking utensils	1%
Sleeping sheets	1%
Sleeping mats	1%
Mosquito nets	4%
Pots > 5 Lt	6%
Water buckets	10%
Clothes	40%

**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 fever (21), respiratory illness (7), and skin problems (3) as the most reported conditions

**8/21** households with at least one child under age 5 (n=21) reported having **at least one child who was sick in the 2 weeks prior to data collection**

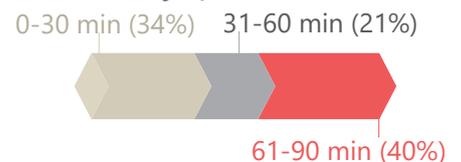
Top 3 reported barriers to healthcare, by % of assessed households\*



**54%** households with a sick member above age 5 (n=35) **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

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



**QUALITATIVE INSIGHTS**

Health assistance is an immediate need, highlighted by the team leader. A critical deficiency was found in the health infrastructure: the village of Nacuca lacks a Health Unit, meaning the population is dependent on the health center in Mirate for care. In Nacaca, the existing facilities are substandard, lacking basic elements such as lighting, water, a perimeter wall, and adequate roofing, severely compromising the access and quality of medical care.

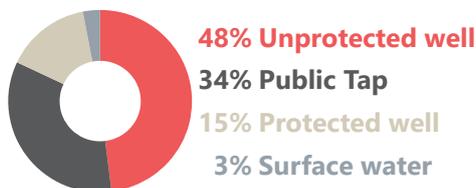
\*select multiple, the total value may exceed 100%

## WATER, SANITATION AND HYGIENE

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



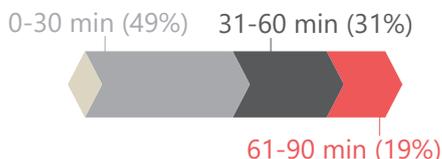
**Most reported primary source of drinking water, by % of households**



**Top 3 reported barriers to accessing clean water, by % of households\* (n=46)**



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



**36%** of households reported **having problems related to sanitation facilities** (toilet/latrine)

**91%** 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=24)**

- 15/24 Facilities were very destroyed
- 11/24 Facilities were occupied
- 1/24 Facilities were unclean

### QUALITATIVE INSIGHTS

The field team reported that the water, sanitation, and hygiene (WASH) infrastructure is insufficient, with operational failures limiting access. Regarding water, several taps are damaged, at least one complete system is broken, and one out of every five sources is inoperative. Concerning sanitation, the situation is limited as there are no public latrines and communities rely on traditional latrines, which could indicate a deficit of adequate facilities and an increased public health risk.

## EDUCATION

**43%** 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=58)

**35%** 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=55)

**13%** of households with children reported having their children participate in **non-school educational activities** (n=31)

**Most reported barriers to school attendance for girls, by number of households\* (n=33)**

- 17 Recent returnee
- 8 No documentation
- 2 Lack of financial resources

**Most reported barriers to school attendance for boys, by number of households\* (n=31)**

- 18 Recent returnee
- 7 Lack of financial resources
- 3 Risks in school travel

**Top 3 reported most pressing educational needs for children, by % of households\* (n=63)**

- 44% School supplies
- 35% Needs ID card
- 30% Needs tutoring

### QUALITATIVE INSIGHTS

The team leader highlighted a deficit in educational infrastructure and equipment, especially in Nacaca. There, there is a lack of classrooms, with a ratio of 50 households per available classroom. Additionally, a shortage of desks was observed both in the center's annexed classrooms and in the primary school. Finally, the lack of necessary equipment for sports practice across all disciplines was confirmed in the schools.

\*select multiple, the total value may exceed 100%

## PROTECTION, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

**60%** of households reported a **good or very good relationship between IDPs and the host community**

**12%** of households had **heard or encountered separated/unaccompanied children among the newly arrived population**

**78%** of households **reported at least one member with missing identity documents**

**27%** of households were **concerned about protection issues in their community** (n=18), with fears of **theft** (7) and **discrimination** (2)

**Most reported causes of separated/unaccompanied children, by number of households (n=8)\***

- 7** Loss of parents due to displacement
- 3** Loss of parents due to illness
- 1** Parents disappeared after the attack

**3%** of households reported **knowing children** in the community that **worked with armed groups**, with **roads, schools, and resettlement sites** as the most commonly reported **recruitment location**

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

- 81%** Sadness and discouragement
- 36%** Anxiety or fear
- 18%** Nightmares

**Top 3 reported psychosocial signs in girls, by % of households (n=58)\***

- 64%** Sadness and discouragement
- 41%** Anxiety or fear
- 22%** Resilience and adaptation

**Top 3 reported psychosocial signs in boys, by % of households (n=55)\***

- 62%** Sadness and discouragement
- 42%** Anxiety or fear
- 24%** Resilience and adaptation

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

- 54%** None
- 25%** Access to land
- 22%** Ethnic differences

### QUALITATIVE INSIGHTS

The team leader reported that the evaluated communities face immediate needs across multiple sectors, including food, non-food items (NFI), shelter, water, sanitation, and hygiene (WASH) services, health services, and education services. Furthermore, the leader highlighted that no humanitarian or governmental actors were observed providing assistance to meet these needs in locations such as Nacaca and Nacuca. Despite this gap in assistance, it was underscored that the relationship between the host community and the newly arrived internally displaced persons (IDPs) is currently good.

## ACCOUNTABILITY TO AFFECTED POPULATIONS

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

- 82%** Community leaders
- 33%** Face to face with humanitarian worker (any)
- 21%** Phone call

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

- 73%** Community leaders
- 31%** Face to face with humanitarian worker (any)
- 27%** Phone call

**Preferred modalities of assistance, by % of households**

- In-kind  **61%**
- Cash  **33%**

\*select multiple, the total value may exceed 100%

## METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team of Action Contre la Faim (ACF) conducted 67 structured, face-to-face household surveys with households in Montepuez district on 16 and 17 October 2025: 31 with displaced families living in Nacaca, 19 in Nacuca and 17 in Mararange. 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.

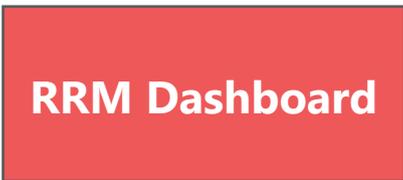
## ENDNOTES

1. RRM Mozambique. Alert\_ACF\_MEC\_15102025. October 2025 (for access, please contact ACF Deputy Area Coordinator for Programs, Capucine Peignier, at [dfccd@mz-actioncontrelafaim.org](mailto:dfccd@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:



## 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).

### COOPERATING PARTNERS



### FUNDED BY:

