




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

Lutete, Miteda, Nampanha, and Nangunde (Alert DTM\_MUI\_12062025)

Muidumbe District - Cabo Delgado, Mozambique

17 to 19 June 2025

PRIORITY NEED	KEY FINDINGS
 <b>Food</b>	<ul style="list-style-type: none"> <li>93% of households reported <b>food as a top 3 priority need</b>.</li> <li>Findings highlighted the need for <b>immediate in-kind food assistance, or cash/voucher assistance</b>, where market conditions permit.</li> </ul>
 <b>Shelter</b>	<ul style="list-style-type: none"> <li>67% of households reported <b>shelter as a top 3 priority need</b>.</li> <li>Most shelters were improvised with wood and plastic sheeting, suggesting the need for <b>in-kind emergency shelter kit distribution or cash/voucher assistance</b>, where market conditions permit.</li> </ul>
 <b>NFI</b>	<ul style="list-style-type: none"> <li>55% of households reported <b>NFIs as a top 3 priority need</b>.</li> <li>Nearly half of assessed households did not possess any essential NFIs, emphasizing the need for <b>NFI kit distribution or cash/voucher assistance</b>, where market conditions permit.</li> </ul>

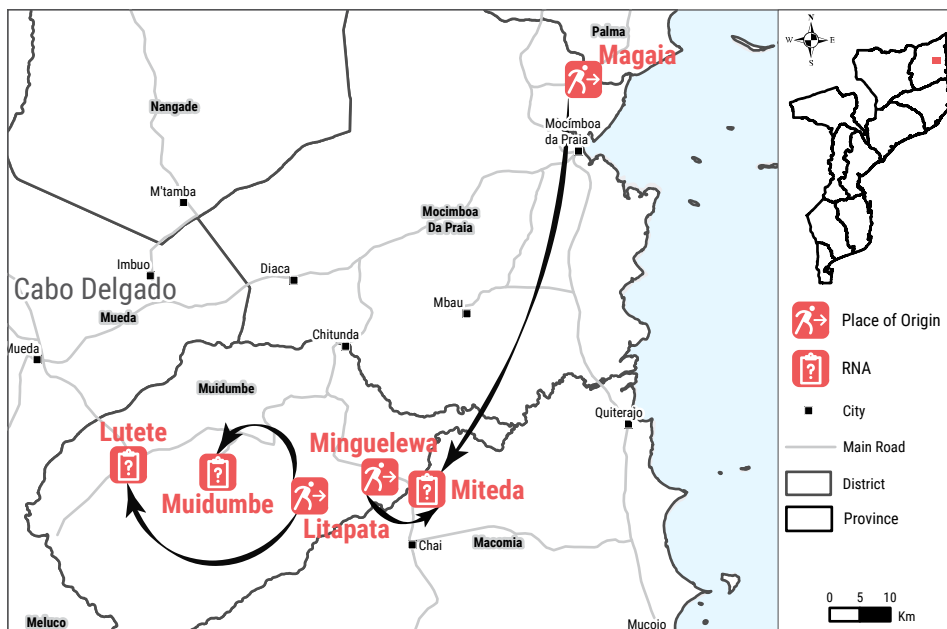
## CONTEXT & RATIONALE

**BETWEEN MARCH AND MAY 2025**, local authorities in Muidumbe district registered the arrival of 283 displaced families who fled violence in Minguelewa and Litapata (Muidumbe), Magaia (Mocimboa da Praia), and Litantacua and Novo Cabo (Macomia), where non-state armed group (NSAG) attacks had destroyed homes and fields. Families sought safety in the high zone of the Muidumbe district, considered safer than the rest of the district.<sup>1</sup>

In response to these events, a Rapid Response Mechanism (RRM) alert was issued, and a Rapid Needs Assessment (RNA) was conducted in the communities of Lutete, Miteda, Nampanha, and Nangunde by the RRM team of the Norwegian Refugee Council (NRC) to identify the most urgent needs of the displaced population. This document presents the key findings of the assessment.

**Access Conditions:** The communities of Lutete, Miteda, Nampanha, and Nangunde can all be reached heading eastbound on the N381 from Mueda.

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 75 household surveys conducted from June 17-19 with displaced families living in the communities of Lutete, Miteda, Nampanha, and Nangunde in the Muidumbe district. 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

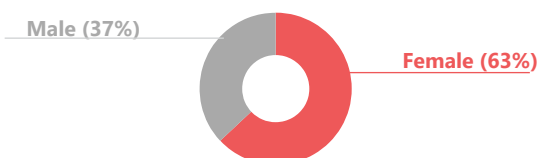
**283** Estimated number of affected households

**75** Number of assessed households

**4.6** Average size of assessed household

**1.6** Average number of children per assessed household

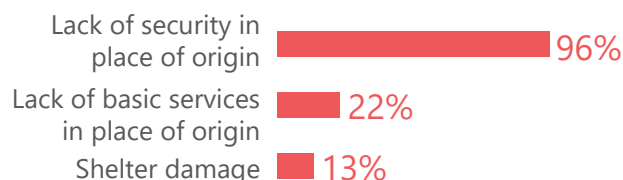
Respondent gender, by % of households



## DISPLACEMENT

**85%** of households **did not intend on returning to their place of origin in the 30 days following data collection**

**Top 3 reported barriers to return**, by % of households who did not intend on returning to their place of origin in the next 30 days\* (n=67)



## FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

**93%**

Average number of meals consumed per household member per day

**1.7**

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

**91%**

**Top 3 reported barriers to food access**, by % of households that reported having problems accessing food (n=70)\*

- 84%** Lack of financial resources
- 27%** Lack of access to land
- 16%** Limited availability, quantity, and quality of essential foods in the market

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

- 44%** Borrowing from relatives/friends
- 23%** Food in exchange for work
- 23%** Received as gift from relatives

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

- 67%** None
- 7%** Remittances
- 7%** Hunting/fishing/gathering

**20%** of households that reported having **access to land**

**47%** of households that reported having **access to mobile money (M-Pesa/e-Mola)**

**35%** of households that reported having **access to a market nearby**

### PRIORITY ACTION

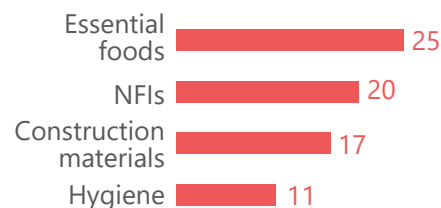
**Food assistance: 93% of assessed households reported food security as a top 3 priority need.**

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

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

Low	Medium	High
12%	29%	59%

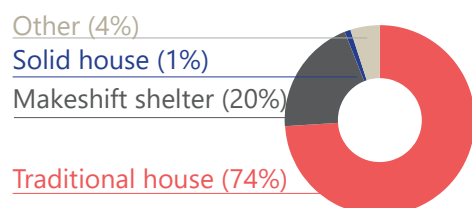
**Most reported types of products available at the market**, by % of households that reported having access to a market nearby (n=26)\*



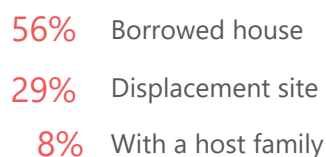
\*select multiple, the total value may exceed 100%

## SHELTER & NFIs

**Most reported condition of current shelter, by % of households**



**Most reported type of living arrangement, by % of households**



**Ownership of essential NFIs, by % of households\***

Essential NFI	% of HH
Sleeping mats	0%
Soap	0%
Lamps	3%
Stove	3%
Sheets/blankets	5%
Mosquito nets	9%
Sleeping mats	15%
Cooking utensils	23%
Pots > 5L	24%
Water buckets	28%

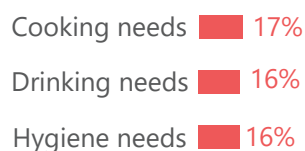
### PRIORITY ACTION

**Emergency shelter and NFI kit distribution or cash/voucher assistance: Shelter (67%) and NFIs (55%) were both reported amongst the top 3 priority needs by assessed households.**

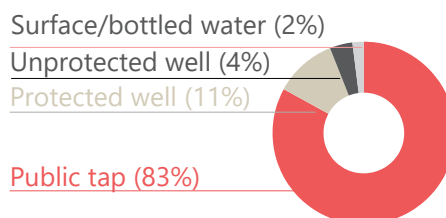
Qualitative observations revealed that most shelters were improvised with wood and plastic sheeting, offering little protection against rain and wind. Community leaders noted that many families arrived with few belongings, aligning with the quantitative finding that 43% of households lacked essential NFIs.

## WATER, SANITATION, AND HYGIENE

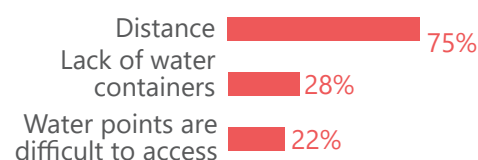
**% of households that reported having enough water to meet the following needs**



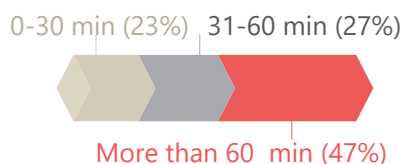
**Most reported primary source of drinking water, by % of households**



**Top 3 reported barriers to accessing clean water, by % of households\* (n=67)**



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



**39%** of households reported **having problems related to sanitation facilities** (toilet/latrine)

**93%** 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=29)**

- 9 Facilities were shared
- 6 Facilities were non-functional
- 6 Facilities were damaged

### PRIORITY ACTION

**Assess functionality and accessibility of water points: WASH (52%) was the 4th most reported priority need and was also stressed as a priority need by community leaders.**

While it appears that most assessed households reported having enough water to meet all of their needs, both qualitative and quantitative findings suggested that households traveled long distances—up to six hours—for surface water. Furthermore, reports of non-functional boreholes contradicted the quantitative finding that 83% of households relied on public taps as their main source of drinking water. Further investigation is needed to better understand the conditions of water points in the assessed sites.

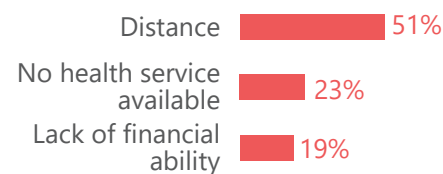
\*select multiple, the total value may exceed 100%

## HEALTH & NUTRITION

**23%** 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 (7), non-severe diarrhea (5), respiratory illness (3) as the most reported conditions

**8%** of households with at least one child under age 5 (n=38) reported having **at least one child who was sick in the 2 weeks prior to data collection**, with fever (1), diarrhea (1), cough (1), and vomiting (1) as the most reported symptoms

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



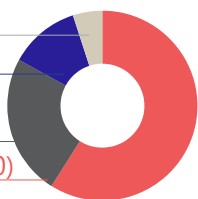
**% of households that required medical attention**, by number of households that reported having a sick adult or child over age 5 (n=17)

Stayed in hospital after treatment (1)

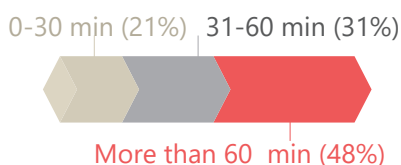
Don't know (2)

Could not reach health facility (4)

Received treatment (10)



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



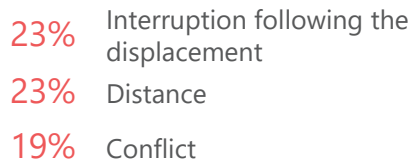
Qualitative findings indicated that there were **no health facilities in the communities of Nangunde, Lutete, and Nampanha**. Miteda had one, however, it **lacked sufficient medications**. Urgent cases required families to go to the hospital in Mueda.

**0%** of households **with newborns (less than 6 months old) reported that their infants consumed anything other than breastmilk** during the 24 hours prior to data collection

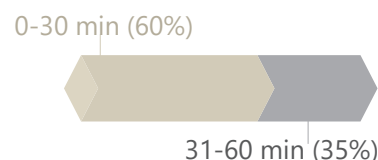
## EDUCATION

**44%** 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=55)

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



**Reported distances to the nearest school**, by % of households



Qualitative observations added that the **local schools were overcrowded**, with up to 70 students per class. Many new arrivals found it difficult to attend school due to **lack of school materials**.

## PROTECTION

**90%** of households reported a **good or very good relationship between IDPs and the host community**

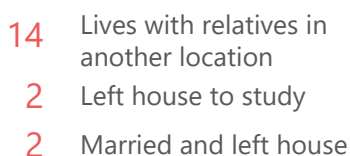
**23%** of households with at least one child under age 18 (n=17) reported having **at least one child not residing in the household at the time of data collection**

**60%** of households **reported at least one member with missing identity documents**

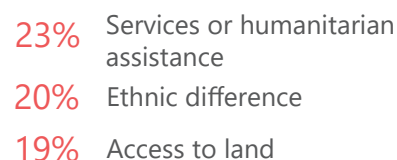
**31%** of households were **concerned about protection issues in their community** (n=23), with fears of :

- **Armed conflict** (11)
- **Arbitrary detention** (5)
- **Physical violence** (3)
- **Discrimination and harassment** (3)
- **GBV** (1)

**Top 3 reported reasons for children not residing in the household**, by number of households (n=17)\*



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



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

## ACCOUNTABILITY TO AFFECTED POPULATIONS

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

- 85% Face to face with humanitarian worker (any)
- 21% Face to face with humanitarian worker (female only)
- 12% Phone call

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

- 91% Face to face with humanitarian worker
- 33% Linha Verde 1458<sup>3</sup>
- 27% Community leaders

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



\*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 75 structured, face-to-face household surveys with displaced families residing in the communities of Lutete, Miteda, Nampanha, and Nangunde in the Muidumbe district on 17 to 19 June 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 (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 IOM DTM: Muidume District Coordination Meeting. June 2025 (for access, please contact NRC Emergency Coordinator, Issufo Muhamade, at [issufo.muhamade@nrc.no](mailto:issufo.muhamade@nrc.no)).

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.

3 Linha Verde 1458 is a free-to-use hotline which aid beneficiaries can call to discuss any matters related to humanitarian aid, including any feedback, complaints, or reports of misconduct.

### RRM CONSORTIA MEMBERS:



### 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, 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.

## 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).