

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

Ngewe, Nacussa, Nangumi, Ntuto (Ancuabe Sede), and Salawe (Silva Macua)  
Ancuabe District - Cabo Delgado, Mozambique  
30 July to 1 August 2025

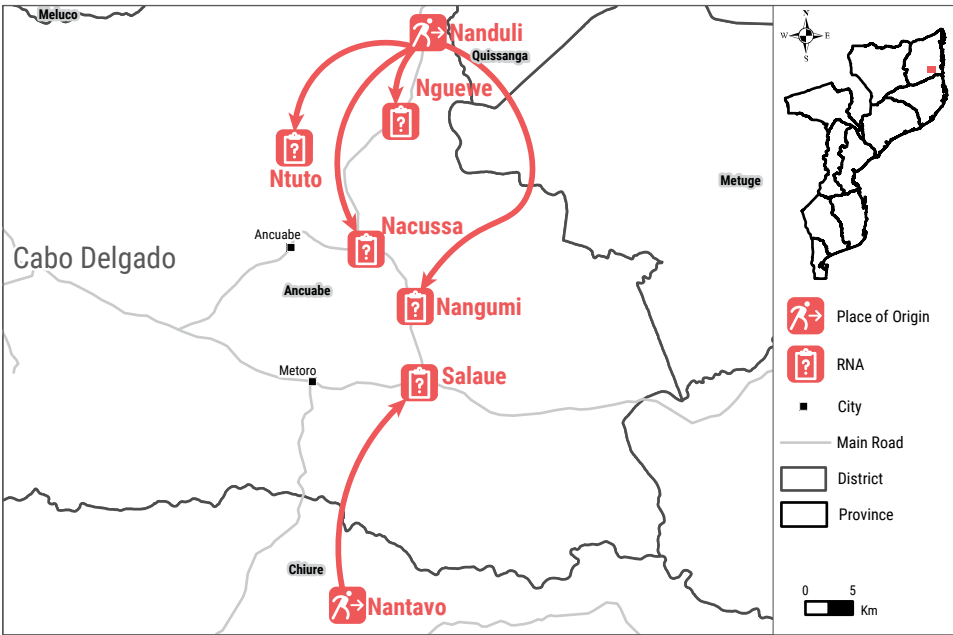
| PRIORITY NEED  | KEY FINDINGS  |
|----------------|---|
| <b>Food</b>    | <ul style="list-style-type: none"> <li>100% of households reported <b>food as a top 3 priority need</b>.</li> <li>Findings highlighted the need for <b>immediate food assistance</b>.</li> </ul>  |
| <b>Shelter</b> | <ul style="list-style-type: none"> <li>92% of households reported <b>Shelter as a top 3 priority need</b>.</li> <li>Most households were living in houses of the host community and 77% did not have intentions to return to their places of origin in the next month. <b>More durable shelter options should be explored</b>.</li> </ul> |
| <b>WASH</b>    | <ul style="list-style-type: none"> <li>46% of households reported <b>Water as a top 3 priority need</b>.</li> <li>While all assessed sites had functional water points, <b>they were insufficient to meet the needs</b> of both host and displaced communities, highlighting the <b>need for improved water access</b>.</li> </ul>        |

## CONTEXT & RATIONALE

**ON 20 JULY 2025**, non-state armed groups (NSAG) entered the village of Nanduli (28km north of Ancuabe Sede), burning two houses and looting homes and shops in, leading to the displacement of the local population towards the villages of Ngewe (267 households), Nacussa (121 households), Nangumi (68 households), and Ntuto in Ancuabe Sede (37 households).<sup>1</sup> Furthermore, 158 displaced households arrived in Salawe in Silva Macua in search for safety following the attacks in Chiure Velho from 24 to 28 July.<sup>2</sup>

In response to these events, the teams of Solidarités International (SI) and Save the Children (SCI) conducted a Rapid Needs Assessment (RNA) in Ngewe, Nacussa, Ntuto, and Salawe to identify the most urgent needs of the displaced population. This document presents the key findings of the assessment.

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



## ASSESSMENT OVERVIEW

This assessment employed a mixed-methods approach. The quantitative element consisted of a total of 48 household surveys conducted from 30 July to 1 August with displaced families living in the Ngewe (23 households), Nacussa (7 households), Ntuto (3 households), and Salawe (15 households). The assessment also drew on qualitative insights gathered through direct observations, discussions with community leaders, and feedback from the data collection team. Additionally, SCI carried out a complementary assessment focused on Education, Mental Health and Psychosocial Support (MHPSS), and Child Protection in Emergencies.

All findings are indicative of the living conditions and priority needs of the displaced population. Further details can be found in the Methodology Overview and Limitations section at the end of the document.

**Access Conditions:** The roads from Nacussa to Ancuabe Sede (R761) and to Ngewe (N380) are in good condition and accessible. The Mozambican Armed Forces (FADM) and the Rwandese Defense Force (RDF) are on patrol in the area.

## HOUSEHOLD PROFILES

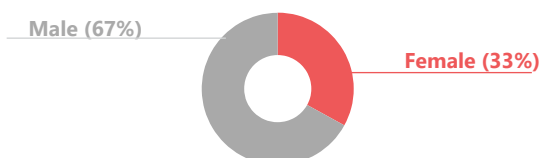
**651** Estimated number of affected households

**48** Number of assessed households

**5.3** Average size of assessed household

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

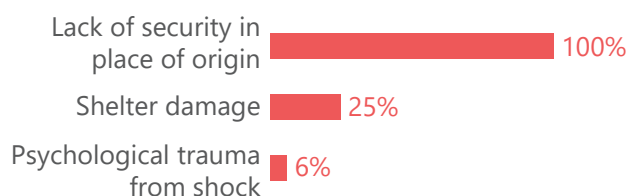
Respondent gender, by % of households



## DISPLACEMENT

**4%** of households **intended 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=36)



## FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

**96%**

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

**90%**

**Top 3 reported barriers to food access**, by % of households that reported having problems accessing food (n=46)\*

**65%** Lack of financial resources

**57%** Lack of access to land

**28%** Unavailability of essential foods in market

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

**40%** Received as gift from relatives

**35%** Work in exchange for food

**19%** Personal production

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

**42%** None

**17%** Subsistence farming

**17%** Daily work

**13%** of households that reported having **access to land**

**69%** of households that reported having **access to mobile money (M-Pesa/e-Mola)**

**54%** of households that reported having **access to a market nearby**

### PRIORITY ACTIONS

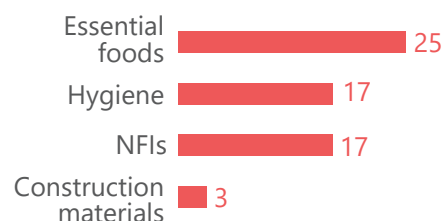
**Food assistance:** 100% of households reported food as a top 3 priority need.

96% of households reported having problems accessing food, with 94% of households scoring medium or high in the RCSI.

% of households per Reduced Coping Strategy Index (RCSI) category<sup>3</sup>

| Low | Medium | High |
|-----|--------|------|
| 6%  | 52%    | 42%  |

**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%

## NFI SHELTER & NFIs

96%

of households reported  
**living in a traditional house**

92%

of households reported  
**living either directly with a host family or in a house borrowed from the host community**

### PRIORITY ACTIONS

**Emergency shelter and NFI assistance:** Shelter (92%) was reported as a top 3 priority need by the assessed households

Qualitative findings indicated that many displaced families were primarily living with relatives, and nearly half of the households lacked all essential NFIs. The vast majority (77%) reported no intention of returning to their places of origin within the next month. These unsustainable living conditions, if left unaddressed, risk generating increased tensions.

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

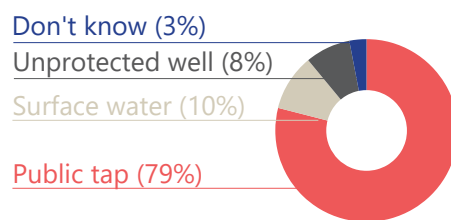
| Essential NFI    | % of HH |
|------------------|---------|
| Stove            | 0%      |
| Clothes          | 0%      |
| Soap             | 2%      |
| Lamp             | 6%      |
| Mosquito nets    | 6%      |
| Sleeping mats    | 13%     |
| Cooking utensils | 23%     |
| Water buckets    | 25%     |
| Sheets/blankets  | 25%     |
| Pots > 5 liters  | 44%     |

## WATER, SANITATION, AND HYGIENE

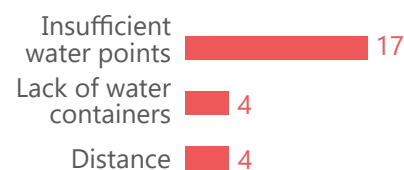
**% of households that reported having enough water to meet the following needs**



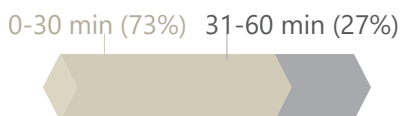
**Most reported primary source of drinking water, by % of households**



**Top 3 reported barriers to accessing clean water, by % of households\* (n=24)**



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



**29%** of households reported **having problems related to sanitation facilities** (toilet/latrine)

**94%** 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=14)**

- 7 Facilities were shared
- 4 Facilities were damaged
- 3 Facilities were not functional

### PRIORITY ACTIONS

**Improve water access:** Water (46%) was reported as a top 3 priority need by the assessed households

Qualitative observations corroborated quantitative findings indicating that, although **most public taps were functional across assessed locations, they were insufficient to meet the needs of both host and displaced communities**. A more detailed WASH assessment is required to determine the most appropriate intervention to improve water access.

Observations also confirmed that **most households relied on traditional open-pit latrines without covers**. While locally accepted, **these facilities do not meet WASH cluster standards** and pose a **heightened risk of waterborne disease transmission**.

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

## HEALTH & NUTRITION

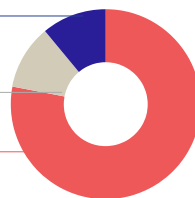
**19%** of households reported having at least **one household member above age 5 who was sick in the 2 weeks prior to data collection**, with fever (3) and non-severe diarrhea (2) as the most reported conditions

**% of households that required medical attention**, by number of households that reported having a sick adult or child over age 5 (n=9)

Don't know (1)

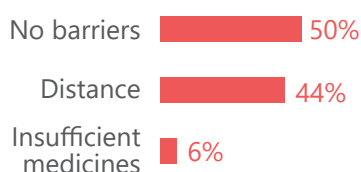
Yes, but could not reach health facility (1)

Received treatment (7)

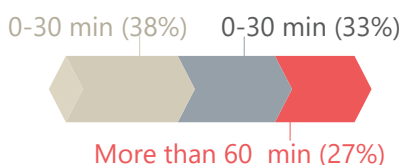


**26%** of households with at least one child under age 5 (n=34) reported having **at least one child who was sick in the 2 weeks prior to data collection**, with fever (6), as the most reported symptom

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



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

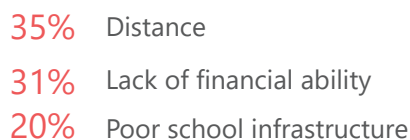


**4** households **with newborns** (less than 6 months old) (n=15) **reported that their infants consumed anything other than breast milk** during the 24 hours prior to data collection

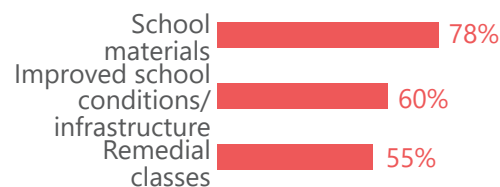
## EDUCATION

**41%** 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=39)<sup>†</sup>

**Most reported barriers to school attendance**, by number of households (n=39)\*<sup>†</sup>



**Top 3 reported priority education needs**, by % of assessed households (n=39)\*<sup>†</sup>



**35%** of households reported **having an adult who supported children with school-related activities** (n=39). Activities included reading books, telling stories, and singing songs.<sup>†</sup>

In summary, while both boys and girls face overlapping barriers, particularly regarding access, affordability, and infrastructure, girls appear more engaged in alternative education options when formal schooling is not accessible. This underlines the importance of addressing cost barriers, improving infrastructure, ensuring safe access to learning spaces, and expanding flexible, inclusive education models that can accommodate children's diverse needs, especially for girls.<sup>†</sup>

### PRIORITY ACTIONS<sup>†</sup>

- Negotiate enrollment** of displaced children in nearby schools, and support with advocacy to local authorities for flexible admission
- Distribute essential learning materials and uniforms**, prioritizing displaced children not currently attending school
- Establish or support catch-up learning clubs** and peer homework groups to bridge learning gaps
- Train caregivers** on basic parenting strategies to support children's learning at home, including psycho-education

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

<sup>†</sup>Results from SCI's Education, MHPSS, and Child Protection in Emergencies assessment

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

**40%** of households were **concerned about protection issues in their community**, with fears of **armed conflict** (16), **theft** (3), and **discrimination** (2)

**21%** of households with at least one child under age 18 reported having **at least one child not residing in the household at the time of data collection** (n=46)

**77%** of households **reported at least one member with missing identity documents**

**42%** of households **reported knowing someone with a disability**, with physical (73%), visual (36%), and mental (27%) cited as the most common types of disabilities

**Most reported reasons for children not residing in the household, by number of households (n=10)\***

- 9** Lives with relatives in another location
- 1** Married and left house

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

- 79%** None
- 13%** Services/humanitarian assistance
- 13%** Land

**Top 3 reported signs of psychosocial distress in adults, by % of households (n=48)\*†**

- 69%** Sadness and discouragement
- 48%** Anxiety or fear
- 19%** Sleep disturbances

**Top 3 reported signs of psychosocial distress in children, by % of households (n=46)\*†**

- 78%** Sadness and discouragement
- 70%** Anxiety or fear
- 39%** Sleep disturbances

**Top 3 reported protection and social services available to support children in the host community, by % of households (n=48)\*†**

- 68%** Education support
- 50%** Healthcare
- 46%** Food assistance

The findings also highlighted that **insecurity and violence remain central threats to girls**, while specific vulnerabilities such as **family separation and early marriage are more strongly perceived by women**.

### PRIORITY ACTIONS:†

- **Strengthen family tracing and reunification mechanisms**
- **Enhance prevention and response** to early and forced marriage
- **Train staff** on identifying and referring people with disabilities to appropriate services
- **Strengthen coordination** with local authorities and protection service providers
- **Advocate for and support** the deployment of legal aid and civil registry teams in host communities
- **Scale up Psychosocial First Aid and ongoing PSS activities** for children exposed to violence and displacement
- **Expand access to MHPSS information** through community-based awareness campaigns and referrals
- **Promote specialized psychological support** to the most severe cases
- **Establish and Strengthen Child-Friendly Spaces<sup>4</sup>**
- **Promote GBV prevention, mitigation and response**

## ACCOUNTABILITY TO AFFECTED POPULATIONS

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

- 54%** Face to face with humanitarian worker (any)
- 35%** Community leaders
- 31%** Community events

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

- 58%** Face to face with humanitarian worker
- 58%** Community leaders
- 8%** Phone

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

In-kind  **69%**

Cash  **27%**

Don't know  **4%**

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

†Results from SCI's Education, MPHSS, and Child Protection in Emergencies assessment



## METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from Solidarités International conducted 48 structured, face-to-face household surveys with displaced families residing in the villages of Ngewe (23 households) and Nacussa (7 households), and the neighborhoods of Ntuto in Ancuabe Sede (3 households) and Salawe in Silva Macua (15 households) from 30 July to 1 August 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. Additionally, Save the Children (SCI) carried out a complementary assessment focused on Education, MHPSS, and Child Protection in Emergencies.

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 ANCUABE

| Organization              | Type | Intervention Sectors               |
|---------------------------|------|------------------------------------|
| Solidarités International | INGO | RRM - SNFI, WASH, Food             |
| Save the Children         | INGO | Education, Child Protection, MHPSS |
| CARE                      | INGO | WASH                               |
| Ayuda en Acción           | INGO | RRM - WASH, Protection             |
| IOM                       | UN   | SNFI, CCCM                         |

## ENDNOTES

1 RRM Mozambique. Alert SI\_ANC\_22072025. July 2025 (for access, please contact SI RRM PM, Amorim Manuel, at [rrm.pm@solidarites-mozambique.org](mailto:rrm.pm@solidarites-mozambique.org)).

2 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.

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.

4 Child Friendly Spaces (CFS) is a child protection intervention, which provides children with protected environments in which they participate in organized activities to play, socialize, learn, and express themselves as they rebuild their lives in emergencies. CFS can be either static or mobile.

### 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:

**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).