

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

Macomia Sede - Nanga A, Nanga B, Xangane, and Xinavane Resettlement Center

Macomia District - Cabo Delgado, Mozambique

Data collection conducted by Action Contre la Faim (ACF) on 14 August 2024

## KEY MESSAGES

- **Food security was reported as the top priority need by the respondents (75% of assessed households) in all assessed communities.** Of those, 71% of assessed households citing lack of financial resources as the main barrier to food access.
- Both quantitative and qualitative findings highlight **WASH** as a priority need. **Xangane and Xinavane do not have any functional water points**, while the communities in **Nanga A and Nanga B do not have a sufficient number of water points**. Furthermore, **68% of assessed households used non-hygienic sanitation facilities** (open pit latrine or open defecation), which could lead to outbreaks of waterborne diseases. **Nanga A in particular did not have any functional latrines.**
- **Health was also reported as a major need** - the only operational health facility in Macomia Sede is operated by the Mozambique Defence and Security Forces (FDS). **45% of assessed households reported insufficient medicines as a barrier to healthcare**, **33% cited distance** (45% of assessed households had to travel more than one hour to access healthcare), and **21% cited security as a barrier** (which could be partially attributed to tensions between the military and the population). At the time of data collection, **69% of assessed households had an adult member sick during the past 2 weeks**, and **67% of assessed households had a child sick during the past 2 weeks.**

## CONTEXT & RATIONALE

**ON 10 MAY 2024**, at least 100 non-state armed group (NSAG) members attacked the strategic town of Macomia, occupying the town for 2 days and killing 7 civilians<sup>1</sup>. The attack caused the displacement of 1,296 families, in addition to the evacuation and suspension of activities of the district government and all INGOs.<sup>2</sup> Tensions heightened further on July 8th when a member of the Defense and Security Forces (FDS) fatally shot a civilian after curfew hours, leading to violent protests from the population during which 5 FDS members were killed.<sup>3</sup>

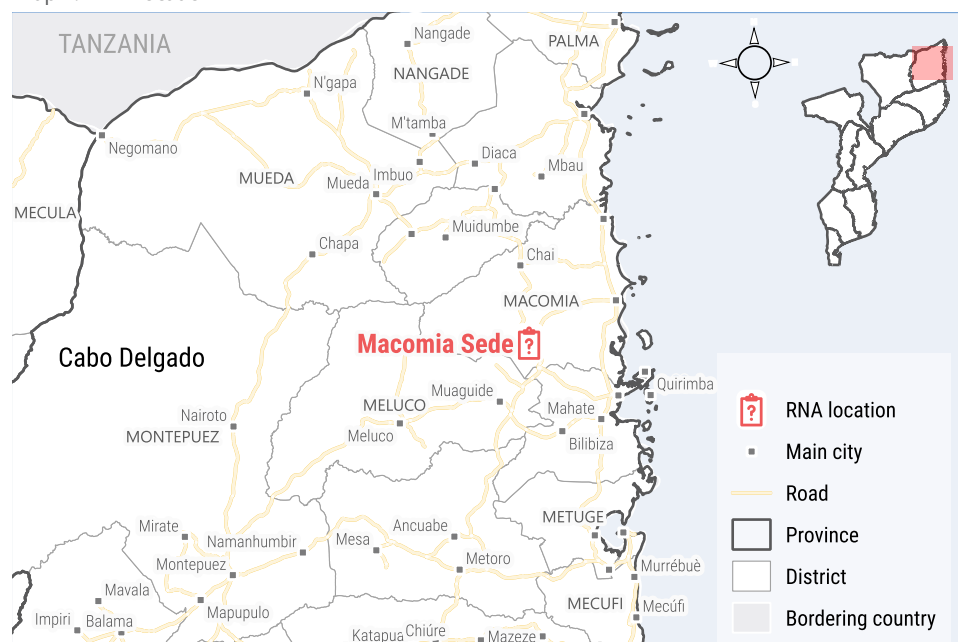
An estimated 6,962 families, including displaced and host families, have been without humanitarian assistance and district government services since the May 10th attack<sup>3</sup>. The RRM team of Action Contre la Faim (ACF) conducted an RNA to understand priority needs of the affected population. This document presents the key findings.

## ASSESSMENT OVERVIEW

This assessment utilized a mixed-method approach. The quantitative element consisted of 60 household surveys conducted between 8-14 August in the formal resettlement center of Xinavane, in addition to informal resettlement sites in the communities of Serração in Nanga A, Escola Industrial and Centro Novo in Nanga B, and Xangane.

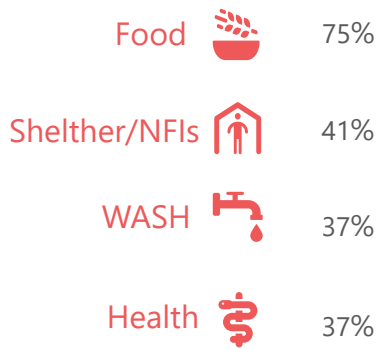
The quantitative findings were supplemented with a qualitative component consisting of observations, community leader engagement, and insights from the data collection team. Results are indicative. Please refer to the Methodology Overview and Limitations for further detail.

Map 1: RNA Location



## PRIORITY NEEDS

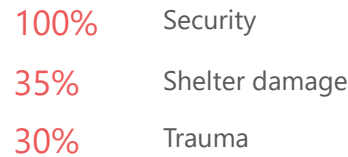
Top 4 most commonly reported priority needs, by % of assessed households\*



## DISPLACEMENT

**59%** of assessed IDP households **intend on returning to their place of origin** (with 66% arriving from either Mucojo or Chai).

Most commonly reported barriers to return, by % of assessed households\*



## FOOD SECURITY, MARKETS & LIVELIHOODS

% of assessed households that scored medium or high on the Reduced Coping Strategy Index (RCSI)<sup>4</sup>

**93%**

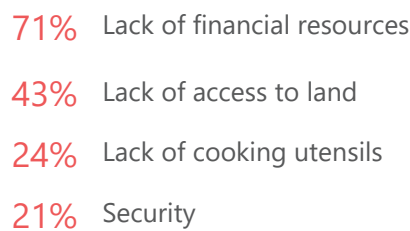
Average number of meals consumed per assessed household member per day

**1.7**

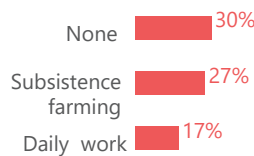
% of assessed households that reported a decrease in the average number of meals consumed per day since the shock

**73%**

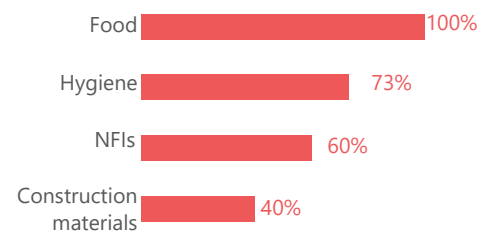
Most commonly reported barriers to food access, by % of assessed households\*



Primary livelihood activity, by % of assessed households



Reported types of products available at the market, by % of assessed households\*

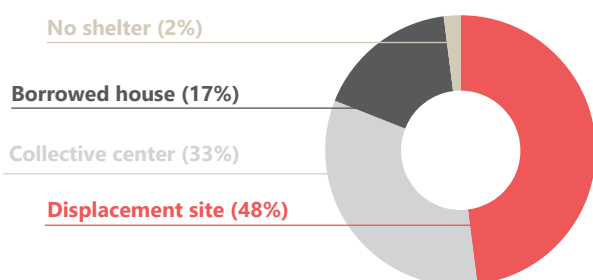


**45%** of assessed households have access to **mobile money** (M-Pesa/e-Mola).

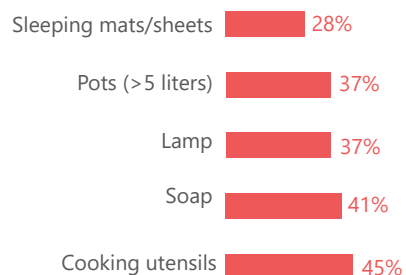
Qualitative findings suggest that the **supply of essential products at the market was limited due to disruptions in transportation, and prices have increased substantially as a result.**

## SHELTER & NFIs

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



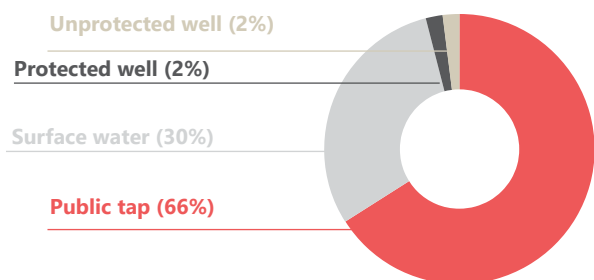
% of assessed households that own essential NFIs, by type of NFI\*



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

## WATER, SANITATION, AND HYGIENE

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



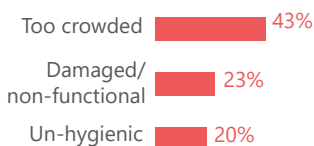
Population and number of water points per assessed community<sup>3</sup>

Community	Population (in HH)	# of Water Points
Xangane	255	0
Xinavane Resettlement Center	555	0
Nanga A (Administração)	314	2
Nanga A (Serração)	1,862	2
Nanga B (Nanao)	744	1
Nanga B (Escola Industrial)	630	1

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

- 40% Cooking needs
- 32% Hygiene needs
- 22% Drinking needs

Most commonly reported barriers to a hygienic sanitation facility, by % of assessed households\*

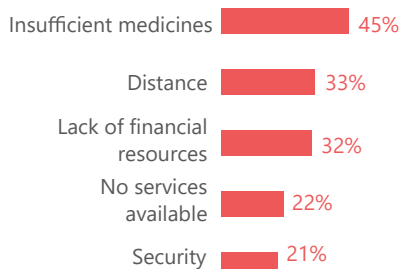


**68%** of assessed households reported using a **non-hygienic sanitation facility** (open pit latrine or open defecation) at the time of data collection.

## HEALTH

**67%** of assessed households reported **an adult member who was sick during the past 2 weeks**, with malaria and stomach illnesses being the most commonly reported.

Most commonly reported barriers to healthcare, by % of assessed households\*



## EDUCATION

**60%** of assessed households with at least one child (aged 5-17) reported having **at least one child who was attending school at the time of data collection** (n=50).

Most commonly reported barriers to education, by number of assessed households\* from the 20 out of 50 assessed households who had at least one child (aged 5-17) who is currently not attending school

- 10 Displacement/conflict
- 7 Absence of teachers
- 5 Lack of school materials

## NUTRITION

**69%** of assessed households with at least one child (under age 5) reported having **at least one child who was sick during the past 2 weeks** (n=39).

Most commonly reported symptoms, by number of assessed households\* from the 27 out of 39 assessed households who had at least one sick child (under age 5) during the past 2 weeks

- 20 Fever
- 13 Stomach illness (diarrhea/vomiting)
- 11 Malaria

The only operational health facility at the time of data collection was run by the Mozambique Defense and Security (FDS) forces, as the health centers operated by the local District Services of Health and Social Action (SDMAS) have not resumed services since the May 10th attack. Qualitative findings suggest that the difficulties to access healthcare can be partially attributed to the increased tensions between the population and the local authorities/military.

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

## ACCOUNTABILITY TO AFFECTED POPULATIONS

13%

of assessed households **received some type of assistance during the past 2 weeks** (from humanitarian actors, government, host community, or religious organizations).

### Preferred modalities of assistance, by % of assessed households\*



## PROTECTION

18%

of assessed households are currently **concerned about violence in their community**, with reports of domestic violence, sexual violence, and physical aggression.

38%

of assessed households with at least one child (under age 18) reported having **at least one child who is currently not residing in the household** ( $n=52$ ). While most were due to marriage or employment, 4 of these cases were due to separation during displacement and 1 case was due to kidnapping/abduction.

## METHODOLOGY OVERVIEW AND LIMITATIONS

Between 8-14 August, 2024, the RRM team of Action Contre la Faim (ACF) conducted 60 quantitative, structured face-to-face household surveys in the formal resettlement center of Xinavane, in addition to informal resettlement sites in the communities of Serracão in Nanga A, Escola Industrial and Centro Novo in Nanga B, and Xangane - all located within Macomia Sede, the administrative center of the Macomia District in Cabo Delgado. The survey tool is owned by IMPACT Initiatives and was deployed through KoBo software. The surveyed households consisted of primarily displaced families and were selected using an on-site purposive sampling method.

The household surveys were complemented by a qualitative semi-structured team leader feedback form consisting of observations, community leader/local authority engagement, and insights from the data collection team in the same communities as the household surveys, in addition to the host communities of Koko and Machova outside of Macomia Sede. This data was used to contextualize the shock, triangulate information, and gain detailed observations and descriptions of the site and affected population.

The assessment was designed by REACH in collaboration with RRM partners, Solidarités International (SI) and Action Contre la Faim (ACF). Data collection teams in both organizations participated in a 2-day training and pilot session led by the REACH Assessment Officer.

The scope of the RNA is restricted by the quick turnaround required by the RRM and need to work within existing partner resources. Therefore, the quantitative findings are indicative only. Furthermore, the questionnaire is designed to be quick (hence Rapid Needs Assessment), so only the most essential indicators were included for each sector.

## ENDNOTES

1ACLED Cabo Ligado Update: 29 April-12 May 2024. May 2024.

2IOM-Displacement Tracking Matrix - ETT Movement Alert Report 114 (Macomia and Quissanga). May 2024.

3Mozambique: Alert ACF\_MAC\_05082024. August 2024.

4 A high score means extensive use of negative coping strategies and hence increased food insecurity.

### Terms of Reference



## 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).