

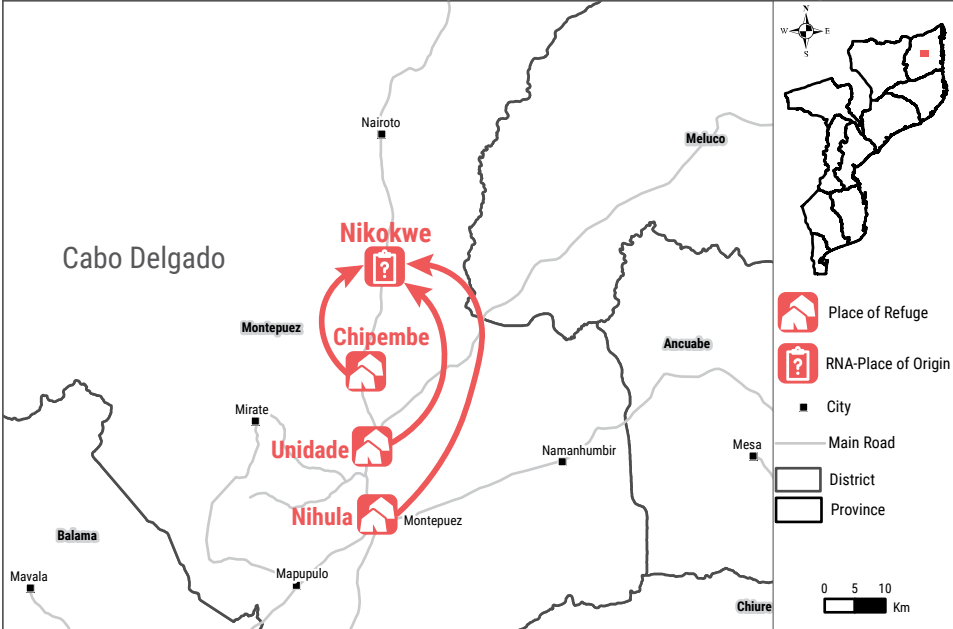
Rapid Response Mechanism (RRM) Rapid Needs Assessment (RNA)

Nikokwe (Alert NRC_NIK_24062025)
Montepuez District - Cabo Delgado, Mozambique
2 to 4 July 2025

PRIORITY NEED	KEY FINDINGS
Food	<ul style="list-style-type: none"> 92% of households reported food as a top 3 priority need Findings highlighted the need for immediate in-kind food assistance, or cash/voucher assistance, where market conditions permit
WASH	<ul style="list-style-type: none"> 55% of households reported water as a top 3 priority need The lack of sufficient functional water points highlighted the need for water point rehabilitation/expansion
Health	<ul style="list-style-type: none"> 52% of households reported health as a top 3 priority need High rates of illnesses and the lack of a health facility stressed the need for the installation of a mobile clinic or permanent health facility
Protection	<ul style="list-style-type: none"> 74% of households reported protection concerns, with fears of armed conflict, theft, physical violence, gender based violence, child marriage, and kidnapping

Access Conditions: Nikowe is located 78km north of Montepuez along the R698 road. The road is unpaved and has many potholes, which significantly increase travel time, particularly during the rainy season.

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



CONTEXT & RATIONALE

ON 04 APRIL 2025, Non-State Armed Groups (NSAGs) attacked the village of Nikokwe, looting market stalls and kidnapping minors, which triggered the displacement of residents to surrounding villages such as Chipembe, Nihula, and Unidade. While most of Nikokwe’s 759 households have since returned, they remain in a highly vulnerable situation due to repeated displacement, loss of belongings, and the lack of access to basic services. No humanitarian assistance has been delivered to date, and needs remain critical.¹

In response to these events, a Rapid Response Mechanism (RRM) alert was issued, and the teams of the Norwegian Refugee Council (NRC), Ayuda en Acción, and Save the Children (SCI) conducted a Rapid Needs Assessment (RNA) in Nikokwe to identify the most urgent needs of the returnee population. This document presents the key findings of the assessment.

ASSESSMENT OVERVIEW

This assessment employed a mixed-methods approach. The quantitative element consisted of 78 household surveys conducted between 2-4 July 2025 with formerly displaced families who had returned to Nikowe in the Montepuez district. 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, surveying 63 of the same households.

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.

HOUSEHOLD PROFILES

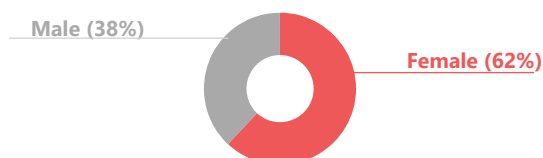
759 Estimated number of affected households

78 Number of assessed households

5.0 Average size of assessed household

2.9 Average number of children per assessed household

Respondent gender, by % of households



SHELTER & NFIs

Ownership of essential NFIs, by % of households*

Essential NFI	% of HH
Stove	4%
Lamp	12%
Sheets/blankets	15%
Beds/sleeping mats	21%
Clothes	23%
Soap	29%
Cooking utensils	36%
Mosquito nets	41%
Pots > 5 liters	65%
Water buckets	72%

Nearly all families (97%) **lived in a traditional house that they own**. However, qualitative observations suggested that the **quality of the structures was basic and vulnerable to future shocks**.

FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

74%

Average number of meals consumed per household member per day

2.2

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

64%

Top 3 reported barriers to food access, by % of households that reported having problems accessing food (n=58)*

53% Lack of financial resources

43% Lack of security

32% Limited availability, quantity, and quality of essential foods in the market

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

86% Personal production

19% Exchange of products for food

17% Food in exchange for work

Top 3 reported primary livelihood activities, by % of households

55% Subsistence farming

17% Remittances

10% Daily work

95% of households that reported having **access to land**

26% of households that reported having **access to mobile money (M-Pesa/e-Mola)**

83% of households that reported having **access to a market nearby**

PRIORITY ACTIONS

In-kind food assistance or cash/voucher assistance: 92% of households reported food as a top 3 priority need

Qualitative findings added that the repetitive cycles of displacement and returns led to significant decrease in food production and the "collapse" of the local economy as local entrepreneurs were unable to maintain their businesses.

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

Low	Medium	High
13%	62%	26%

Most reported types of products available at the market, by % of households that reported having access to a market nearby (n=65)*

Essential foods **83%**

NFIs **48%**

Hygiene **31%**

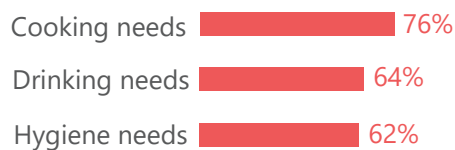
Construction materials **6%**

Qualitative findings suggested that **many residents depended on the market in Montepuez** due to the limited availability of products in Nikokwe.

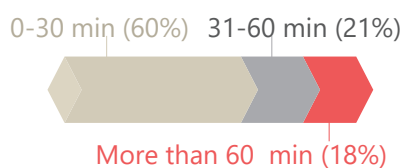
*select multiple, the total value may exceed 100%

WATER, SANITATION, AND HYGIENE

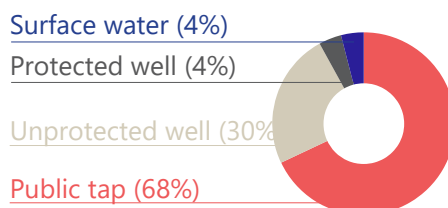
% of households that reported having enough water to meet the following needs



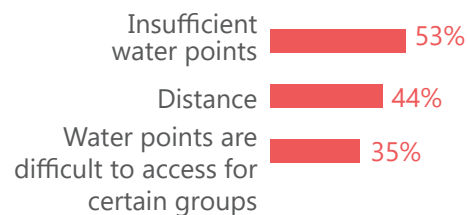
Reported water collection times (including travel time and wait time at water point), by % of households



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



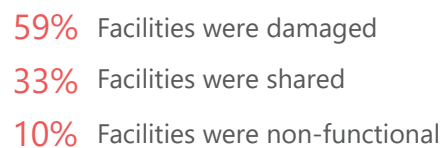
Top 3 reported barriers to accessing clean water, by % of households* (n=34)



50% of households reported having problems related to sanitation facilities (toilet/latrine)

99% 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=39)



PRIORITY ACTIONS

Water point expansion/rehabilitation: 55% of households reported water as a top 3 priority need

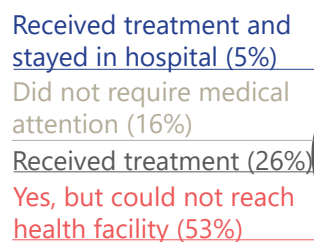
Qualitative observations also indicated that the limited availability of water points was among the main concerns raised by households in Nikokwe. The water from public taps appeared to be of poor quality. This, combined with the quantitative finding that nearly all households reported using non-hygienic sanitation facilities, increases the risk of water-borne disease outbreaks.

HEALTH & NUTRITION

49% 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 (71%), respiratory illness (11%) and skin infection (11%) as the most reported conditions

33% of households with at least one child under age 5 (n=40) reported having **at least one child who was sick in the 2 weeks prior to data collection**, with fever (10), cough (2), and skin infection (2) as the most reported symptoms

% of households that required medical attention, by % of households that reported having a sick adult or child over age 5 (n=38)

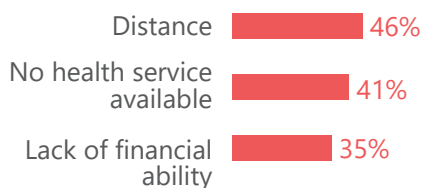


PRIORITY ACTIONS

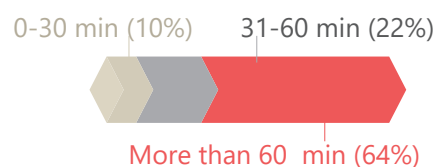
Install mobile clinic and/or a permanent health center: 53% of households reported health as a top 3 priority need

Qualitative observations indicated that there was no health facility in Nikokwe. Nearly half of the assessed households reported having a sick member, and among these, 53% required medical attention but were unable to access a health facility. These findings underscore the urgent need to strengthen health service presence in the area.

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



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



*select multiple, the total value may exceed 100%

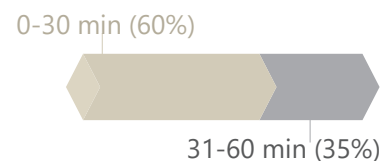
EDUCATION

61% 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=64)

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

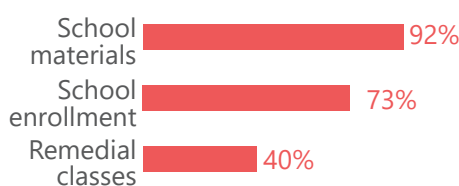
- 23% Interruption following the displacement
- 23% Distance
- 19% Conflict

Reported distances to the nearest school, by % of households



48% of households reported **having an adult who supported children with school-related activities** (n=63). Barriers included the lack of financial resources, lack of knowledge or confidence in supporting learning, and the prioritization of survival needs.†

Top 3 reported priority education needs, by % of assessed households (n=63)**



Top 3 reported structural issues in schools, by % of assessed households (n=63)**



PRIORITY ACTIONS†

- **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
- **Maintain and expand the access to education**, ensuring children's right to learning
- **Monitor school safety** to reduce fear-related dropouts and increase trust in community-based learning spaces

ACCOUNTABILITY TO AFFECTED POPULATIONS

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

- 78% Face to face with humanitarian worker (any)
- 28% Phone call
- 27% Face to face with humanitarian worker (female only)

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

- 78% Face to face with humanitarian worker (any)
- 31% Phone call
- 28% Face to face with humanitarian worker (female only)

Preferred modalities of assistance, by % of households

- Cash 45%
- In-kind 32%
- Services 21%

Qualitative findings suggest that the community of Nikowe has begun to **normalize the recurring cycles of displacement and return**. A general atmosphere of tension and insecurity prevails, further exacerbated by the **perception that the government is neglecting its responsibilities toward the community**.

*Select multiple, the total value may exceed 100%

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

PROTECTION & MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

74% of households were **concerned about protection issues in their community**

27% of households with at least one child under age 18 (n=78) reported having **at least one child not residing in the household**

63% of households **reported at least one member with missing identity documents**

Top 4 reported protection concerns, by % of households (n=58)*

78% Armed conflict
28% Theft
24% Physical violence
24% Gender based violence

Top 3 reported reasons for children not residing in the household, by number of households (n=21)*

10 Lives with relatives in another location
8 Married and left home
3 Employment

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

67% Access to land
51% Services or humanitarian assistance
42% Ethnic/religious differences

Households also expressed concerns about **forced exploitation, property damage, child marriage, and sexual exploitation**. In addition, one case was reported of a **child who was separated from their family during displacement**, and another case of a **child who was reportedly kidnapped**.

Top 3 reported pressing issues for children, by % of assessed households (n=63)*†

Food insecurity 89%
Insecurity 87%
Fear of abduction 62%

Top 3 reported signs of psychosocial distress in children, by % of households (n=63)*†

86% Increased emotional vulnerability in children
79% Anxiety or fear
49% Sleep disturbances

Top 3 reported protection and social services available to support children, by % of households (n=63)*†

94% Education
46% Food assistance
35% Legal assistance

54% of households reported **knowing someone with a physical or mental disability**†

10% of households reported **knowing where to access mental or psychosocial support**†

11% of households **positively acknowledged the presence of child-friendly spaces**†

PRIORITY ACTIONS:†

- **Strengthen inclusion of persons with disabilities** by mapping needs and ensuring their access to specialized services
- **Train staff** on identifying and referring people with disabilities to appropriate services
- **Integrate child protection messages** into education and outreach to promote a safer environment for children
- **Advocate for and support the deployment of legal aid and civil registry teams** within communities
- **Carry out activities related to GBV prevention, mitigation and response**, such as awareness-raising, case management, establishment of women and girls' safe spaces, etc
- **Implement activities on anticipatory actions and community resilience** due the possibility of future security incidents
- **Set up mobile CFS**, where children have a safe space to participate in recreational, learning and psychosocial activities
- **Scale up Psychosocial First Aid and ongoing PSS activities** for children exposed to violence and displacement
- **Promote MHPSS activities** for children and caregivers, such as peer-to-peer support and group therapy
- **Expand access to MHPSS information** through community-based awareness campaigns and referrals, especially for caregivers of children with disabilities
- **Include listening centres** at CFS and women and girls Safe Space

*Select multiple, the total value may exceed 100%

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

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from the Norwegian Refugee Council (NRC) and Ayuda en Acción conducted 78 structured, face-to-face household surveys from 2-4 July 2025 with formerly displaced families who had returned to Nikowe in the Montepuez district. The survey tool, deployed via KoBo Collect, targeted returnee 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, surveying 63 of the same households.

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 MONTEPUEZ

ForAfrika	INGO
United Nations Office for Project Services (UNOPS)	UN
Aga Khan Foundation	INGO
Johanniter	INGO
Adventist Development and Relief Agency (ADRA)	NNGO
A Sociedade Económica de Produtores e Processadores Agrários (SEPPA)	NNGO
Agência de Desenvolvimento Econômico Local (ADEL)	NNGO
Save the Children	INGO
Norwegian Refugee Council	INGO
Ayuda en Acción	INGO

ENDNOTES

1 RRM Mozambique. Alert NRC_NIK_24062025. June 2025 (for access, please contact NRC Emergency Coordinator, Issufo Muhamade, at 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.

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, 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).