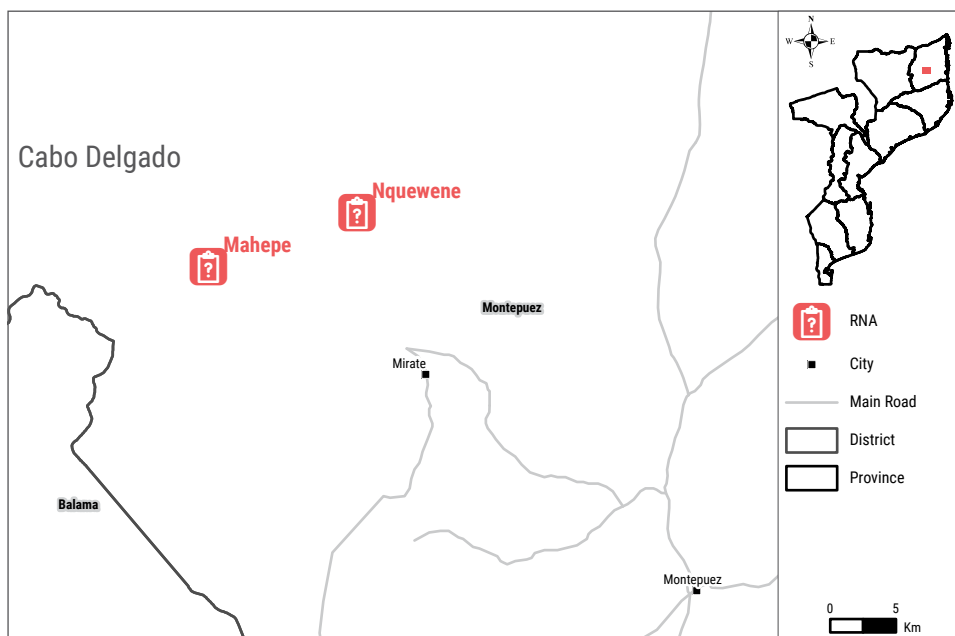


Rapid Needs Assessment (RNA)

Rapid Response Mechanism (RRM)

Mahepe and Nquewene - Montepuez District
 Cabo Delgado, Mozambique
 26 to 27 November 2025

CONTEXT & RATIONALE



ON 04 SEPTEMBER 2025, movements of non-state armed groups (NSAGs) were reported in Meluco District, particularly in Ravia, where the group allegedly kidnapped artisanal miners and killed one person, prompting civilians to flee. Displacement was reported towards Tivara B, Chipembe, Namitil and Montepuez city, with further movements recorded after an ambush on an FADM patrol in Ntola on 07 September. According to preliminary data, several families have since returned, including 627 in Nquewene and 448 in Mahepe, though population movements remain ongoing.¹

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 is accessible by road via the N1 from Pemba, with travel taking approximately six (6) hours. From Montepuez, access to Mirate is possible through the R698, with a lefthand junction after twenty two (22) kilometers leading to a tertiary road of about twenty-one point seven (21.7) kilometers distances from Montepuez Sede to Mahepe and Nquewene are approximately fifty-four point seven (54.7) and fifty-five point seven (55.7) kilometers, respectively.

TOP 3 REPORTED PRIORITY NEEDS by % of households

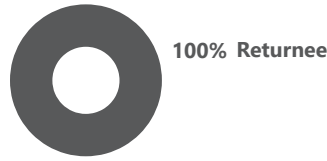
<p>100% Food</p> <ul style="list-style-type: none"> 91% of households reported having problems accessing food 84% of households reported a reduction in the number of meals consumed since the event 71% of households depended on gifts and borrowing as their primary source of food 	<p>71% NFI</p> <ul style="list-style-type: none"> Approximately 40% of households reported not owning any essential non-food items (NFIs) 	<p>43% Shelter</p> <ul style="list-style-type: none"> Although most of the returning households have moved back to their own houses, a small group still remains living in borrowed houses (5%)
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HOUSEHOLD PROFILES

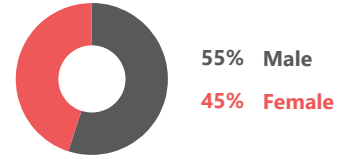
1075 Number of returnee households in the affected population

58 Number of assessed households

Population groups, by % of households



Respondent gender, by % of households



QUALITATIVE INSIGHTS

Between October and November 2025, several displaced families had been returning to their communities of origin, mainly Nquewene and Mahepe, following episodes of violence that had generated fear, material losses, and a significant breakdown in local social and economic life. Community leaders mentioned that, before the conflict, families maintained a stable life based on agricultural production, trade, and peaceful coexistence, while carrying out their daily activities without concern over insecurity. However, **the attacks deeply disrupted that normality**. During their return, **the community had been organizing meetings to promote peace, rebuild social cohesion, and reactivate the machambas as their main means of livelihood**. Although the return process has advanced gradually, pre-displacement conditions have not yet been fully restored.

FOOD SECURITY, LIVELIHOODS & MARKETS

% of households that reported having problems accessing food

91%

Average number of meals consumed per household member per day

1.9

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

84%

Top 3 reported barriers to food access, by % of households that reported having problems accessing food (n=53)*

- 96% Lack of financial resources
- 15% Lack of cooking utensils
- 9% Security situation in the area

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

- 48% Personal production
- 38% Food in exchange for work
- 36% Received as gift from relatives

Most reported primary livelihood activities, by % of households

- 90% Subsistence farming
- 10% Other

PRIORITY ACTION

Food assistance: 100% of assessed households reported food security as a top 3 priority need

91% of households reported having problems accessing food, with 41% of households categorized as "high" in the RCSI, indicating heavy reliance on coping strategies.

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

Low	Medium	High
3%	55%	41%

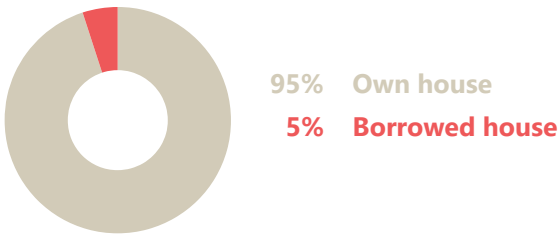
93% of households that reported having **access to land for cultivation**

36% of households that reported having **access to mobile money (M-Pesa/e-Mola)**

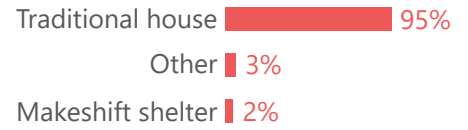
*select multiple, the total value may exceed 100%

NFI SHELTER & NFIs

Most reported living arrangement, by % of households



Most reported shelter condition, by % of households



PRIORITY ACTION

Shelter assistance: NFI (71%) and shelter (43%) were reported amongst the top 3 priority needs by assessed households

Although the majority of households had returned to their communities of origin, around 5% were still living in borrowed houses, reflecting the vulnerable housing conditions. According to qualitative data, many houses had been destroyed by armed groups and most of the remaining ones were built with local materials such as sticks, bamboo, and thatch. Some were habitable, but many remained fragile and vulnerable to collapse during the rainy season. Community leaders indicated that the reconstruction of these houses was one of the community's most urgent needs.

Essential NFIs were also scarce: Approximately 40% of households reported not owning any essential NFIs, such as soap, stove, lamps, etc. According to a community leader, two of the NFIs most needed by the community are blankets and tarpaulins.

Ownership of essential NFIs, by % of households*

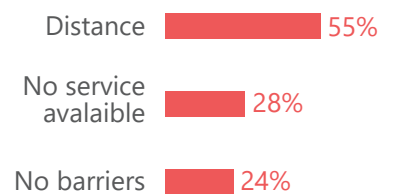
Essential NFI	% of HH
None	40%
Soap	0%
Lamp	0%
Stove	2%
Mosquito nets	9%
Sleeping sheets	12%
Cooking utensils	16%
Sleeping mats	21%
Clothes	28%
Water buckets	34%
Pots > 5 Lt	36%

HEALTH & NUTRITION

47% 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 (11), not severe diarrhea (6), and respiratory illness (5) as the most reported conditions

3/21 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**

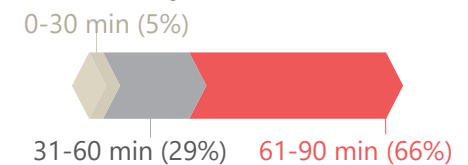
Top 3 reported barriers to healthcare, by % of assessed households*



15/27 households with a sick member above age 5 (n=27) **received treatment for their condition**

0/0 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

According to the team leader, **the communities lack access to adequate health services.** In **Mahepe**, although there is a health facility, **it does not have suitable conditions and is located eleven kilometers away, limiting its accessibility.** In **Nqewene**, there are no health facilities, highlighting the absence of health coverage in the area.

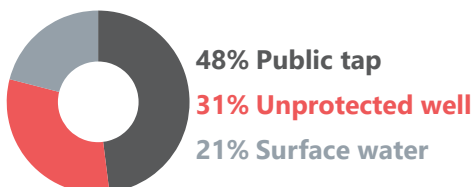
*select multiple, the total value may exceed 100%

WATER, SANITATION AND HYGIENE

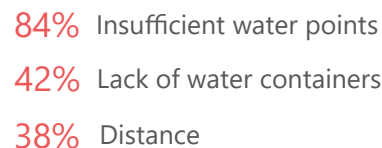
% of households that reported having enough water to meet the following needs



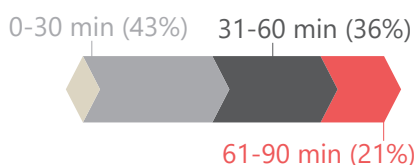
Most reported primary source of drinking water, by % of households



Top 3 reported barriers to accessing clean water, by % of households* (n=50)



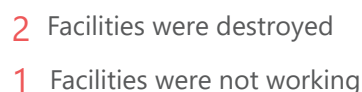
Reported water collection times (including travel time and wait time at water point), by % of households



9% of households reported **having problems related to sanitation facilities** (toilet/latrine)

100% of households reported **using a non-hygienic sanitation facility** (open pit latrine or open defecation)

Most reported barriers to accessing a hygienic sanitation facility, by % of households who reported having sanitation facility issues (n=5)



QUALITATIVE INSIGHTS

The team leader reported that **the two communities assessed had limited access to water and sanitation**, particularly **Mahepe**. He noted that the locality had only two operational water points and one inactive, and that residents relied on traditional wells due to poor water quality. He also indicated that **there were no improved latrines and that the existing ones, built with local materials, were in poor condition**. Despite these limitations, he emphasized that the community had received guidance on improving latrines and that the small dam in the area could represent an opportunity for future water interventions.

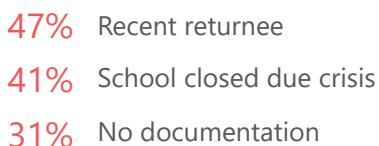
EDUCATION

32% 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=47)

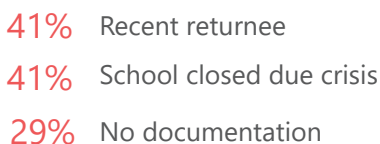
29% of households with at least one boy aged 5-17 reported having **all school aged boys attending school at the time of data collection** (n=49)

0% of households with children reported having their children participate in **non-school educational activities** (n=55)

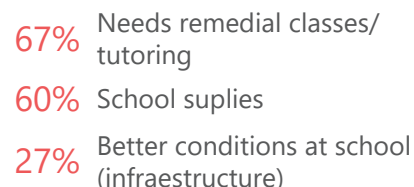
Most reported barriers to school attendance for girls, by number of households* (n=32)



Most reported barriers to school attendance for boys, by number of households* (n=34)



Top 3 reported most pressing educational needs for children, by % of households* (n=55)



QUALITATIVE INSIGHTS

One of the community leaders from Mahepe reported that the **local school is in critical condition after being vandalized, including the burning of a block of classrooms and significant damage to the infrastructure**. He explained that the remaining classrooms are in poor condition and that the school lacks adequate sanitation facilities, which affects the overall learning environment. Although he acknowledged that the community has received some support, he indicated that they still require additional assistance for the **reconstruction of classrooms and the overall rehabilitation of the school**.

*Select multiple, the total value may exceed 100%

PROTECTION, MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

93% of households reported a **good or very good relationship between IDPs and the host community**

0% of households had **heard or encountered separated/unaccompanied children among the newly arrived population**

69% of households **reported at least one member with missing identity documents**

29% of households were **concerned about protection issues in their community** (n=17), with fears of **armed conflict** (15) and **thefts** (11)

2% 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*

- 71% Anxiety or fear
- 47% Sadness and discouragement
- 28% Nightmares

Top 3 reported psychosocial signs in girls, by % of households (n=47)*

- 68% Anxiety or fear
- 55% Sadness and discouragement
- 21% Nightmares

Top 3 reported psychosocial signs in boys, by % of households (n=49)*

- 65% Anxiety or fear
- 59% Sadness and discouragement
- 29% Nightmares

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

- 100% None

QUALITATIVE INSIGHTS

Leaders from the two evaluated communities reported peaceful coexistence and harmonious relationships within and between families, although residents expressed **concern about their safety and food shortages**. They noted that, despite daily activities continuing, the communities were still not fully organized, and life had not returned to normal following recent events, which caused fear and frustration, especially among young people. They emphasized the importance of promoting unity, maintaining peace, and receiving assistance directly in their localities, including food, agricultural seeds, tools, blankets, access to water, and the reconstruction of destroyed schools.

ACCOUNTABILITY TO AFFECTED POPULATIONS



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

- 95% Community leaders
- 52% Face to face with humanitarian worker (any)
- 23% Phone call

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

- 78% Community leaders
- 50% Face to face with humanitarian worker (any)
- 34% Phone call

Preferred modalities of assistance, by % of households

- In-kind  90%
- Cash  10%

*select multiple, the total value may exceed 100%

METHODOLOGY OVERVIEW AND LIMITATIONS

The Rapid Response Mechanism (RRM) team from ACF conducted 58 structured, face-to-face household surveys with returnees in Montepuez district on 26 to 27 November 2025: 30 with returned families living in Nquewene and 28 with returned families living in Mahepe. 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.

HUMANITARIAN ACTORS PRESENT IN MONTEPUEZ

Organization	Type	Intervention Sectors
For Afrika	INGO	Multisectoral assistance
Kulima	NNGO	Development

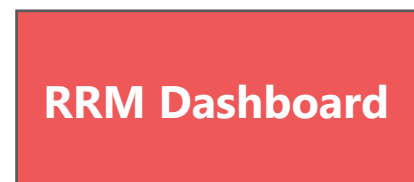
ENDNOTES

1. RRM Mozambique. RRM_ACF_MTZ_23112025. November 2025 (for access, please contact ACF Deputy Area Coordinator for Programs, Capucine Peignier, at dfc-cd@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:



COOPERATING PARTNERS



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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).