

MOZAMBIQUE

Annual Report 2022



MEDECINS SANS FRONTIERES
MÉDICOS SEM FRONTEIRAS



THE MSF CHARTER

Médecins Sans Frontières (MSF) is a private international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honour the following principles:

MSF provides assistance to populations in distress, to victims of natural or manmade disasters and to victims of armed conflict. MSF do so irrespective of race, religion, gender, creed or political convictions.

MSF observes neutrality and impartiality in the name of universal medical ethics and the right to

humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and maintain complete independence from all political, economic or religious powers.

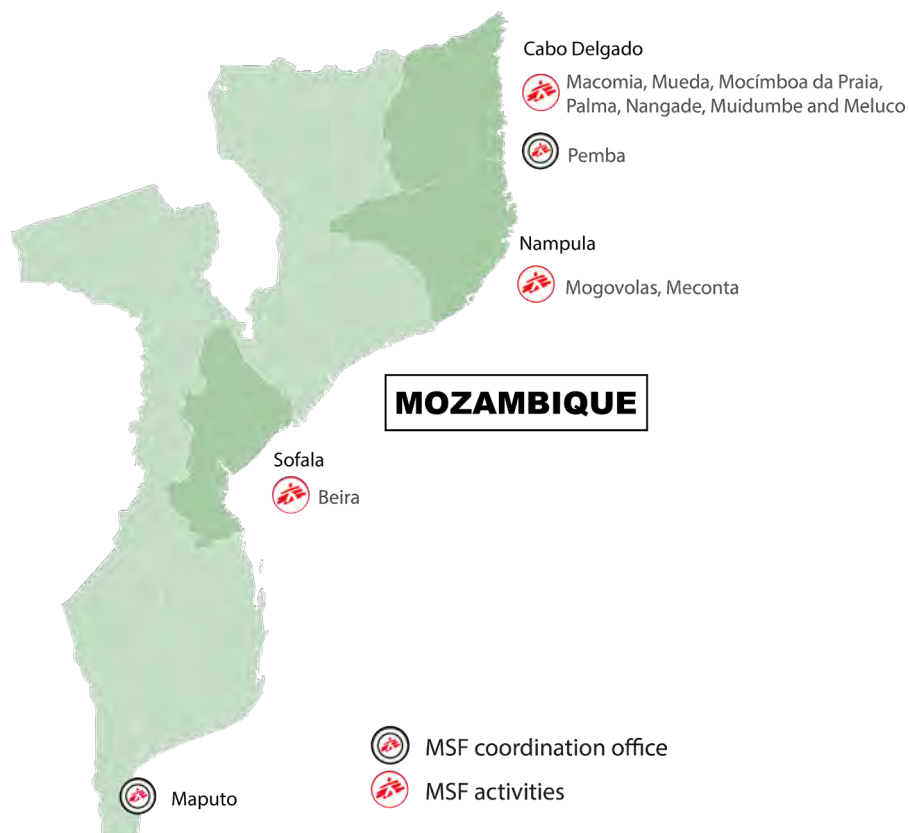
As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

MSF IN MOZAMBIQUE

MSF has been working in Mozambique since 1984, often alongside the Ministry of Health. For almost 40 years, MSF teams have responded to medical and humanitarian needs countrywide, including HIV, tuberculosis, malnutrition, malaria, cholera, natural disasters, COVID-19 and people displaced from their homes due to conflict.

2022 IN REVIEW

SNAPSHOT OF MSF ACTIVITIES IN MOZAMBIQUE



MSF coordination offices:

Maputo
Pemba

MSF activities in 2022:

Cabo Delgado: Ancuabe, Macomia, Meluco, Metuge, Mocímboa da Praia, Montepuez, Mueda, Muidumbe, Nangade, Namuno, Palma,

Nampula: Angoche, Meconta, Mogovolas

Sofala: Beira

Cabo Delgado

MSF has been working in Cabo Delgado since 2019, ensuring access to healthcare for people displaced by the conflict or returning to their homes through community-based services and mobile clinics and through providing support to health centres and local hospitals. In 2022, MSF teams based their activities in Ancuabe, Macomia, Meluco, Metuge, Mocímboa da Praia, Montepuez, Mueda, Muidumbe, Nangade, Namuno and Palma districts. Activities included mental health services, primary and secondary healthcare consultations, health promotion, water and sanitation improvements, and distribution of essential relief items.

Sofala

In Beira, MSF runs a programme offering sexual and reproductive healthcare, including safe abortion care and HIV testing and treatment, to vulnerable adolescents and stigmatised groups, such as sex workers, transgender women, and men who have sex with men. In addition, we provide care for patients with advanced HIV disease at healthcare facilities in the city. In 2018 MSF implemented early diagnosis and treatment to improve the quality of the management of opportunistic infections in patients with advanced HIV disease in Beira Central Hospital's emergency department. In 2021 the project extended its support to 10 health centres in Beira, providing mentoring to Ministry of Health staff in key health centres, and providing sexual and reproductive healthcare and diagnosis and treatment of advanced HIV disease in Beira city.

Nampula

In 2022, MSF began working with the Ministry of Health to build capacity and provide preventive and curative care for vector-borne diseases and neglected tropical diseases, and to provide disease surveillance and preparedness for emergencies such as cholera outbreaks and natural disasters. MSF teams worked in rural health centres in 11 locations in Angoche, Mogovolas and Meconta districts. MSF health promotion and water and sanitation teams also worked with local communities to build up our collective understanding of climate-sensitive health needs and to ensure the best response is provided.

11,077,500

LITRES OF WATER
DISTRIBUTED

465,858

PEOPLE REACHED BY
HEALTH PROMOTION
ACTIVITIES

258,453

OUTPATIENT
CONSULTATIONS

68,674

PARTICIPANTS IN MENTAL
HEALTH GROUP ACTIVITIES

67,696

MALARIA CASES
TREATED

54,233

RESPIRATORY INFECTION
CASES TREATED

33,589

KITS OF ESSENTIAL
RELIEF ITEMS
DISTRIBUTED

21,866

SEXUAL AND REPRODUCTIVE
HEALTHCARE CONSULTATIONS

12,648

EMERGENCY FOOD
RATIONS DISTRIBUTED

10,612

MEDICAL REFERRALS

9,751

DIARRHOEA CASES
TREATED

5,450

INPATIENT
CONSULTATIONS

3,439

MENTAL HEALTH
CONSULTATIONS

2,473

PATIENTS SCREENED
FOR NEGLECTED
TROPICAL DISEASES

2,190

ADVANCED HIV
CASES DETECTED

1,461

MALNUTRITION
CASES TREATED

1,031

BLOOD TRANSFUSIONS
CARRIED OUT

18

FIXED WELLS
INSTALLED

8

BOREHOLES DUG

3

WASTE ZONES
CONSTRUCTED

CABO DELGADO:

FLEXIBILITY AND RESPONSIVENESS AMID FIVE YEARS OF CRISIS

Over one million people^[1] are displaced from their homes and struggling to survive in Cabo Delgado province as a result of the five-year-long conflict between Mozambican



and allied forces and non-state armed groups. Throughout 2022, tens of thousands of people fled sudden outbreaks of violence in different areas of the province, while in other areas previously affected by the conflict, significant numbers of people returned to their homes. Due to this volatile and constantly changing context, we had to remain agile and adaptive. MSF teams worked around the clock to bring medical and humanitarian assistance to the most vulnerable people in Cabo Delgado. These are some highlights of our work:

New displacement of people

Between late January and February 2022, violence in the centre of the province, particularly in Meluco and southern Macomia, drove more than 14,000 people to flee their homes. Families congregated in small villages and towns, such as Mitambo, Ancuabe and Najua, and MSF teams responded by running mobile clinics as well as distributing food, shelter, and hygiene kits.



Throughout June and July 2022, fear of violence followed by confirmed attacks triggered panic and mass movements of people from areas of the province previously considered relatively stable, such as Ancuabe and Chiúre districts, near the provincial capital, Pemba^[2]. More than 80,000 people fled their homes in search of safety as a result^[3]. This was the largest wave of displacement of people in 2022.

MSF teams distributed relief items^[4] in various locations where people were sheltering, including Ntele, in Montepuez district, where more than 1,000 families arrived in late June. Most people fled with few or no possessions and experiencing great psychological distress. From June to August 2022, MSF teams distributed more than **4,000** kits^[5] containing essential relief items including tents, jerrycans, cooking pots and mosquito nets in the districts of Balama, Chiúre, Metuge, Meluco, and Montepuez. In December, MSF also distributed **800** kits in Namuno district.

Handing over activities in Metuge

In 2021, large numbers of displaced people arrived in a very precarious condition in Pemba and Metuge districts. MSF responded quickly and in September 2021 we were the only organisation offering primary healthcare services and improving water and sanitation conditions in resettlement camps in Metuge. Throughout 2022, other humanitarian organisations launched activities in the area.

As an organisation that delivers emergency aid, we are constantly adapting our response to focus efforts where people's needs are most pressing. In March 2022, after preparing health centres for possible outbreaks of diarrhoea, we handed over activities^[6] to the Ministry of Health and other partners. This allowed us to focus our resources on locations in Cabo Delgado where people had little or no humanitarian assistance.

From January 2021 until March 2022, MSF teams in Metuge provided consultations to more than **100,000** patients; of these, around **20,000** were for malaria, around **30,000** were for respiratory infections and around **10,000** were for diarrhoea. MSF teams also provided more than **5,000** women with sexual and reproductive health consultations, family planning or antenatal care, and our psychologists conducted **1,000** counselling sessions. From January to March 2022, our teams also distributed more than **2,500** kits of essential relief items in Metuge.

Scaling up activities in Macomia

MSF had been working in Macomia since Cyclone Kenneth hit the area in April 2019. Unfortunately, MSF teams had to be evacuated in late March 2020, due to an imminent attack, which occurred in late May that same year. Since the evacuation, MSF has been working "in and out", with teams making short visits to support locally-hired staff who continued providing medical care despite the insecurity.

Although Macomia was and remains one of the worst-hit districts in Cabo Delgado province, there is a serious lack of humanitarian access due to the insecurity, leaving thousands of people left to fend for themselves, without health services, clean water or other necessities. In March 2022, the security situation in Macomia town improved enough to allow the complete MSF team to return and scale up activities.

Since then, MSF teams have been running three primary health clinics in Macomia town - Mua gamula, Nanga and Xinavane - as well as regular mobile clinics in remote communities in the district and its surroundings. In addition, in November 2022, at Nanga clinic, MSF began offering HIV-related services and routine vaccinations, and established a 24/7 inpatient facility for deliveries and the stabilisation of complicated cases before referral to Pemba hospital when needed.

In 2022, MSF teams in Macomia provided more than **112,000** primary healthcare consultations and referred more than **600** patients for specialist medical care. At the same time, almost **36,000** patients were treated for malaria and **10,000** women received sexual and reproductive healthcare.

People return to conflict-hit towns

Over recent years, Mozambican armed forces and regional allies have increased their presence in several regions of Cabo Delgado. The hotspots of violence have often shifted geographically, and people have begun to return to places that were previously under attack or under the control of non-state armed groups, such as Palma and Mocímboa da Praia. Many people dream of returning home and rebuilding their lives as farmers, fishermen and community members. However, as the conflict in Cabo Delgado carries on, access to basic services such as healthcare, water, food and shelter, as well as to psychological care, remains a struggle.

In October 2021, MSF began activities in the district of Palma, where thousands of people were gradually returning. MSF teams currently run primary healthcare mobile clinics in four locations: Olumbe, Qiuonga, Mondlane and Mute, and are providing support to Palma hospital.

In 2022, MSF teams in Palma conducted more than **33,000** primary healthcare consultations, treated more than **8,500** patients for malaria, provided health promotion activities to more than **3,000** people, and provided sexual and reproductive healthcare to more than **4,500** women.

In 2022 people also started returning to the district of Mocímboa da Praia^[7], and in September MSF resumed activities in Mocímboa town on a permanent basis. MSF teams had previously run a medical project in the district, but in March 2020 were forced to evacuate the town as the area was being attacked. During the last three months of 2022, MSF teams supported a semi-permanent **16-bed** health facility providing general consultations in the city centre and ran mobile clinics in the most populated neighbourhoods, as well as in some peripheral areas of the district, such as in Quelimane and Diaca. MSF teams also distributed more than **14,700** kits of essential relief items and **1,000** hygiene kits to prevent waterborne diseases. Throughout 2022, MSF conducted more than **22,000** primary healthcare consultations, treated more than **5,000** patients for malaria, and provided health promotion activities to almost **61,000** people in Mocímboa da Praia^[8].



Strengthening capacity and reaching remote communities in hard-to-reach areas



In collaboration with the Ministry of Health in Mozambique, MSF always aims to strengthen the local workforce and work alongside communities through health promotion teams and community health workers - or *please italicize (APE)* - in order to reach those most in need.

Since March 2021, MSF has provided specialist medical care at Mueda rural hospital^[9], the only functional hospital that also covers the districts of Muidumbe and Nangade. In addition to this, MSF provides primary health care through Mobile Clinics as well as health promotion activities, mental health

support, water and sanitation activities and the distribution of relief items in settlements for internally displaced people in the district.

In 2022, MSF teams in Mueda provided more than **40,000** primary healthcare consultations and more than **3,500** inpatient consultations, and referred almost **10,000** patients for specialist medical care. Additionally, more than **57,000** people attended mental health group activities and more than **236,000** people attended health promotion group activities. MSF also distributed **7,250** kits of essential relief items in Mueda. Throughout the year, MSF also provided support with rehabilitation works at Mueda rural hospital.

From Mueda, MSF teams also provided medical care and humanitarian aid in remote areas that have been hit by the conflict and where the health system is severely weakened in the districts of Muidumbe and Nangade. These activities included providing primary healthcare through mobile clinics, mental health and health promotion activities, distributing essential relief items, and water and sanitation activities. MSF also prioritised areas with a high number of internally displaced people, such as the settlements in Nangade, from where MSF supports referrals of urgent patients to Mueda Hospital.

In 2022, MSF supported the rehabilitation of Health Centres in Mpeme, Mueda District; Ntoli and Ntamba, Nangade district; and Diaca, Mocimboa da Praia District. In addition to this, MSF refurbished the houses of staff working at the Health Centres to facilitate their stay in these areas.

Lastly, in Meluco district, MSF distributed **1,650** kits of essential relief items, repaired the rainwater collection system in Meluco Health Center, and donated a vehicle to support medical activities

The humanitarian crisis is still far from over

Since 2017, communities in Cabo Delgado have lived in constant fear and continue to experience trauma and loss. Many have witnessed killings; others have lost contact with their relatives and still do not know where they are. Living through such a prolonged conflict, with little-to-no prospect of a stable future, brings with it profound mental health consequences. Acute stress and anxiety due to uncertainty and lack of prospects, as well as loss and grief, are the main reasons people seek mental health consultations at our projects^[10].

Despite the clear need for much more aid and for responses in hard-to-reach areas, many humanitarian organisations struggled in 2022 to secure funding to respond to the crisis in Cabo Delgado. In some of these areas, particularly in northern and central regions of the province, assistance in 2022 was very limited, as was the case in previous years. In districts such as Macomia and Mocímboa da Praia, MSF was the only international humanitarian organisation working on a permanent basis, and in Nangade, Muidumbe and Meluco, the only one to run regular activities. More needs to be done so that people in hard-to-reach areas of Cabo Delgado have access to lifesaving support.

As long as we can ensure that our teams are safe, MSF will continue to strive to reach the people with the greatest needs in the province, wherever they are. With such huge humanitarian needs, it is critical that people can access assistance, not only to prevent an even bigger humanitarian disaster from unfolding, but also to bring humanity and hope to over one million people struggling to survive amid a forgotten crisis.

VOICES FROM CABO DELGADO



MARIA

Displaced person | July 2022

“The day there was an attack in my village, I fled towards Montepuez and my husband towards the capital, Pemba. I had a ‘machamba’ –land for growing food– where I planted rice, sugar cane, banana trees... and I left everything behind; I only came with the clothes I am wearing now. At the moment, I am also looking after an orphaned child whose father was killed and whose mother was kidnapped. My dream is that this war will end and we can return to our land.”

JOSUEL MOREIRA

MSF psychologist in Palma | August 2022

“Some people have the courage and desire to go back to where they are from, but others, because of the kinds of events they have experienced, prefer not to risk going back until they are sure that things are good. This shows us that both the experiences, as well as the feelings associated with these past experiences, are still vivid and people still carry them. You can’t even call it post-traumatic stress; the trauma is still there.”



ABDALLA ANTÓNIO

Displaced person | July 2022

“We’re starting from scratch here. We need many things because we left everything we had behind. I fled Ancuabe with my two children. At the moment, I don’t know where their mother is. When my village was attacked, each one of us fled in a different direction and I still haven’t been able to get in touch with her. I hope she will call me, that she will remember my number, so we can all reunite.”



ATIJA

MSF traditional birth attendant and displaced person | May 2022

“I am 66 years old and live in Eduardo Mondlane camp, in Mueda. I work for MSF as a traditional birth attendant and help more than 100 women in the camp. I organise talks with pregnant women to pass on health promotion messages and practical information, and to let them know about MSF’s transport services to the hospital. When I arrived here, this place was a forest. Some good people helped me to get settled. Now I can also help pregnant women. I know they need my support.”

AGY AGY

MSF logistics supervisor and displaced person | July 2022

“I am in charge of doing distributions of relief items in various areas of Cabo Delgado. I started working for MSF in my hometown, Mocímboa da Praia, but I was forced to move to the south of the province when the town came under attack for the second time, in 2020. I really enjoy my work. I am very happy when I feel the satisfaction of helping others. People always arrive in poor shape. Many arrive with nothing, not even shelter. We distribute things like plastic sheeting, blankets, pots and pans and toothbrushes. Those things can be very useful. For me this is very moving, because I went through the same situation.”





BEIRA:

WORKING HAND IN HAND WITH HEALTH WORKERS AND COMMUNITIES TO FIGHT STIGMA AND VIOLENCE

MSF teams work closely with vulnerable and marginalized groups in Beira, including men who have sex

sex with men, transgender women, sex workers, and at risk youth involved in sex work, to ensure that they feel safe and can access medical care in a timely manner.

An innovative approach to improving healthcare

Certain vulnerable population groups – including sex workers, at-risk youth involved in transactional sex, men who have sex with men and transgender people – are commonly identified as being at a higher risk of HIV infection, because they are more likely to be engaged in HIV-related risk behaviours.

HIV prevalence in Mozambique among sex workers, injectable drug users, prisoners, and men who have sex with men tends to be higher than among the general population (28,7% among key population compared to 13% within the general populations), while 30% of new HIV infections occur among female sex workers, clients of female sex workers, and partners of sex workers.

Despite this situation, HIV services are largely inadequate for these key population groups, who face barriers accessing health services due to stigma and discrimination, in particular men who have sex with men. National key population-friendly guidelines were introduced in 2016, although these have not yet been fully implemented at the health centre level.

For this reason, in 2021, in collaboration with the Ministry of Health, MSF teams in Beira started implementing guidelines specific to stigmatised groups through a 5-to-10 week mentorship programme, which includes providing training focused on advanced HIV disease covering paediatric care, sexual and reproductive health, nursing, and laboratory skills^[11]. MSF staff accompanied and provided on-job training to local Ministry of Health staff during their day-to-day activities and helped raise their awareness of the importance and benefits of ensuring that vulnerable and marginalised groups have access to healthcare. By the end of 2022, teams in MSF's Beira project had completed mentoring programmes in four health centres.

Stigmatised groups take more ownership of their health



At community level, MSF teams have implemented a peer-led strategy with the goal of creating a trusting environment where all people feel comfortable accessing healthcare^[12]. The strategy relies on peer educators within the community who are themselves sex workers, men who have sex with men, transgender people or at-risk youth involved in transactional sex. By using a peer-led strategy, more people are receiving sexual and reproductive healthcare, as well as being provided with information, services and tools to prevent, diagnose and treat sexually transmitted infections, including HIV. Throughout 2022, this programme continued to mobilise people to improve their own health and support at-high risk people in their own communities.

As a result of capacity-building efforts for peer educators and new tailored programmes run by MSF in 2022, the number of sex workers enrolled in MSF community services increased by 9 per cent compared to the previous year, and the number of at-risk youth increased by 22 per cent. Also, in 2022, all sexual and gender-based violence (SGBV) cases reported to a peer educator received medical care within 72 hours.

MSF calls for safety of sex workers after brutal murders

In October 2022, following a series of brutal murders apparently targeting women, two sex workers who were part of MSF's community programme were killed in Beira^[13]. This provoked widespread fear amongst sex workers in the city; it also created even more barriers to accessing healthcare and to reporting incidents of SGBV for an already marginalised and stigmatised population.

Patients who experience SGBV need medical care within 72 hours after the incident in order to prevent unwanted pregnancy and possible HIV infection; they also need mental health support. In addition, HIV patients who delay seeking care risk a deterioration in their health and present a greater risk of community transmission. Sex workers and vulnerable women need to have safe spaces to seek healthcare, report SGBV incidents and be free of further structural violence.

Following the murders, MSF teams in Beira together with local authorities, notably the police, and non-profit and civil society organisations in Beira stepped up health promotion activities and trainings on SGBV prevention and care for sex workers. Along with civil society organisations, MSF teams took part in a march to denounce the murders and safeguard the rights of sex workers. MSF called for increased safeguarding of people engaged in sex work in Beira, as well as the mobilisation of authorities, civil society and non-governmental organisations in the region to advocate for the health and wellbeing of sex workers.

VOICES FROM BEIRA

ISABEL CUSTODIO

Clinical officer at Inhamizua health centre, Beira |
February 2022



“Quite often people in marginalised groups don’t identify themselves as sex workers or people living with HIV. They are fearful of prejudice. Imagine you are in a vulnerable position, seeking medical assistance, and the same person who is supposed to help you is pointing a finger at you - how would you feel? MSF’s mentorship programme is trying to change that behaviour. Now we understand that we need to involve these people in our services, we need to offer a friendly environment for them, so that they can trust us and receive the healthcare they need.”

DOMINGAS

MSF peer educator for sex workers, Beira |
May 2022

“Without a peer educator, it’s very hard to know who is at risk in the community. At first, people didn’t fully trust me, but nowadays they see me in uniform and they respect me. I talk a lot to girls about the importance of knowing about their own health and about the risks they are exposed to, depending on what they decide to do. It’s very gratifying work.”





NORCE

MSF peer educator for men who have sex with men in Beira | May 2022

"I used to go to the clinics and listen to the talks. From time to time, I would call to ask for advice too. After a while, I had the opportunity to apply to become a peer educator. I had learned a lot and knew a lot of people in the community because I own a barber's shop here."

MARIA

Sex worker, Beira | November 2022

"[Since the murders] we're not living freely. We're not leaving our houses anymore. When we do leave, we try to walk in groups. At night, we don't open our doors for customers because we're scared, so we're losing work. How are we going to make ends meet? How are we going to pay the rent? We are traumatised. My colleague who was murdered left three daughters behind."





NAMPULA:

HEALTHCARE IN A WARMING WORLD

Mozambique is one of the most vulnerable countries in the world to the effects of climate change and the high burden of climate-sensitive diseases.

Recognising people's high health needs, and challenges in the diagnosis, prevention and treatment of neglected tropical diseases and severe malaria in the province of Nampula, MSF started a new project in the region in 2022 in collaboration with the Ministry of Health.

Malaria and neglected tropical diseases such as schistosomiasis and lymphatic filariasis^[14] are particularly prevalent in Nampula, which is also prone to extreme weather events. Local communities in the province have told us that malaria, which used to break-out mainly during the rainy season, is now making people sick all year round.^[15] The rains appear to have changed their pattern and frequency over the past decade: they now occur during a shorter period but release greater quantities of water in heavier and more intense rainfall, resulting in the creation of lots of little puddles in which mosquitoes breed throughout the year. The heavy rains also wash away crops and impact agricultural yields, affecting food production and people's incomes.

Building healthcare capacity in the most vulnerable regions of the province

In July 2022, MSF started working with local health responders to build their capacity so they could provide care most suited to the needs of the local population. MSF teams also worked alongside Ministry of Health staff to diagnose and treat patients with neglected tropical diseases in eight rural health centres in Mogovolas district. Over the course of the year, MSF teams tested more than **2,400** people for neglected tropical diseases.

In May 2022, we also established a blood bank to provide lifesaving transfusions for people suffering from medical complications related to neglected tropical diseases, severe malaria, childbirth and physical trauma. Before the blood bank was established, people in remote communities across the region who needed a blood transfusion had to make risky journeys of up to 70 km to Nampula central hospital. In 2022, more than **300** people from remote communities benefited from blood transfusions enabled by the new blood bank.

Water, sanitation, hygiene and health promotion in isolated communities

In 2022, MSF's water and sanitation activities focused on ensuring basic needs were met in the health centres we support, which serve hard-to-reach communities. This included installing new solar-powered water supply systems, sanitation facilities and safer waste zones to treat medical waste.

Our health promoters, who work within health facilities and visit people's homes, are a direct link with the communities we serve. Their activities play a vital role in ensuring medical activities are accessible and relevant. In 2022, more than **19,500** people attended MSF health promotion group activities in Mongovolas district, Nampula province.

In 2022, MSF also worked with local communities to build up collective knowledge of climate-sensitive needs in cases of emergencies and natural disasters, such as anticipatory measures for a cholera outbreak response.

VOICES FROM NAMPULA



MR MUHEVA

Patient with lymphatic filariasis | September 2022

“Because of this disease, I can no longer work and have a source of income. I used to grow crops and didn’t have any problems. I used to grow cereals and vegetables to feed my family. Today I am forced to spend most of my time sitting at home because of the size of my scrotum. It’s impossible for me to walk and I’m completely dependent on my wife, who continues to work with the crops, in the fields. In a way this disease has ended my life.”

MERCIA

Blood donor | August 2022

“I came here to donate blood after MSF’s awareness-raising session on blood donation. I am motivated by the fact that this can save lives. Each one of us, at some point in life, has something to offer to help someone else who is in need. I think I will donate blood more often.”



ADAMO PALAME

MSF health promotion supervisor | September 2022

“The biggest challenges we face as health promoters has to do with beliefs and explaining the dangers of some of these diseases. In the communities, people believe it’s normal to have schistosomiasis. They don’t think urinating blood is a problem, for instance, especially with children. Other people believe that having a hydrocele - a type of swelling in the scrotum caused by lymphatic filariasis - means having virility. Many times, people do not realise that it could be a problem until a very late stage.”

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[1] International Organization for Migration (IOM); Northern Mozambique Crisis – DTM Baseline Assessment Abridged Report Round 17 - <https://dtm.iom.int/reports/mozambique-mobility-tracking-assessment-report-17-november-2022?close=true>

[2] <https://www.youtube.com/watch?v=An5aTDyiFCE>

[3] OCHA Situation Report – Displacement influx in Cabo Delgado and Nampula, Mozambique, 1 June to 21 July 2022 - <https://reliefweb.int/report/mozambique/mozambique-displacement-influx-cabo-delgado-and-nampula-provinces-situation-report-no-1-enpt>

[4] <https://www.youtube.com/watch?v=FIQKLvQLho>

[5] <https://www.msf.org/mozambique-tens-thousands-people-displaced-conflict-need-essential-items-cabo-delgado>

[6] <https://www.msf.org.za/news-and-resources/press-release/handling-over-and-scaling-cabo-delgado-flexibility-and>

[7] <https://www.msf.org/adapting-healthcare-people-cabo-delgado-flee-or-return-mozambique>

[8] <https://www.msf.org.za/news-and-resources/latest-news/msf-provides-healthcare-moc-mboa-da-praia-thousands-displaced-people>

[9] <https://www.msf.org/overcoming-challenges-having-safe-pregnancy-mozambique>

[10] <https://www.msf.org/mozambique-fear-and-displacement-continue-after-five-years-conflict-cabo-delgado>

[11] <https://www.msf.org.za/news-and-resources/latest-news/innovative-approach-improve-healthcare-marginalised-groups-beira>

[12] <https://www.msf.org.za/news-and-resources/latest-news/stigmatised-groups-beira-taking-more-ownership-their-health>

[13] <https://www.msf.org.za/news-and-resources/press-release/msf-condemns-killing-beira-sex-workers-and-calls-their-safety>

[14] Parasites spread via water-dwelling snails and mosquitoes, respectively, and thus are very sensitive to environmental conditions and climate change.

[15] <https://vimeo.com/782500962>

