

A Year in Review

ANNUAL REPORT 2025



Mozambique



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A year of Conflict, Displacement and Escalating Crises

2025 was marked by a **sharp deterioration of the humanitarian situation in northern Mozambique**. In Cabo Delgado, the armed conflict between Islamic State Mozambique (ISM), government and regional forces entered its 8th year. ISM attacks intensified in frequency and geographic reach, triggering repeated and large-scale population movements. For the first time in several years, attacks reached strategic urban centres such as Palma, while insecurity also spread into the neighbouring provinces of Nampula and Niassa.

The **protracted conflict** has resulted in significant humanitarian, economic and social challenges. Violence has caused widespread displacement, with hundreds of thousands of people forced to flee their homes, exposing them to different forms of violence and leading to a humanitarian crisis characterised by food insecurity, limited access to healthcare, protection issues and disrupted education. The conflict has also hampered local economic activities, particularly agriculture and resource extraction, undermining regional development and livelihoods.

This escalation unfolded in a **context of chronic poverty, fragile health infrastructure and limited access to basic services**. Families fleeing violence often seek refuge in host communities or displacement sites where resources are stretched. Both displaced people and residents have endured years of instability, with limited or no regular access to healthcare, food, adequate shelter or safe water. During emergency responses, MSF teams observed that some people were accessing essential and routine health services, such as antenatal care, for the first time.

Women and children represent a large proportion of those affected by the conflict and face heightened risks, including exposure to violence, abuse and exploitation, as well as barriers to care. Repeated displacement further disrupts livelihoods, social networks and continuity of treatment for **people living with chronic conditions**.

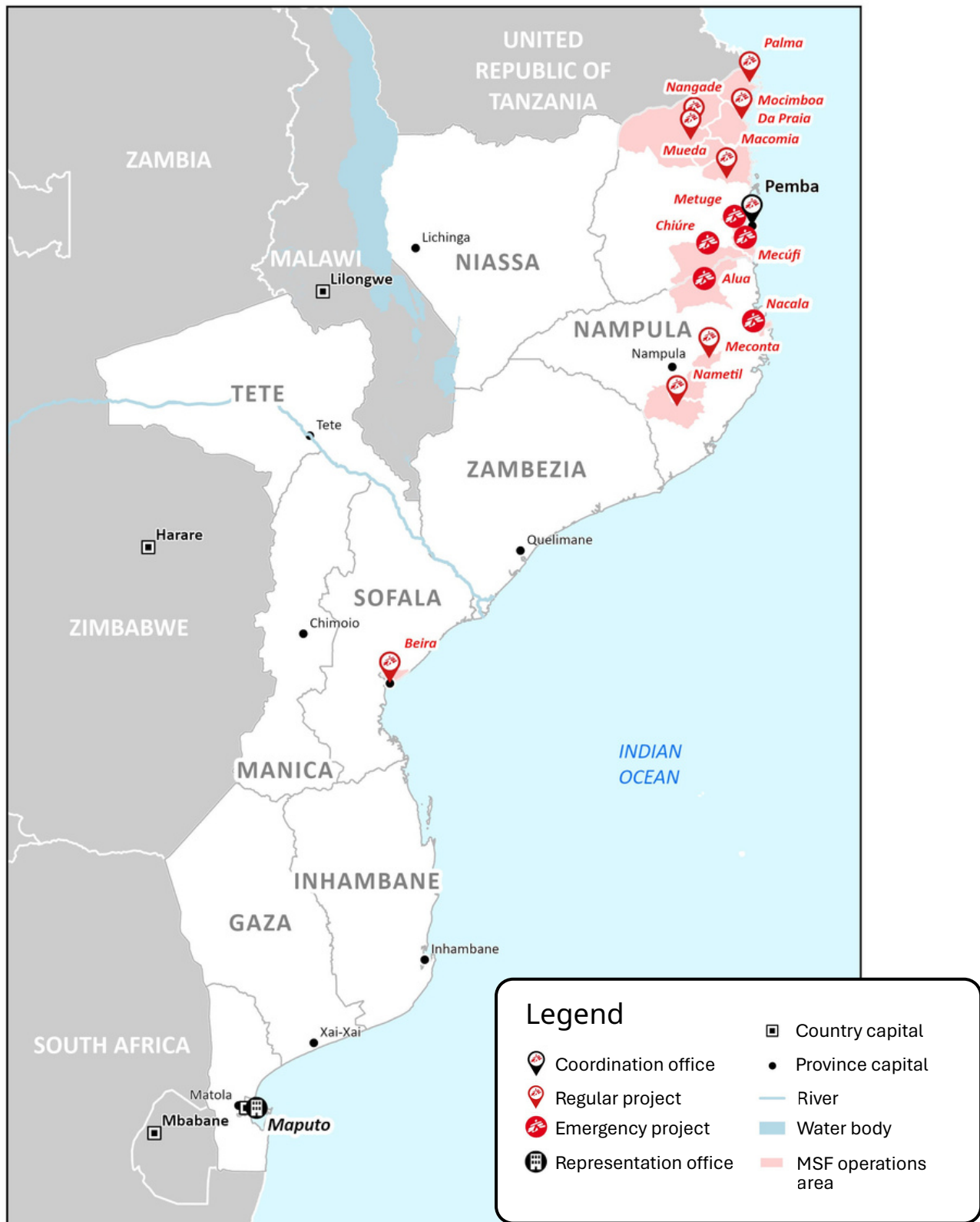
Mozambique is also vulnerable to **disasters linked to climate change**, such as droughts, floods and cyclones,

due to its long coastline and location downstream of nine major rivers. Over the past two decades, the frequency and intensity of these events have increased, exacerbating humanitarian needs and compounding existing social, economic and health system fragilities.

Floods and cyclones remain a recurrent feature of this prolonged and often neglected crisis. During the 2024–2025 rainy season, northern Mozambique was hit by three cyclones: Chido in late December 2024, Dikeledi in January 2025 and Jude in March 2025, affecting more than 1.4 million people. The cyclones damaged homes, businesses, health facilities and essential infrastructure, further increasing humanitarian needs. **Cholera outbreaks** have historically followed cyclones, driven by poor sanitation conditions, while flooding and storm damage also trigger additional displacement and strain access to shelter, food and basic healthcare. All this unfolds at a time when **humanitarian funding** across Mozambique and globally continues to decline, including the stop work orders issued by the US that disrupted the health programmes they funded.

Against this backdrop, Médecins Sans Frontières (MSF) continued to provide medical and humanitarian assistance, adapting its operations to a rapidly evolving context to provide care to populations affected by the combined effects of conflict, displacement and climate-related shocks.

MSF PRESENCE IN MOZAMBIQUE 2025



2025 IN NUMBERS

January - December



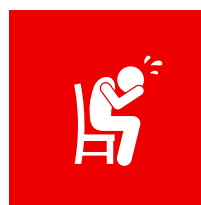
113,382

Outpatient consultations



48,918

Malaria cases treated



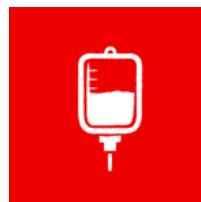
2,016

Mental health consultations



4,660

Diarrhoea cases treated



1,804

Blood transfusions



337

Malnutrition cases treated



14,869

Respiratory infection cases treated



7,500

Child births assisted



784,666

Participants in health promotion group activities



20,277

Medical referrals



29,253

Sexual and reproductive health consultations



11,710

Advanced HIV cases detected



575

Essential relief items kits distributed

PROJECT HIGHLIGHTS



MUEDA, NANGADE AND MUIDUMBE

2021-2025

SUPPORT TO HOSPITAL AND HEALTH CENTRE SERVICES

MSF supported services at Mueda District Hospital and health centres in Nangade and Muidumbe, including maternity, emergency, paediatric and HIV/TB care, as well as IPC and WASH activities.

COMMUNITY HEALTH AND OUTREACH

We worked with community health workers (APEs), health promoters and traditional birth attendants (matronas) to strengthen early detection, health promotion, outbreak surveillance and links between communities and health facilities.

IMPROVED REFERRAL PATHWAYS

Coordination between communities, health centers and hospitals improved timely referrals for obstetric emergencies, mental health, and other critical conditions.

MENTAL HEALTH AND COMMUNITY-BASED APPROACH

Mental health care was fully integrated across hospital, health centres and community levels. This improved access to services and adherence to treatment for particularly vulnerable populations.

Map 2: Mueda district



TRANSITION TO MOH-LED SERVICES

As the project moved towards closure, we focused on supporting MoH-led health services through capacity strengthening, on-the-job training and collaboration with health authorities, contributing to the continuity of key services. We remained proactive during displacement waves, addressing the increased needs of communities in displacement camps.

2021-2025 ACTIVITY HIGHLIGHTS

● **258,000**

Outpatient consultations

♥ **12,268**

Child births assisted

◆ **32,933**

Medical referrals

⚙ **7,436**

Mental health consultations

▲ **62,083**

Malaria cases treated

✱ **11,145**

Diarrhoea cases treated

✖ **7,675**

Sexual and reproductive health consultations

✖ **208,300**

Participants in mental health group activities

MACOMIA

2019-ONGOING

RESUMPTION OF SERVICES

Following the May 2024 attack¹, we resumed activities in March 2025 with an adapted strategy. Healthcare services were closely integrated with the MoH at Macomia Health Centre, the district's only fully operational facility, to improve quality and coverage.

RE-LAUNCH OF MOBILE CLINICS

Besides regular referrals, distributions of health material and community outreach activities, the Muagamula mobile clinic was reactivated to reach remote villages, operating five days a week. Consultations increased steadily from 231 in July to 1,324 in October.

NEW INITIATIVES

We expanded activities starting the construction of an operating theatre at Macomia Health Centre, digging boreholes in Muagamula displacement camps, distributing toilet slabs and shelter plastics, and providing meals for inpatients.

Map 3: Macomia district



FOCUS ON MATERNAL HEALTH

A consistent rise in the number of women delivering at Macomia Health Centre was observed, driven by improved access to care and incentives like "mama kits". The construction of the operating theatre is expected to address a critical gap in secondary-level care, reducing the need for referrals to Pemba.

2025 ACTIVITY HIGHLIGHTS

● **9,171**

Outpatient consultations

✚ **16,928**

Sexual and reproductive health consultations

⚙ **180**

Mental health consultations

♥ **2,642**

Child births assisted

▲ **1,709**

Malaria cases treated

◆ **279**

Medical referrals

✳ **385**

Diarrhoea cases treated

✳ **661**

People who tested positive for HIV initiated treatment



MOCÍMBOA DA PRAIA

2019-ONGOING

HEALTHCARE IN A CONTEXT OF ARMED CONFLICT

We continued working alongside the MoH in three health centres in the district as well as in the maternity, neonatology, in-patient and emergency departments at Mocímboa da Praia Rural Hospital. Priorities included diagnosis and treatment for TB and HIV infections, care for survivors of sexual violence, mental health activities, and the strengthening of referral pathways to ensure continuity of care despite ongoing access constraints. Following a suspension of activities in late September due to insecurity, we progressively resumed operations in December 2025.

COMMUNITY ENGAGEMENT AND INTEGRATED MENTAL HEALTH CARE

Mental health services were integrated across hospital and community-based activities, through individual and group sessions as well as remote consultations during periods of restricted movement. Community engagement focused on maintaining links with traditional birth attendants (matronas), supporting safe abortion care through the

Map 4: Mocímboa da Praia district



provision of kits, initiating collaboration with health and hygiene committees, and strengthening community-based identification and referral of patients to health facilities.

2025 ACTIVITY HIGHLIGHTS

● **90,326**

Outpatient consultations

✕ **16,299**

Sexual and reproductive health consultations

⚙️ **1,344**

Mental health consultations

♥️ **3,706**

Child births assisted

▲ **29,820**

Malaria cases treated

◆ **13,291**

Medical referrals

✳️ **2,029**

Diarrhoea cases treated

✳️ **21,653**

Participants in mental health group activities

EMERGENCY RESPONSE IN DISPLACEMENT CAMPS

MSF teams conducted emergency interventions in Nanili and Cooperativa displacement camps, focusing on referral mechanisms to MoH primary healthcare facilities, mental health and health promotion in a context of overstretched services. We also distributed shelter kits and constructed latrines and showers to improve basic living conditions of residents and displaced people living in the camps.



PALMA

2021-ONGOING

SUSTAINED ACCESS TO ESSENTIAL HEALTHCARE AMID INSECURITY

Following the restart of mobile clinics in Pundanhur, Nhica do Rovuma and Eduardo Mondlane in March, we provided primary healthcare, sexual and reproductive health services, mental health consultations and referrals, reaching several hundred patients each month in communities with limited access to health facilities. Activities were adapted to fluctuating security conditions, with temporary suspensions in Pundanhur and Nhica do Rovuma between August and October.

SUPPORT TO PUBLIC HEALTH SERVICES

MSF teams provided technical and pharmaceutical support to MoH facilities, contributing to the continuity of outpatient care and referrals, particularly for pregnant women, children and patients with chronic conditions. We also implemented mentoring programmes for MoH professionals, strengthening clinical capacity in a context of recurrent service disruptions. In parallel, we constructed a community centre, waste management zones and latrines to improve the functioning of health services.

Map 5: Palma district



STRENGTHENING HIV AND TB CARE

In October 2025, we launched a Test and Treat campaign for HIV and TB, reinforcing early diagnosis and continuity of care for chronic patients. Throughout the year, we reinforced MoH HIV and TB activities by deploying lay counsellors and community health mobilisers, helping maintain follow-up, adherence and linkage to care.

INTEGRATED MENTAL HEALTH AND PSYCHOSOCIAL SERVICES

Mental health care was embedded within mobile clinics and delivered through community-based approaches. In 2025, dozens of new patients were enrolled each month, reflecting both rising mental health needs and improved community awareness and acceptance of available services.

2025 ACTIVITY HIGHLIGHTS

● **8,121**

Outpatient consultations

♥ **1,262**

Child births assisted

▲ **2,335**

Malaria cases treated

✖ **1,473**

Sexual and reproductive health consultations

✱ **129**

Mental health consultations

⚙ **128**

Medical referrals

◆ **249**

Advanced HIV cases detected

✖ **88**

People who tested positive for HIV initiated treatment



BEIRA

2014-2025

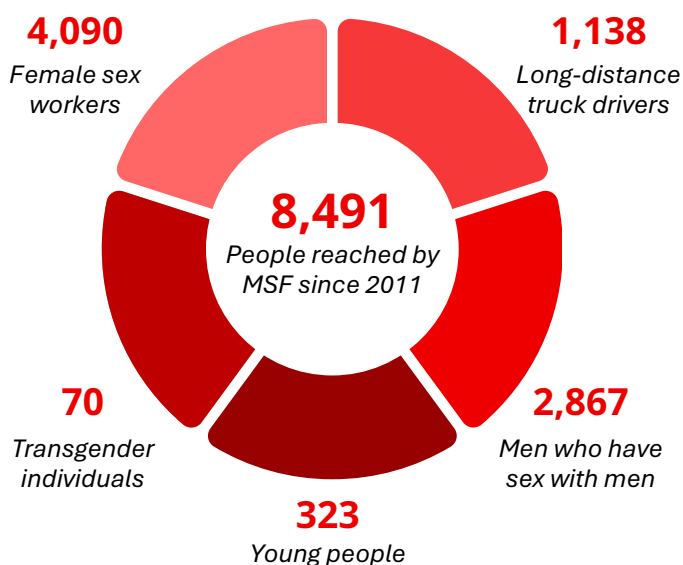
11 YEARS OF HIV CARE, WITH OPERATIONAL RESEARCH ONGOING

In 2025, we concluded a project in Beira after more than a decade of continuous presence, marking the end of major contributions to HIV prevention, treatment and care for populations at higher risk of infection. While clinical activities were successfully handed over to the MoH, we continue to run an operational research study on long-acting injectable PrEP (CAB-LA), contributing evidence to inform future HIV prevention strategies and innovative approaches.

COMMUNITY-CENTRED, PEER-LED APPROACH

Since 2014, MSF teams implemented a community-driven, peer-led model integrated with sexual and reproductive health services, providing comprehensive care tailored to vulnerable groups.

HIGHLIGHTS PEOPLE REACHED BY MSF SINCE 2011²



Map 6: Beira district



CAPACITY STRENGTHENING AND INNOVATION

Over the years, we attended and treated thousands of patients, trained and mentored more than 600 health professionals and introduced innovative models such as decentralised advanced HIV care using point-of-care screening by trained lay workers, and community-based services for key populations offering HIV and sexual and reproductive health care, PrEP and PEP.

CHALLENGES FOR HIV PROGRAMME SUSTAINABILITY

The closure occurred amid growing concerns over global funding cuts announced in 2025, which threaten long-term financing for HIV services. These cuts raise fears of reduced access to care for vulnerable populations and potential setbacks in treatment continuity and prevention efforts.



CLIMATE SHOCKS: A RECURRING, INTENSIFYING CHALLENGE

In 2025, **climate shocks continued to act as a driver of humanitarian needs** in Mozambique, particularly in the north. Cyclones, heavy rains and flooding have become recurrent phenomena, repeatedly striking communities already living through conflict, displacement and chronic poverty. Each new shock compounds existing vulnerabilities, damaging homes, small businesses, health facilities and essential infrastructure, and further limiting access to basic services.

The impact of **cyclone Chido**, which hit northern Mozambique in December 2024, extended well into the first months of 2025. Heavy rains and flooding caused widespread destruction across Mecufi, Metuge and Chiúre districts, as well as in the city of Pemba. Health facilities were damaged, water and sanitation systems disrupted and entire communities were left without safe drinking water, shelter or reliable access to healthcare. According to Mozambique's National Institute for Natural Disaster (INGD), cyclone Chido resulted in **120 deaths, 868 injured, and over 400,000 people affected**.³

In response, MSF launched an emergency intervention in Cabo Delgado, prioritising the continuity of essential health services while responding to the immediate consequences of the cyclone. Between 24 December 2024 and 7 February 2025, MSF teams carried out **nearly 7,000 general medical consultations** and **200 antenatal consultations**, assisting **over 70 deliveries** at health centres in Mecufi and Metuge districts. Most of the consultations were for **malaria and diarrheal diseases**, reflecting the direct health impact of flooding, stagnant water and lack of safe water supplies.

Water, sanitation and hygiene (WASH) activities were a critical component of the response. We provided **85,000 litres of safe drinking water** to people affected by the cyclone; we rehabilitated **five blocks of latrines**, installed



emergency showers and handwashing points in the two main health centres of Mecufi and Metuge districts, helping to reduce the risk of disease outbreaks in and around health facilities; we also distributed **mosquito nets to pregnant women**, strengthening malaria prevention at a time of heightened transmission risk.

To ensure continuity of care, MSF logistics teams carried out urgent **repairs to damaged health facilities**, including maternity wards, consultation rooms and vaccination areas. Medicines and medical consumables were donated to affected facilities to address shortages and support overstretched health services during the emergency.

Mental health and psychosocial services were integrated throughout the response. Many people affected by cyclone Chido had already experienced violence or displacement, and the loss of homes, livelihoods and loved ones only intensified distress. MSF teams provided psychological first aid and ongoing mental health support to people presenting symptoms of anxiety, trauma and grief.

Two subsequent cyclones, Dikeledi and Jude, struck Mozambique south of Cabo Delgado in January and March 2025 respectively. Together, cyclone Chido, Dikeledi and Jude affected more than 1.4 million people in northern Mozambique.⁴ Besides hampering recovery efforts, the series of cyclones highlighted a pattern that can be observed globally but for which not all countries are equally responsible nor prepared: **climate shocks are not isolated emergencies but structural drivers of humanitarian needs**. In contexts where conflict, displacement and climate-related disasters overlap, communities and health systems are repeatedly exposed to pressure. The need for sustained, flexible and rapid humanitarian responses is not going to disappear.



“

“Many people in the communities are traumatised by the tragedy and are trying to find the strength to move forward. Some people experience nightmares and difficulties eating or sleeping. For those who have lost family members, rebuilding their lives is even more challenging, as they are often marked by deep sadness, severe and frequent headaches, heart palpitations, and depression.”⁵

Basílio Jamal,
MSF mental health counsellor

CYCLONE CHIDO IN FIGURES⁶

6,847

General medical consultations provided

85,000 L

Of safe drinking water distributed

*** 73**

Child births assisted in health centres

▲ 200

Antenatal consultations provided

◆ 200

Mosquito nets distributed to pregnant women

◆ 5

Latrine blocks rehabilitated

● 3

Emergency showers

*** 15**

Handwashing points installed

ESCALATING VIOLENCE & FORCED DISPLACEMENT

2025 was marked by repeated, large-scale waves of forced displacement across northern Mozambique, driven by violence and fear. In Cabo Delgado and Nampula provinces, incidents involving ISM, governmental and regional armed forces resulted in hundreds of thousands of people being uprooted yet again from their homes and seeking refuge in host communities, transit centres and displacement sites with precarious access to basic services.

Both displaced families and long-term residents live in dire conditions, marked by precarious housing, limited access to food, shelter and clean water, and a chronic lack of access to essential healthcare. Our teams working in regular projects and emergency interventions highlighted the scale of unmet health needs, with populations increasingly exposed to protection risks and severe health consequences as the conflict persists.

JULY – AUGUST 2025: ESCALATION OF INCIDENTS

Between **24 July and 3 August 2025**, attacks in Chiúre Velho and surroundings, in southern Cabo Delgado, triggered one of the largest waves of sudden displacement of the year. Nearly **50,000 people** arrived in Chiúre Sede, many after walking for days over long distances.

In response, we launched an emergency health intervention⁷ in late July, focusing on two temporary resettlement centres and transit sites in Chiúre Sede. Over the six-week intervention, MSF teams provided more than 4,500 general medical consultations, treated malaria and water-borne diseases, conducted almost 400 antenatal consultations and delivered mental health services to approximately 4,000 people. We also ensured supplies of 600,000 litres of clean water and rehabilitated sanitation and hygiene infrastructure.

SEPTEMBER – OCTOBER 2025: ATTACKS AND THREATS ON THE 8-YEAR ANNIVERSARY OF THE CONFLICT

As violence intensified in **late September and October**, renewed displacement forced more than **92,000 people** to flee across Cabo Delgado and neighbouring Nampula provinces.

People fled following attacks and threats in districts including Mocímboa da Praia, Macomia, Muidumbe and parts of Ancuabe, with around **23,000 people arriving in Mueda alone**.

We scaled up activities in Mueda district, in three displacement camps where we had longstanding operations (Eduardo Mondlane, Lianda and Nandimba) and extended emergency support into Nanili and Cooperativa displacement sites in Mocímboa da Praia district.

Teams reinforced outpatient medical care, hygiene promotion, community outreach, disease prevention messaging, and facilitated referrals for severe cases, including maternal health and emergency care.

NOVEMBER – DECEMBER 2025: THE LARGEST WAVE OF DISPLACEMENT OF 2025

Towards the end of the year, northern Mozambique experienced the largest wave of displacement in 2025, with estimates reporting more than **100,000 people** forced to flee their homes⁸ across Nampula province in November alone. Two-thirds of them were children. In total, **over 300,000 people were displaced across northern provinces since late July**.⁹



MENTAL HEALTH AS A CORE COMPONENT OF HUMANITA- RIAN CARE

The convergence of armed conflict, repeated displacement and recurrent climate shocks has a **profound and lasting impact on the mental health of communities**. For many people affected by violence, displacement or extreme weather events, this year marked their first-ever contact with mental health services.

MSF teams observed a significant **increase in psychological distress**, with people presenting symptoms of severe anxiety, depression, acute stress reactions and grief. These symptoms were frequently linked to direct exposure to violence, the loss or abduction of family members, destruction of homes and livelihoods, and repeated forced displacement. The cumulative effect of crises deeply shapes people's mental wellbeing.

In locations such as **Macomia**, our teams supported survivors of abductions and armed attacks who reported constant fear, social withdrawal and recurrent anxiety crises. We also responded to cases of sexual violence, including some against very young children in coastal communities near Olumbe, in **Palma** district, providing child-centred psychological support. These interventions focused on emotional stabilisation, reducing acute distress and working with caregivers and community members to strengthen protective environments and limit stigma. In areas affected by cyclones and flooding, people who had lost relatives, shelter and means of subsistence expressed profound despair and a loss of purpose, compounded by prolonged uncertainty about the future.

Across MSF projects in northern Mozambique, **women consistently represented the majority of people accessing mental health services**. This trend appears linked not only to higher exposure to violence, displacement and caregiving burdens, but also to gendered patterns of health-seeking behavior and greater routine contact with healthcare structures. In contrast, children and adolescents remain under-represented despite signs of distress, pointing to gaps in identification pathways, community awareness and adapted service delivery.

Older people frequently present with isolation, grief and loss, often associated with cumulative displacement and family separation, highlighting the longer-term psychosocial impact of the conflict on ageing populations.

Throughout 2025, we integrated mental health and psychosocial services as a component of both regular healthcare activities and emergency responses. Interventions included psychological first aid, individual and group consultations, and community-based mental health activities. We also trained health staff and community agents to identify, manage and refer people with mental health needs. MSF teams observed a **gradual increase in community awareness around mental health**, with more people seeking care proactively and supporting identification and referral, despite persistent stigma.

There is still work to do to reduce barriers to access, limit stigma and ensure **mental health care is recognised as an essential part of medical assistance**. In a context marked by repeated and prolonged crises, addressing mental health needs is indispensable to alleviating suffering, supporting recovery and resilience. Mental health care is **not an optional or complementary service**, but a core component of our medical and humanitarian action.



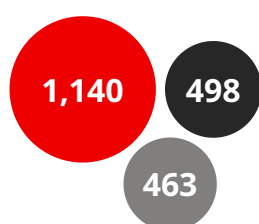
“Most of the time, I feel sad. Not knowing what to eat and living with the uncertainty of tomorrow makes me feel powerless.”¹⁵

Abudo, resident of Mecufi district who survived cyclone Chido



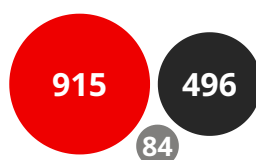
MENTAL HEALTH ACTIVITIES KEY INDICATORS 2025

REASONS FOR SEEKING MENTAL HEALTHCARE



- Medical conditions
- Violence
- Separation or loss

MAIN SYMPTOMS REPORTED DURING NEW CONSULTATIONS

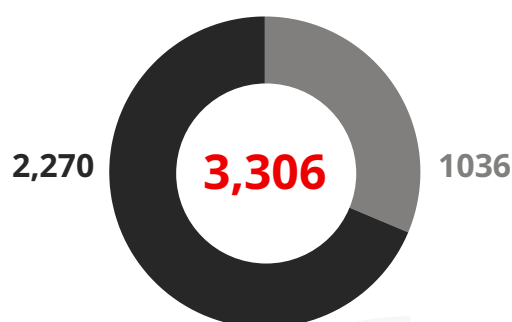


- Anxiety-related symptoms
- Depression-related symptoms
- Trauma- and stress-related symptoms

76,331

Participants in mental
health group activities

MENTAL HEALTH CONSULTATIONS



- New consultations
- Follow-up consultations



“

“When mental health care is consistent, even in a context of violence, we see people recover functionality, rebuild relationships and regain a sense of dignity.”

Lucrécia Monteiro,
MSF mental health supervisor in
Macomia

“

“Violence steals people’s sense of control over their own lives. Many of our patients live in constant fear, hypervigilant, never knowing if they will survive the next day. This has a deep impact on how they see themselves, others and the future.”

Daniel Cesar,
MSF mental health supervisor in
Mocímboa da Praia





MSF IN MOZAMBIQUE: A SHARED LEGACY, SHAPED BY PEOPLE

In 2025, we gradually concluded several long-running projects, leaving behind important legacies within the Mozambican health system and the communities we worked alongside.

In **Mueda** and surrounding districts, MSF project demonstrated the effectiveness of strong community-based systems, the integration of mental health as a core component of care, and close coordination with health authorities in a volatile setting. In **Mogovolas district in Nampula province**, we addressed neglected tropical diseases and recurring climate-related health needs, strengthening local capacities, infrastructure and referral pathways that will continue to serve communities.

In **Beira**, 11 years of HIV and sexual and reproductive healthcare¹⁶ transformed access to services for key populations and contributed to lasting changes in national treatment approaches. The handover of activities to the MoH in 2025 marked the end of a long-term engagement that helped shape more inclusive, community-centred models of HIV care in Mozambique. While clinical activities were handed over, we continue to run an **operational research study on long-acting injectable cabotegravir (CAB-LA) for HIV prevention** in Beira.

CAB-LA is a highly effective form of pre-exposure prophylaxis administered every two months and offers a promising alternative for people who face barriers to daily oral PrEP, in a context where continuity of treatment and looming funding constraints threaten access to HIV prevention tools.

Throughout years of insecurity, repeated displacement, health emergencies and climate shocks, MSF staff continued to deliver care, adapt operations and support communities under extremely challenging conditions. We extend our gratitude to the teams who made these projects possible through their professionalism and dedication.

We remain committed to responding to evolving humanitarian needs in Mozambique, particularly in the north, where conflict, climate shocks and funding constraints continue to place immense pressure on communities and the health system.

ABBREVIATIONS

APEs = Agentes Polivalentes Elementares (Community Health Workers)

CAB-LA = Long-Acting Injectable Cabotegravir

HIV = Human Immunodeficiency Virus

IDP = Internally Displaced People

IPC = Infection Prevention and Control

ISM = Islamic State Mozambique

MoH = Ministry of Health

MSF = Médecins Sans Frontières

PrEP = Pre-Exposure Prophylaxis

PEP = Post-Exposure Prophylaxis

TB = Tuberculosis

WASH = Water, Sanitation and Hygiene

ENDNOTES & LINKS:

1. Macomia 2024 attack: <https://www.msf.org.za/news-and-resources/press-release/msf-suspends-activities-macomia-following-recent-attacks>
2. Source: <https://www.msf.org/11-years-hiv-care-mozambique>
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10. Source: <https://www.msf.org/msf-begins-emergency-response-northern-mozambique>
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