

Mozambique

Impacto

Supporting Family Planning and Abortion Services

Focus on safe abortion and postabortion care

In 2014, the Government of Mozambique decriminalized abortion. But in many public facilities, stigma, bias, and a shortage of trained health providers, particularly in rural areas, continue to pose barriers to accessing quality abortion services, thereby limiting women's and girls' rights to bodily integrity and access to safe services.

The Supporting Family Planning and Abortion Services project (locally known as Impacto) seeks to boost gender equality in nine districts of Mozambique's Manica and Tete provinces. Impacto strengthens the delivery of and expands access to sexual and reproductive health and rights (SRHR) information and services and fosters a supportive environment for women and girls to embrace and amplify their voices.

Abortion law in Mozambique

Impacto works to improve access to quality contraception and safe abortion services for adolescent girls and young women (AGYW) (ages 10-24) through a rights-based, gender-sensitive, and client-centered approach.

Impacto supports access to safe abortion services so those who desire to terminate an unwanted pregnancy can do so, while those that resort to unsafe abortion can be properly treated for complications through comprehensive postabortion care.

Until 2014, Mozambique had a restrictive legal framework with abortion permitted only to save the life of the woman and to preserve her physical health. In 2011, Pathfinder endorsed the creation of the Defense of Sexual and Reproductive Rights Coalition, joining the efforts of national and international civil society organizations, including the Mozambique Association of Obstetricians and Gynecologists.



Nurse Nedita Chinea, Moatize Health Center (Tete province) with a box of mifepristone/misoprostol (MIFE/MISO) pills. Photo: Estrelita Alcalde

IMPACTO

Location: Mozambique's Manica and Tete provinces

Project Partner: Associação de Jovens da Soalpo (Jossoal)

Project Funder: Global Affairs Canada (Canadian Department of Foreign Affairs, Trade and Development)

Dates: April 2018-June 2024

Quick Stats: March 2018 - March 2021

Mozambique has one of the highest maternal mortality rates in the world, with 489 maternal deaths per 100,000 live births.²

In Mozambique's Tete and Manica provinces, the contraceptive prevalence rate is 29% (Tete) and 18% (Manica), and the unmet need for contraception is 24% (Tete) and 27% (Manica).¹

It is estimated that unsafe abortion contributes to 7% of all maternal deaths in Mozambique and is one of the five main causes of maternal mortality.³

During the baseline survey conducted by Impacto in 2018, 52% of interviewed AGYW thought that abortion was illegal and 37% were unsure.⁴

¹ IMASADA 2015, ²WORLD BANK, ³UNFPA

⁴IMPACTO SURVEY, 2018-2019, TETE AND MANICA PROVINCES

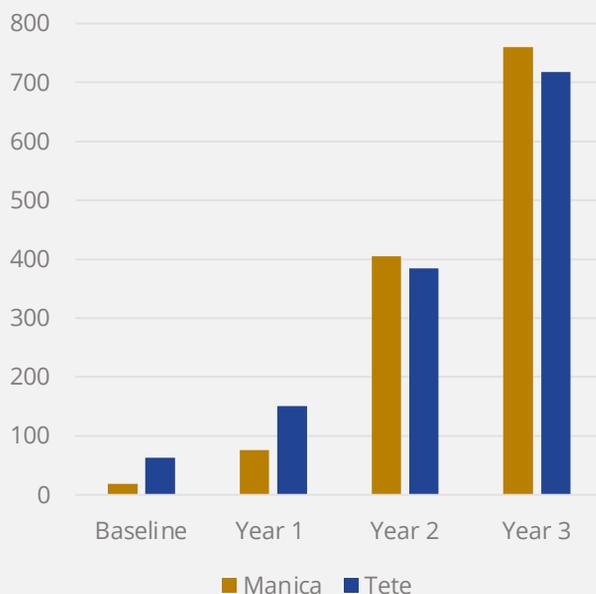
The Coalition’s main goal was to advocate for additional abortion rights through the revision of the law.

The Coalition’s work resulted in a revised law that was signed in 2014, guaranteeing women and adolescent girls the right to a legal abortion upon request within 12 weeks of pregnancy and later on in cases of rape, incest, or severe fetal malformation.

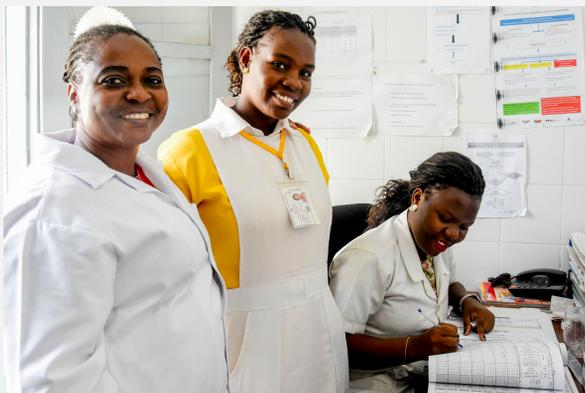
In 2017, the Ministry of Health approved the clinical norms for safe abortion and postabortion care, which permits the operationalization of the law, and importantly, establishes that services are free of charge.

These norms were rolled out in 2018— however, expansion has been gradual throughout the country, with many women and adolescents still unaware of these services, resulting in unsafe abortions.

COMPARISON PER PROVINCE OF MEDICAL ABORTION SERVICES DELIVERED BETWEEN BASELINE (2019) & MIDLINE (2021)



Impacto Activities



Clinical Level

Provides comprehensive clinical training to health providers for quality safe abortion and postabortion care, focusing on new laws and norms, integration of adolescent and youth SRHR, and highlighting contraception and gender-based violence (GBV).

Supports health facility compliance with quality standards and conditions to ensure they are offering safe abortion services.

Conducts workshops to unpack values and transform attitudes related to abortion rights and access to contraception.

Tackles provider bias through mentorship to guarantee that health providers are engaged on a regular basis.

Provides skills development to improve the management of logistics for supplies and commodities.

Ensures that health facilities provide services free of charge and in alignment with the law.

Community Level

Addresses myths, beliefs, and misconceptions about abortion and contraception and promotes reflection on gender equality and sexual and reproductive rights.

Promotes information on contraception use, the risks of unsafe abortion, and the availability of legal, free, and safe abortion services through awareness-raising activities, including AGYW groups, community leaders’ groups, community debates, and radio programs.

Builds capacity of community-based organizations, encouraging young women and young people to participate in civil actions to ensure women’s and young people’s rights.

Provides referrals from communities to clinics for AGYW seeking abortion services through household visits, mobile brigades, and trained community health workers.



Maria (pseudonym) is a 15-year-old girl from a community in the district of Doa (Tete province). She had a boyfriend, also an adolescent, who she had met at school. Maria became pregnant.

"It had been two months since I had not had my period," said Maria. "I told my boyfriend, who is also under 18. He told me that he would not take care of the baby. He claimed he was not yet prepared to be a father and that it would harm his studies. I knew my mom was going to notice the changes in my body."

Fortunately, Maria was part of a girls' education group run by the Impacto project. "The day the mentor came for a home visit," said Maria, "I opened myself to her and told her my situation. I told her I wanted to terminate the pregnancy so I could continue with my studies and fulfill my dream. I had learned it was not a crime and that we could have an abortion in the clinic."

The project mentor asked Maria if she could talk to her mother to facilitate a conversation and Maria agreed. The mentor ended up talking to Dona Luisa, Maria's mom. She sensitized Luisa and told her about Maria's wish and her desire to continue studying, and that the procedure could be done safely at the local health facility. Dona Luisa called Maria's father, explaining the situation and her concerns, including a local belief that an abortion can provoke the death of the parents if social rules are not followed. Her father suggested Maria could have the baby and return to school, leaving the child at home.

Maria stayed silent, looking down and listening sadly to the conversation until she asked for permission to speak: "The father of this child I'm expecting said he would not take responsibility for the pregnancy or take care of the baby," she said. "He is not able to support me or the child."

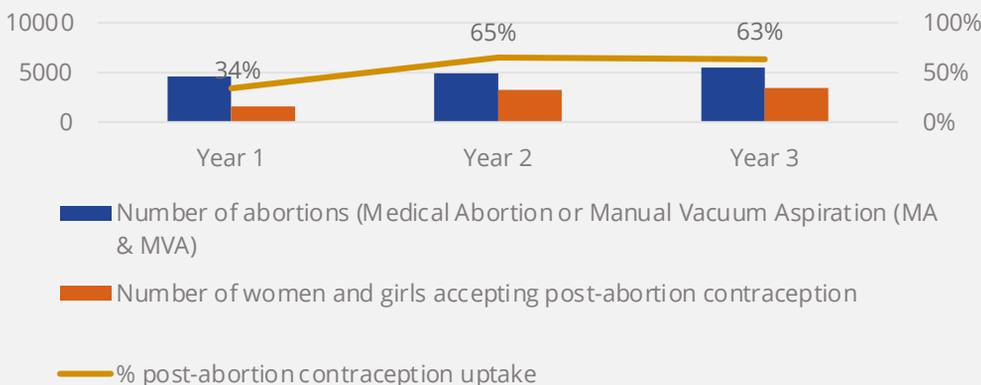
She continued, "so with everything I've learned from the mentor about sexual and reproductive health, I would like to have an abortion so I can continue my studies and maybe one day make my dreams come true," said Maria, nervously. Her parents thought deeply about Maria's words and after the mentor explained the details of the next steps and procedure, ended up supporting her decision. They asked the mentor to accompany Maria to the health facility.

The health provider who attended Maria had participated in one of Impacto's trainings on contraception, safe abortion, and gender-based violence, and took good care of Maria. After the abortion Maria was counseled on contraception and decided to get an implant. Maria went back to school.

Maria shared, "I thank the collaboration of all who participated directly or indirectly so that today I am free and can continue with my dream. I will continue to be a very active girl in the group in order to contribute so that the dreams of other girls are not ended. I am in love with this project because it changed the course of my life. I remember my two cousins who went through a similar situation and had to drop out of school to live from farming, abandoning their dreams. I commit to raising awareness among other girls at school as well as outside school so that they do not accept dating or marriage before they are ready, and that they opt for contraception when they start sexual activities.

I want you to share my story to change the mindsets of many other girls."

Impacto Trends of Post-Abortion Contraception





Key Outcomes



827 health providers trained in safe abortion services.



14,955 women and girls provided with a safe, legal abortion or post-abortion care in Manica and Tete provinces.



Medical abortions increased from **63** to **718** in Tete and from **19** to **760** in Manica between Y1 and Y3, reflecting a large increase in access to services.



Expanded safe abortion services from **5** to **46** health facilities – safe abortion services are now available in all nine project districts.

Reduced total number of abortion complications from **631** to **176** between Y1 and Y3, representing a 28% decrease.

Pathfinder International is driven by the conviction that all people, regardless of where they live, have the right to decide whether and when to have children, to exist free from fear and stigma, and to lead the lives they choose. As a global health organization with locally led, community-driven programs, we support women to make their own reproductive health decisions. We work with local partners to advance contraceptive services, comprehensive abortion care, and young people's sexual and reproductive rights in communities around the world—including those affected by poverty, conflict, climate change, and natural disasters. Taken together, our programs enable millions of people to choose their own paths forward.

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