MOZAMBIQUE

PAC-FP COUNTRY BRIEF

Postabortion care (PAC) provides a comprehensive approach to preventing morbidity and mortality caused by abortion complications (PAC Consortium, 2014). As per the U.S. Agency for International Development (USAID) PAC model, a critical component of PAC is providing access to family planning (FP) counseling and services. Providing these services helps meet the reproductive intentions of women who most clearly demonstrate an unmet need for FP, reduces unintended pregnancies, and prevents repeat abortions, thus reducing maternal deaths (Curtis, Huber, and Moss-Knight, 2010). The information below highlights Mozambique's investment in providing PAC and FP services to women in need.

POLICIES, LEADERSHIP, AND GOVERNANCE

The Republic of Mozambique's national policy on family planning (FP) and reproductive health (RH) is outlined in a number of documents, including the Family Planning Contraception Strategy 2010–2015, the National Plan for Development and Human Resources for Health 2008–2015, and the Health Sector Strategic Plan 2014–2019. In this latter document, the country offers integrated RH services in all facilities throughout the country in order to increase access (FP2020, 2016).

Legal Status on Abortion

In Mozambique, abortion is legal for women in the first 12 weeks of pregnancy. In the case of rape or incest, abortions are legal up to 16 weeks, while in cases of fetal anomaly, abortion is legal up to 24 weeks (Ipas, 2014).

PAC TRAINING AND STANDARDS

DKT International the United Nations Population Fund (UNFPA) collaborated to train healthcare providers in the public and private sectors in order to increase access to FP. Since 2011, 511 public sector and 28 private sector providers have completed training in the promotion and distribution of contraceptive methods (including oral contraceptives and condoms) at the community level (FP2020, 2014).

Further, the Mozambican Ministry of Health developed an intervention to provide training in PAC and manual vacuum aspiration to improve PAC services in public sector facilities. Master trainers provided training on all PAC elements outlined in the USAID model, including pain management, counseling, and postabortion contraceptive provision (Gallo, Gebreselassie, Victorino, et al, 2005).

PAC·FP THE POSTABORTION CARE FAMILY PLANNING PROJECT
Expanding contraceptive methods and informed choice to PAC clients

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The country's medical school curricula also provides additional training resources for physicians and maternal and child health nurses. Pre-service or in-service training curricula include comprehensive PAC, emphasizing surgical treatment for complications with manual vacuum aspiration and medical treatment with misoprostol (Gallo, Gebreselassie, Victorino, et al, 2005).

STRENGTHENING SERVICE DELIVERY

Mozambique has been offering FP counseling and a broad range of voluntary methods (except intrauterine devices) throughout communities via mobile brigades and national healthcare weeks (FP2020, 2014). As a result of district-level trainings for community health agents, 3,232 community health agents have been actively promoting voluntary FP methods and distributing oral contraceptives and condoms in communities since 2013 (FP2020, 2014). In 2014, 89%of healthcare centers were offering at least three different contraceptive methods (FP2020, 2014).

BARRIERS TO PAC

Women in Mozambique face multiple barriers to accessing PAC and FP services. The primary obstacle that women face is the stigma related to discussing sex and RH, which leads to negative behaviors and attitudes. Additional challenges, including a lack of human resources, further limit access to PAC and FP services, especially in rural and remote areas of the country (FP2020, 2014).

FINANCING MECHANISMS

In Mozambique, international donors contribute more than 50% of the government's total health budget (Curtin et al, 2012). In the public sector, FP services are free, but universal health coverage has not yet been fully implemented (Curtin et al, 2012).

MOZAMBIQUE		Year	Source
Demographic/background indicators			
Country population	29,668,834	2017	World Bank[1]
Total fertility rate	5.2		
Age at first birth	19.4	2011	Demographic and Health Survey, 2011
Maternal mortality per 100,000 live births	408		
Newborn mortality per 1,000 live births	30		
Infant mortality per 1,000 live births	64		
Under-five child mortality per 1,000 live births	97		
Facility-based deliveries	55.0%		
Proportion of women who attended at least one antenatal visit	89.7%		
Abortion and FP-related indicators			
Number of abortions	2,300 (Inhambane Province) 2,300 (Inhambane Province)	2011	International Women's Health Coalition
Proportion of women that report ever having terminated a pregnancy	9%	2015	Dickson et al.[2]
Number of unintended pregnancies	297,000	2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Number of unintended pregnancies averted due to use of modern contraceptive methods	816,000	2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Number of unsafe abortions averted due to use of modern contraceptive methods	179,000		
Number of maternal deaths averted due to use of modern contraceptive methods	3,100		
Modern method contraceptive prevalence rate, all women of reproductive age (WRA)	32.6%		
Knowledge of FP, all WRA	96%	2011	Demographic and Health Survey, 2011
Contraceptive use by type		2017–2018	FP2020 Core Indicator 2017–18 Summary Sheet
Long-acting and permanent methods			
Sterilization (female)	1.7%		
Sterilization (male)	0.0%		
Intrauterine device	1.7%		
Implant	0.0%		
Short-acting methods			
Injection (intramuscular and subcutaneous)	35.5%		
Pill	35.5%		
Condom (male)	24.0%		
Condom (female)	0.0%		
Other modern methods (e.g., cycle beads, and lactational amenorrhea method)	1.6%		
Unmet need for FP[3] (2018)	29.0%	2015–16	Demographic and Health Survey, 2015–16
Unmet need for spacing	16.0%		
Unmet need for limiting	13.0%		

[1] https://databank.worldbank.org/data/views/reports/reportwidget.aspx?Report_Name=CountryProfile&Id=b450fd57&tbar=y&dd=y&inf=n&zm=n&country=MOZ
[2] Based on analysis of Mozambique DHS 2011.
[3] Women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report either not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behavior.

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