

Making the Law Work: Expanding Abortion Access in Mozambique



Practical insights from SAAF grantee partner ICRH-M

The International Centre for Reproductive Health in Mozambique (ICRH-M) – funded by SAAF from 2020 to 2024 – works in a country where abortion is legal in many cases – but legal rights don't always translate to real access.

Mozambique has one of the most liberal abortion laws in Africa. Allowing for abortion on request up to 12 weeks of pregnancy, and in specific cases after 12 weeks. Although the law was passed in 2014, many barriers to access remained – among them a lack of trained providers, refusal of providers or clinic administrators to provide the service, misinformation, and insufficient supplies. Below we share how ICRH-M tackled these challenges and what they accomplished. We hope you will find these practical insights inspiring for your own work.



5,491

women and girls
received abortion care
in public health facilities
supported by ICRH-M.



145

health workers were
trained on clinical
skills and respectful
counseling.

When is abortion legal in Mozambique?

**Up to 12 weeks of
pregnancy**
upon request
(for any reason)

Up to 16 weeks
in cases of rape or incest

Up to 24 weeks
if the fetus has a
serious condition

Anytime
to save the pregnant
person's life or if the fetus
is not viable

Note: Those under 16 require a
legal guardian's consent

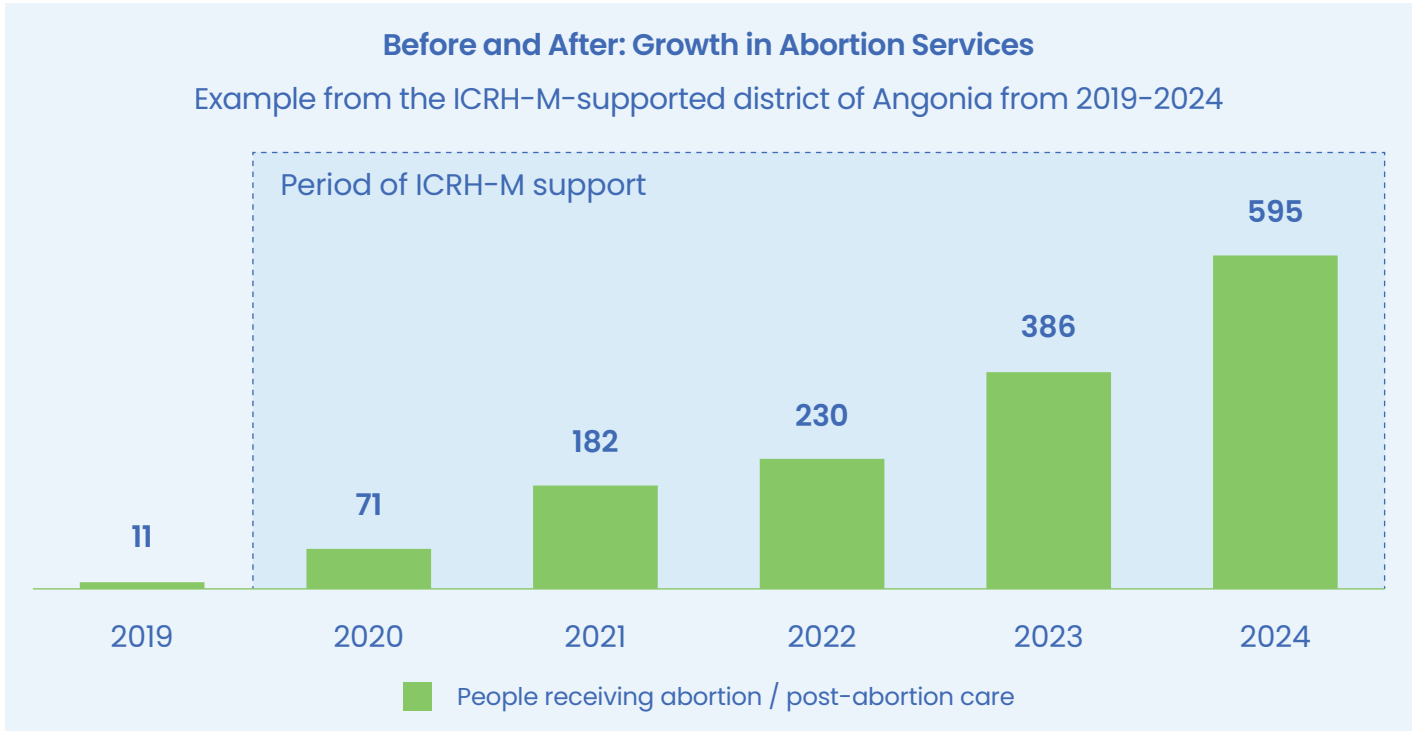
Revised Penal Code (law 35/2014)

What did ICRH-M achieve?

Using their SAAF funding from 2020 to 2024, the work of ICHR-M ensured that in four districts of the northern province of Tete:

- Nearly **5,500 women** received safe abortion care.
- **145 health workers** were trained on clinical skills and respectful counselling.

In just under four years, **ICRH-M**-supported health facilities went from providing hardly any abortion services to delivering safe abortion care to **a total of 5,491 people**. The number of people receiving care increased steadily each semester, with **861 women receiving services in the final six months alone** - nearly double the volume reported in the first six months of the grant.



In one of the ICRH-M supported districts, abortion services increased dramatically—from just 11 in 2019 to 595 in 2024.

Unsafe abortions have declined

Providers report a striking decline in cases of unsafe abortion and its complications. Before the training and service expansion, women often arrived with life-threatening infections or injuries. Now, those cases have largely disappeared.

“We lost women who died from unsafe abortions. Some others lost their ability to get pregnant again. But now we don’t see these situations.”

Health provider, Chitima Health Center

More women from remote areas are receiving services

Women from remote areas are actively seeking services, often travelling long distances by foot, bicycle, or cart to reach clinics—an indication that **awareness-raising has worked**.

These achievements show that even in settings where legal access exists, real progress depends on addressing day-to-day system barriers, training health workers, and ensuring government accountability. ICRH-M’s practical approach is already creating ripple effects across Mozambique’s public health sector.

“They walk, they use bicycles or carriages and do everything they can to get here. It shows us that the information has reached them.”

Health provider, Chitima Health Center

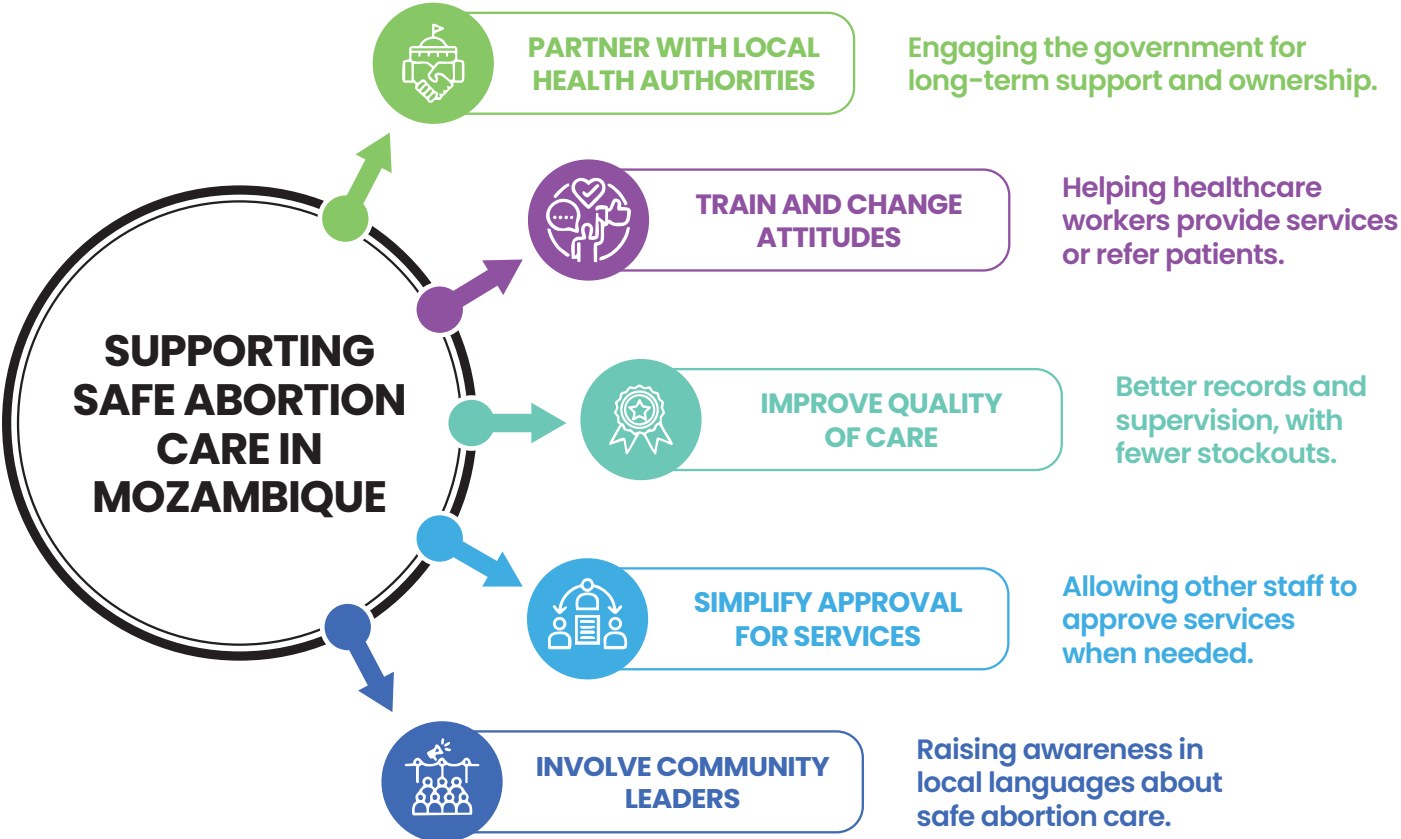


“As soon as women know they don’t want to be pregnant, they know they can go to a health centre. Instead of going to the woman who inserts a stick inside them, they come here to the hospital to get safe abortion services.”

Health provider, Chitima Health Center

Photo: ICRH-M-trained nurses display contraceptive methods

How did ICRH-M do it?



Partner with local health authorities: ICRH-M closely involves local health authorities, like provincial and district health services, in their supervision and monitoring visits. They bring government staff along to help monitor how well abortion services are working in different clinics. This makes local officials feel more responsible for the success of these services. For example, by including district health officers in the process, the government becomes more engaged and committed to keeping these services running long after the grant ends. One team member emphasised how this approach helps the government “take ownership” of the work, ensuring longer-term support for safe abortion services.

Train and change attitudes: ICRH-M provides hands-on training to healthcare workers directly in the clinics they work in, focusing on filling knowledge gaps. For example, if they find that a nurse lacks certain skills, they’ll train them on the spot during a supervision visit. Additionally, ICRH-M runs “values clarification” sessions to help healthcare workers reflect on their duties and the rights of the women they serve. This has led some providers who refused

to perform abortions to at least refer women to other colleagues who will provide the service.

Improve quality of care: ICRM-H improved how clinics record data about the abortion services they provide, helping to align this information with the national health system, making sure it is accurate and up to date. Another important part of their work is preventing stockouts. For example, they work closely with local health authorities to ensure that clinics always have the necessary supplies, like manual aspiration kits and medications. They do this by helping the provincial health services take charge of managing these supplies themselves, making the system more sustainable. One staff member explained how this creates “sustainability within the services, so clinics don’t rely on ICRH-M to always restock them.”

Simplify approval for services: In some health units, abortion services were delayed because approval had to come from senior staff who sometimes refused due to their personal beliefs. To solve this, ICRH-M worked with the clinics to change the process so that other staff members who are present and willing can

give the necessary approval. This way, services don’t get held up, and women can still get the care they need even if senior staff members object.

Involve community leaders: ICRH-M actively involves community leaders and others, such as traditional midwives or activists, to spread awareness about the risks of unsafe abortions, sometimes in the presence of healthcare staff. These champions will hold meetings in local

communities to talk about the benefits of safe abortion services and why it is important for women to access healthcare. To ensure the message reaches everyone, they make sure that this information is shared in local languages, as many community members don’t speak Portuguese.

[Read stories from ICRH-M staff and trained community members on the SAAF website.](#)



ICRH-M Programme Officer Victoria speaks with a client



'Conscientious Objection' (Refusal to provide services)

A big challenge ICRH-M encountered was 'conscientious objection', where some healthcare providers refuse to offer abortion services because of personal or religious beliefs. Instead of direct confrontation, the team has focused on practical solutions and gradual changes in attitude among objectors.

Refusal by administrators

To tackle objections from senior staff and administrators, they worked with health units to decentralise the approval process required for each abortion procedure. Instead of requiring sign-off from high-level staff who may not be available or refuse based on personal beliefs, they encouraged delegating this responsibility to staff members who are present and willing. This change ensured that women could access services without delay, even if the senior administrator is an objector or unavailable. The team also held values clarification sessions to help administrators understand their legal and professional obligations, further encouraging them to support the delegation process.

Refusal by healthcare providers

To overcome obstruction from health workers, the ICRH-M team used on-the-job training combined with values clarification sessions. Even though these providers may not perform abortions, they are educated on how to appropriately refer patients and manage complications related to abortion. These values clarification sessions are designed to encourage providers to think critically about their roles in the healthcare system and the rights of patients, especially when personal beliefs, such as religious or moral objections, conflict with their professional duties. This ongoing engagement helped shift attitudes among some objectors, leading them to refer patients to colleagues who were willing to provide the service, rather than refusing care entirely. In some cases, even objectors who

"I am a conscientious objector, but I don't leave the patient."

Health Provider trained by ICRH-M



ICRH-M health centre in Changara

refused to perform abortions themselves would still engage in aspects of patient care, such as clinical assessments and referrals. For instance, they would determine gestational age and refer the patient to another provider for the procedure. One provider explained, "I am a conscientious objector, but I don't leave the patient." This balanced approach kept objectors involved in patient care while ensuring that women still had access to abortion services through other staff members.

In their view, what makes ICRH-M's approach so effective is that it is practical and non-confrontational, respecting the beliefs of objectors while ensuring that services are not disrupted. Rather than forcing objectors out of the system, the team has found ways to keep them engaged, ensuring that services remain available to those who need them.

What advice does ICHR-M have for others working on increasing access to safe abortion within the public health system?

1

Build strong partnerships with government authorities: Engaging and collaborating with district and provincial health officials is key to success. Involve them at every level of the project, from planning to supervision. This fosters government ownership and long-term sustainability of the services, ensuring that local authorities take responsibility for maintaining access to care.

2

Focus on local advocacy: Prioritise advocacy and engagement at the district and provincial levels rather than at the national level. Local officials are more connected to the realities of service provision and can offer more immediate support. National level engagement may be less effective for achieving practical, on-the-ground changes.

3

Address administrative barriers early: Administrative hurdles, such as the need for approval from conscientious objectors or unnecessary bureaucratic procedures, can slow down service delivery. Work with health units to decentralise decision-making and delegate authority to willing staff to bypass these barriers.

4

On-the-job training in clinics: Train healthcare providers directly in their own health units rather than sending them to off-site programs. On-the-job training allows providers to immediately apply what they have learned and helps address real-time challenges they face in their clinics. In Tete province, nurses were trained during supervision visits to perform manual vacuum aspiration (MVA). One said, "I felt more confident after practicing in my own clinic."

5

Ensure reliable supply chain management: Effective stock management is crucial to keep services running smoothly, and to ensure sustainability beyond your initial support. Ensure that health units have access to necessary supplies, like MVA kits and medications to avoid stockouts that can halt services. Do not hesitate to involve the local government to solve supply chain problems.

6

Consider focal points for patient support: Establish unofficial "focal points" at each health facility to help patients navigate barriers such as refusal to provide services, administrative delays, or unlawful demands like asking for payment or parental consent. These focal points ensure that patients always have someone to turn to for support.

7

Engage objectors but focus on referrals: For providers who object to performing abortion services, focus on getting them involved in other aspects of care, such as assessing patients or making referrals to willing colleagues. Ensure that they understand their legal and professional responsibilities. This ensures that care is not interrupted while acknowledging personal beliefs.

ICRH-M Contact

Website: <https://www.icrh.org/>

Email: icrh@ugent.be

SAAF Contact

Website: <https://saafund.org/>

Email: info@saafund.org



ICRH-M staff member and government official in Cidade-Tete