WOMEN'S REFUGEE COMMISSION
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Opportunities and Challenges for Contraceptive Service Delivery in Cyclone Idai-Affected Areas of Mozambique

Case Study *Fact Sheet*

Background

After days of rainfall in central Mozambique, Cyclone Idai made landfall near the city of Beira in Sofala province on 14 March 2019. The cyclone pounded Sofala, Zambézia, Tete, and Manica provinces with torrential rains and high winds, leaving catastrophic damage and extensive flooding in its wake. By the end of April 2019, an estimated 400,000 people had been displaced due to Cyclone Idai, and in May 2019, 1.85 million people were reported to be in need of humanitarian assistance.

In December 2019, the Women's Refugee Commission conducted a case study of contraceptive service delivery in Cyclone Idai-affected areas of Mozambique, which aimed to document the important work that the government of Mozambique, its partner organizations, and other stakeholders were undertaking to provide contraceptive services and post-abortion care to affected communities, including internally displaced persons and host communities, to highlight challenges, and to document how some of these challenges were addressed.

This study is the third installment in a series of three case studies documenting contraceptive service delivery in humanitarian settings. The first case study was conducted in Cox's Bazar, Bangladesh, and published in June 2019. The second was conducted in Maiduguri Metro Center, Borno State, Nigeria, and published in May 2020. Read the Mozambique case study here.

Our Key Findings

- **Awareness of the Minimum Initial Service Package for Sexual and Reproductive Health** (SRH), including management of the Inter-Agency Emergency Reproductive Health Kits, **was generally low among partners at the outset of the response.**
- **Long-acting reversible contraceptives were less available than short-acting methods.** Gaps in the availability of contraceptive and post-abortion care services persisted, even as the situation stabilized. At the time of data collection, nine months after Cyclone Idai, all five facilities assessed reported they had experienced a stockout of at least one method in the preceding three months.
- **Only one of the five facilities assessed had the equipment and supplies to provide intrauterine devices, and only one could provide emergency contraception to an acceptable quality of care.** None of the facilities had the equipment and supplies to provide post-abortion care with manual vacuum aspiration to an acceptable quality of care.
- **Partner opposition and lack of contraceptive decision-making power among girls and women were key barriers to contraceptive uptake among community members.** Stigma among community members and providers was a key barrier for adolescents in accessing contraceptive services.
- **Mechanisms were in place to routinely collect contraceptive service delivery data from health facilities;** however, service delivery data from Agentes Polivalentes Elementares, Mozambique's cadre of community health workers, were captured separately from other contraceptive service statistics, and data accuracy remained a challenge. **Many facility registers were destroyed during the cyclone, leading to gaps in data.**
- **Very few health providers had been trained to provide post-abortion care with manual vacuum aspiration or misoprostol, and their knowledge of post-abortion care was very low.** Mobile health units were not authorized to provide post-abortion care services. Community members consistently reported a high incidence of unsafe abortion, particularly among adolescent girls.

- **Gender-based violence, including sexual exploitation and transactional sex, and child, early, and forced marriage, were reported to have increased after the cyclone.** However, community members had very low knowledge of emergency contraception, which can prevent pregnancy after unprotected sex, including rape, and three of five health facilities were stocked out of emergency contraception pills.
- **Supply chain management and commodity availability posed challenges for contraceptive and post-abortion care service delivery** over the course of the humanitarian response, primarily due to stockouts.

Our Top Recommendations

It is essential that the government of Mozambique and its partners maintain their efforts to deliver SRH services to affected communities and those that may be impacted by future disasters, including the most remote or isolated communities, and meet demand and need for contraceptive services, preventing mortality and morbidity, and fulfilling fundamental human rights.

- **SRH partners should reinforce and expand emergency and disaster risk management measures,** including for health and specifically SRH, to mitigate the impacts of future disasters, and build capacity for emergency response at the national and community levels.
- **The Mozambican Ministry of Health, UNFPA, and other SRH partners should identify gaps in knowledge and capacity for implementation of the Minimum Initial Service Package,** including managing the Inter-Agency Emergency Reproductive Health Kits, and coordinate to deliver MISP trainings to the Mozambican Ministry of Health and other implementing partners.
- **The Mozambican Ministry of Health should continue to reinforce its integrated model for contraceptive service delivery and task-shifting policies by ensuring all providers are trained, stocked, and supported to provide the full range of methods that they are authorized to provide**. In particular, the Mozambican Ministry of Health should ensure that midwives and traditional birth attendants are trained, stocked, and supported to deliver the full range of contraceptive methods, and that Agentes Polivalents Elementares are trained, stocked, and supported to provide emergency contraceptive pills.
- **The Mozambican Ministry of Health should expand the availability and accessibility of contraceptive services in remote and isolated areas** by authorizing health providers and pharmacists to distribute oral contraceptive and emergency contraceptive pills in multi-month supplies, and authorizing women to self-inject DMPA-SC (brand name Sayana Press) and ensuring health providers and pharmacists are equipped to train and support women to self-inject.
- **SRH partners should strengthen the capacity of providers to deliver a full range of contraceptive methods, including removals of long-acting reversible contraceptives and post-abortion care,** through pre-service training, regular refresher trainings, supportive supervision, on-the-job training, and values clarification and attitudes transformation activities.
- **SRH partners should strengthen community mobilization efforts** by expanding programming that supports attitudes and behavior change around SRH and rights, and targeted efforts to reach adolescents with SRH information and services.
- **SRH partners should continue and expand measures to strengthen capacity for supply chain management among providers, pharmacists, and supply chain managers**, including effective distribution, stock management, and the use of Mozambique's logistics management information system, SIGLUS.

Women's Refugee Commission

The Women's Refugee Commission improves the lives and protects the rights of women, children, and youth who have been displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

The full case study, *Opportunities and Challenges for Contraceptive Service Delivery in Cyclone Idai-Affected Areas of Mozambique,* is available at http://wrc.ms/mozambique-contraceptive-study.

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