Investment Case Priorities

1. Equity and expansion of coverage: Analyze regional inequalities in the investment case prioritizes 42 tagging districts in 10 provinces, characterized by lower population density, fewer resources available, lower access and use of services and healthcare networks, and higher disease-specific burden. Strategies to reach rural populations include expansion of community health worker network and mobile teams.

2. Reduction of barriers: Reduce barriers to both the demand and supply to implement high-impact interventions in RMNCAH-N, including childhood and adolescent malnutrition, as well as family planning.

3. Improve the following:
   - EmOAC at district hospitals
   - Human resources for health (availability, skills and distribution of ANC nurses, specialized professionals for ONC and surgical teams; professional motivation and satisfaction)
   - Communication management (national chain of warehouses, stock transportation and allocation)
   - Health information systems and civil registration and vital statistics
   - Health financing (commitment to increase investment in the next five years).

RMNCAH-N Data

- Maternal mortality ratio: 408 per 100,000 live births
- Neonatal mortality ratio: 30 per 1,000 live births
- Under-five mortality ratio: 97 per 1,000 live births
- Adulthood mortality rate: 194 per 1,000 women
- Births attended by skilled staff: 66%
- ANC coverage: 54%
- Coverage of pregnant women who receive ARV for PMTCT: 80%
- Prevented women aged <5 years with pneumonia to be hospitalized: 56.3%
- Modern contraceptive prevalence rate: 25.7%
- Share of health expenditure from domestic sources: 2.29%
- Ratio of government expenditure on health to total government expenditure: 9%
- Percent of current health expenditures on primary/outrpatient health care: Not available
- Incidence of catastrophic and impoverishing health expenditures: 1.0% catastrophic, 0.5% impoverishing

Health Financing Indicators

- Health expenditure per capita financed from domestic sources:
- Output indicators:
  - Share of health in total government budget: 10.1%
  - Monitoring of catastrophic and impoverishing health expenditures: No
- Country has implemented or updated a resource mobilization strategy:
- Input indicators:
  - Identified options for strengthening domestic resource mobilization: Yes
  - Implemented strategies to reduce key drivers of inefficiency: Yes
  - Identified drivers of limited financial protection (especially in relation to RMNCAH-N services): No

Efficiency

- DTP3 dropout rate: 9.33%
- ANC dropout rate: 44%
- Health budget execution rate: 84%

Geographic Focus Areas

- World Bank-funded Project (IDA/IBRD/Off)
- Total: US$1,333,100,000
- IDA Amount: US$80M
- Board Date: 12/07/17
- GIIF Approved Amount: US$75M
- Country: Mozambique

Resource Mapping

- Richest National Average Per Capita
- poorest

Focus Areas

- WA/GFF
- GOVERNMENT
- NETHERLANDS (MULTI-DONOR TRUST FUND)
- CANADA (MULTI-DONOR TRUST FUND)
- UNITED KINGDOM (MULTI-DONOR TRUST FUND)
- PROSAUDÉ
- USAID (SINGLE DONOR TRUST FUND)

Note: These are indicative commitments for 2019. All contributions to the IC are channeled through government systems. In addition, there are development partners that are financing the IC through parallel financing (e.g., for 2018 DFID is financing the IC through DFID-GB)