

Mozambique

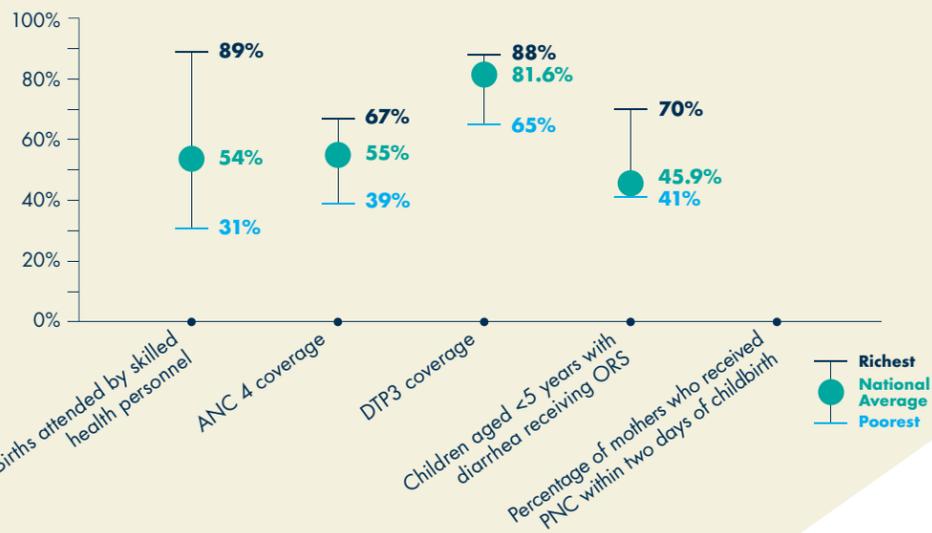
RMNCAH-N Data

CORE IMPACT INDICATORS

Maternal mortality ratio 408 per 100,000 live births	Under-five mortality ratio 97 per 1,000 live births	Percent of births <24 months after the preceding birth 18.8%	Moderate to severe wasting among children under 5 years of age 6%
Neonatal mortality ratio 30 per 1,000 live births	Adolescent birth rate 194 per 1,000 women	Stunting among children under 5 years of age 43%	

COVERAGE INDICATORS***

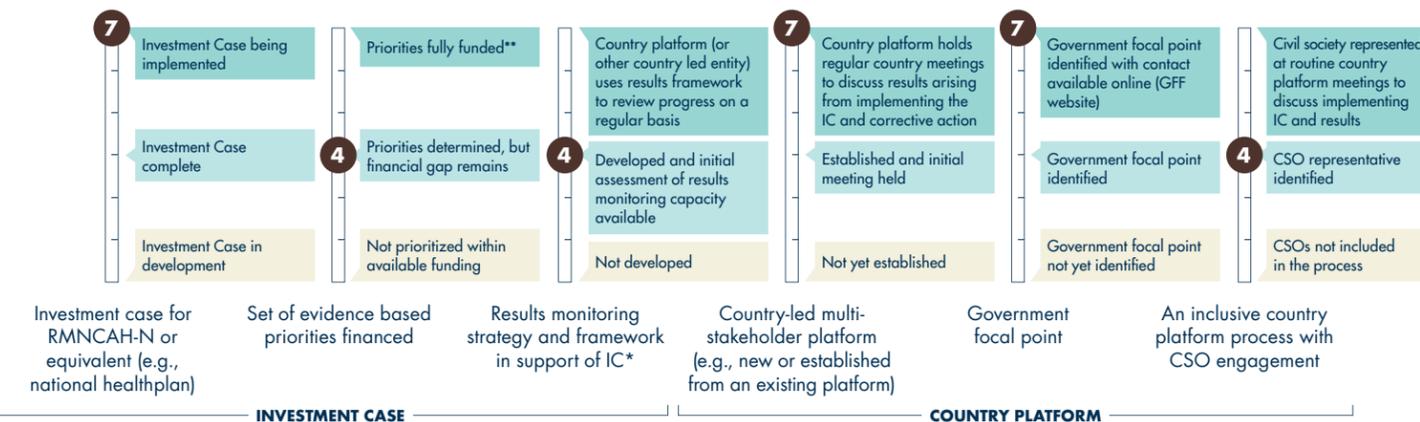
People living with HIV receiving ART 54%	Coverage of pregnant women who receive ARV for PMTCT 80%	Children aged <5 years with pneumonia symptoms taken to a healthcare provider 56.5%	Modern contraceptive prevalence rate 25.7%
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Investment Case Priorities

- Equity and expansion of coverage:** Analyze regional inequalities (the investment case prioritizes 42 lagging 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.
- 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.
- Improve the following:**
 - EmONC at district hospitals
 - Human resources for health (availability, skills and distribution of MCH nurses, specialized professionals for ONC and surgical teams; professional motivation and satisfaction)
 - Commodity management (national chain of warehouses, stock, transportation and allocation)
 - Health information systems and civil registration and vital statistics
 - Health financing (commitment to increase the share of the government budget allocated to the health sector in the next five years).

Monitoring the Country-led Process



*Both included in the IC document or a separate document **Meaning that funding was allocated, disbursed and released – payment done ***ANC4 = four antenatal care visits; ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria, Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.

Health Financing Indicators

CORE HEALTH FINANCING IMPACT INDICATORS

Health expenditure per capita financed from domestic sources 2.29	Ratio of government health expenditure to total government expenditures 9%	Percent of current health expenditures on primary/outpatient health care Not available	Incidence of catastrophic and impoverishing health expenditures 1.6% catastrophic 0.5% impoverishing
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OUTPUT INDICATORS

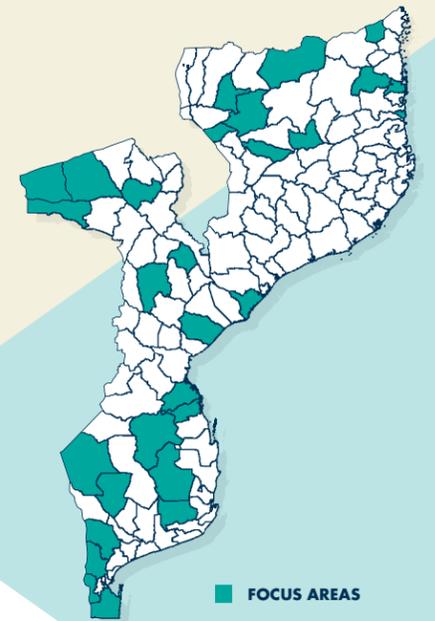
Share of health in total government budget 10.1%	Identified options for strengthening domestic resource mobilization Yes	Taken actions to support domestic resource mobilization Yes	Share of external funding for health that is pooled or on budget 55.42%
Monitoring of catastrophic and impoverishing health expenditure with data less than three years old No	Implemented strategies to reduce key drivers of inefficiency Yes	Implemented reforms to address identified drivers of financial protection (especially related to RMNCAH-N) Yes	
Country has: implemented or updated a resource mapping exercise Yes	Identified drivers of limited financial protection (especially in relation to RMNCAH-N services) No		

EFFICIENCY

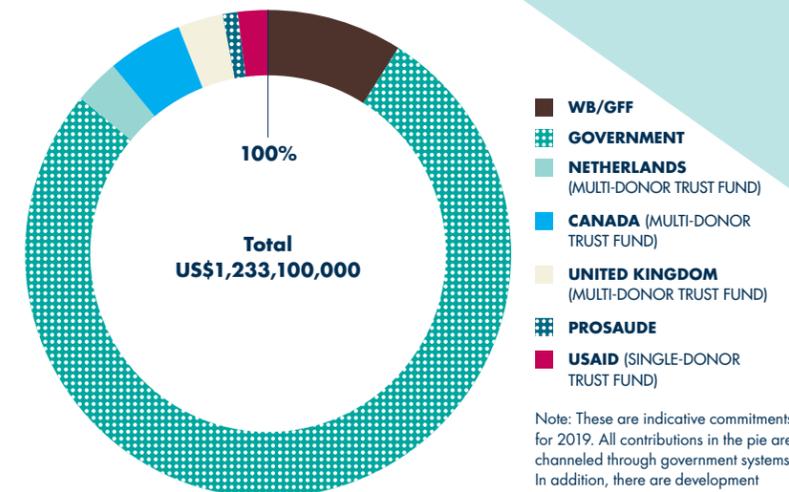
DTP3 dropout rate 9.33%	ANC dropout rate 44%
Health budget execution rate 84%	

World Bank-funded Project (IDA/IBRD/GFF)	
COUNTRY	Mozambique
BOARD DATE	12/20/17
GFF APPROVED AMOUNT	\$25M
IDA AMOUNT	\$80M

Geographic Focus Areas



Resource Mapping



Note: These are indicative commitments for 2019. All contributions in the pie 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 UN agencies.)

