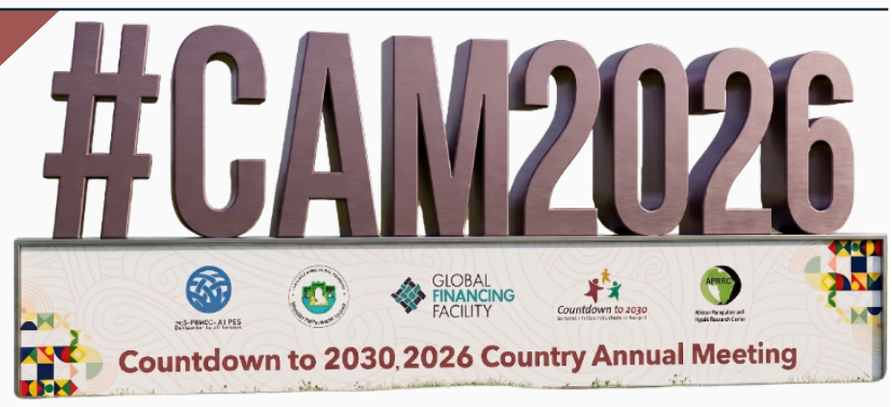
2026

Mozambique
SYNTHESIS REPORT

Analysis of Reproductive, Maternal, Newborn, Child and Adolescent Health Indicators for 2020-2025

Countdown to 2030 in partnership with Mozambique's Ministry of Health, Global Financing Facility, WHO, WAHO & UNICEF



Team Members

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KEY FINDINGS

1. Health Facility Data Quality Assessment: Numerators and Denominators

NUMERATORS: Routinely reported health facility data are an important data source for health indicators. The data are reported by health facilities on events such as immunizations given, or live births attended. As with any data, quality is an issue. Data are assessed for completeness of reporting by health facilities, extreme outliers and internal consistency. Appropriate adjustments are made to the data before use to compute statistics.

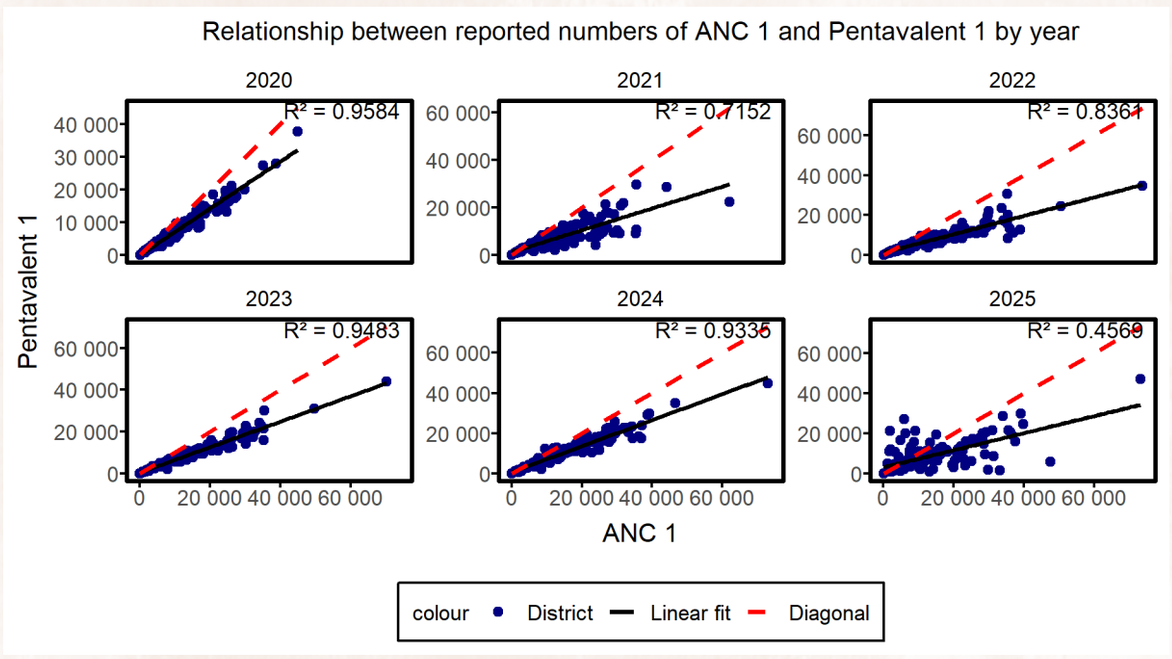
Summary of reported health facility data quality, DHIS2, 2020-2025

	Data Quality Metrics	2020	2021	2022	2023	2024	2025
1. Completeness of monthly facility reporting (mean of ANC, delivery, immunization)							
1a	% of expected monthly facility reports (national)	91	91	92	93	95	96
1b	% of districts with completeness of facility reporting >= 90	75	78	81	82	85	90
1c	% of districts with no missing values for the 4 forms	84	84	85	86	84	92
2. Extreme outliers (mean of ANC, delivery, immunization)							
2a	% of monthly values that are not extreme outliers (national)	100	100	100	100	98	97
2b	% of districts with no extreme outliers in the year	87	85	86	87	83	75
3. Consistency of annual reporting							
3a	Ratio ANC1 / Penta1	1.40	1.75	1.80	1.54	1.43	1.51
3b	Ratio Penta1 / Penta3	1.08	1.13	1.22	1.07	1.03	1.05
3c	% district with ANC1/Penta1 in expected range	76	53	45	56	69	41
3d	% district with Penta1/Penta3 in expected range	91	81	78	86	78	81
4	**Annual data quality score**	**86**	**82**	**81**	**84**	**85**	**82**

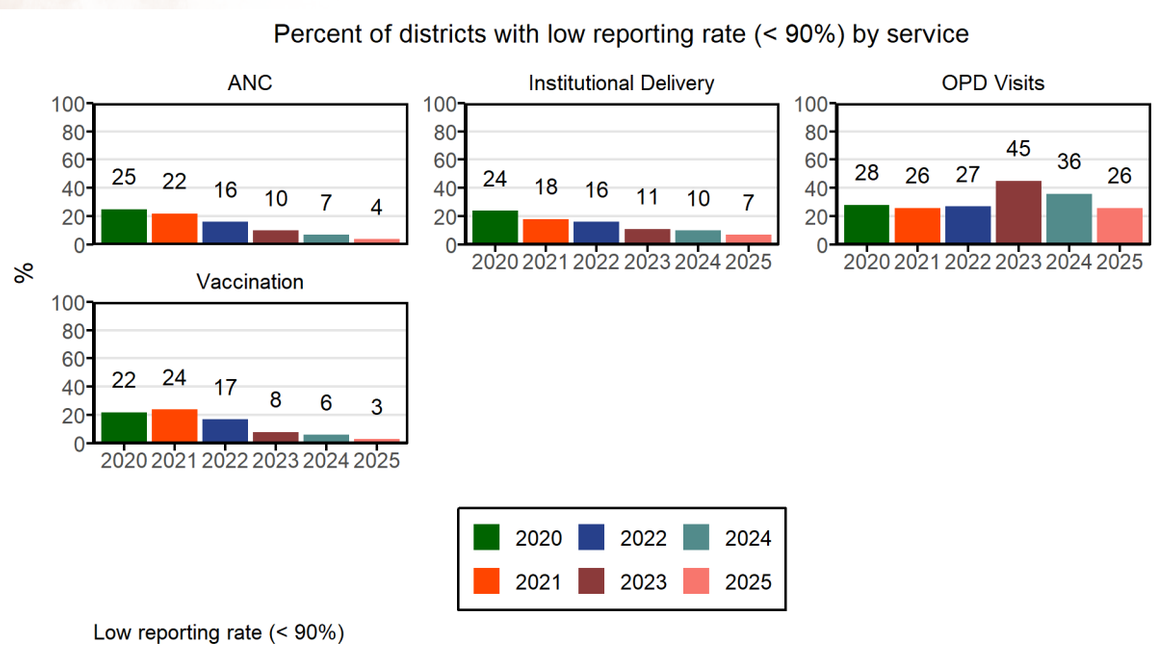
Interpretations

- The overall data quality index in Mozambique remained stable between 2020 and 2025,
- Reporting completeness improved steadily from 2020 to 2025
  - Expected reports increased from 91% → 96%.
  - Districts with ≥90% completeness rose from 75% → 90%.
- Extreme outliers remained rare:
  - Nearly all monthly values were free of anomalies (100%) between 2020–2023.
  - Slight decline to 98% in 2024 and 97% in 2025.
- These gains reflect progressive improvements in the quality and regularity of facility report.

Numerator: facility data quality - example 1 Explain the observation on data quality (one bullet)

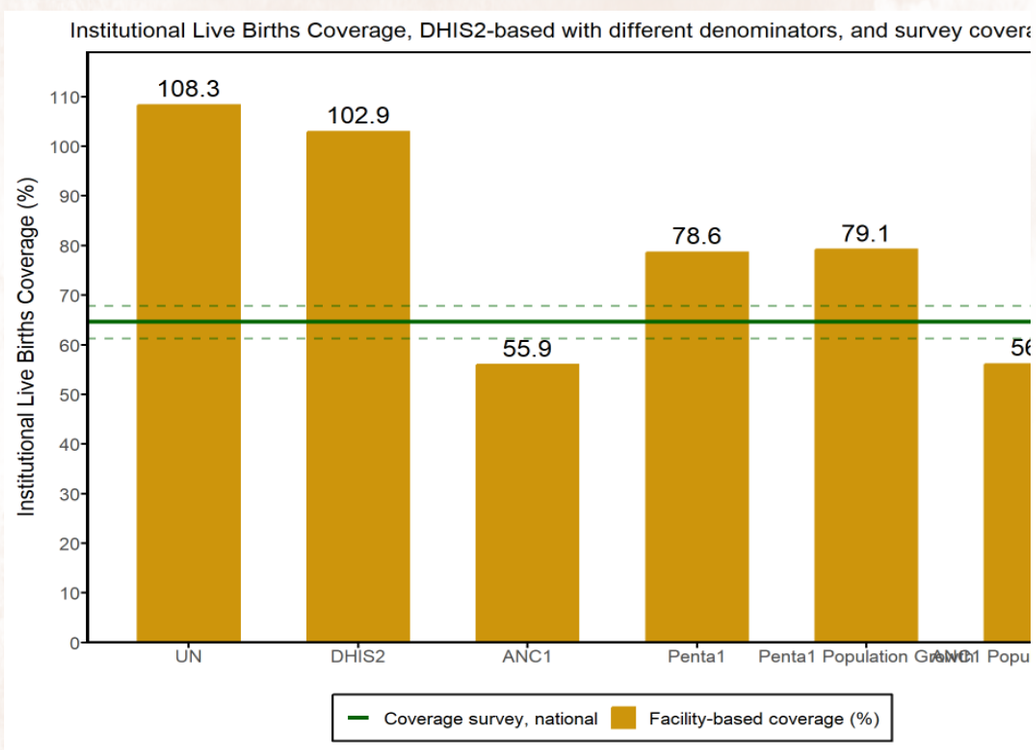


Numerator: facility data quality - example 2 Explain the observation on data quality (one bullet)

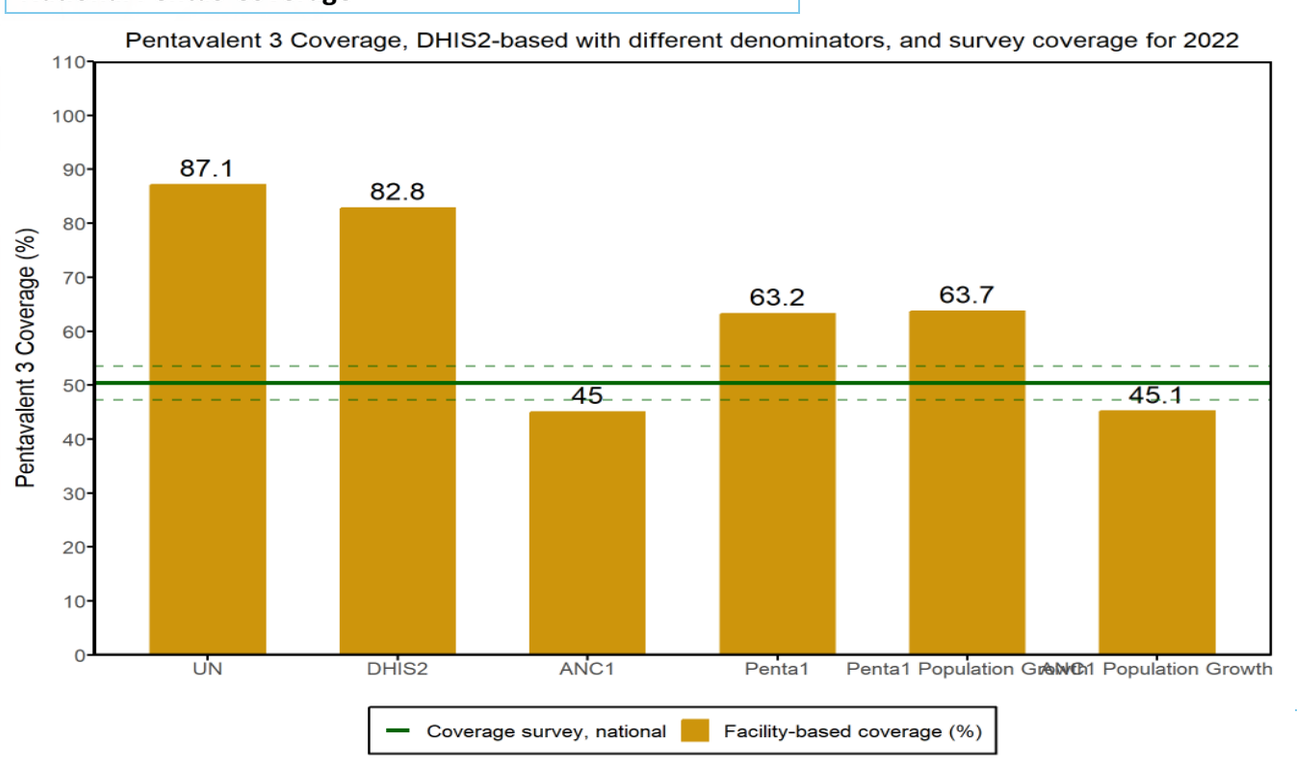


DENOMINATORS: Service coverage is defined as the population who received the service (numerator) divided by the population who need the services: (the denominator). We test four options for denominator measures using institutional live births and Pent-3 immunization coverage (Figures 2c and 2d). The quality of the population projections in DHIS2 is assessed through consistency over time and comparison with the UN projections. Two denominators are also derived using near universal service such as ANC-1 and Penta-1. The most plausible is identified for use to generate other statistics.

National Institutional Live Births



National Penta3 Coverage



Interpretations

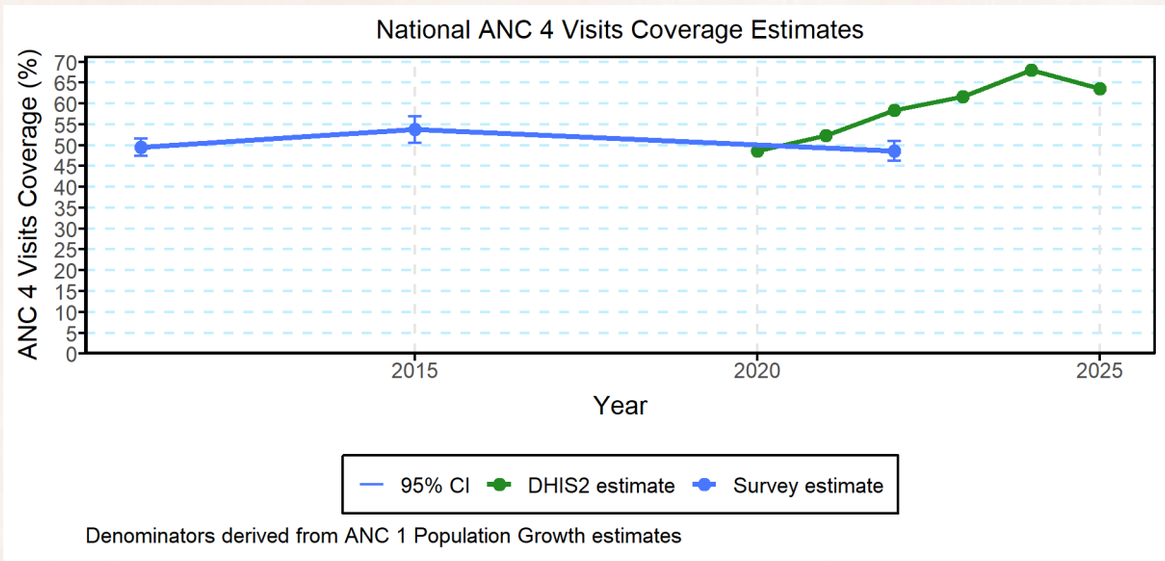
The analysis of denominators for coverage showed that the ANC 1 population growth-based denominator had the strongest agreement with survey data at both national and subnational levels.

Because of this, it was selected for evaluating Penta3 coverage and institutional deliveries, ensuring greater consistency and reliability in the facility-based coverage analysis.

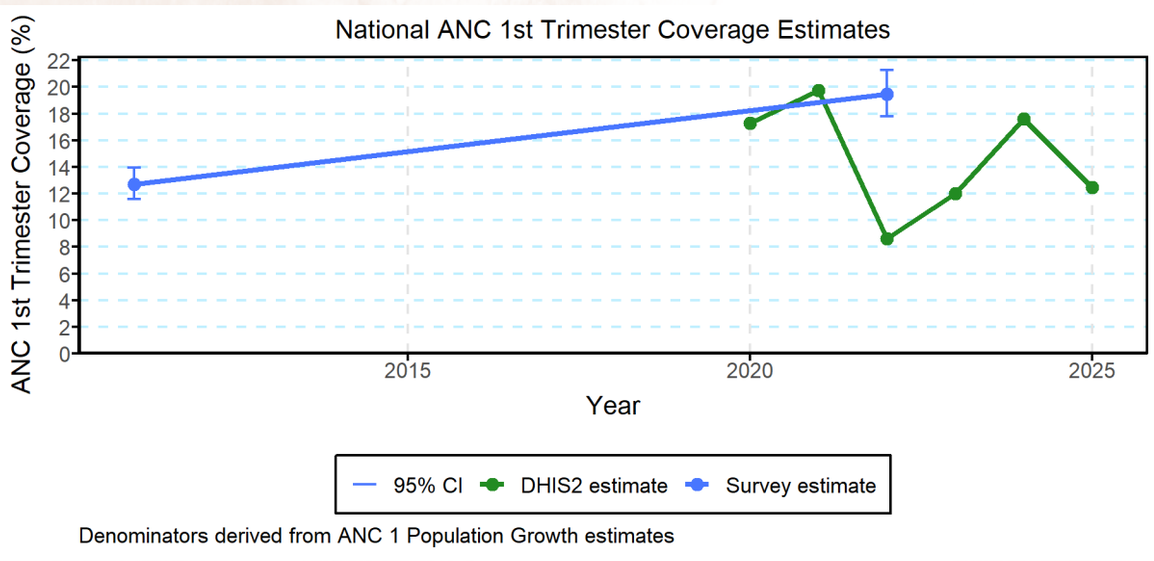
2. National Coverage Trends: Facility Data and Surveys

Antenatal care: ANC4, ANC early visit, first trimester of pregnancy

ANC 4



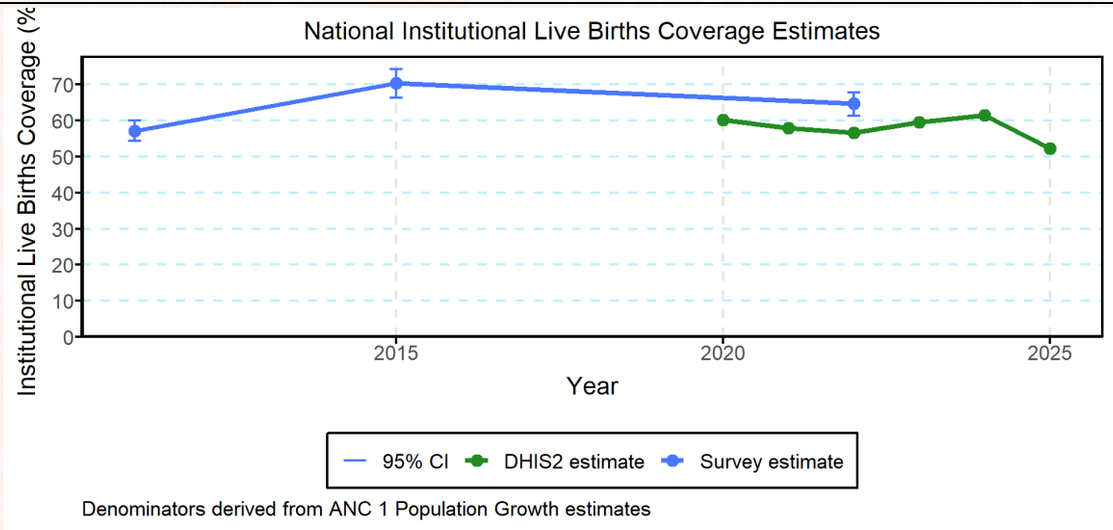
ANC early visit



Interpretations

The survey estimates remain stable around 50–55%, while DHIS2 estimates rise sharply to over 70% by 2024. There shows poor consistency between facility and survey data, suggesting denominator issues, over-reporting, or differences in how ANC visits are recorded compared to survey capture.

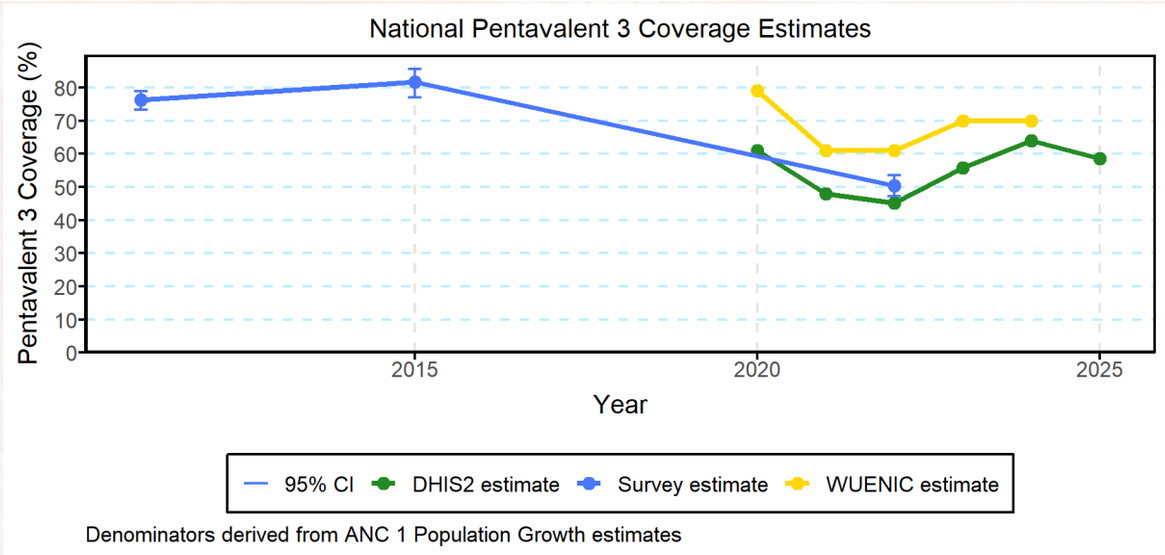
Institutional Live Births

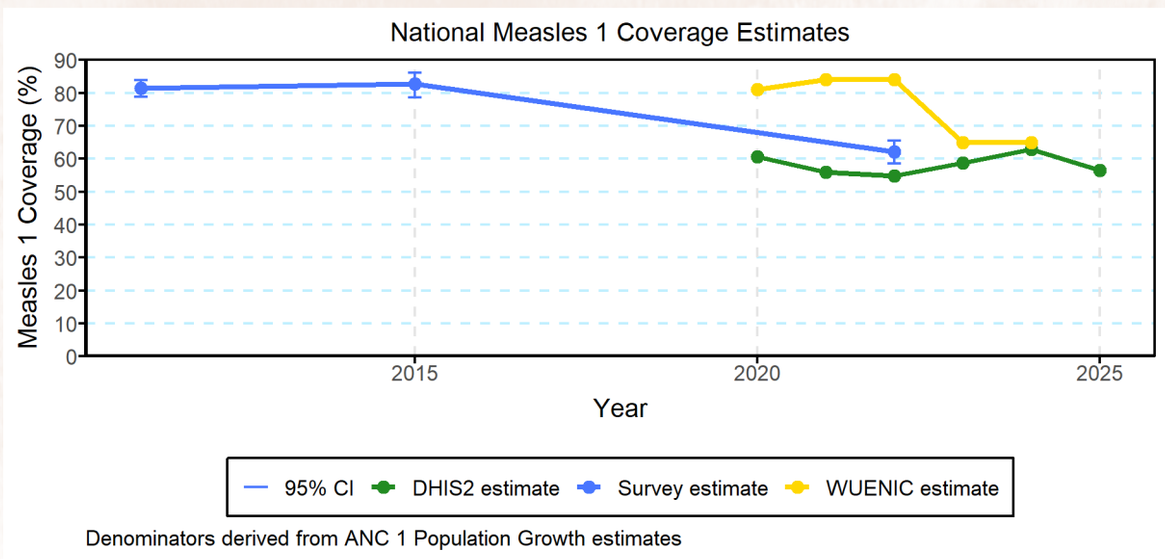


Interpretations

- Institutional live births coverage showed good concordance between DHIS2 and survey estimates.
- Coverage remained high and close to programmatic targets, with only a slight reduction after 2023.

Immunization: Penta 3, Measles 1





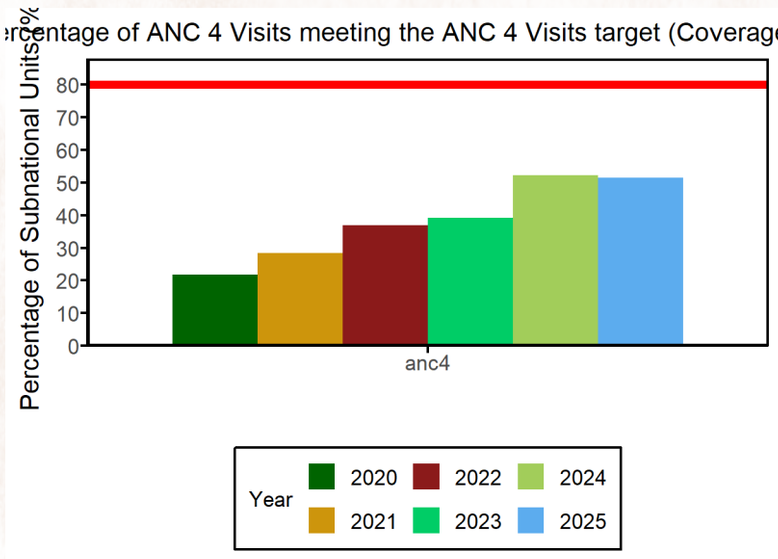
Interpretations

Penta3 coverage: DHIS2 and survey estimates differ, but both show a decline until 2022 followed by recovery. En increase was noted from 2023, coverage nearly reached the 90% target, suggesting improved immunization program performance.

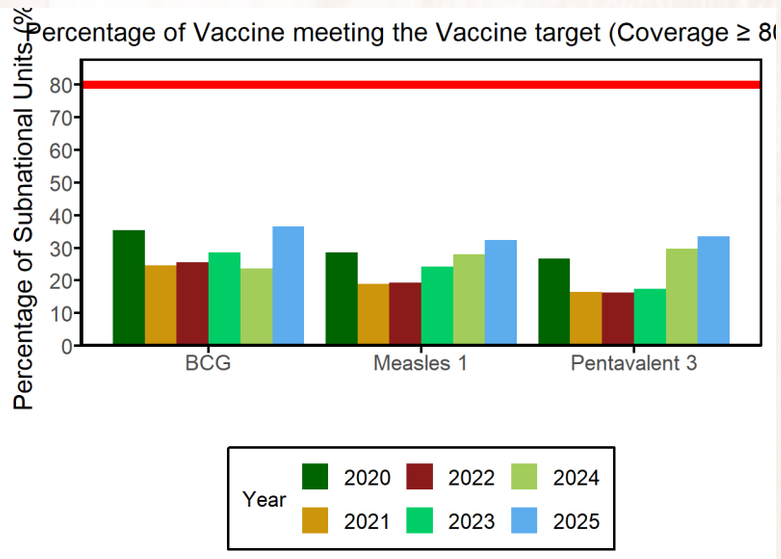
Measles1 coverage: DHIS2 and survey estimates also diverge, yet both indicate recovery after 2022. Despite this improvement, coverage remained below the 90% recommended target at the end of the period

Percent of districts achieving high coverage targets

ANC 4



Child Health Indicators



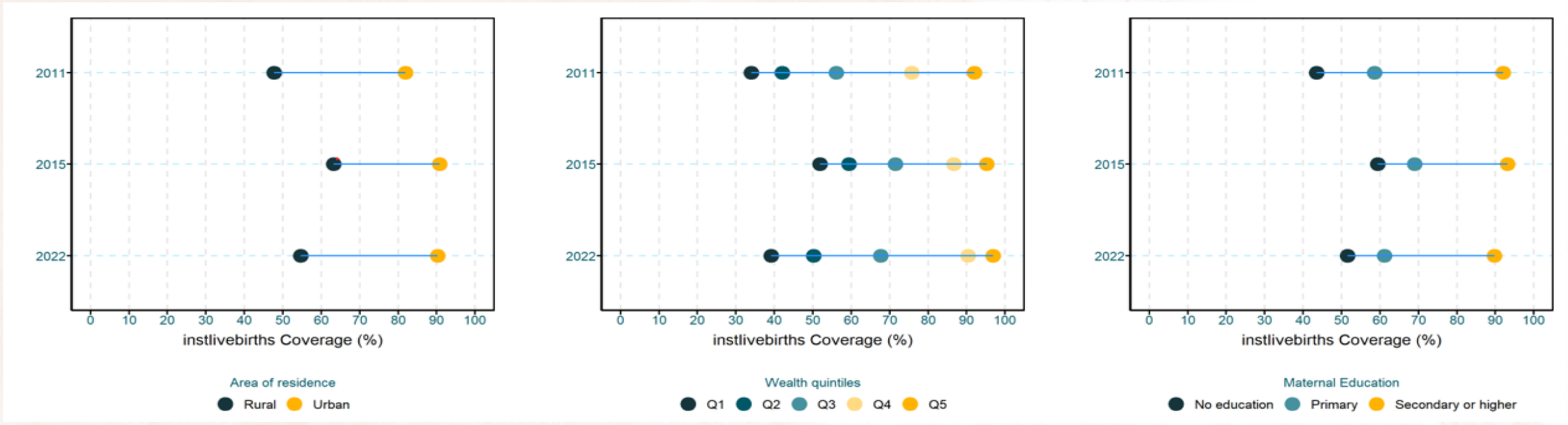
Interpretations

ANC4 coverage almost achieved the target nationally, while vaccine coverage showed mixed results—strong for BCG, moderate for Measles1, and variable for Penta3.

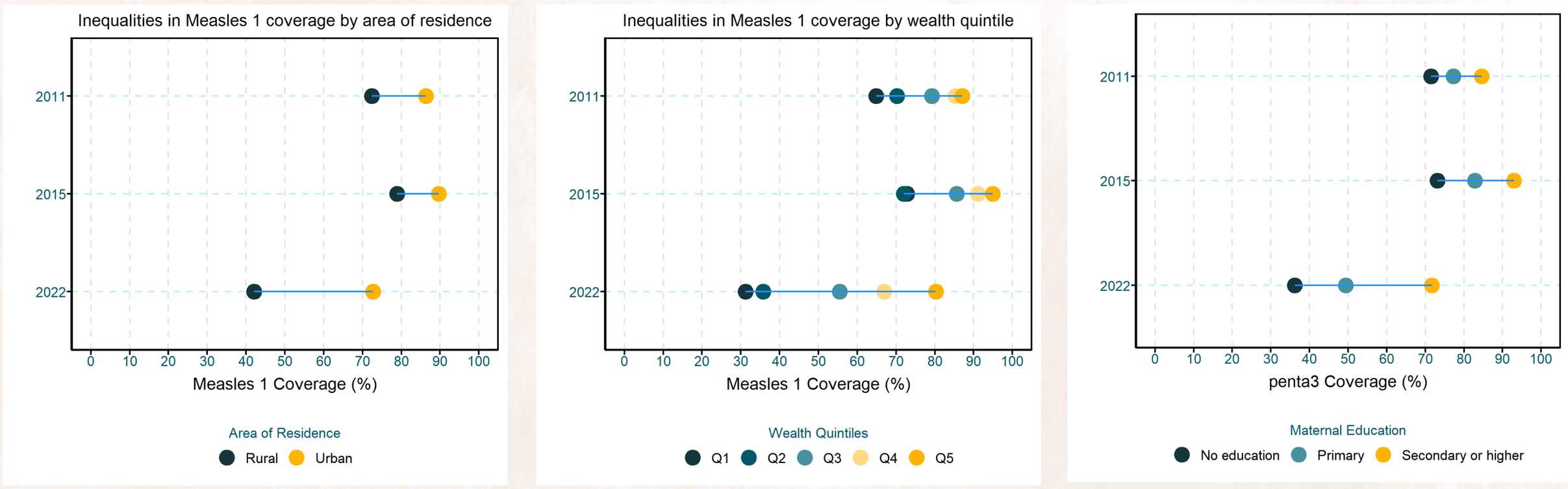
3. Equity

Equity by wealth, education, rural-urban residence (from surveys)

InstitutionalLive Births



Pentavalent 3rd Dose

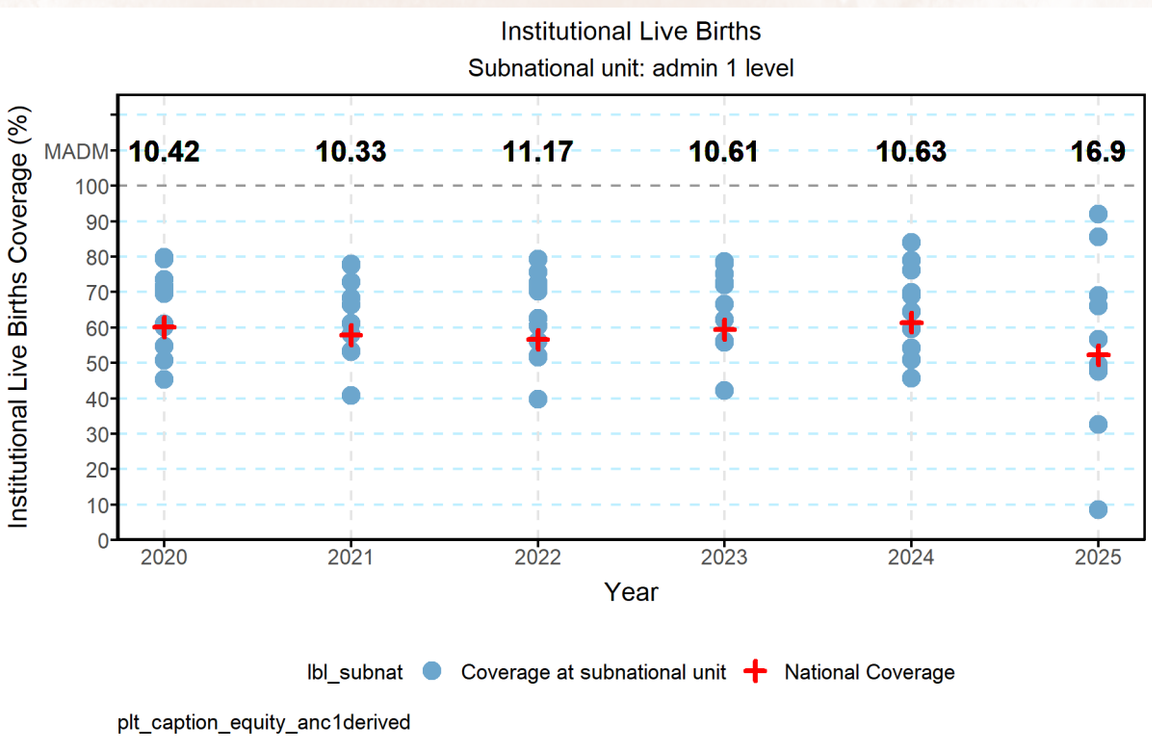


Interpretations

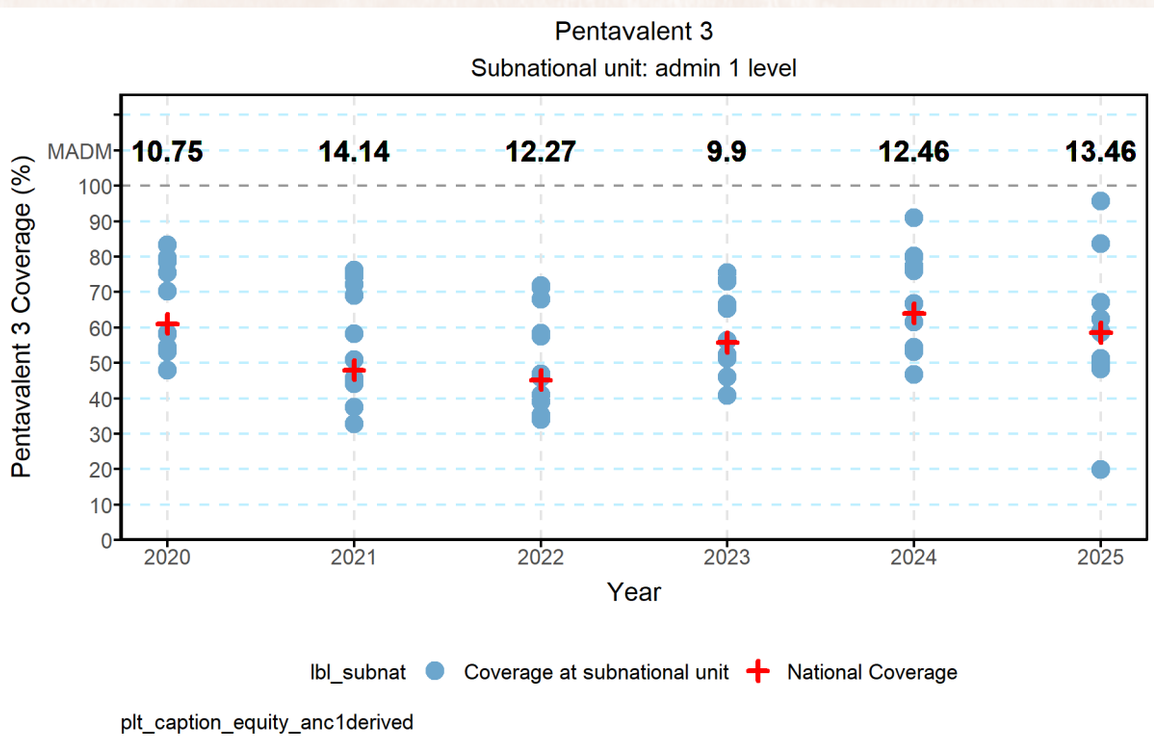
- Rural, poorer, and less-educated women consistently have lower institutional live birth coverage compared to urban, wealthier, and educated groups.
- Coverage rises progressively with wealth and education, leaving disadvantaged groups behind.
- Equity gaps persist, requiring targeted strategies for rural, poor, and less-educated women.

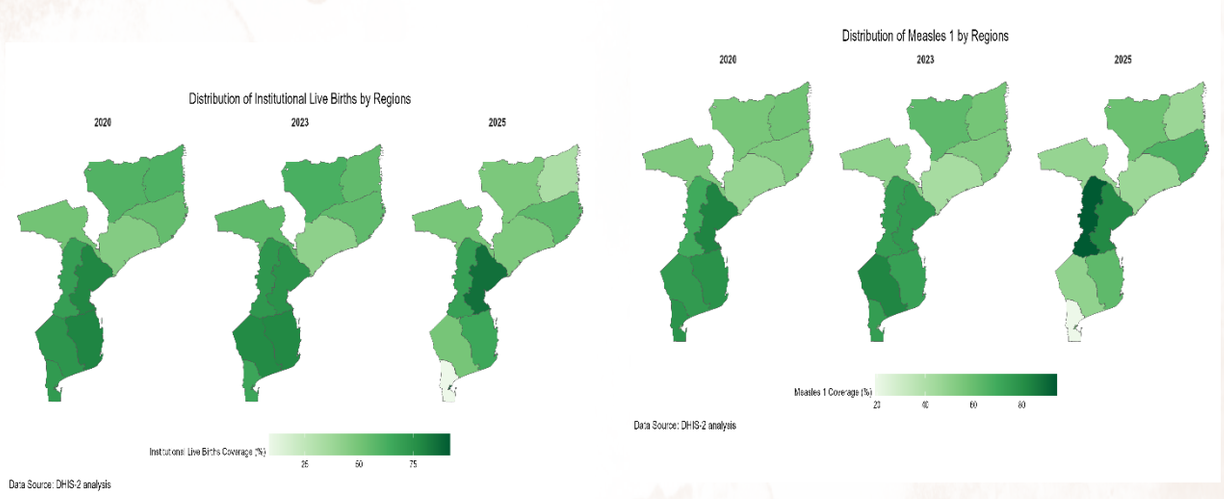
Geographical inequalities: Health facility data

InstituionalLive Births



Pentavalent 3rd Dose





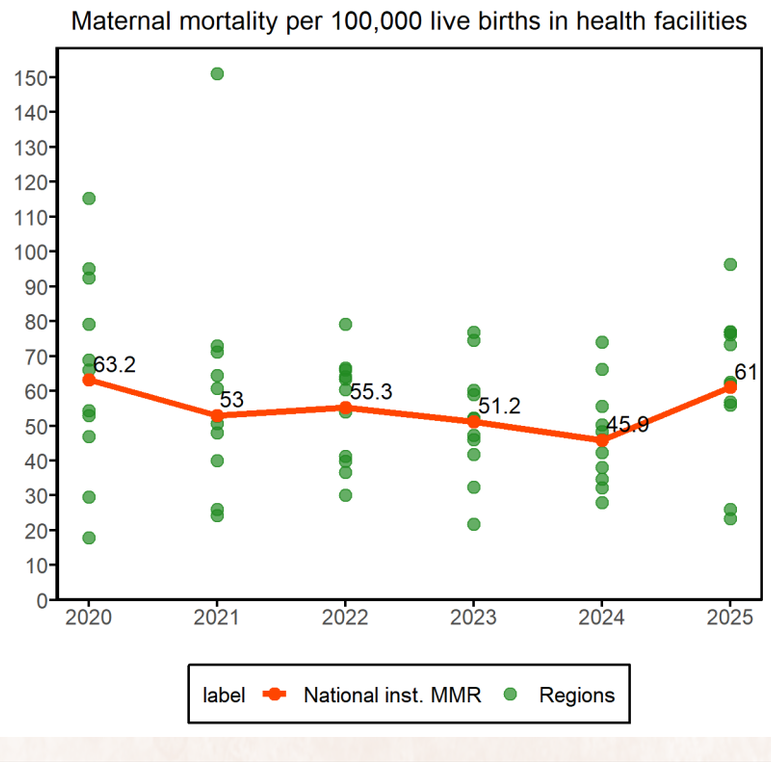
Interpretations

- Institutional live births: National coverage remained high, but dispersion across provinces increased after 2023 (MADM rising from ~16 to 25 in 2025), showing growing inequality among subnational units.
- Penta3: National coverage recovered after 2022, yet variability across provinces stayed significant (MADM ~17–22), reflecting uneven immunization program performance

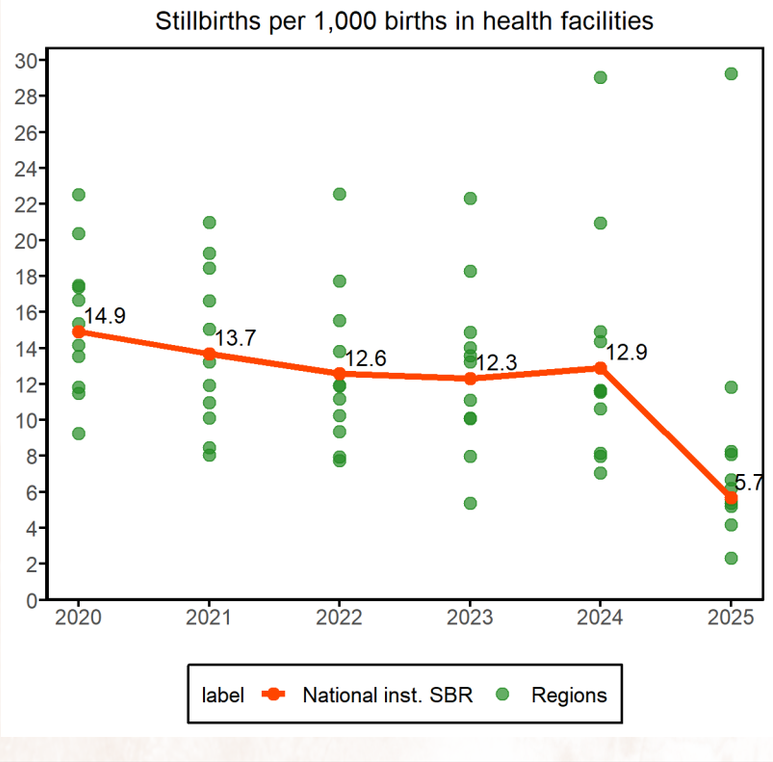
4. Institutional Mortality

Institutional Mortality trends (iMMR, iSBR)

iMMR



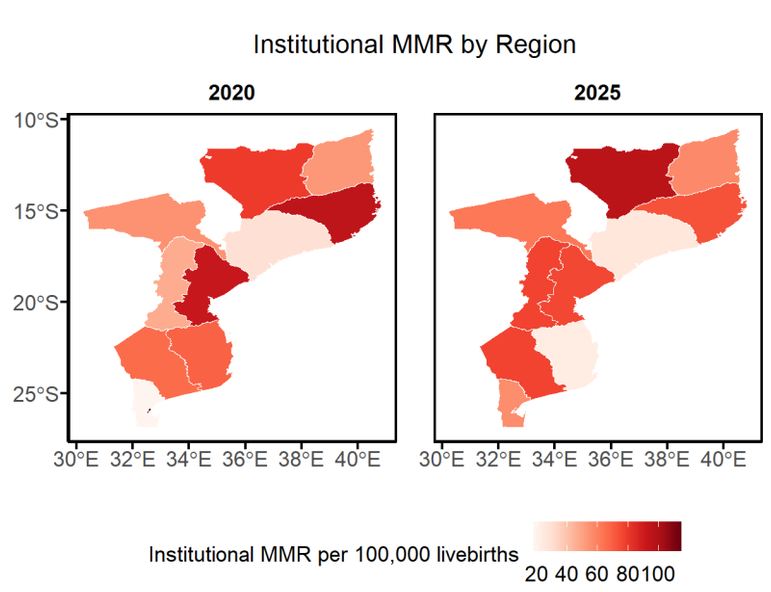
iSBR

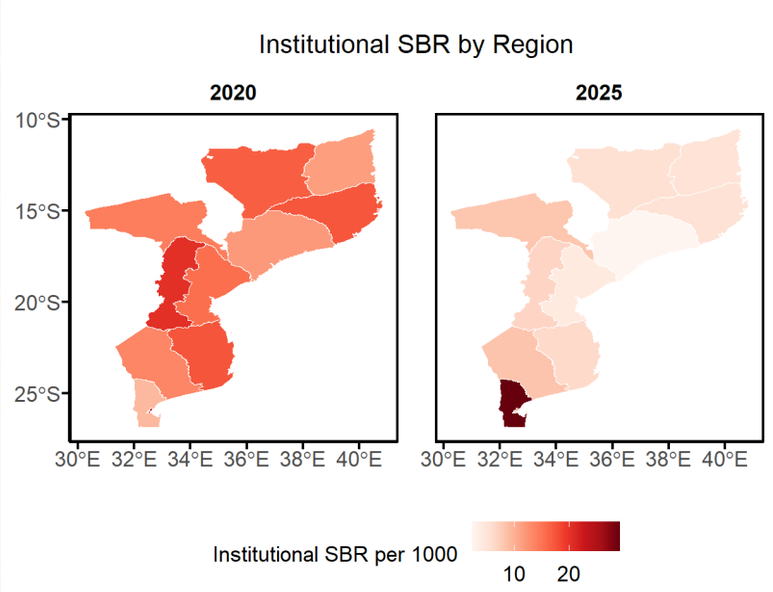


Interpretations

- **Maternal mortality:** Declining, but underestimated compared to UN.
- **Stillbirth trends** are consistent with UN expectations, highlighting progress but also the need to address regional disparities.

Institutional Mortality by admin1 units



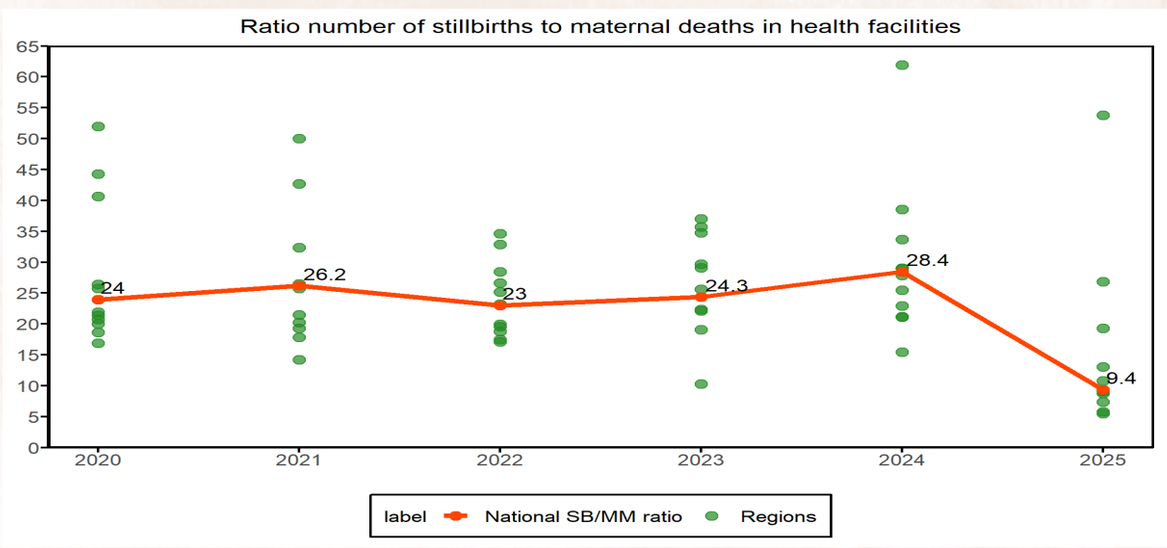


Interpretations

- **Institutional MMR (2020–2025):** Several regions reduced maternal mortality, but some still show high levels (>80/100,000), reflecting uneven progress.
- **Institutional SBR (2020–2025):** Most regions improved, with many below 10/1,000 by 2025, though a few remain closer to 20.
- **Regional disparities:** Maternal mortality shows stronger heterogeneity, while stillbirths display more consistent improvement.

Data quality metrics

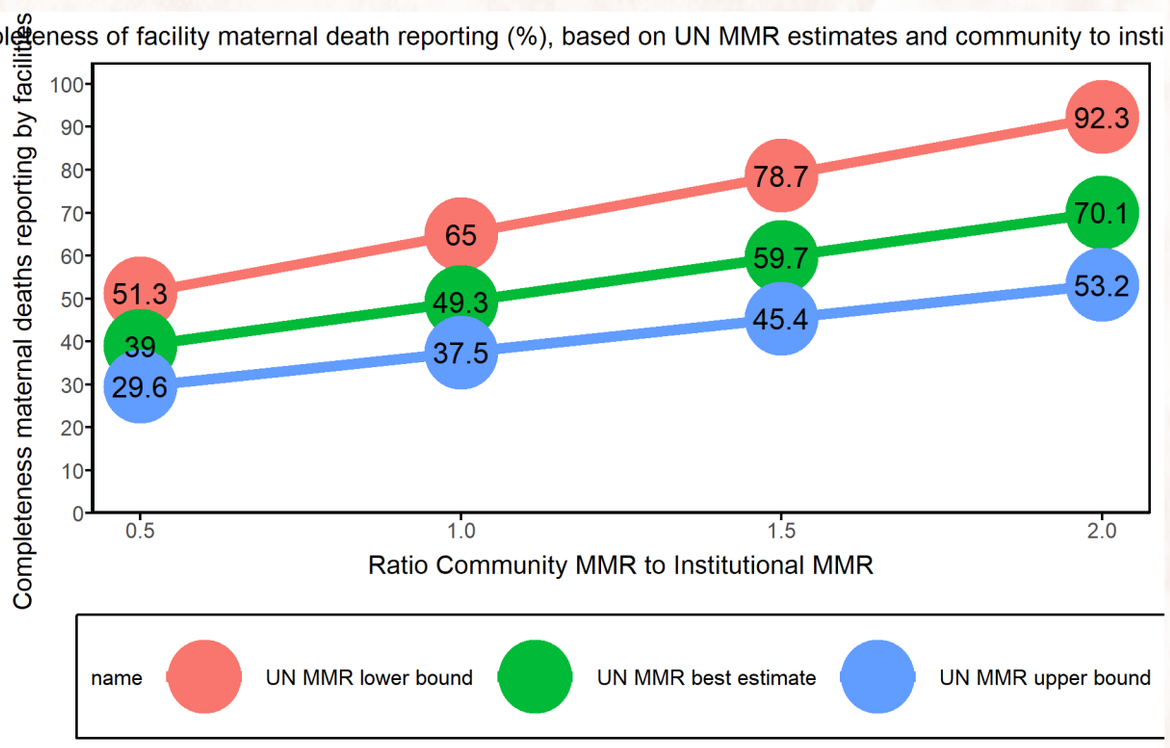
Ratio stillbirth to maternal deaths in the health facility data at national level

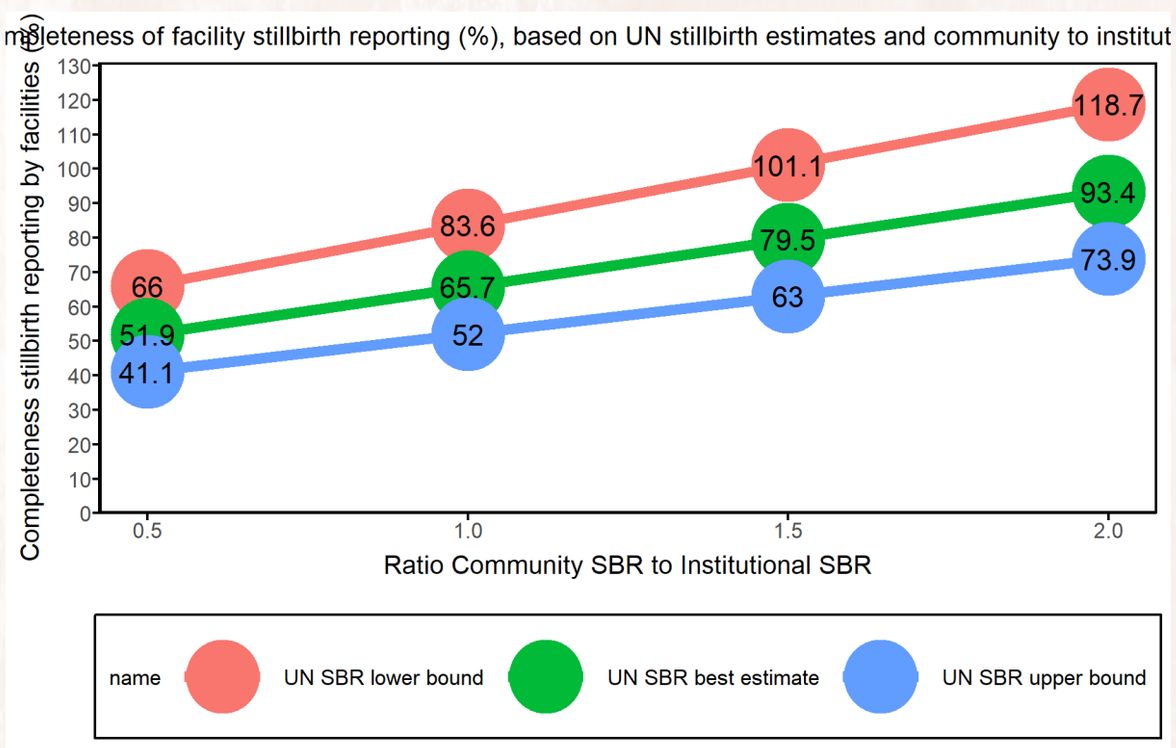


Interpretations

- **National ratio:** From 2020–2024 the ratio was at or above 25, suggesting maternal deaths underreported; in 2025 it dropped to 9.4, within the expected range.
- **Top 3 regions (highest ratios):** Above 25, indicating maternal deaths more underreported than stillbirths.
- **Bottom 3 regions (lowest ratios):** Below 5, pointing to underreporting of stillbirths; values within 5–25 suggest more reliable reporting if mortality levels are plausible.

Estimated completeness of facility maternal death and stillbirth reporting



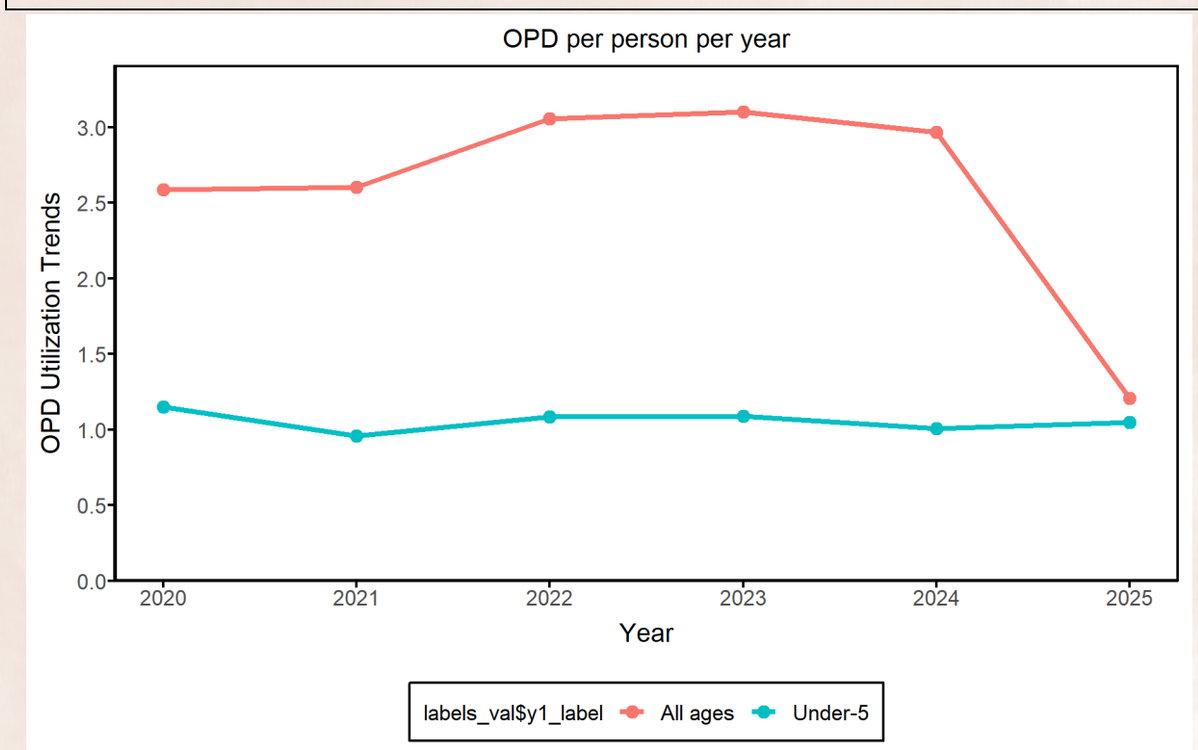


Interpretations

- **Institutional MMR reporting:** Completeness is low (around 37–65%), meaning many maternal deaths are not captured at the facility level.
- **Institutional SBR reporting:** Completeness is higher (51–83%), showing stillbirths are more consistently recorded, though gaps remain.
- Maternal deaths are much more underreported than stillbirths, highlighting the need to strengthen maternal death surveillance outside facilities while maintaining improvements in stillbirth reporting.

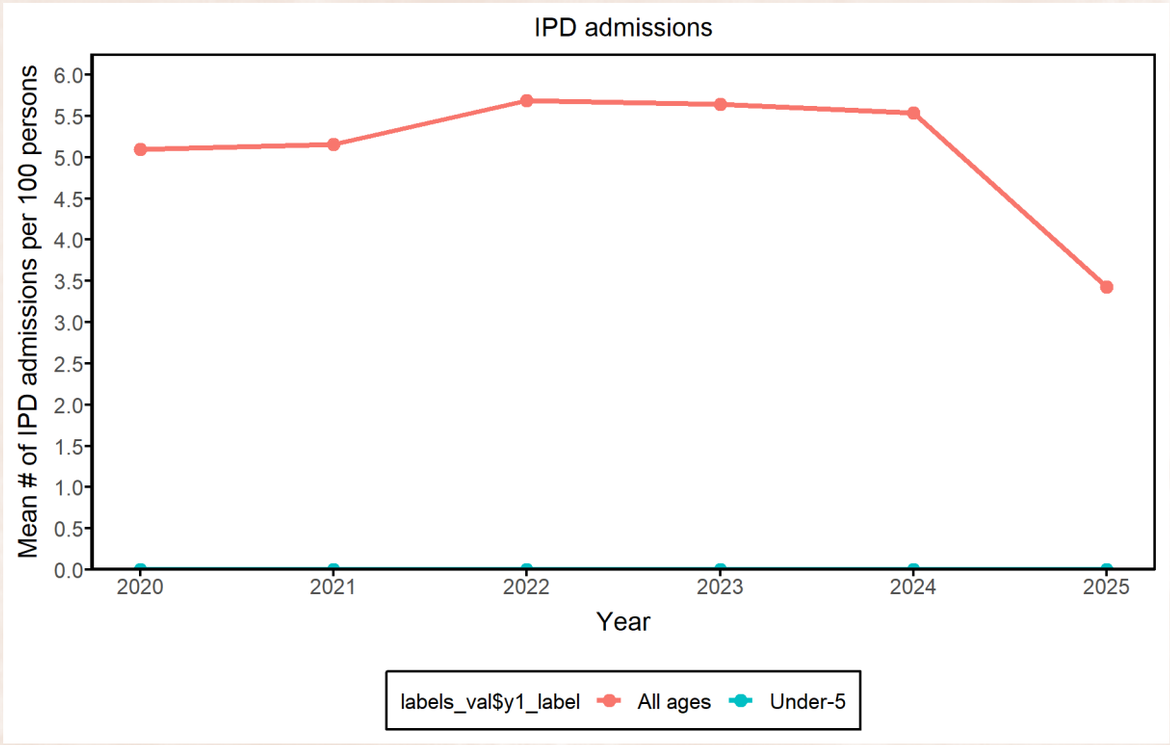
5. Curative Health Service Utilization for Sick Children

Outpatient and inpatient service utilization



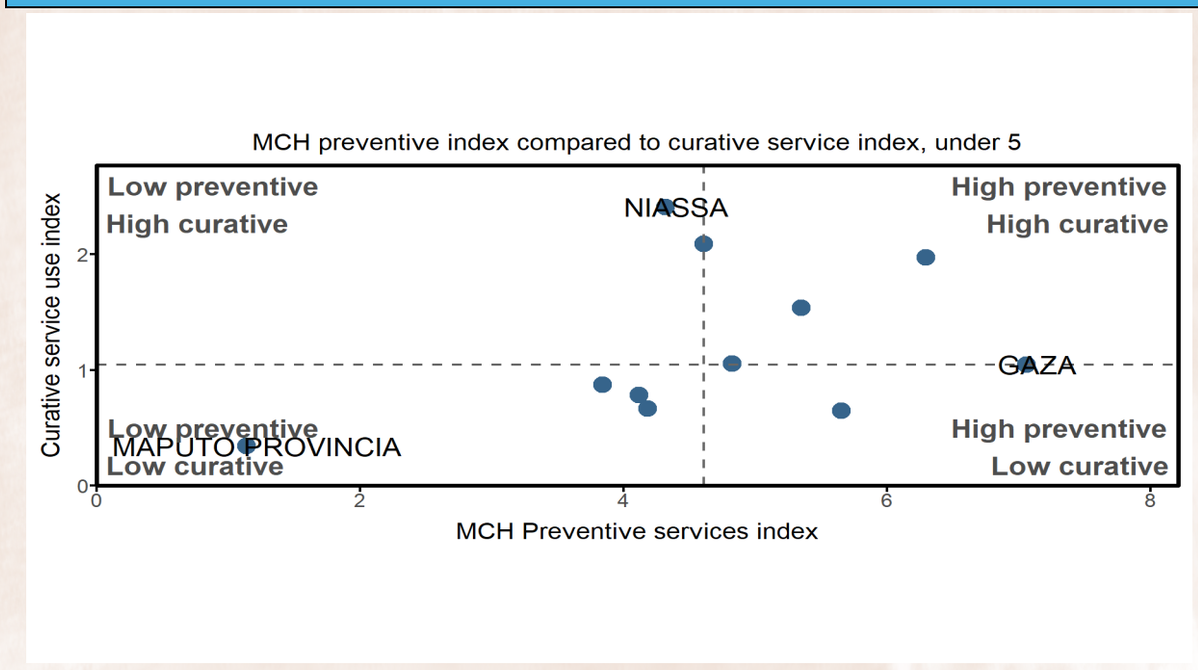
Interpretations

- **All ages:** OPD use climbed steadily until 2023 (~3.1 visits/person/year), then collapsed to ~1.2 in 2025.
- **Under-5:** The line is flat at ~1 visit/child/year across 2020–2025. This stability contrasts with the adult trend and implies more consistent reporting for children, though the level itself is low and signals limited access



Admissions started at approximately 5.1 per 100 persons in 2020 and 2021, rising to a peak of roughly 5.7 in 2022. The rate stayed relatively stable between 5.5 and 5.7 through 2023 and 2024 before dropping sharply to approximately 3.4 in 2025

MCH Preventive vs Curative Index



Interpretations

• **Maputo Província:** Positioned in the **low preventive, low curative quadrant**, showing weak performance in both preventive and curative child health services.

• **Niassa**: Falls in the **high curative, moderate preventive area**, meaning children access curative services more, but preventive coverage is lagging.

• **Gaza**: Located in the **high preventive, low curative quadrant**, indicating strong preventive service uptake but limited curative service use

6. Health System Progress and Performance

Health system inputs

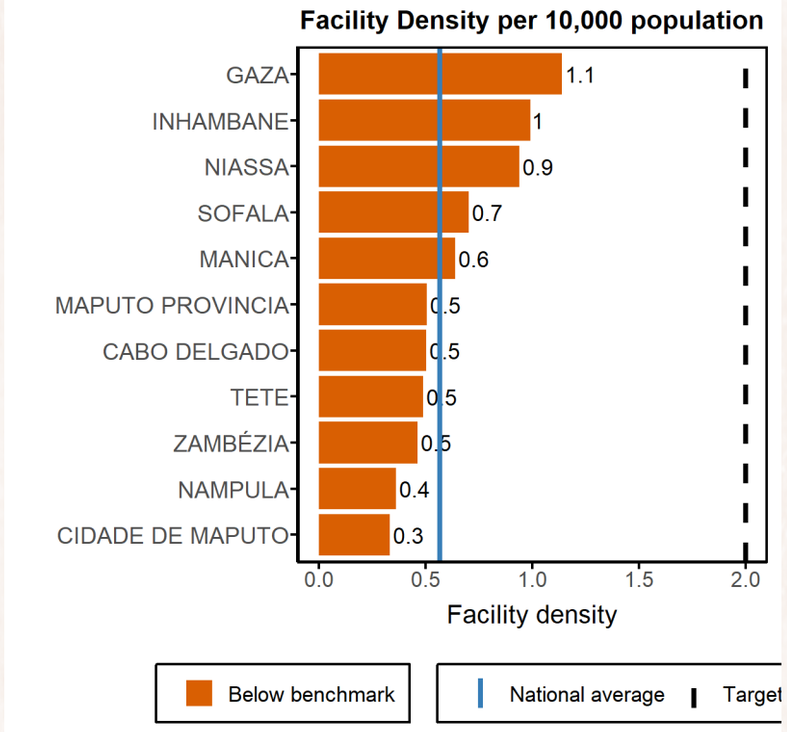
2025		
Indicator	**Value**	**Unit**
Health infrastructure		
Health facility density	0.6	per 10,000
Share of facilities that are hospitals	9.0	%
Hospital density	0.5	per 100,000
Inpatient bed density	3.7	per 10,000
Health workforce		
Health workforce density	5.2	per 10,000
Skills mix ratio nurse-midwives per physician	2.9	
Role of private sector		
Share of Private facilities	0.0	%

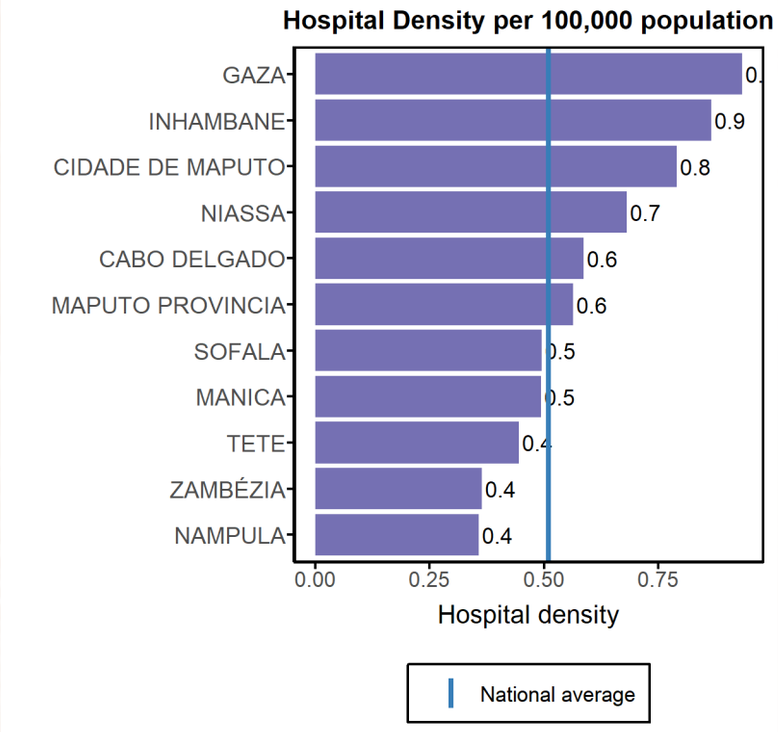
2025		
Indicator	**Value**	**Unit**
Share of NGO facilities	0.0	%

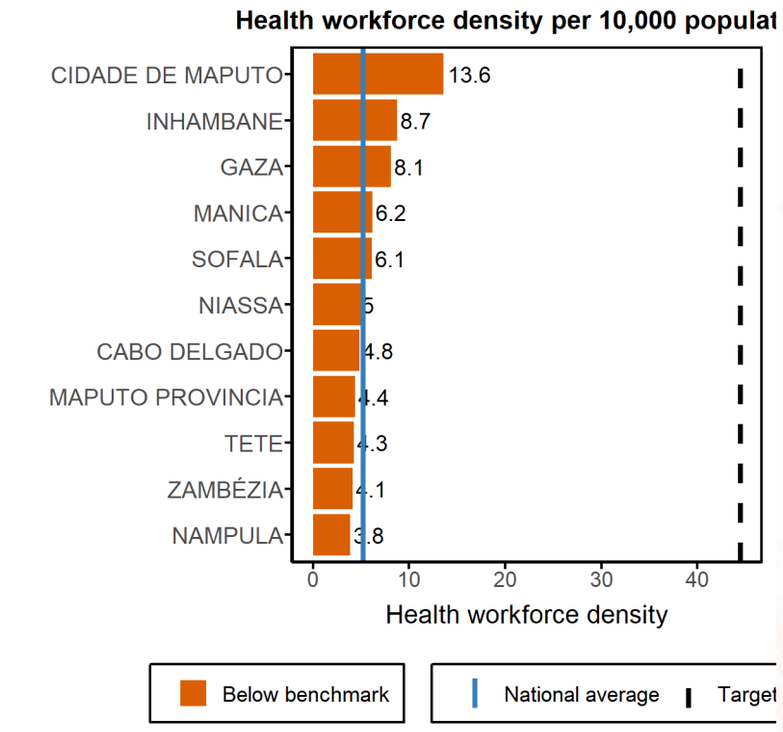
Interpretations

- Data **completeness:** Private/NGO facilities reported as **0%**, likely reflecting **missing data**.
- Infrastructure**:** Facility density (0.6 vs. benchmark 2) and bed density (3.7 vs. benchmark 25) are **far below standards**, showing limited access and capacity.
- Workforce**:** Density (5.2 vs. benchmark 23–44.5) is **critically insufficient**, well under levels needed for maternal/child mortality reduction or universal coverage

Health system inputs by region/province

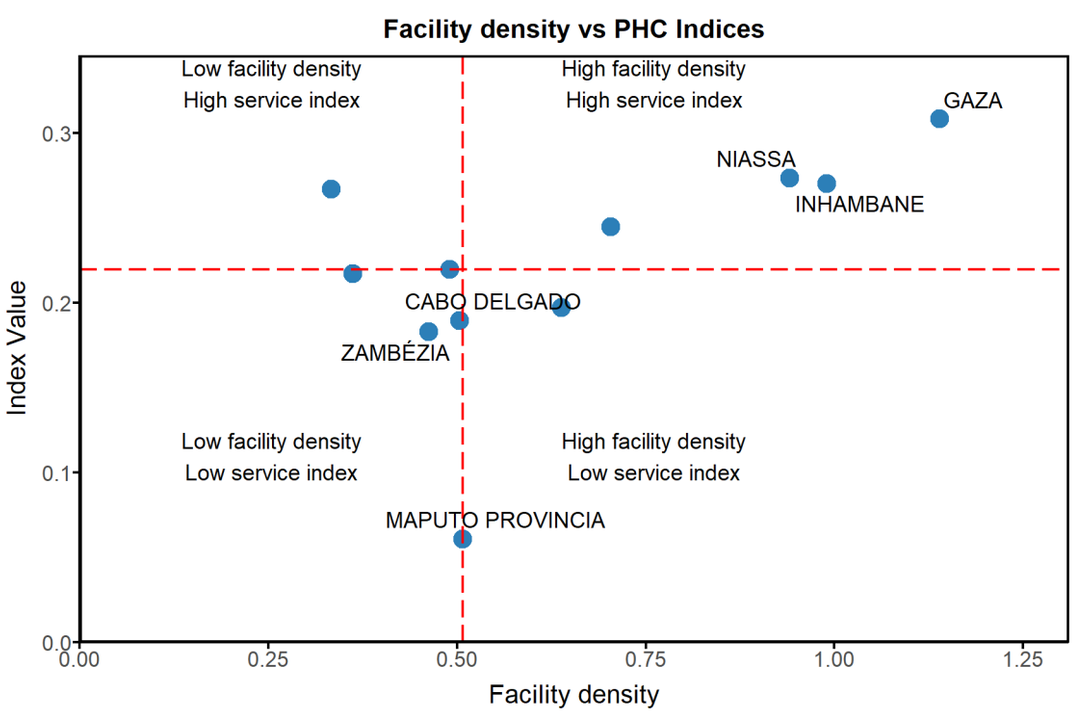






- **Facilities:** Density ranges **0.3–1.1 per 10,000**, all below benchmark; Gaza units higher, Maputo Cidade, Nampula, Zambezia and Tete lowest.
- **Hospitals:** Density **0.0–0.9 per 100,000**; Gaza and Inhambane better, Nampula, Zambezia and Tete weakest.
- **Workforce:** Density **3.8–13.6 per 10,000**; Maputo Cidade highest, Nampula, Zambezia and Tete lowest.
- **Large disparities**; Nampula, Zambezia and Tete repeatedly under-resourced.

Health system outputs by inputs at the subnational level



Interpretations

- **Good performers:** Gaza, Niassa (higher density + stronger service index).
- **Poor performers: Zambézia, Cabo Delgado** show low density and weak service index

Main findings	Recommendations
Data quality: DHIS2 reporting completeness improved (2020–2025), but inconsistencies across indicators and underreporting of maternal deaths persist.	Strengthen data quality audits and maternal mortality surveillance.
Service coverage: Coverage of institutional deliveries and Penta3 recovered after 2022, but Measles1 remains below the national target.	Scale up catch-up vaccination and reduce Penta1–Penta3 dropout.
Inequalities: Important geographic inequalities persist. Gaza, Niassa and Maputo City perform better, while Zambézia, Nampula, Tete and Cabo Delgado have the poorest coverage and system capacity.	Prioritize low-performing provinces and districts using an equity approach.
Maternal mortality: Institutional maternal mortality declined, but underreporting remains high and varies across provinces.	Strengthen maternal death surveillance, review and audit.
Health system: Human resources and infrastructure remain insufficient. Maputo City, Gaza and Niassa perform better, while Zambézia, Nampula, Tete and Cabo Delgado have the greatest capacity gaps.	Prioritize investment in workforce and infrastructure in underserved provinces.

COUNTDOWN TO 2030

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