



EVIDENCE BRIEF

Mozambique: Sexual, Reproductive, Maternal, and Newborn Workforce Assessment Report (2016)



Why is it important?

Mozambique did not achieve its MDG targets for maternal and child mortality, but has made significant progress in provision of the sexual, reproductive, maternal, and newborn health (SRMNH) workforce. This study is an assessment of the SRMNH workforce with a view to meeting 47 per cent of its needs by 2030. It is useful for informing policy and programmes related to SRMNH in Mozambique, and to better understand the SRMN workforce in the country.

Methodology

A mixed methodology approach was used. The first phase involved an extensive desk review of published and grey literature and collation of relevant data, which allowed for the identification of data gaps. The desk review included government policies, strategies, guidelines, standards, reports and evaluations, databases and publications. Phase two involved a national study using primary data collection, with the aim of filling the data gaps identified in phase one, and included quantitative surveys and qualitative interviews with the existing SMRNH workforce. Phase three involved a more detailed analysis of the data collected in phases one and two after validation by the Ministry of Health, characterizing the current SRMNH workforce and modelling its capacity to meet the population's need for SRMNH care.

Key findings

The full-time equivalent SRMNH workforce in Mozambique is large enough to meet one third of the need for essential interventions, if tasks are allocated in an economically efficient way. This 'met need' estimate varies by province,

ranging from 66 per cent in Maputo City to 22 per cent in Zambézia. Most of the need is for pre-pregnancy sexual and reproductive health services, and childbirth services. These 'met need' estimates take into account only the availability dimension of effective coverage.

The considerable challenges to accessibility, acceptability and quality mean that effective coverage of SRMNH services is almost certainly much lower than 34 per cent. There is recognition of the importance of acceptability as a key dimension of effective coverage, but little data about the current level of acceptability in Mozambique. Available data on quality reveals serious deficiencies in quality of care indicators.

Conclusion

There are three potential ways to increase level of met need: (1) scaling up, to double the number of MCH nurses annually; (2) increasing clinical work time, hiring strategically to increase the time MCH nurses can devote to clinical work; and (3) task shifting, or shifting 90 per cent of clinical work devoted to preventative activities from MCH nurses to preventive medical technicians. Implementation could result in 86 per cent met need by 2030.

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