CENTRO DE INTEGRIDADE PÚBLICA
Anticorrupção - Transparência - Integridade

Women's representation in decision-making bodies and quality of maternal and child health services

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1. Introduction

Mozambique is one of the countries with the highest representation of women in decision-making bodies. In March 2022 the country achieved gender parity in Government, thus becoming one of the 14 countries in the world with gender parity and the third country in Africa to have 50%[1] or more women in ministerial positions. In addition to participation in Government, women are well represented in other decision-making bodies, for example in the Parliament with a percentage of 42%[2].

Theoretically, the rise of women in decision-making positions and bodies is expected to be reflected in the quality of services for women, hence the following key question: *has the increase in women's participation in decision-making bodies been accompanied by an improvement in the provision of services for women*?

This paper is a case study of maternal and child health services. It was carried out in Nampula, Zambézia and Niassa provinces in 2022 and seeks to show the relationship between the increase in the number of women in management positions in Government, and in sovereign bodies, and the quality of maternal and child health service delivery.

2. Gender parity and women's representation in decision-making bodies

In recent years, the debate on equal rights and duties for men and women has increased thanks to a new look on society in which passivity and the restriction of women's rights must be overcome.

The concept of parity, equality or similarity between men and women, is enshrined in Article 36 of the Constitution of the Republic of Mozambique (CRM), which states that men and women are equal before the law in all areas of political, economic, social and cultural life.

Besides the principle of gender parity provided for in the Constitution of the Republic, Mozambique has adopted international legal instruments on gender, such as the solemn declaration of gender equality in Africa, in 2004, the declaration and protocol of SADC on gender and development, in 2002, among others. These instruments are associated to various legislation in which gender parity is patent, such as the domestic violence law, the family law (2005), among others.

Gender parity refers to a 50:50 ratio of men and women accessing education, occupying a workplace and public office.

1 DW (March 2022). Mozambique: UN welcomes gender parity in government. Available at: https://www.dw.com/pt-002/mo%C3%A7ambique-onu-sa%C3%BAda-paridade-de-g%C3%A9nero-no-governo/a-61273031

2 Gender Monitoring and Evaluation in Mozambique: 50/50 Summary. March 2020. Gender link Mozambique Association. Available at: https://www.gsdassociation.org.mz/wp-content/uploads/2019/09/Monitoria-Final-02-Impressa-2.pdf.
Accessed on 03/04/2023 at 12h35mn.

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2.1 Women in government decision-making bodies

For many years, women have been denied the right to participate in democratic assemblies, let alone take part in management positions and political decision-making. Worldwide, there are only 46% of countries where women hold more than 30% of the seats in parliament .[3]

In the Mozambican government, women representation increased from 20% in 2019 to 21% in 2014 and to 41% in 2019. At the level of decentralisation, in a total of 11 secretaries of state, 6 are women, representing 55%. These figures show that the Government is concerned and has integrated women in governance.

By 2020, from the 21 ministers, including the Prime Minister, 10 were women occupying the following ministries: Ministry of State Administration and Civil Service (MAEFP), Ministry of Gender, Children and Social Action (MGCAS), Ministry of Education and Human Development (MINEDH), Ministry in the Presidency for the Office Affairs (MPACC), Ministry of Labour and Social Security (MITSS), Ministry of Sea, Inland Waters and Fisheries (MIMAIP), Ministry of Culture and Tourism (MICULTUR), Ministry of Foreign Affairs and Cooperation (MINEC), Ministry of Land and Environment (MTA) and Ministry of Justice Constitutional Affairs (MJCR).

In March 2022, Mozambique joined a select group of only 14 countries that achieved gender parity and became the third country in Africa to have 50% or more women in ministerial positions[4] . The number of men and women reached equilibrium after the reshuffle carried out by the President of the Republic, Filipe Nyusi, in which of the 22 ministers who are members of the Government, including the Prime Minister, 11 are women and 11 men. Worldwide only one fifth of ministerial posts are held by women[5].

In 2013, the Mozambican Government introduced a gender parity policy in its public sector entities, with the objective of achieving equal representation of women and men in decision-making positions. Since that period, the percentage of women appointed to public sector entities has increased from 32% in 2013 to 43.2% in 2018[6].

2.2 Women in sovereign bodies

Women's representation in the legislature - Parliament

Women's participation in the political field is a right and a priority in order to build fairer societies. However, progress regarding women's participation in the political field has still been rather slow, globally. According to the United Nations, by 2017 the representation of women in parliaments, globally, was 23.4%[7] . Mozambique is a reference for its political commitment in relation to women's access to sovereign bodies, especially in parliamentary representation where women occupy 38% of the seats [8]

In the 2014 general elections, women won 39.6% of the seats in Parliament. In 2019 the proportion of women rose to 42.4%. This represented an increase of 2.8 percentage points compared to 2014. With this data, Mozambique has moved from 29 to 16 in the Inter-Parliamentary Union ranking[9] .

In 2009, after the general elections, parliament elected the first woman president of Parliament. Renamo and Frelimo parties nominated women to head their respective parliamentary parties, and three of the nine parliamentary committees were chaired by women.

3 Knowledge space. UN Women. Available at: https://www.ufmg.br/espacodoconhecimento/igualdade-de-genero/ (consulted on 5 April 2023 at 11:56)
4 [0] DW (March 2022). Mozambique: UN welcomes gender parity in government.
Available at: https://www.dw.com/pt-002/mo%C3%A7ambique-onu-sa%C3%BAda-paridade-de-g%C3%A9nero-no-governo/a-61273031.
Accessed on 28/03/2023 at 13h30mn.
5 DW (March 2022). Mozambique: UN welcomes gender parity in government.
Available at: https://www.dw.com/pt-002/mo%C3%A7ambique-onu-sa%C3%BAda-paridade-de-g%C3%A9nero-no-governo/a-61273031.
Accessed on 28/03/2023 at 13h30mn.
6 [1] Institute for Social and Economic Studies (2019). Gender statistics in Mozambique. Maputo: Institute for Social and Economic Studies. Available at: http://www.iese.org.mz/publicacoes/estatisticas-sobre-genero-em-mocambique Accessed on 15/03/2023 at 9h00mn.
7 Gender Monitoring and Evaluation in Mozambique: 50/50 Summary. March 2020. Gender link Mozambique Association.
Available at: https://www.gsdassociation.org.mz/wp-content/uploads/2019/09/Monitoria-Final-02-Impressa-2.pdf.
Accessed on 03/04/2023 at 12h35mn.
8 Gender Monitoring and Evaluation in Mozambique: 50/50 Summary. March 2020. Gender link Mozambique Association.
Available at: https://www.gsdassociation.org.mz/wp-content/uploads/2019/09/Monitoria-Final-02-Impressa-2.pdf.
Accessed on 03/04/2023 at 12h35mn.
9 Gender Monitoring and Evaluation in Mozambique: 50/50 Summary. March 2020. Gender link Mozambique Association.
Available at: https://www.gsdassociation.org.mz/wp-content/uploads/2019/09/Monitoria-Final-02-Impressa-2.pdf.
(Accessed 03 April 2023 at 12:35)

Table 1: Representation of women in parliament. 2019 data

Representacao das mulheres no parlamento por partido			
Partido	**Total assentos**	**Total mulheres**	**% Mulheres**
FRELIMO	184	90	48.9%
RENAMO	60	16	27%
MDM	6	0	0%
Total	**250**	**106**	**42.4%**

Source: **Gender link Association (2020).**

Representativeness of women in the judiciary

In the post-colonial period, until 1978, there were only 3 female judges and 3 female prosecutors, out of a total of 30 magistrates[10] . In 1997, Decree 37/97 of 21 October was approved, creating the Centre for Legal and Judicial Training (CFJJ), where the need for gender balance in the entrance exams to the judiciary was established. Thus, from 1997 to 2019 the trend of parity in the judiciary has been verified, and of the approximately 388 judicial magistrates, 157 are women. And out of 499 public prosecutors, 210 are women.

Regarding the top bodies of the administration of justice, out of 4 (four), 3 (three) are women, namely: the Chairwoman of the Constitutional Council, the Chairwoman of the Administrative Court and the Attorney General of the Republic. From the three powers (judicial, legislative and executive), the judicial power represents the best performance by women in terms of the exercise of positions of trust, both at central level and at provincial and district level. The various magistrates' offices are mainly made up of women, which indicates the good performance of this sector in promoting gender equality and the emancipation of women.

3. What are the major gaps in Mozambique's gender strategy?

The Zebra Model has been implemented in Mozambique in several different ways. Firstly, the Government has set numerical gender balance targets for all public institutions [(11)] .

However, there is an underlying problem with the implementation of this model in the Mozambican government. It does not take into account the local context and dynamics. The model was designed based on a mono-sectoral approach that did not capture the interconnected nature of the country's development process. Furthermore, the implementation of the model was hampered by a lack of reliable data and resources, a lack of coordination between different ministries, technical incapacity, inexperience and limited communication, and a lack of political will.

In these terms, the question to be answered is as follows: "*how far will these measures be consistent over time, in the sense of ensuring that gender parity is, in fact, real in Mozambique?"*.

The main gaps in Mozambique's gender strategy include lack of implementation of gender-specific strategies in the public and private sectors, inadequate access to resources, lack of institutional capacity to promote gender equality, and lack of data disaggregation and monitoring of gender-related issues (Ouattara & Diop, 2019).

In addition, Mozambique's gender strategy has not been able to effectively address the gender gap in access to education, health services and economic opportunities (Ouattara & Diop, 2019). Furthermore, gender-based violence remains a major issue as there are no specific policies to address it. Finally, Mozambique's gender strategy lacks an effective coordination mechanism between different government ministries and civil society organizations (Idem).

The strategic gaps are fundamentally linked to:

i) Lack of clear and comprehensive legal framework to regulate gender issues: There is no comprehensive legal framework that specifically addresses gender equality and women's rights in Mozambique. The combination of weak and outdated laws and the absence of concrete mechanisms to ensure their enforcement significantly hampers the implementation of gender focused policies;

ii) Inadequate capacity of relevant stakeholders: Despite the efforts of the Government of Mozambique in introducing various plans

10 National Judicial School (2020). Live: gender issue in the judiciary of Mozambique. Available at: https://www.youtube.com/watch?v=rF57pFvlqtA (accessed 11 April 2023 at 14:19).

11) Ndala, M. (S/D). Zebra Model in Mozambique: An analysis of numerical targets for gender balance, family-friendly policies and economic empowerment for women. Available at: https://bit.ly/3fPb7Td (Accessed 15 March 2023 at 14:32)

and initiatives to promote gender parity and equitable opportunities, there is a lack of capacity among relevant stakeholders to carry out meaningful implementation of these plans due to training deficit, lack of financial resources and limited technical expertise;

iii) Insufficient data and information on gender issues: Data-driven approaches are essential to improve strategies and policies on gender equality and women's rights in Mozambique. However, there are numerous gaps in the collection, analysis and use of data on gender based violence, discrimination, inequalities in access to resources, employment, education, health services among others;

iv) Unequal access to resources and services: Significant economic and social disparities between rural and urban areas and between men and women restrict access to resources and services that would enable more equitable health, education and social well-being outcomes. Consequently, women are more likely to suffer from poverty and inequality in Mozambique;

v) Low levels of gender awareness and sensitization: Low levels of gender awareness and the need for gender mainstreaming remain a major challenge in Mozambique. Although numerous gender focused programmes and initiatives have been implemented, few of them have been successful in increasing gender sensitivity and changing gender roles and norms at institutional and social levels.

4. Provision of health services for Women

Official data indicates that about 11 women in Mozambique die every day due to complications related to pregnancy and childbirth. Out of every 1000 births, about 48 die between the ages of 0 and 28 days due mainly to complications of pregnancy and childbirth, including inappropriate home practices, representing about 27% of all deaths in young children aged 0 to 5 years.[12]

One of the causes of maternal and neonatal mortality in the country is related to the difficult access and precariousness of health facilities and maternity wards.

The data in Table 2 shows the levels of accessibility and use of health services in Mozambique. The data points to precarious access with the ratio of consultations per inhabitant still below desirable (target of 1.39 consultations/inhabitant) in all provinces with the exception of Gaza and Inhambane.

Table 2: Indicators of access to and use of health services by province

INDICADORES DE ACESSO E UTILIZAÇÃO DE SERVIÇOS POR PROVÍNCIA

Província	Dezembro 2022		Janeiro - Dezembro 2022		
	Unidades de Atendimento/Habitante	Consultas /Habitante	Província	Unidades de Atendimento/Habitante	Consultas /Habitante
Niassa	3,88	1,11	Niassa	3,78	1,22
Cabo Delgado	4,00	1,00	Cabo Delgado	3,97	0,89
Nampula	3,96	0,84	Nampula	4,03	1,06
Zambezia	3,69	1,00	Zambezia	3,84	1,02
Tete	3,96	0,55	Tete	3,42	0,71
Manica	4,24	1,06	Manica	4,53	1,29
Sofala	4,56	1,03	Sofala	4,89	1,26
Inhambane	4,65	1,56	Inhambane	4,89	1,57
Gaza	4,64	1,39	Gaza	4,67	1,40
Maputo Provincia	2,46	0,64	Maputo Provincia	2,93	0,65
Maputo Cidade	6,69	1,38	Maputo Cidade	7,09	1,39
Media Nacional	4,03	0,97	Media Nacional	4,12	1,07

Fonte: SISMA- DIS/DPC/MISAU
INE, Projecções Anuais da População Total, 2017 – 2050
Grupo Alvo (GA): População 2017 Meta: 1.39 Consultas/Habitante

Acima da meta	Abaixo da meta

Source: Ministry of Health. 2022

In addition to the high consultation/inhabitant ratio, the Mozambican population also faces a shortage of health facilities, which causes many pregnant women to travel long distances to access basic health services. In the case of Nampula, Ribaué district, Roiieque, the population has to travel about 50 km to access health services.[13]

12 MOH. Public Health National Directorate. Integrated plan for the achievement of millennium development goals 4 and 5. 2009. https://mozambique.unfpa.org/sites/default/files/pub-pdf/Brochura_Plano.pdf

13 CIP. (2022). Public expenditure tracking in the education and health sectors. Nampula province. Available at: https://www.cipmoz.org/pt/2022/10/25/rastreio-da-despesa-publica-governo-de-nampula-gasta-milhoes-de-meticais-na-construcao-de-salas-de-aulas-e-unidades-sanitarias-abandonadas/ (accessed 11 April 2023 at 11:59am)

5. Maternity services in Nampula, Zambézia and Niassa provinces

In general, women's health services are related to maternal and child health services and refer to the physical well-being of a woman who is pregnant. They include antenatal care for the woman and baby, care during delivery and postpartum services for the mother and baby. That is, it is medical care, nutrition and the well-being of women before, during and after pregnancy[14] . These services are provided in health facilities, specifically in maternity wards.

The Public Integrity Centre (CIP) carried out a field study where it verified the conditions of maternity hospitals in the provinces of Nampula (Ribaué, Meconta and Mossuril districts), Zambézia (Mopeia, Maganja da Costa and Namacurra districts) and Niassa (Cuamba, Mecanhelas and Mandimba districts).

These provinces were selected because they have a higher incidence of poverty. High poverty levels remain in Niassa, Nampula and Zambézia provinces with about 60.6%, 57.1% and 56.5% respectively[15] .

In these provinces, in terms of multidimensional poverty, the indicator that assesses poverty in the dimensions of education, health, access to water sources, housing conditions and possession of durable goods, the data show that 60%[16] of the population does not have access to services.

From the visit made by CIP to the various health facilities with maternity wards, it was possible to observe that despite a relative effort by the Government in the construction of some health facilities, these are still too small to cope with the number of people. Furthermore, the existing health facilities are in precarious conditions.

The precariousness of maternity wards is reflected in the **lack of medicines and surgical material for delivering babies;** the **lack of staff trained in maternal and child health**; the lack of **conditions for sterilising materials**; the lack of **toilets, water and basic hygiene conditions, the absence of a Waiting House and restrictions on feeding.**

5.1 Lack of medicines and materials for delivering babies

For the 26 health facilities visited by the CIP, about 90% lacked basic equipment and materials for maternity. There is a lack of beds, marquees, cotton, scalpels, gloves, cold system for the conservation of medication, among other materials and equipment.

In terms of medicines, most maternity wards were short of medicines, especially pain medicines, and patients are forced to purchase them outside the hospital.

The maternity ward does not have syringes or scalpels. Each patient must bring their own syringe. A nurse interviewed mentioned that when the hospital receives syringes, she distributes them among the patients. Each patient must keep their syringe to be used until the day of discharge. However, at the time of the task team's visit, the maternity ward did not have syringes and patients were required to purchase them from private pharmacies.

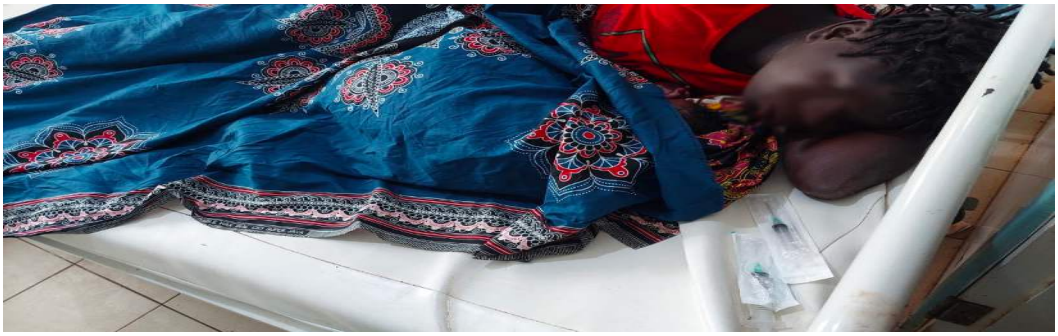
Unable to afford the syringes, some patients share them without the nurses' knowledge, an attack on the patients' health. The picture below shows a pregnant woman with her baby and the syringe she had to buy at her own expense.

14 N'weti (2006). Maternal health in Mozambique. Available at: https://www.iese.ac.mz/lib/publication/outras/cd_ppi/pastas/governacao/saude/artigos_cientificos_imprensa/saude_materna_mocambique.pdf (accessed 5 April 2023 at 19:07)

15 Ministry of Economy and Finance. Directorate of economic and financial studies. (2016). Poverty and well-being in Mozambique. Fourth national assessment household budget survey. Available at: https://igmozambique.wider.unu.edu/sites/default/files/News/Mozambique-A5-web-24022017.pdf (accessed 11 April 2023 at 13:43).

16 ditto

Picture 1: Patient in the maternity ward of Maganja District Hospital.



The nurse interviewed, from the maternity ward, reported that:

The hospital lacks almost everything. We do not have complete delivery kits, patients must bring the blades, buckets for hygiene and often relatives prefer to take home the patient even without the minimum time after delivery, due to the poor conditions of the maternity ward[17] .

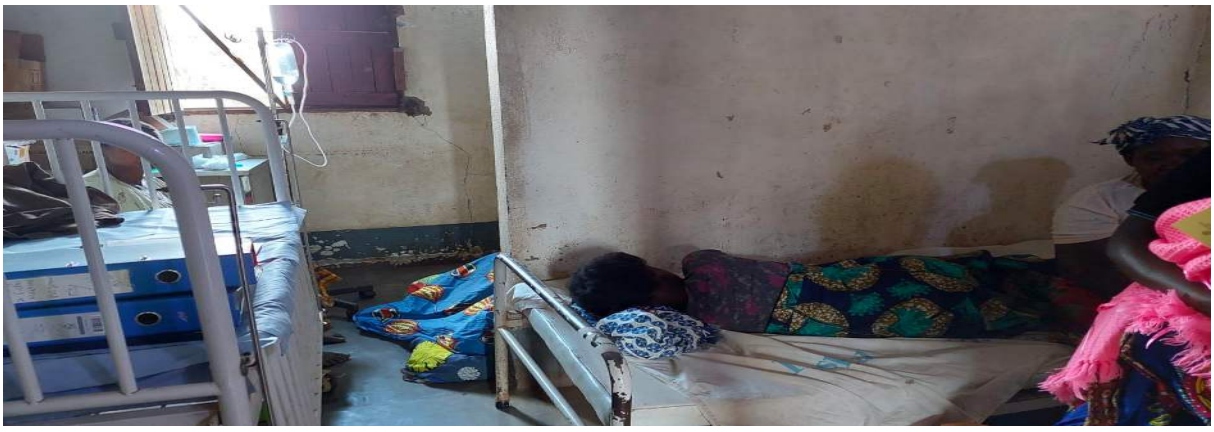
The nurse mentioned that they have difficulties even for waste management because there are no buckets for the separation of anatomical and common waste. There is constant *stock-outs* of medicines. The health unit can go up to 2 weeks without essential medicines for pain, blood pressure, paediatric cough, among others.

Some maternity hospitals, about 10%, which had medicines, did not meet conditions for their storage. With the lack of equipment for their organization and conservation, medicines are stored on the floor, without clear separation criteria, increasing the risk of their degradation and putting patients' health at risk.

The lack of privacy in care has also been a challenge in health facilities, especially in maternity wards, given the lack of infrastructure. Many services are performed in the same space. Apart from sharing beds, patients are also seen on the floor in the same room where other patients are in care.

Picture 2 shows prenatal, healthy child consultation, hospitalization and deliveries taking place in the same room. We can observe a patient in the inpatient bed and another one in the background in labour lying on the floor due to lack of beds. The sharing of beds and other utensils between children and adults is common in health facilities, increasing the risk of contracting more diseases.

Picture 2: Inside the health facility of Napacala, with some patients on the floor, others hospitalised, others still in consultation.



17 Testimony of the maternal and child health nurse of the Malapa health centre in Cuamba district, Niassa province.

5.2 Lack of staff trained in maternal and child health

Maternal and child health (MCH) nurses in Mozambique play a key role in improving health services, especially in rural communities where the population must travel long distances to access basic health services. Having access to a midwife can make all the difference to the health of mother and child during pregnancy, before and after delivery.

Although the number of maternal and child health nurses has increased from 6,314 to 10,336 from 2020 to 2021[18] , the number is still below what is desirable and there are still health facilities with only one MCH nurse, as is the case of the Nomiua Health Centre, in Maganja da Costa district, Zambézia province.

The State of the World Midwifery Report 2021 shows that increased investment in MCH nurses could save up to 4.3 million lives every year, preventing 67% of maternal deaths, 64% of neonatal deaths and 65% of stillbirths[19] .

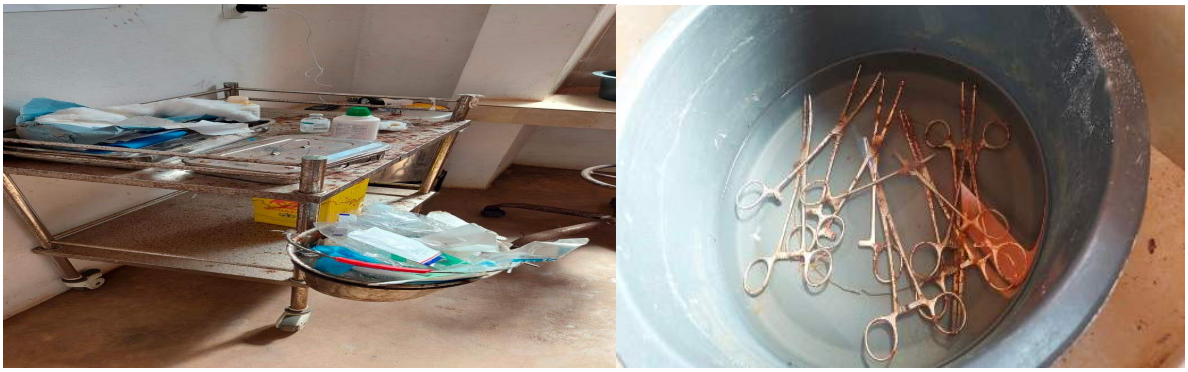
The lack of staff in the maternity wards has meant that nursing and pharmacy technicians often do the work of the MCH nurses. In some maternity hospitals, such as the Mississe health centre in Mandimba district, Niassa, it is common for service agents to provide maternity care. They perform deliveries and all care to pregnant women without the proper training, putting their health at risk.

With the level of consultations and flooding, about 120 to 150 consultations, 8 deliveries a day, we need more staff. Right now they have no nutritionist and no pharmacy technician. We are working only two people, the general nursing technician and SMI, and we have to do everything from prenatal consultations, deliveries, child care, medicines etc. it is very complicated. Said the MCH nurse at the Napacala health centre in Cuamba district, Niassa province.

5.3 Lack of conditions for hygiene and sterilization of materials

About 90% of the health facilities visited do not have equipment and materials for sanitization of equipment and sterilization. The equipment used in the maternity ward and beyond is in a state of degradation, with rust, as shown in the picture.

Picture 3: Equipment rusting in the Malapa **CS**



In addition to the lack of equipment, the few existing in the maternity hospitals are not sterilized due to lack of material. The MICS nurses of some maternity hospitals reported that they have sometimes boiled the instruments as a way to sterilize, but it is not always possible due to lack of firewood.

18 Ministry of Health - Directorate of Planning and Cooperation - Monitoring and Evaluation Department (2022). Relatório anual de balanco do sector da saúde 2021. Maputo, Mozambique

19 INFPA Mozambique. The evidence is clear: the importance of maternal and child health nurses in saving lives (May 202) https://mozambique.unfpa.org/pt/news/evidência-é-clara-importância-das-enfermeiras-de-saúde-materno-infantil-para-salvar-vidas

5.4 Lack of toilets, water, power and very poor hygiene conditions

Most of the maternity hospitals visited by CIP lack water and proper sanitation facilities. In some maternity hospitals, such as the Mugaua Health Centre in the district of Maganja da Costa, Zambézia Province, in addition to operating without power, patients must carry buckets of water for their hygiene. In many cases, the lack of toilets has caused some patients not to comply with the minimum length of stay in the maternity ward, resulting in postpartum complications.

Damp floors, unkempt and smelly bathrooms, dressings spread all over the floor, water dripping from the taps and dirty mosquito nets are the scenery found in all the maternity hospitals visited by the CIP.

The lack of toilets and piped water is a visible problem in almost all health facilities. Nurses must travel about 5km to access water and often patients or their relatives must carry their own water.

Picture 4 shows the indoor toilet at the Sangalaza Health Centre which, due to lack of water and hygiene materials, became inoperable. The nurses and the community were forced to build an outside toilet.

Picture 4: indoor toilet (non-operational) and outdoor toilet currently in use by users and technical staff of the Sangalaza health centre

5.5 Absence of a Waiting House and restrictions on food

The Pregnant Women's Waiting House Strategy is another instrument aimed at improving the health of women and children.

A waiting house is a facility located near a health facility with a maternity ward to house pregnant women identified as having increased obstetric risk or women with difficulties in accessing health services.

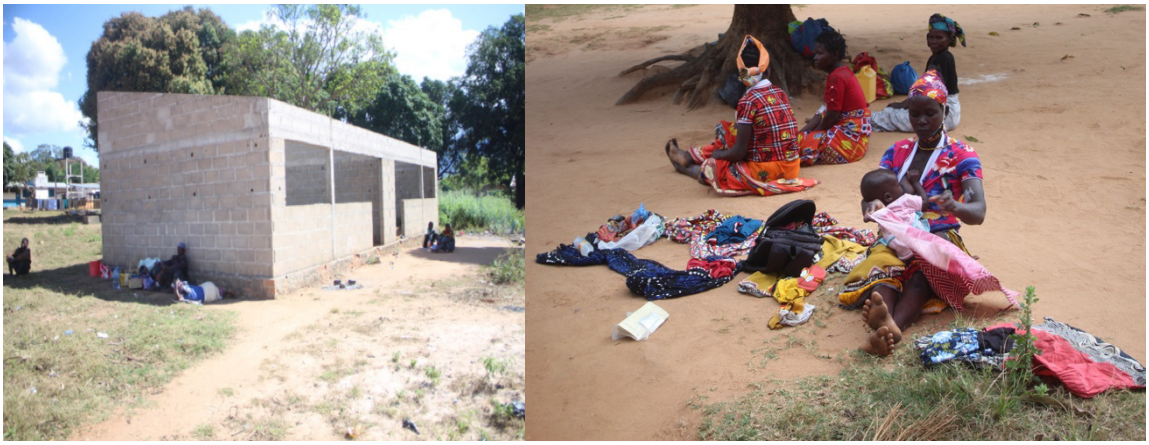
Its main objective is to facilitate access to essential and emergency obstetric care for a larger number of pregnant women by accommodating and staying during the last weeks of pregnancy, thus reducing the number of maternal and perinatal deaths.

Feeding is the responsibility of the Provincial Health Directorate and the District Services for Women's Health and Social Action (SDSMAS). The MOH[20] is in charge of their furnishing, beds, mattresses, pillows, bed linen and mosquito nets for each bed.

Despite the definition of all the responsibilities in terms of feeding and equipping the mother-waiting homes, on the ground the facts do not occur in this way. Many maternity hospitals and health facilities do not have this infrastructure. In the few health facilities where mother-waiting homes has been installed, these are used for other services. This is the case of the District Hospital of Mopeia, where the mother-waiting homes is used for ophthalmology and physiotherapy services. The same occurs with the District Hospital of Maganja da Costa where the casa mama espera is used as a warehouse, leaving patients and their companions out in the open, as shown in Picture X below.

20 Ministry of health. Strategy of waiting houses for pregnant women. Available at: https://mozambique.unfpa.org/sites/default/files/pub-pdf/DESDOBRAVEL_CASA_ESPERA%282%29.pdf

Picture 5: Patients and carers outside Ribaue district hospital.



5.6 Impact of precarious maternity hospitals

The consequences of the precariousness of maternity hospitals are enormous and can be measured at various levels: economic, social, cultural and institutional. Maternal and neonatal mortality is one of the most dramatic consequences of the precariousness of maternity hospitals.

The death of a woman due to complications of pregnancy or childbirth has implications within the family and represents a major loss in her community, with repercussions through generations. Women represent the moral, social and economic support of the family and community, they perform unpaid work that contributes to increased income or reduced expenses.

Children suffer the most: when the mother dies, her children are 3 to 10 times more likely to die within 2 years of the mother's death. The risk of death for a child under 5 doubles if their mother die during childbirth[21]

Maternal deaths result in significant numbers of orphans and loss of income, thus contributing to the poverty of the family and society. Death of children occurs very early and often and the education of the survivors is seriously compromised. The premature death of widowers is not uncommon.[22]

High maternal mortality rates

Maternal mortality is unacceptably high. About 830 women die every day from complications related to pregnancy or childbirth worldwide. In 2020, approximately 800 women died every day from preventable causes related to pregnancy and childbirth - meaning that one woman dies every two minutes .[23]

Although the figures indicate a reduction in the mortality rate, it is still quite high. In 2000, there were 339 maternal deaths per 100,000 live births, a figure that reached 223 maternal deaths in 2020. These figures are far above the target set by the Sustainable Development Goals, which aims to reduce the global maternal mortality rate to less than 70 per 100,000 live births[24]

In Mozambique, about 11 women die every day and about 3,840 die every year due to complications related to pregnancy and childbirth. For every 1000 children born, about 48, between 0 and 28 days of life, die mainly due to problems of complications in pregnancy and childbirth, including inappropriate home practices. These data represent about 27% of all deaths in children under 5 years old .[25]

According to the demographic and health survey conducted in 2011 in the country, the maternal mortality rate is 408 deaths per 100,000 live births. This means that every year about 4,500 Mozambican women die from causes related to pregnancy, childbirth and the immediate postnatal period[26] . Almost all of these deaths occur in low-resource settings and most of them could have been prevented with the provision of better maternal health services.

21 N'weti. Maternal Health in Mozambique. (June 2006) available at: https://www.iese.ac.mz/lib/publication/outras/cd_ppi/pastas/governacao/saude/artigos_cientificos_imprensa/saude_materna_mocambique.pdf (accessed 5 April 2023 at 19:07)
22 N'weti. Maternal Health in Mozambique. (June 2006) available at: https://www.iese.ac.mz/lib/publication/outras/cd_ppi/pastas/governacao/saude/artigos_cientificos_imprensa/saude_materna_mocambique.pdf (accessed 5 April 2023 at 19:07)
23 UNFPA. Trends in maternal mortality 2000 to 2020. brazil. Available at: https://brazil.unfpa.org/pt-br/publications/trends-maternal-mortality-2000-2020
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The high mortality rates reflect the precariousness of the health services provided to women. Although some studies show that when women assume leadership roles in public administration, governments are more responsive, more accountable and the quality of the public services provided improves markedly[27] , it is possible to see that in the case of Mozambique, despite the growing number of women in leadership and management positions, including women in ministerial positions in the health sector[28] , health services for women remain precarious.

6. Conclusions

Although Mozambique is making progress in terms of the representation of women in decision-making positions, both in government and in the legislative and judicial branches, the weak provision of health services for women is still notorious. This is an indicator that the representation of women at the top of the hierarchy of public administration and in decision-making bodies is not in itself sufficient to generate positive changes in governance. In the health sector in particular, the presence of a woman in decision-making has not guaranteed better results in terms of quality and access to maternal and child health services.

It is expected that the increase in women's participation in these bodies will influence the quality of public services aimed at women, as is the case of maternal and child services. However, despite the increase in women's participation in decision-making bodies, the statistics referring to the performance of health services provided to women are still worrying. Specifically, maternal mortality levels are still very high. Precarious situations still prevail in maternity wards and difficulties in access to health facilities.

Mozambique's gender strategy is not being able to effectively address the gender gap in access to health services. Despite the efforts of the Government of Mozambique in introducing various plans and initiatives to promote gender parity and equitable opportunities, there is a lack of capacity among relevant stakeholders to undertake meaningful implementation of these plans, due to training deficit, lack of financial resources and limited technical knowledge.

27 Cox, J. (2021) Lack Of Women At The Top Of Public Service Threatens Post-Pandemic Recovery Efforts, UN Report Finds. Available at: https://www.forbes.com/sites/josiecox/2021/07/08/lack-of-women-at-the-top-of-public-service-threatens-post-pandemic-recovery-efforts-un-report-finds/. (Accessed 10 April 2023 at 16:15)

28 It should be noted that between 2015 and 2019 Mozambique had a woman occupying the highest position in the health sector (Minister of Health) and also a woman occupying the position of deputy minister.

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