3 Ensuring access to quality health and promoting well-being for all

3.1 By 2030, reduce the global maternal mortality rate to less than 70 deaths per 100,000 live births

3.1.1 Maternal mortality rate

Maternal mortality as a percentage

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Maternal mortality rate (TMM) is defined as the number of maternal deaths during a given period of time per 100,000 live births during the same period.

Percentage

The maternal mortality rate describes the risk of maternal death in relation to the number of live births and essentially captures the risk of death in a single pregnancy or in a single birth.

The result of this indicator shows that for every 100,000 live births, a certain number of women lost their lives or died for maternal reasons.

The extent of maternal mortality in a population is essentially the combination of two factors:

1. The risk of death in a single pregnancy or a single birth;
2. . The level of fertility (that is, the number of pregnancies or births experienced by women of reproductive age). The maternal mortality ratio (RMM) is defined as the number of maternal deaths over a given period of time per 100,000 live births during the same period. It describes the risk of maternal death in relation to the number of live births and essentially captures factor (i) above. On the other hand, the maternal mortality rate (TMM) is calculated as the number of maternal deaths divided by person years experienced by women of reproductive age. TMM captures the risk of maternal death due to pregnancy or by total birth (birth or death) and the level of fertility in the population. In addition to RMM and TMM, it is possible to calculate the risk of maternal mortality in adulthood for women in the population (see Table A2.2). An alternative measure of maternal mortality, the proportion of deaths among women of reproductive age due to maternal causes (MP), is calculated as the number of maternal deaths divided by the total number of deaths among women aged 15 to 49 years. Statistical measures related to maternal mortality:

Maternal mortality ratio (RMM): Number of maternal deaths during a certain period of time per 100,000 live births in the same period;

Maternal mortality rate (TMM): Number of maternal deaths divided by year per person lived by women of reproductive age.

Risk of maternal death in adulthood: the probability that a 15-year-old woman will eventually die from a maternal cause.

The proportion of deaths among women of reproductive age due to maternal causes (MP): The number of maternal deaths in a given period of time divided by the total number of deaths among women aged 15 to 49 years.

There are often data quality problems, mainly related to underreporting and incorrect classification of maternal deaths

The maternal mortality rate can be calculated by dividing registered (or estimated) maternal deaths by the total registered (or estimated) live births in the same period and multiplying by 100,000

The field work had close supervision and quality control by the central and provincial technicians, both from INE, MISAU and ICF International staff. In addition, during the data collection, a strict control was established at the level of each team over the collection process, by detecting errors by the field critics, which allowed for immediate correction still on the ground. At the level of central coordination, the data critics carried out a further review of the base data and the problems encountered were communicated to the respective teams.

The interactive and batch processing of information through the CSPro program also allowed, at central level, the periodic obtaining of partial results, for analysis of the data collected until a given moment, through the production of tables for monitoring and quality control. The results of these tabulations were reported in feedback to the interviewers, ensuring data quality.

The production of data allows comparability because the procedures that lead to the collection, treatment and dissemination follow the internationally defined recommendations in ***Principles and Recommendations for Civil Statistics - UN, (ST / ESA / STAT / SER.M / 19 / Rev. 3 New York, 2014)***

Estimates of Demographic and Health Surveys are based on standardized methodologies and developed by WHO and UNICEF.

Comparability is guaranteed since the Demographic and Health Survey (IDS) in Mozambique is part of an international survey program (MEASURE DHS) developed by ICF International through a contract with USAID, with the purpose of supporting governments and private institutions in developing countries to carry out national sample surveys in the areas of population and health. The MEASURE DHS Program aims to:

• Support the formulation of policies and implementation of programs in the areas of population and health;

• Increase the international population and health data base for monitoring and evaluation;

• Improve the survey methodology by sampling, and

• Consolidate, in the survey area, the technical capacity of the executing institution in the country participating in the Program.

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Quality Management Instrument still to be approved

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Quality Assessment Instrument still to be approved

Statistics Portugal, Demographic and health survey (IDS)

The recommended data sources for calculating this indicator are Household Surveys and Censuses. The Demographic and Health Survey data collection questionnaire was designed and subsequently tested in the field during the training of interviewers.

For data collection, the methodology of interviews was applied face to face to the households, applying three types of questionnaires:

• Household Questionnaire

• Women's Questionnaire

• Men's Questionnaire.

The Sample Design

The Demographic and Health Survey comprises a probabilistic, stratified and multi-stage sample, selected from the Data and Cartography of the III General Census of Population and Housing, carried out by INE in 2007.

The data collection lasted for five months starting in June 2011, ending in November 2011.

Response rate

Of the 13.964 households interviewed in the survey, a total of 13.871 eligible women were identified. Interviews were conducted with 13,718 of these women, which resulted in a response rate of 99%. Introduction • 13 In one third of the IDS household sample, interviews were also conducted with all eligible men found. Thus, of the 4,130 eligible men identified in the subsample of households selected for the men survey, 4,027 were successfully interviewed, giving a response rate of 98%

Data are available every 5 years and are disaggregated by age, rural and urban residence area, provincial and country

2021

2022

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