

Child Malnutrition Brief

February 2025

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Background

The release of the 2022–23 Demographic and Health Survey (DHS 2022) provides an opportunity to review the situation of children in Mozambique. To this end, UNICEF has produced a series of thematic briefs that present key child-related information from this survey with a view to strengthening evidence-based policy making.



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SDG Target 2.2

End all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age.

Mozambique faces a persistent malnutrition challenge—wasting, stunting, being underweight, and micronutrient deficiencies. The country ranks twelfth globally for the prevalence of chronic undernutrition among children, with 37% of children under five affected¹. Malnutrition is the main risk factor for mortality in children under five in Mozambique – and is associated with nearly half of all deaths in the country². Malnutrition during pregnancy and childhood affects survival, hinders cognitive development, educational attainment and productivity, perpetuating household poverty and undermining overall economic growth.

The Government of Mozambique is working with

partners to address child malnutrition through multisectoral planning, coordination and advocacy at national and subnational levels. Stunting prevention is a top priority in the national development agenda, resulting in the approval of the Food Security and Nutrition Policy and Action Plan (PESAN 2024–2030) and the elaboration of a Healthy Diets and Lifestyle Strategy under the leadership of Ministry of Health. Prevention and treatment of acute malnutrition has been scaled up nationally, through the implementation of the Nutritional Rehabilitation Programme.

While progress in the nutrition governance and advocacy agenda has been commendable, challenges persist in terms of budget allocation for high-impact nutrition interventions. Resource limitations continue to affect the implementation and scalability of critical programmes, hindering Mozambique's ability to meet national and global nutrition targets. Evidence generation remains central to tackling all forms of malnutrition, providing data-driven insights to refine nutrition programming and strengthen accountability mechanisms.

¹ According to modelled estimates for 2022 from the World Bank's World Development Indicators

² According to estimates from the Global Burden of Disease Study, malnutrition was a risk factor in 44.7% of under-five deaths in Mozambique in 2021

1 The burden of child malnutrition in Mozambique

Key fact: According to the DHS 2022, 88% of children under 1 year suffer from anaemia, and 47% of 3-year-olds are stunted.



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Anaemia is the most widespread health condition among children. It affects 88% of infants, 73% of three-year-olds and 60% of five-year-olds, highlighting the importance of early interventions to address iron deficiency and related factors. Anaemia among children affects 75% of children in rural areas and 65% in urban areas. 44% of all children suffer from moderate to severe anaemia.

36% of children under five suffer from moderate to severe stunting. Stunting peaks at 47% among three-year-olds and declines to 35% among five-year-olds. Similarly, 20% of two-year-olds are underweight, declining to 14% among five-year-olds. Stunting is also higher among children in rural areas, at 41%, compared to urban areas, at 26%.

Figure 1: Malnutrition among children under five (2022)

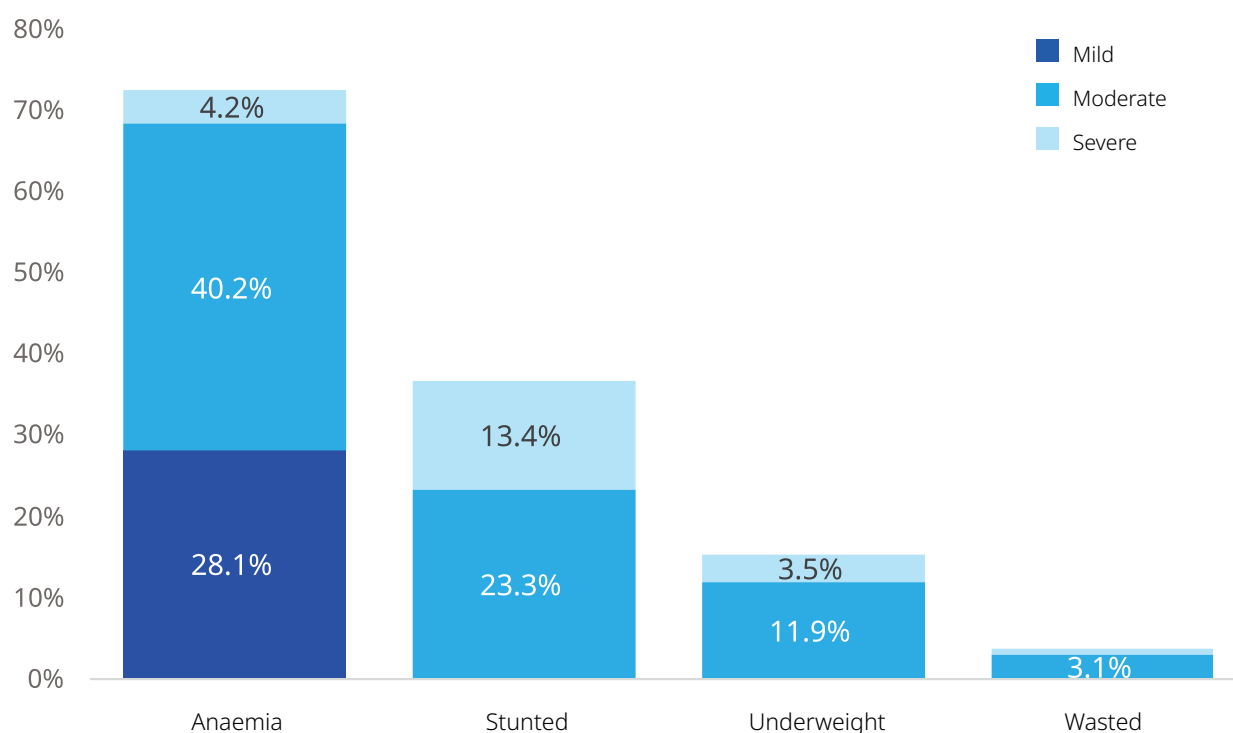
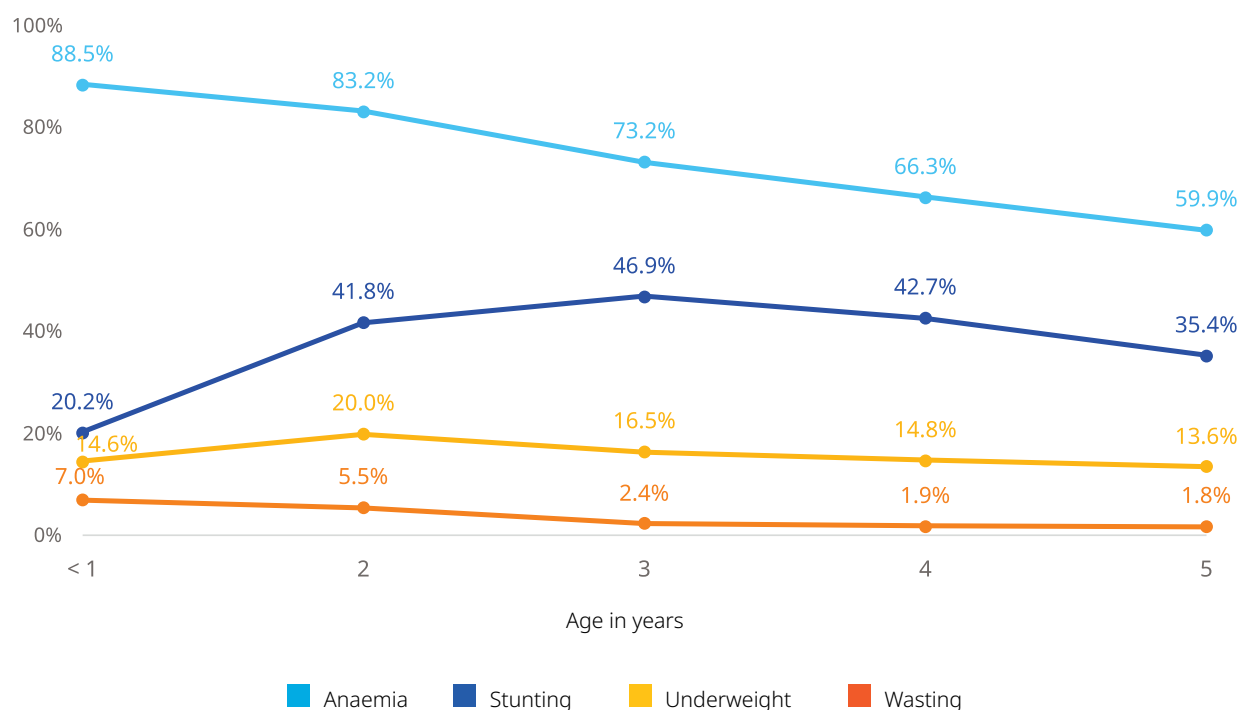


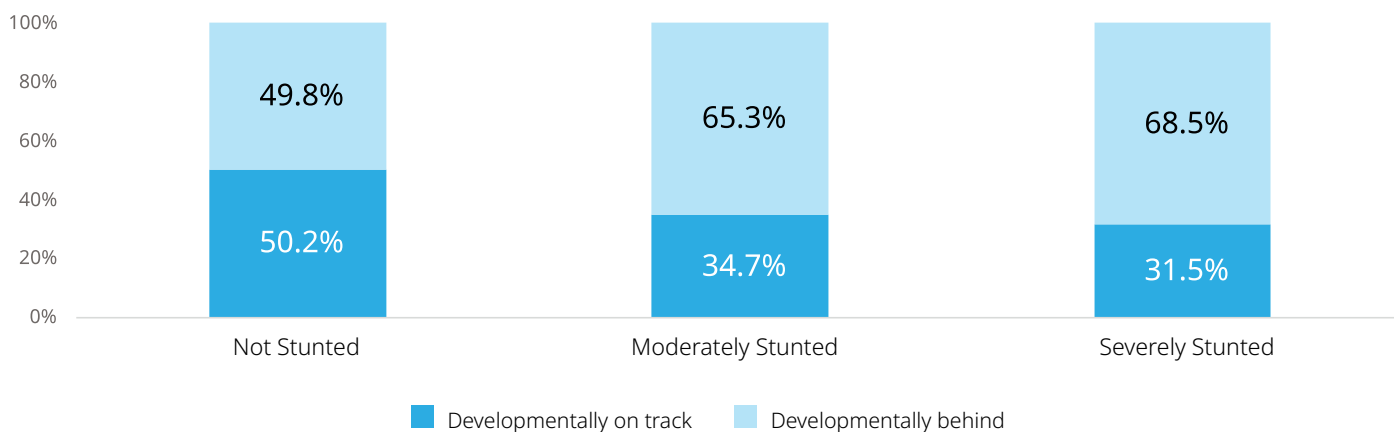
Figure 2: Malnutrition by age among children under five (2022)



This suggests there are problems with infant feeding and care practices, particularly in rural areas where access to health services is more limited, and where there are increased rates of child food poverty, linked with poor access to nutrient-dense foods that are affordable and age appropriate.

Malnutrition impacts brain development. Therefore children suffering from malnutrition are more likely to exhibit developmental delays. Data from the DHS 2022 show that 69% of children who are severely stunted, and 65% of children who are moderately stunted, are not developmentally on track, compared with only 50% of children who are not stunted.

Figure 3: Impact of malnutrition on ECD developmental outcomes among children under five (2022)



2 Determinants of child malnutrition in Mozambique

Key fact: According to the DHS 2022, the rate of stunting among children in households in the poorest quintile is more than three times higher than among children in the wealthiest quintile.

The nutritional status of children is impacted by household income, mothers' education, access to health services and immunization, and the nature of water and sanitation services households have access to.

Household income – Children from households in the poorer quintiles suffer from significantly higher rates of malnutrition than children in households in the wealthier quintiles. 47% of children in the poorest quintile are stunted, compared to only 15% in the

wealthiest quintile. Rates of wasting – a significant risk factor in child mortality – are also highest (6%) among children from households in the poorest wealth quintile.

Mothers' education – As mothers' education levels improve, so do the nutrition outcomes of their children. 45% of children whose mothers have no education suffer from stunting, compared to just 6% of children whose mothers have higher education. Higher levels of mothers' education are strongly correlated with household incomes, emphasizing the importance of education.

Access to health care – There is evidence that children living closer to healthcare services have lower levels of malnutrition. 34% of children living less than one hour from a health clinic suffer from stunting, compared to 44% of children living more than 2 hours from a health clinic. Rates of wasting and anaemia also increase as average distance to the nearest health facility increases.

Figure 4: Malnutrition among children under five by income quintile (2022)

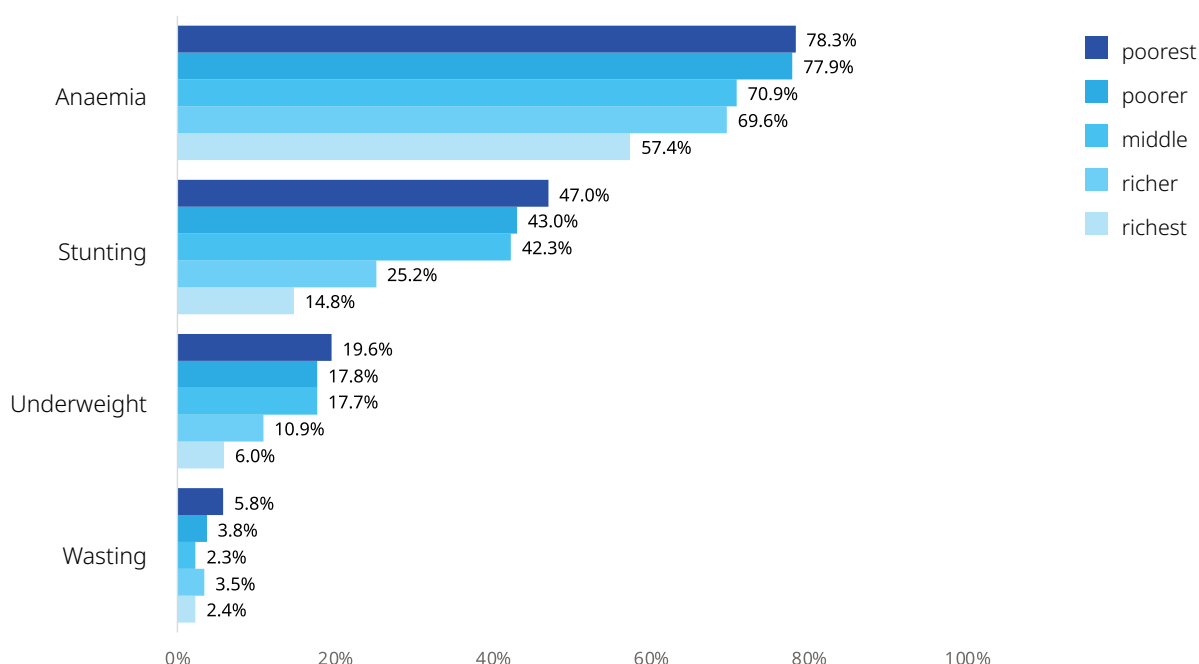
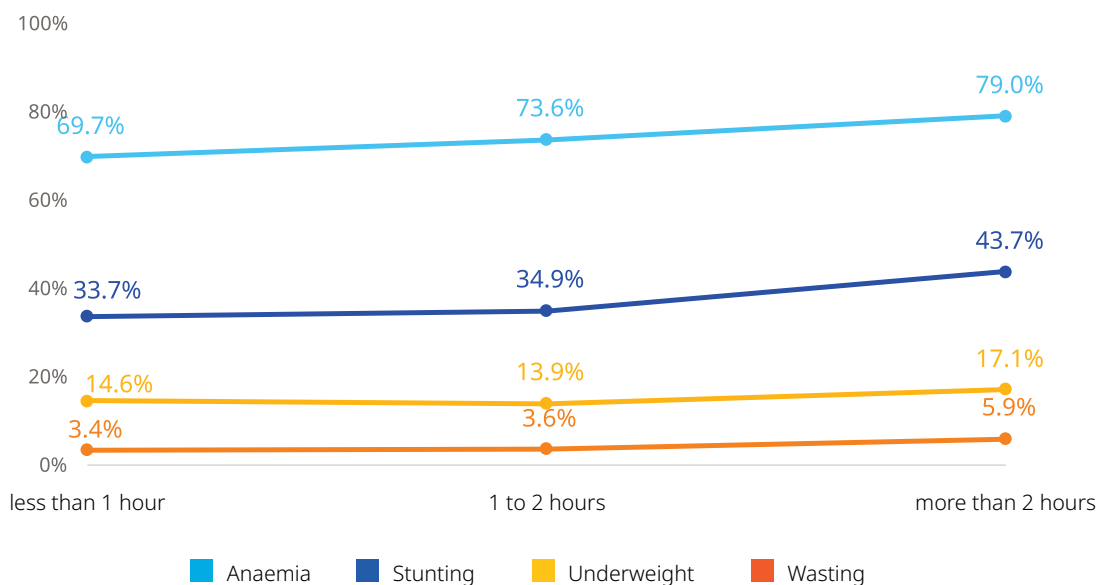


Figure 5: Impact of travel time to clinic on malnutrition among children under five (2022)



Vaccination rates and mosquito net usage – The DHS 2022 data does not show a consistent relationship between vaccinations and malnutrition among children. Anaemia is lower among children (72%) who have not received all their vaccinations compared to children who have (76%). Meanwhile, children who have not received all their vaccinations are more likely to be underweight (15%) and suffer from wasting (4%) than children who have (13% and 3% respectively). By contrast, the use of mosquito nets clearly improves children's nutritional status, with 40% of children not using nets suffering from stunting, compared to 33% of children who do.

Safe water and sanitation – Access to safely managed water improves children's nutritional status across all types of malnutrition. The rate of stunting is nearly three times lower among children living in households with access to safely managed water. Similarly, access to handwashing facilities and safely managed sanitation services are associated with lower levels of malnutrition.

Figure 6: Impact of mosquito net usage on malnutrition among children under five (2022)

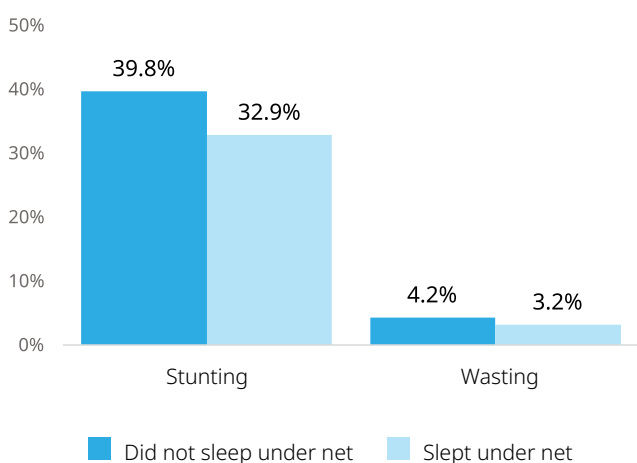
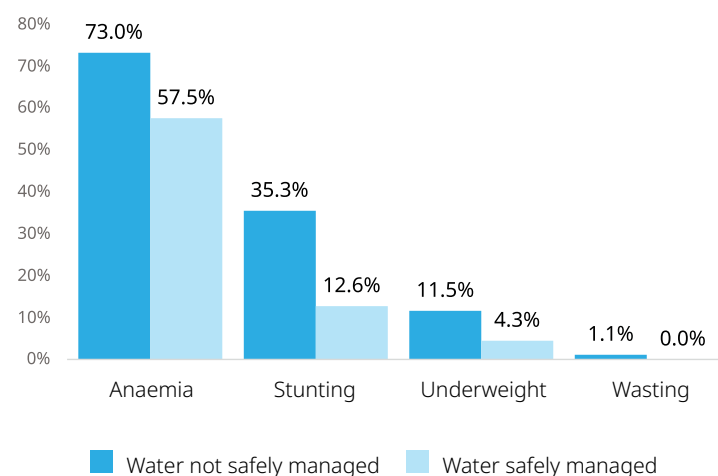


Figure 7: Impact of safe water management on malnutrition among children under five (2022)



3 Drivers of child malnutrition in Mozambique

Key fact: According to the DHS 2022, 95% of children aged 6-24 months in Mozambique did not receive a minimally acceptable diet, which has significant implications for their nutritional outcomes.



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Lack of micronutrients – A key strategy to combat malnutrition is micronutrient supplementation. 63% of children have access to iodized salt, 50% to vitamin A and 31% to iron supplements. The DHS 2022 data indicates that these interventions are associated with lower incidence of all forms of undernutrition. Access to iodized salt is associated with a significant reduction in rates of wasting, which drop from 4.3% to 2.7%; access to iron supplements is associated with a large reduction in rates of stunting, which drop from 41.6% to 34.5%. Vitamin A supplementation is associated with significant reductions in rates of both stunting and wasting.

Poor feeding practices – The DHS 2022 shows that only 14% of children aged 6–24 months have a diet with the required minimum meal diversity, and 27% meet the minimum meal frequency. Only 5% of children have a minimum acceptable diet in terms of both meal diversity and minimum meal frequency. Children who do not receive adequate nutrition exhibit higher rates of malnutrition, particularly in anaemia and stunting, indicating that poor feeding practices are a key driver of malnutrition.

Figure 8: Malnutrition and minimum acceptable meals among children 6–24 months (2022)

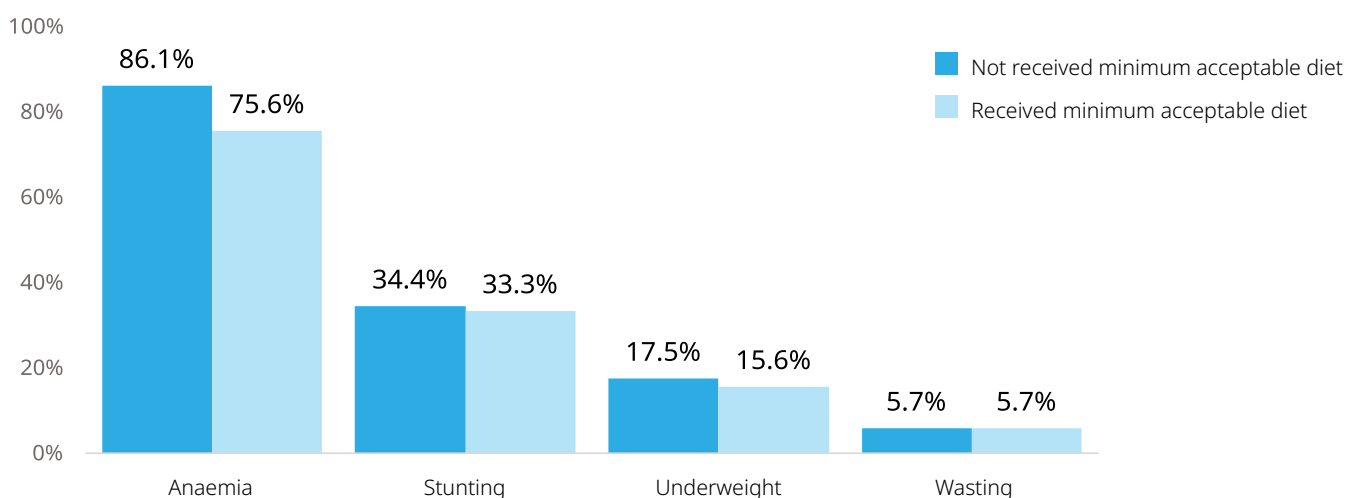
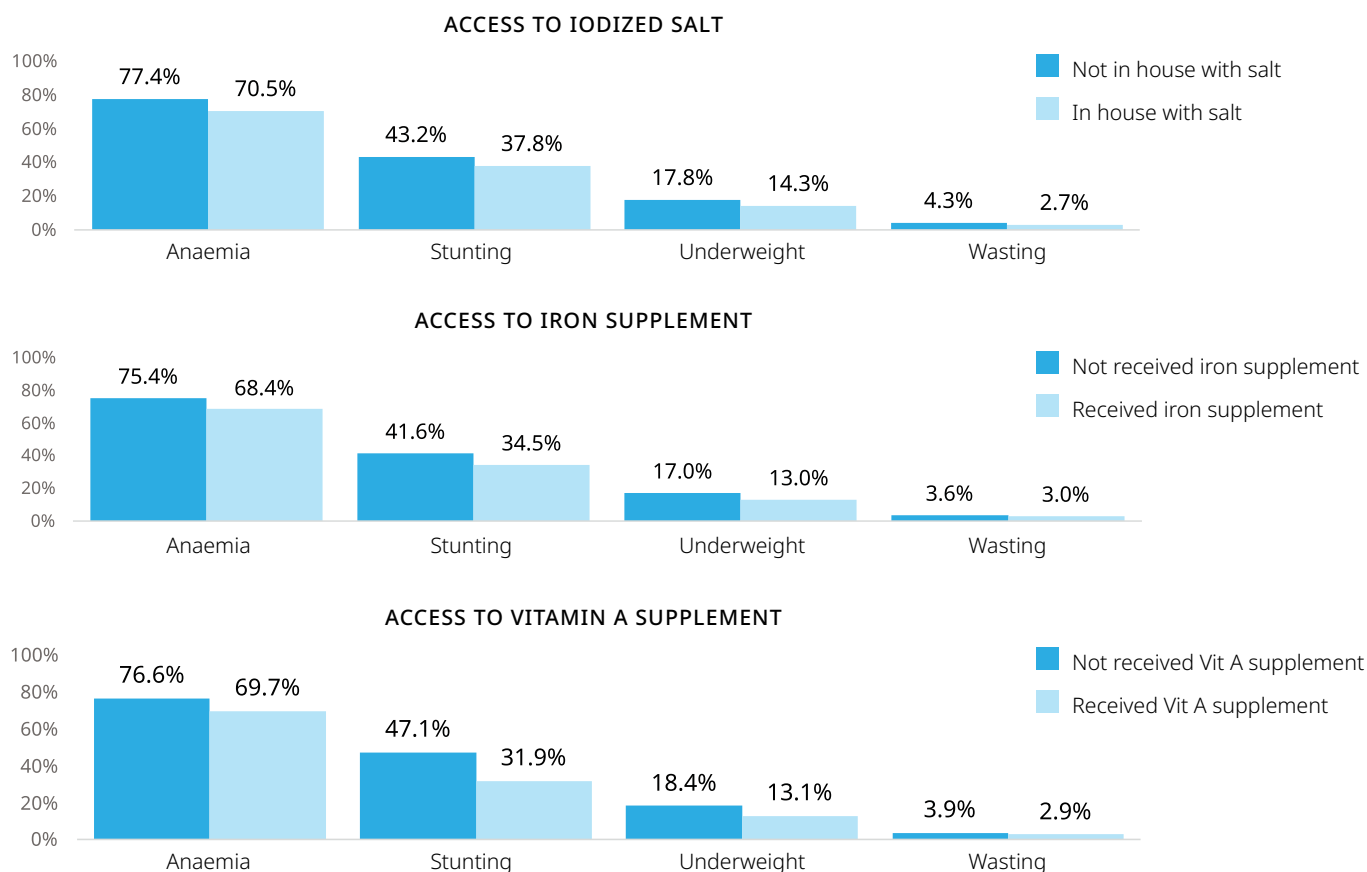


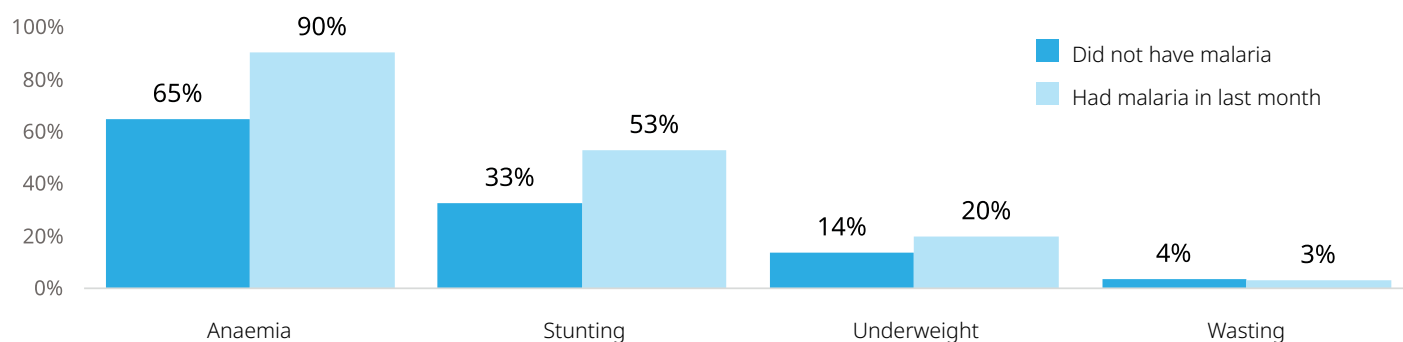
Figure 9: Impact of supplementation on malnutrition among children aged 6–24 months (2022)



Impact of disease – Malaria is correlated with negative nutrition outcomes: stunting and anaemia in particular. 90% of children who recently had malaria experienced anaemia, a sharp increase from 65% among those who had not. Similarly, the incidence of stunting is 53% among children who had malaria compared to 33% among those who did not.

In the DHS 2022 data, diarrhoea, fever and acute respiratory infections are not strongly correlated with malnutrition outcomes.

Figure 10: Impact of recent malaria on malnutrition among children under five years (2022)



Proposed Policy Priorities

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To effectively combat malnutrition, the following policy priorities are recommended:

1. Cash transfers and financial support for mothers

The Government of Mozambique should prioritize the provision of cash transfers for mothers, especially pregnant and lactating women, with a specific focus on low-income households. Evidence from the data indicates that nutrition outcomes are strongly influenced by household income. Financial support targeting low-income households will help improve access to nutrition, health care and necessary supplements. Additional means of social protection support that enable poor households to access nutrient dense foods for improved infant feeding practices, should also be explored.

2. Nutritional supplementation and food fortification

Nutritional supplementation and food fortification are also essential components of the strategy to address malnutrition. The data shows that children who receive iodized salt, iron and Vitamin A supplements experience lower rates of anaemia, stunting and wasting. Supplementation with folic acid, iron and Vitamin A supplements should be targeted at women of reproductive age, particularly in poor and rural households. Additionally, food fortification programmes should focus on households with women of reproductive age, pregnant and lactating women, and young children. Access to insecticide-treated mosquito nets, which is associated with reduced rates of malnutrition among pregnant and lactating women, and young children, should also be increased within these groups. This approach will address deficiencies and reduce the incidence of malnutrition, particularly anaemia and stunting, prevalent in these groups.

3. Social behaviour change

The data demonstrate that dietary diversity, meal frequency, and the consumption of a minimum acceptable diet are crucial factors in determining child health outcomes. Promoting improved dietary diversity and feeding frequency through behaviour change initiatives will ensure that children receive balanced and frequent meals. Providing information on healthy food choices is necessary to reduce the high prevalence of anaemia and stunting, particularly in areas where dietary habits are inadequate. Additionally, promoting exclusive breastfeeding and appropriate infant and young child feeding practices is critical, as exclusive breastfeeding has been linked to better nutrition outcomes. Improved water, sanitation, and hygiene (WASH) practices are also essential in reducing the risk of infections that exacerbate malnutrition, as poor sanitation has been shown to correlate with higher rates of malnutrition.

4. Leveraging food, health, education and social protection systems

The data highlight the role of access to health services in improving nutrition, with closer proximity to healthcare facilities associated with better outcomes. Delivery of malnutrition prevention services through community health platforms can ensure that these interventions reach the most vulnerable populations, including pregnant women and young children. In the education sector, schools can play a pivotal role by providing meals and nutrition education, which has been shown to improve children's health outcomes. Educating children and their families about the importance of nutrition can foster better long-term dietary practices and reduce the burden of malnutrition.

Incorporating these evidence-based findings into the policy priorities will enhance the effectiveness of interventions and help address the complex drivers of malnutrition, ultimately improving the health and wellbeing of mothers and children.



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Wherever he lives.

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A future.

A fair chance.

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Published by UNICEF
Division of Global Communication and Advocacy
New York

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www.unicef.org

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