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## Mozambique: Nutrition Profile

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Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. The consequences of malnutrition should be a significant concern for policy makers in Mozambique where 6 percent of children under-five are acutely malnourished or wasted (have low weight-for-height) and 43 percent of children under-five are stunted (have low height-for-age), according to the most recent Demographic and Health Survey (DHS) (MISAU, INE, and ICFI 2011).

### Background

Mozambique's population is projected to more than double by 2050, from 29.5 million to 67.8 million (UNICEF 2019; PRB 2020). The population is very young and rural; 46 percent are under 15 years and only 32 percent live in an urban area (PRB 2020). The country's high fertility rate is contributing to the rapidly growing, young population. According to the IMASIDA 2015, the average woman has 5.3 children during her lifetime with the fertility rate rising even higher in rural areas to 6.1 children per woman. This is a decrease from the DHS in 2011, where the average number of children per woman was 5.9 nationally and 6.6 in rural areas (Instituto Nacional de Saúde, INE, and ICF International 2015; MISAU, INE, and ICFI 2011).

Mozambique is still recovering from the 15-year civil war that followed its independence from Portugal in the 1970s. Tensions remain between its three main political groups: the Front for the Liberation of Mozambique (*Frelimo*), the Mozambican National Resistance (*Renamo*), and the Mozambique Democratic Movement (MDM). Inflation, a depreciating currency, and El Niño-related shocks to the agriculture sector made 2016 a difficult year for Mozambique's economy, but growth rates have improved (World Bank 2020). However, Mozambique's economic gains have not translated into poverty reduction—57 percent of the population lives on U.S.\$1.90 a day (Sachs et al. 2019).

Agriculture contributes 25 percent of Mozambique's gross domestic product (GDP) and approximately 80 percent of the population depends on agriculture for its livelihood (WFP 2016).

Currently, Mozambique ranks 136th out of 162 countries in progress meeting the Sustainable Development Goals (SDGs) (Sachs et al. 2019). According to the most recent DHS (2011), 14 percent of female deaths are related to pregnancy or childbearing and one in ten children will die before reaching five years. However, the risk of death due to maternal causes is much higher among adolescent mothers (age 15–19), rising to 24 percent (MISAU, INE, and ICFI 2011).

### Nutrition and Food Security Situation

Mozambique suffered from two consecutive years of El Niño-related drought, which had a negative impact on production and agricultural livelihoods. The country is also susceptible to other natural disasters, including cyclones and floods, which disrupt the country's economic development (USAID 2019a). In March and April of 2019, cyclones Idai and Kenneth displaced approximately 88,000 Mozambicans in the central and northern regions and caused an estimated 1.7 million Mozambicans to face food insecurity (USAID 2019b). However, food insecurity is not the only cause of nutrition problems in Mozambique. Poor diet quality consisting primarily of staple foods, resulting in insufficient micronutrient intake, has contributed to high levels of stunting. In the rural areas in the northern part of the

country—which also has the highest levels of stunting—households consume mostly maize with additional food groups, such as oils/fats and green leafy vegetables consumed as infrequently as 2–3 days per week (WFP 2010). Poor diet has also contributed to high levels of micronutrient deficiencies, such as anemia, which affects 69 percent of children under five years and 54 percent of women of reproductive age. Inadequate infant and young child feeding (IYCF) practices also contribute to the high prevalence of undernutrition. The prevalence of exclusive breastfeeding of children under six months was 43 percent in 2011 and rates decrease rapidly after the third month of life to about 27 percent. Additionally, the prevalence of minimum acceptable diet among breastfed infants 6–23 months is also low, at only 15 percent (MISAU, INE, and ICFI 2011).

Six out of Mozambique's 11 provinces have a very high level of stunting among children under-five, according to World Health Organization (WHO) guidance ( $\geq 30$  percent), and the national average of 43 percent also exceeds this threshold. Differences in stunting levels can be seen according to maternal education and wealth levels; stunting ranges from 27 percent among children whose mothers/caretakers have a secondary education or higher to 47 percent among those whose mothers/caretakers have no education. Similarly, 24 percent of children in the highest wealth quintile are stunted, while 51 percent of children in the lowest wealth quintile are stunted (MISAU, INE, and ICFI 2011; WHO and UNICEF 2017). The prevalence of wasting in Mozambique is 6 percent, but like rates of stunting, decreases with increasing level of education and wealth quintile (MISAU, INE, and ICFI 2011). The associations between stunting and wasting rates with wealth quintile helps demonstrate that poverty is an important factor, but there are other factors contributing to these poor nutrition outcomes in Mozambique. Additionally, the prevalence of underweight decreased from 24 to 15 among children under-five from 2003 to 2011 (MISAU, INE, and ICFI 2011).

Childbearing begins early in Mozambique and can have long-term nutritional consequences. Between the ages of 15–19 years, 46.4 percent of adolescent girls had begun childbearing in 2015 (Instituto Nacional de Saúde, INE, and ICFI 2015). This has serious consequences because, relative to older mothers, adolescent girls are more likely to be malnourished and have a low-birth-weight baby who is more likely to become malnourished, and be at increased risk of illness and death, than those born to older mothers. The rate of thinness among adolescent girls is 15 percent, compared to 9 percent among all women of reproductive age, and the rate of low birth weight is 14 percent (MISAU, INE, and ICFI 2011).

HIV and tuberculosis (TB) infections are also an important contributing factor to malnutrition. In Mozambique, HIV prevalence among adults is estimated to be 13 percent (Instituto Nacional de Saúde, INE, and ICFI 2015) and TB incidence is estimated at 551/100,000. Out of tested TB patients, 40 percent were HIV positive (CDC 2017). Infections can reduce appetite, decrease the body's absorption of nutrients, and make the body use nutrients faster than usual to repair the immune system. HIV can cause or aggravate malnutrition through reduced food intake, increased energy needs, and poor nutrient absorption. In turn, malnutrition can hasten the progression of HIV and worsen its impact by weakening the immune system and impairing an individual's ability to fight and recover from illness. HIV affects nutritional status early in the infection, even before other symptoms appear.

Mozambique Nutrition Data (DHS 2003 and 2011)		
Population 2018 (UNICEF 2019)	29.5 million	
Population under 5 years (0–59 months) 2018 (UNICEF 2019)	4.94 million	
	<b>2003</b>	<b>2011</b>
Prevalence of stunting among children under 5 years (0–59 months)	41%	43%
Prevalence of underweight among children under 5 years (0–59 months)	24%	15%
Prevalence of wasting among children under 5 years (0–59 months)	4%	6%
Prevalence of low birth weight (less than 2.5 kg)	6%	14%
Prevalence of anemia among children 6–59 months	NA	69%
Prevalence of anemia among women of reproductive age (15–49 years)	NA	54%
Prevalence of thinness among women of reproductive age (15–49 years)	9%	9%
Prevalence of thinness among adolescent girls (15–19 years)	13%	15%
Prevalence of children 0–5 months exclusively breastfed	30%	43%
Prevalence of children 4–5 months exclusively breastfed	14%	27%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within one hour of birth)	65%	77%
Prevalence of children who receive a pre-lacteal feed	16%	NA
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	NA	15%
Prevalence of overweight/obesity among children under 5 years (0–59 months)	NA	7%
Prevalence of overweight/obesity among women of reproductive age (15–49 years)	14%	16%
Coverage of iron for pregnant women (for at least 90 days)	14%	26%
Coverage of vitamin A supplements for children (6–59 months, in the last 6 months)	NA	75%
Percentage of children 6–59 months living in households with iodized salt	NA	46%

NA: Not Available

## Global and Regional Commitment to Nutrition and Agriculture

Mozambique has made the following global and regional commitments to nutrition and agriculture:

<b>Year of Commitment</b>	<b>Name</b>	<b>Description</b>
2017	National Council for Nutrition and Food Security (Conselho Nacional de Segurança Alimentar e Nutricional or CONSAN)	In 2017, Mozambique created CONSAN with the aim of having a high-level, institutionalized coordination structure for nutrition and food security to support the reduction of food insecurity and chronic malnutrition, and to promote the effective implementation of nutrition and food security policies.
2013	New Alliance for Food Security and Nutrition	In 2013, Mozambique joined the New Alliance for Food Security and Nutrition, a partnership among African heads of state, corporate leaders, and G8 members, to accelerate the implementation of Comprehensive Africa Agriculture Development Programme (CAADP) strategies.
2012	Ending Preventable Child and Maternal Deaths: A Promise Renewed	Mozambique pledged to reduce under-5 mortality to 20 or fewer deaths per 1,000 live births by 2035 by reducing the leading preventable causes of child mortality, including undernutrition (UNICEF 2017).
2011	Scaling Up Nutrition (SUN) Movement	SUN is a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses, and researchers in a collective effort to improve nutrition. The SUN Business Network has held a kickoff meeting and the SUN Civil Society Network is active in four provinces (SUN 2017).
2011	Comprehensive Africa Agriculture Development Programme (CAADP) Compact	CAADP, an African-led program, brings together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development (New Partnership for Africa's Development 2009). CAADP is implemented through the Strategic Plan Agricultural Development, which falls under Mozambique's Agenda 2025, with the mission to "contribute to food security and income of agriculture producers in a sustainable and competitive manner, ensuring social and gender equity."

## National Nutrition Policies/Legislation, Strategies, and Initiatives

Mozambique’s commitment to improving nutrition is outlined in the following documents, which are aligned with the government’s Agenda 2025:

- National Development Strategy (Estratégia Nacional De Desenvolvimento [ENDE]) 2015–2035
- Government’s Five-Year Plan (Plano Quinquenal do Governo [PQG]) 2020–2024
- Multisectoral Action Plan for the Reduction of Chronic Undernutrition (PAMRDC) (2011)
- Agriculture Development Strategy (Plano Estratégico de Desenvolvimento do Sector Agrário [PEDSA]) 2011–2020 (currently under extension)
- Green Revolution Strategy (ERV)
- National Strategy for Food Security and Nutrition (ESAN III)
- National Plan for Food Security and Nutrition (PASAN II)
- Nutritional Rehabilitation Program (PRN)
- National Strategy for SBCC in the context of Nutrition.

Mozambique’s Multisectoral Action Plan for the Reduction of Chronic Undernutrition (PAMRDC) provides a common results framework for nutrition action. The PAMRDC identifies critical target groups, sets out seven strategic objectives, outlines specific interventions and key progress indicators, and identifies which institutions will assume primary responsibility for achieving results. During the next phase, the PAMRDC will be integrated into the broader National Strategy for Food Security and Nutrition (ESAN III), rather than exist as a separate plan. The government also adopted the Nutritional Rehabilitation Program (PRN) for the treatment of moderate and severe acute malnutrition.

## USAID Programs: Accelerating Progress in Nutrition

September 2020, the following USAID programs, with a focus on nutrition, were active in Mozambique.

<b>Selected Projects and Programs Incorporating Nutrition in Mozambique</b>		
<b>Name</b>	<b>Dates</b>	<b>Description</b>
Alcançar: Achieving Quality Health Services for Women and Children	2019–2024	Alcançar aims to establish Mozambique’s Nampula province as a model health system for maternal, neonatal, and child health (MNCH) services that are high-quality, patient-centered and evidence-based. The project uses best practices in quality improvement (QI) for health facility and district teams to identify, test, and scale health system improvements and to achieve consistent, sustainable delivery of human-centered clinical care. With some nutrition in its funding, ALCANCAR provides capacity building to nutrition health staff at the health facility level in Nampula province.
Communication for Improved Health Outcomes (CIHO)	2017–2021	A innovative communications package will support targeted changes in key nutrition behaviors, and national-level support will be complemented by targeted provincial efforts.
Procurement and Supply Management (PSM) Project	2016–2021	The project provides technical assistance to improve “last-mile” delivery of nutrition and other key maternal-child/reproductive health products in the provinces of Nampula and Sofala, as well as technical assistance at the national level, to improve ongoing forecasting/quantification/distribution planning for nutrition products nationwide.

Transform Nutrition	2019–2024	Transform Nutrition aims to strengthen host government capacity to plan and manage nutrition programming; increase adoption of optimal behaviors to improve the nutritional status of target populations; and increase access to quality services and products for nutrition, sanitation, and hygiene. Transform Nutrition operates in 12 districts in Nampula. It uses innovative behavior change strategies at the community level coupled with small-scale agricultural interventions to improve the dietary diversity of the target populations. It focuses on improving nutrition knowledge and skills, increasing access and affordability of nutritious foods and strengthening the capacity of community members and leaders in nutrition, sanitation, and hygiene. Transform Nutrition targets improved access to basic sanitation, leading to increased soap usage, water treatment, and open-defecation free communities.
United Nations Children’s Fund (UNICEF)	2009–2021	UNICEF provides support in multiple technical areas, using a mix of USAID and non-USAID funds. Undernutrition: areas supported include procurement of ready-to-use therapeutic food and micronutrient powder; social behavior communication change activities, including production of radio spots, printing of IYCF material, and training for IYCF at community level; scaling up and improving quality of treatment for children under-5 with severe acute malnutrition; capacity building of the Ministry of Health’s nutrition department and priority provinces on the nutrition information system; capacity building of the country’s Food Security and Nutrition Technical Secretariat as it supports intersectoral implementation at national, provincial, and district levels; and training of religious leaders to advocate for improved nutrition. UNICEF also provides major support with USAID funds in the areas of child and newborn health, support for emergencies, and pediatric HIV.
USAID Advancing Nutrition	2019–2022	USAID Advancing Nutrition collaborates with USAID’s nutrition bilateral project, Transform Nutrition, to improve the nutrition of pregnant and lactating women, adolescent girls, and children under two years of age. In Nampula province and at the national level, aiming to— <ul style="list-style-type: none"> <li>• Strengthen the government’s capacity to plan, manage, and deliver nutrition services</li> <li>• Strengthen the government’s systems for multi-sectoral nutrition coordination</li> <li>• Support partners’ capacity to deliver quality multi-sectoral nutrition programming</li> <li>• Support USAID Mozambique’s nutrition team and portfolio.</li> </ul>

## Other USAID Nutrition-Related Development Assistance

USAID, in partnership with the Carr Foundation and the Government of Mozambique, supports the Gorongosa Restoration Project. The project contributes not only to the restoration of this national park through reforestation, anti-poaching activities, and biological research and monitoring, but also seeks to support the communities surrounding the park by providing basic health services through community health workers (CHWs). CHWs are trained on topics including prenatal and infant care, household cleanliness, proper nutrition, regular vaccines, the links between personal hygiene and common illness, and HIV/AIDS and other sexually transmitted diseases (USAID 2013).

In the past, USAID investments focused on improving nutritional status for HIV-positive clients, particularly pregnant women and HIV-exposed children, through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). NACS services include nutrition assessment, counseling, referrals, and linkages to food security programs, as well as referral to nutrition rehabilitation centers for people living with HIV, orphans, and vulnerable children, and clinically malnourished children identified in the community. In FY2012, NACS/PRN guidelines were rolled out nationwide; as a result, the number of health facilities providing NACS for children and pregnant/lactating women increased, as well as improvements in nutrition data collection. In 2016, PRN guidelines for people older than 15 years were rolled out through a training-of-trainers approach. With PEPFAR funds, USAID provided fortified corn-soy blend flour, to ensure that products needed to treat individuals over 5 years with acute malnutrition are available at high-volume antiretroviral treatment health facilities in targeted "scale-up" districts.

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