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NUTRITION *at a* GLANCE

MOZAMBIQUE

Country Context

HDI ranking: 172nd out of 182 countries[1]

Life expectancy: 48 years[2]

Lifetime risk of maternal death: 1 in 45[2]

Under-five mortality rate: 138 per 1,000 live births[2]

Global ranking of stunting prevalence: 19th-highest out of 136 countries[2]

Technical Notes

Stunting is low height for age.

Underweight is low weight for age.

Wasting is low weight for height.

Current stunting and wasting estimates are based on comparison of the most recent survey data with the WHO Child Growth Standards, released in 2006. They are not directly comparable to the trend data shown in Figure 1, which are calculated according to the previously-used NCHS/WHO reference population.

Low birth weight is a birth weight less than 2500g.

The methodology for calculating nationwide costs of vitamin and mineral deficiencies, and interventions included in the cost of scaling up, can be found at: *www.worldbank.org/nutrition/profiles*

The Costs of Undernutrition

- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.[2]
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country's productivity and growth.
- The economic costs of undernutrition include direct costs such as the increased burden on the health care system, and indirect costs of lost productivity.
- Childhood anemia alone is associated with a 2.5% drop in adult wages.[6]

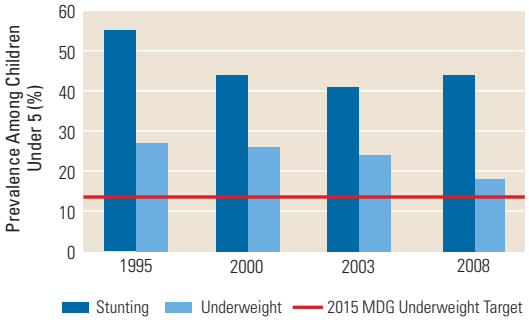
Where Does Mozambique Stand?

- 44% of children under the age of five are stunted, 4% are wasted, and 18% are underweight.[2]
- 15% of infants are born with a low birth weight.[2]

Most of the irreversible damage due to malnutrition happens during gestation and in the first 24 months of life.[7]

As shown in **Figure 1**, the prevalence of underweight has decreased enough to stay on track with meeting MDG 1c (halving 1990 rates of child underweight by 2015).[7] The prevalence of stunting is stagnating, however, and progress to reduce malnutrition must continue.

FIGURE 1 Mozambique is on Track to Meet MDG 1



Source: WHO Global Database on Child Growth and Malnutrition (figures based on the NCHS/WHO reference population).

As seen in **Figure 2**, Mozambique displays higher prevalence of child stunting than many other African nations with similar or lower per capita incomes, including Zimbabwe, Gambia, Guinea, and Togo.

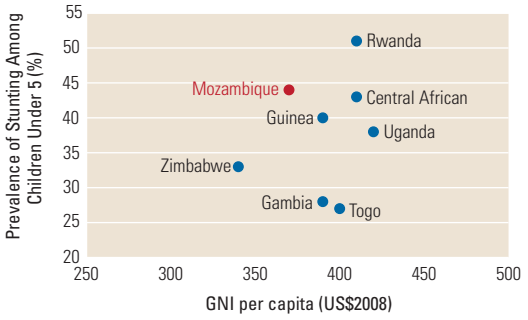
Annually, Mozambique loses US$116 million to vitamin and mineral deficiencies.[4,5] Scaling up core micronutrient interventions would cost less than US$13 million per year.

(See Technical Notes for more information)

Key Actions to Address Malnutrition:

- Increase nutrition capacity within the Ministries of Health and Agriculture.
- Improve infant and young child feeding through effective education and counseling services.
- Increase coverage of vitamin A supplementation for young children and iron supplementation for pregnant women.
- Achieve universal salt iodization.
- Improve dietary diversity through promoting home production of a diversity of foods and market and infrastructure development.

FIGURE 2 Mozambique has Higher Rates of Stunting than Many of its Income Peers



Source: Stunting rates were obtained from the WHO Global Database on Child Growth and Malnutrition (figures based on WHO child growth standards). GNI data were obtained from the World Bank's World Development Indicators.

Undernutrition is not just a problem of poverty. As **Figure 3** shows, although the poorest suffer from the highest stunting levels, about one-fourth of the children in the wealthiest quintile are stunted. This is typically not an issue of food access, but of caring practices and disease.

Vitamin and Mineral Deficiencies Cause Hidden Hunger

Although they may not be visible to the naked eye, micronutrient deficiencies are widespread in Mozambique, as shown in **Figure 4.**

Solutions to Primary Causes of Undernutrition

MOZAMBIQUE

Poor Infant Feeding Practices

- One-third of all newborns do not receive breast milk within one hour of birth.[2]
- Only 37% of infants under six months are exclusively breastfed.[2]
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, 16% of infants are not fed appropriately with *both* breast milk and other foods.[2]

Solution: Support women and their families to practice optimal breastfeeding and ensure timely and adequate complementary feeding. Breast milk fulfills all nutritional needs of infants up to six months of age, boosts their immunity, and reduces exposure to infections. In high HIV settings, follow WHO 2009 HIV and infant feeding revised principles and recommendations.[12]

High Disease Burden

- 13% of deaths among children under five are caused by diarrhea.[7]
- Undernutrition increases the likelihood of falling sick and severity of disease.
- Undernourished children who fall sick are much more likely to die from illness than well-nourished children.
- Parasitic infestation diverts nutrients from the body and can cause blood loss and anemia.

Solution: Prevent and treat childhood infection and other disease. Hand-washing, deworming, zinc supplements during and after diarrhea, and continued feeding during illness are important.

Limited Access to Nutritious Food

- Over one-third of households are food insecure.[8]
- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.
- Dietary diversity is essential for food security.
- Lack of consistently-accessible diverse diets contributes to high levels of micronutrient deficiencies and lost human capital.

Solution: Involve multiple sectors including agriculture, education, transport, gender, the food industry, health and other sectors, to ensure that diverse, nutritious diets are available and accessible to all household members.

References

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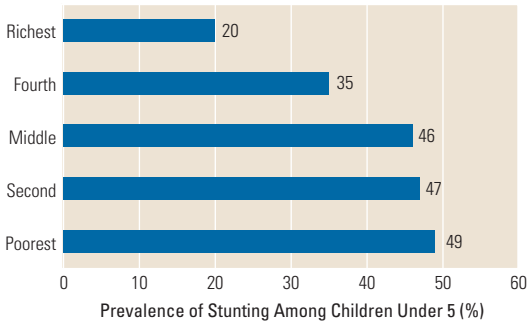
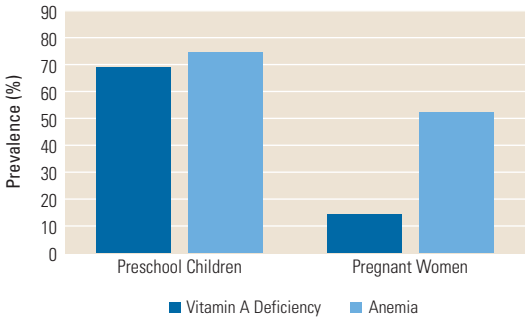
FIGURE 3 Undernutrition Affects All Wealth Quintiles – Poor Infant Feeding Practices and Disease are Major Causes



Source: DHS 2003 (figures based on the WHO Child Growth Standards).

- **Vitamin A:** More than 2/3 of preschool aged children (69%) and 14% of pregnant women are deficient in vitamin A.[9] Supplementation of young children and dietary diversification can eliminate this deficiency.
- **Iron:** Three-quarters of preschool aged children are anemic, as are 52% of pregnant women.[10] Iron-folic acid supplementation of pregnant women, deworming, provision of multiple micronutrient supplements to infants and young children, and fortification of staple foods are effective strategies to improve the iron status of these vulnerable subgroups.
- **Iodine:** Only one-quarter of households consume iodized salt, and 656,000 million infants remain unprotected from iodine deficiency disorders.[7]

FIGURE 4 High Rates of Vitamin A and Iron Deficiency Contribute to Lost Lives and Diminished Productivity



Source: 1995–2005 data from the WHO Global Database on Child Growth and Malnutrition

- Adequate intake of micronutrients, particularly iron, vitamin A, iodine and zinc, from conception to age 24 months is critical for child growth and mental development.

World Bank Nutrition Related Activities in Mozambique

Projects: The World Bank is currently supporting the Health Service Delivery project, a US$72.4 million project (co-financed with multiple donors) which includes initiatives to reduce child and maternal mortality.

Analytic Work: The World Bank intends to conduct a scoping mission in April 2010 to see how it can best engage in the nutrition sector.

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