

Mozambique

Nutrition Analysis

16 August 2013

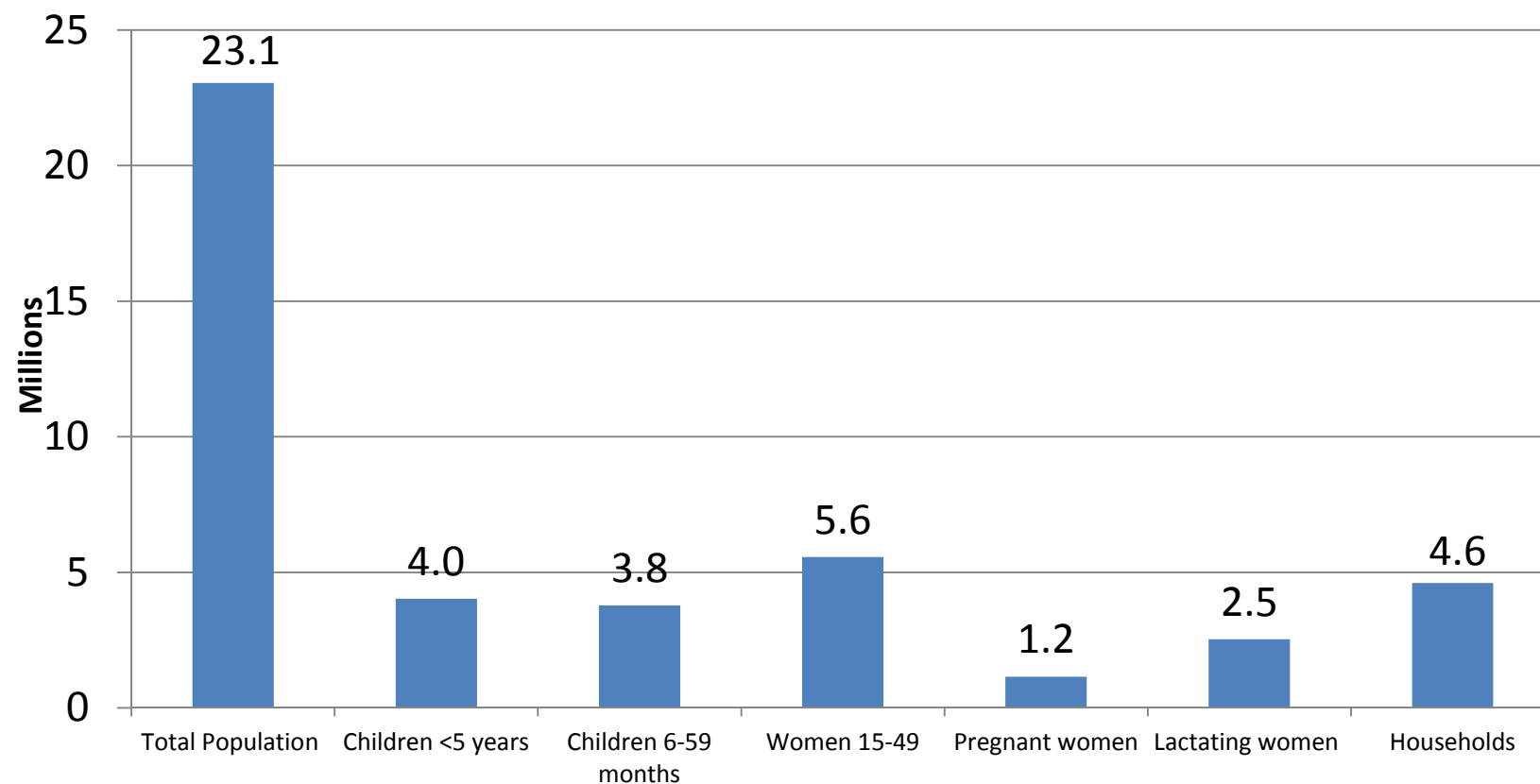
BASIC NUTRITION TRENDS

Stunting, wasting and underweight

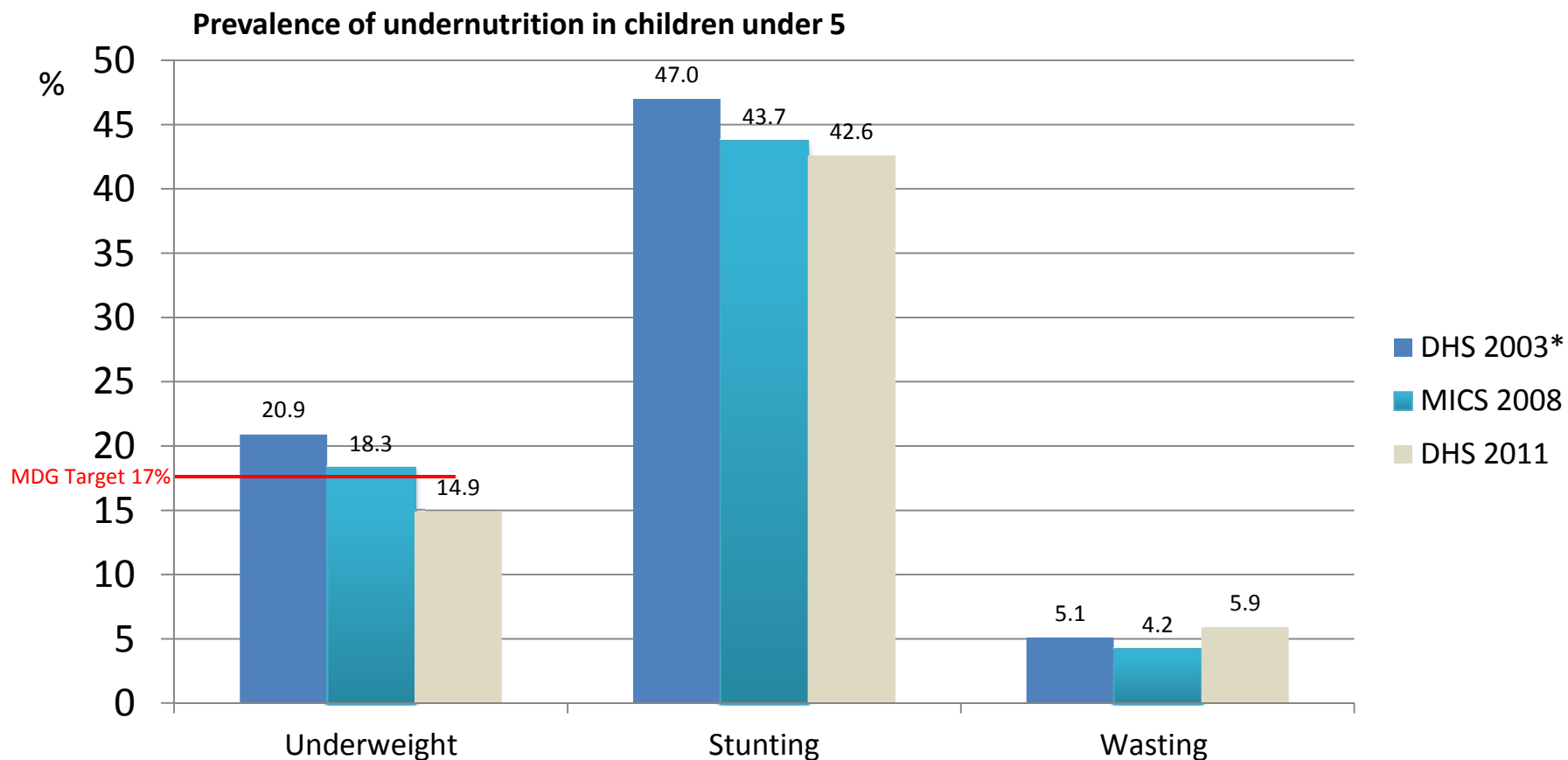
Key messages on basic undernutrition trends

- ✓ According to DHS 2011 data the 2015 MDG target of reducing underweight among <5 year olds to 17% has been achieved.
- ✓ Although there has been a slight reduction in the prevalence of stunting in Mozambique, from 2003 to 2011
 - ✓ Stunting levels remain very high (42.3%) and are above critical population threshold of 40%.
 - ✓ In absolute numbers stunting actually increased between 2008 and 2011 by approximately 60,000 children.
- ✓ Differing stunting trends observed by province though
 - ✓ Stunting remains highest in the northern provinces.
 - ✓ Prevalence declined in rural settings, but remained constant in urban ones.
 - ✓ Provinces with the highest stunting rates were not necessarily those with the highest numbers of stunted children.
- ✓ Despite declines in the prevalence of stunting observed in many provinces, wasting increased in many of the same provinces.
- ✓ The increasing prevalence of GAM and SAM at national level is strongly linked to a greater increase in wasting in rural settings. The increase of GAM and SAM most prominent in the country's central provinces

Breakdown of main population groups for addressing malnutrition



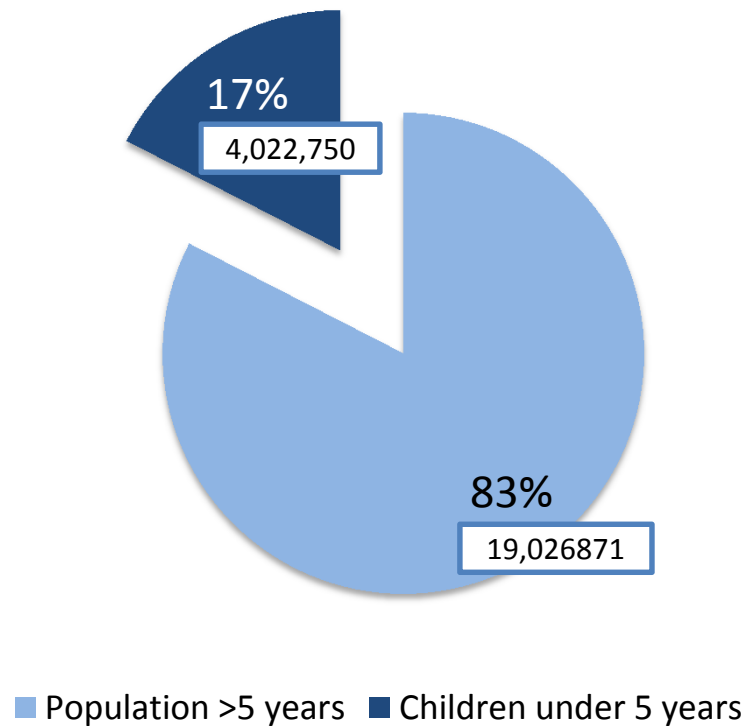
The national prevalence of underweight was below the established MDG1 target



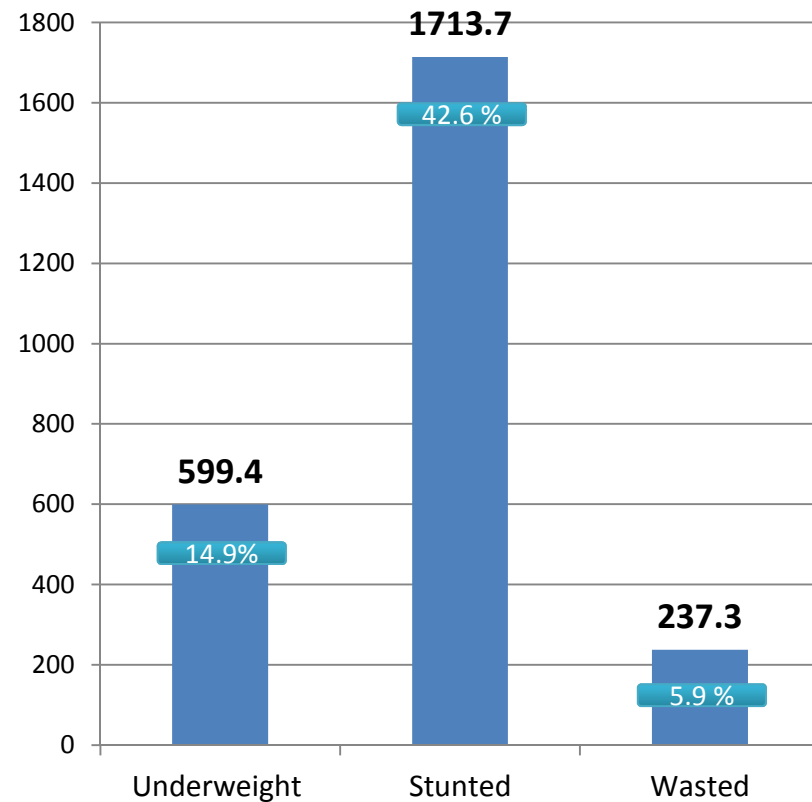
DHS 2011 revealed a prevalence of underweight among children under 5 of 14.9. This is 2.1 percentage points below the 2015 MDG target of 17.0%

Children under 5 years of age represent 17% of the total population and most of them present some form of undernutrition

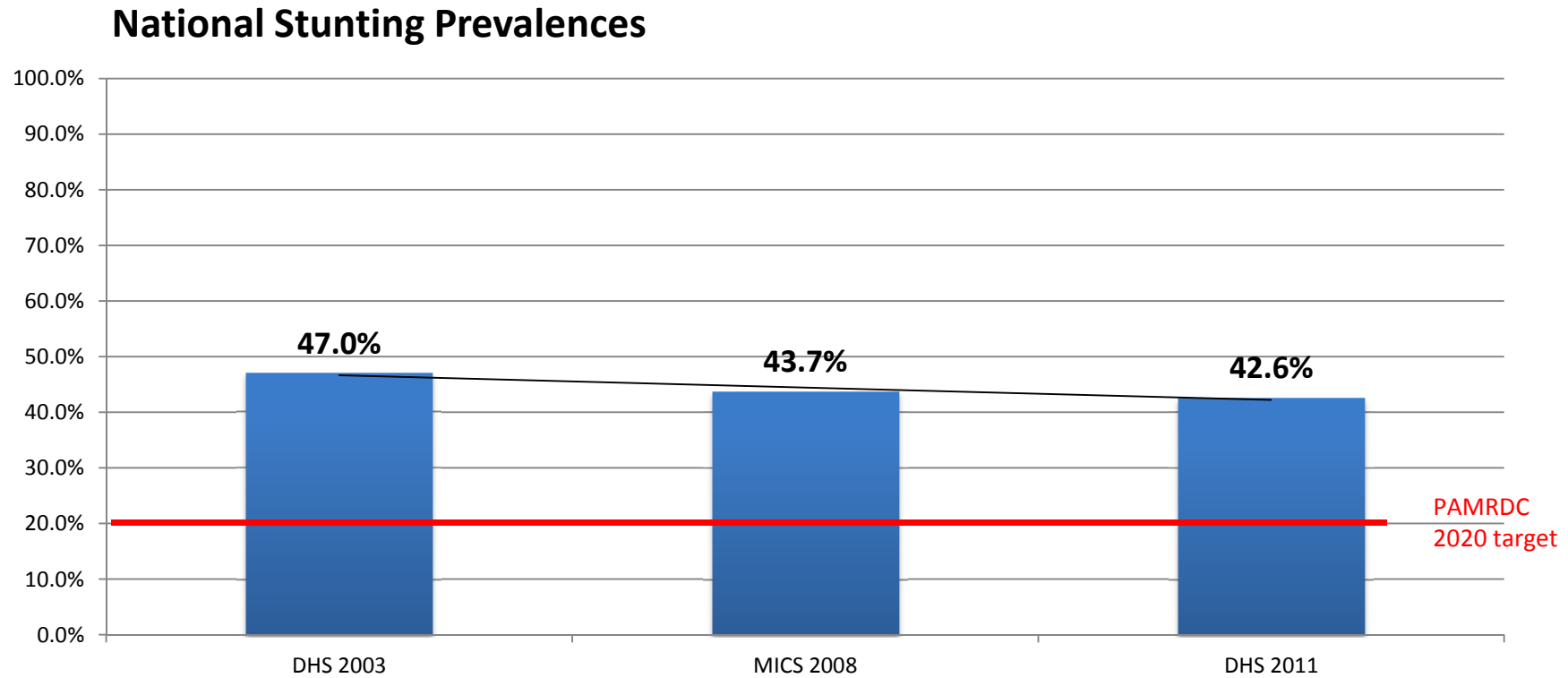
Percentage of children under 5 years of age, 2011



Wasted, stunted and underweight children under 5 (in thousands), 2011



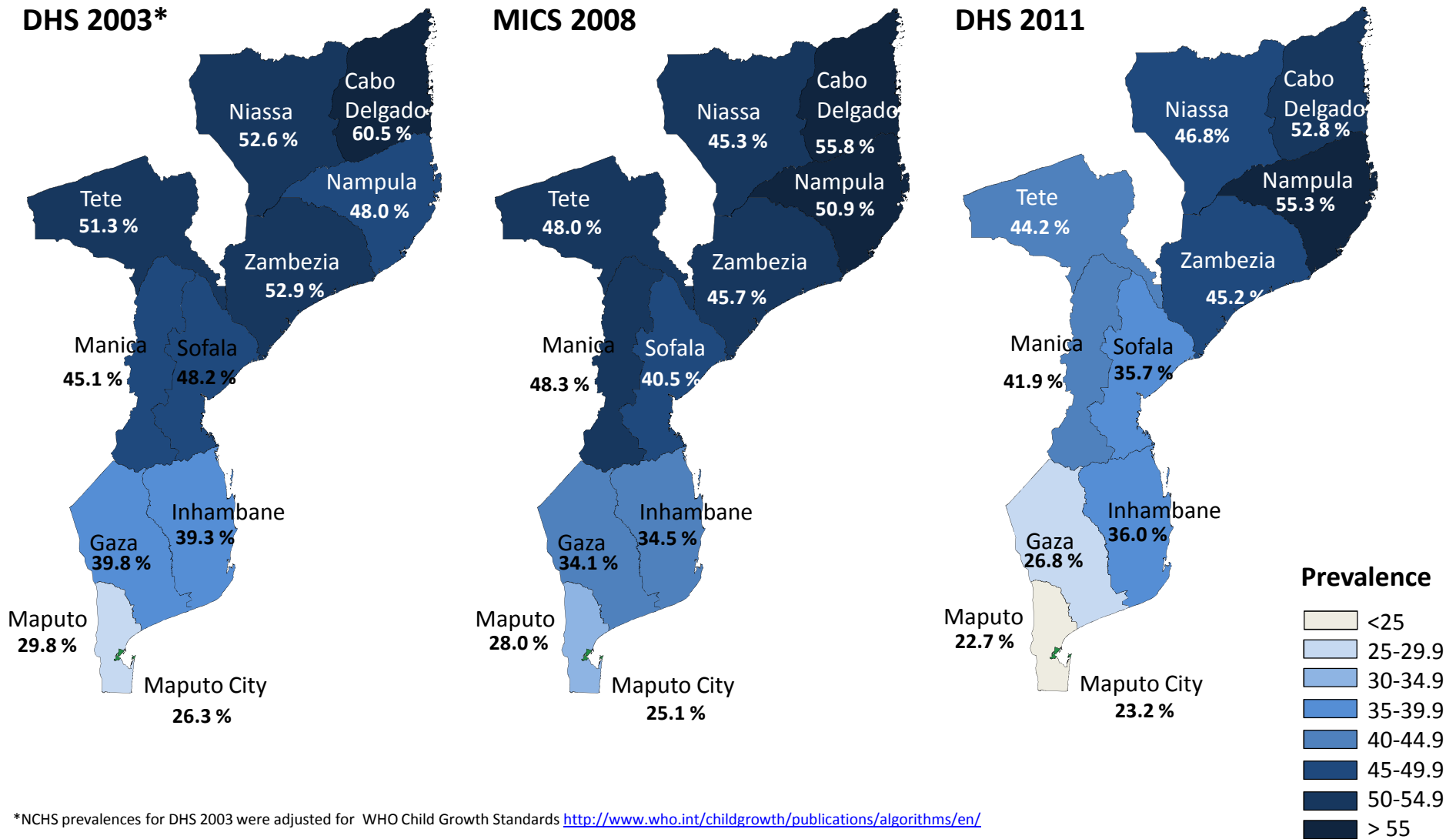
At the national level, the prevalence of stunting decreased by just 4.4 percentage points over the 8-year period between 2003 and 2011



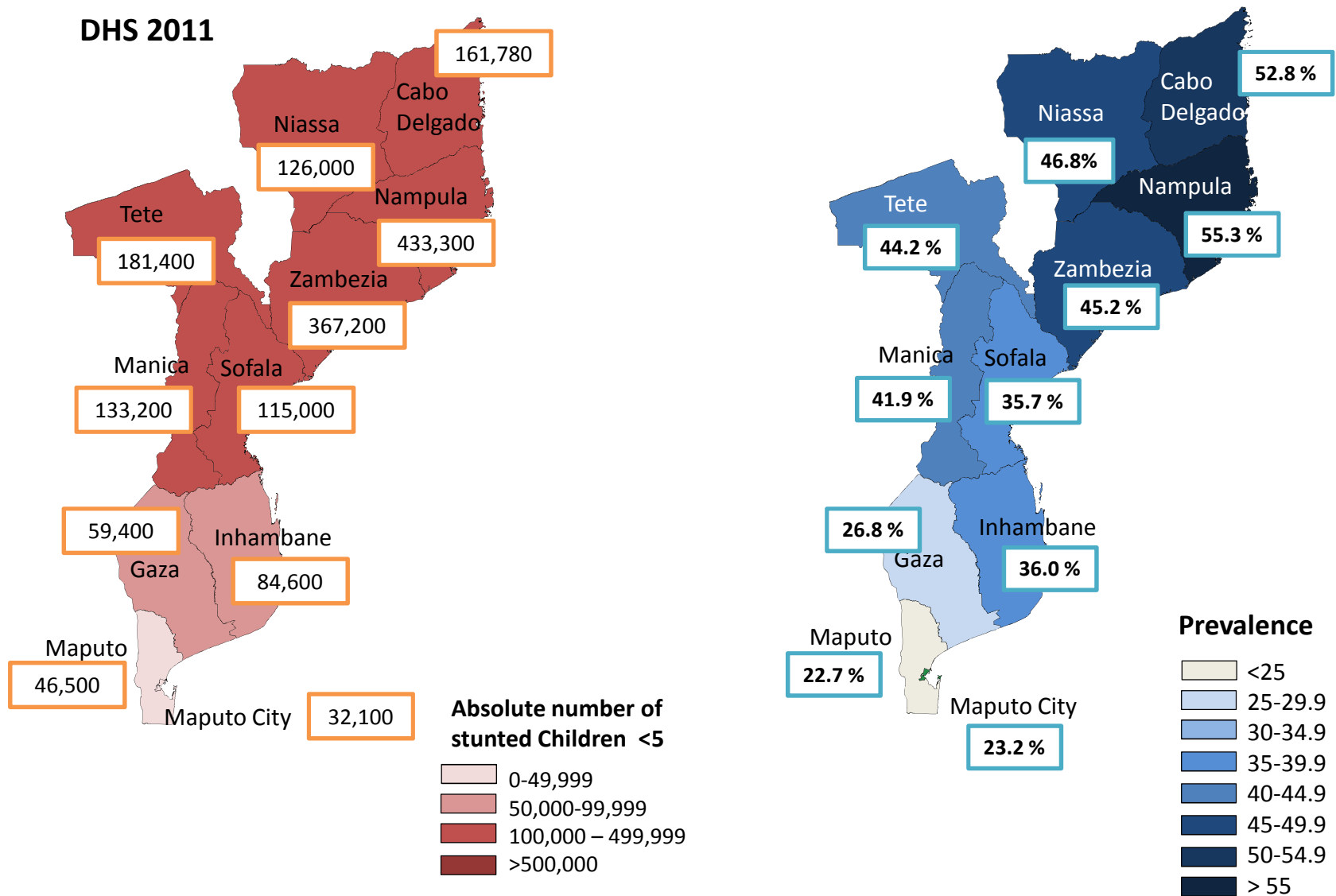
However, population growth means there are now 60,000 more stunted children in total, despite the fall in prevalence

*NCHS prevalences for DHS 2003 were adjusted for WHO Child Growth Standards <http://www.who.int/childgrowth/publications/algorithms/en/>

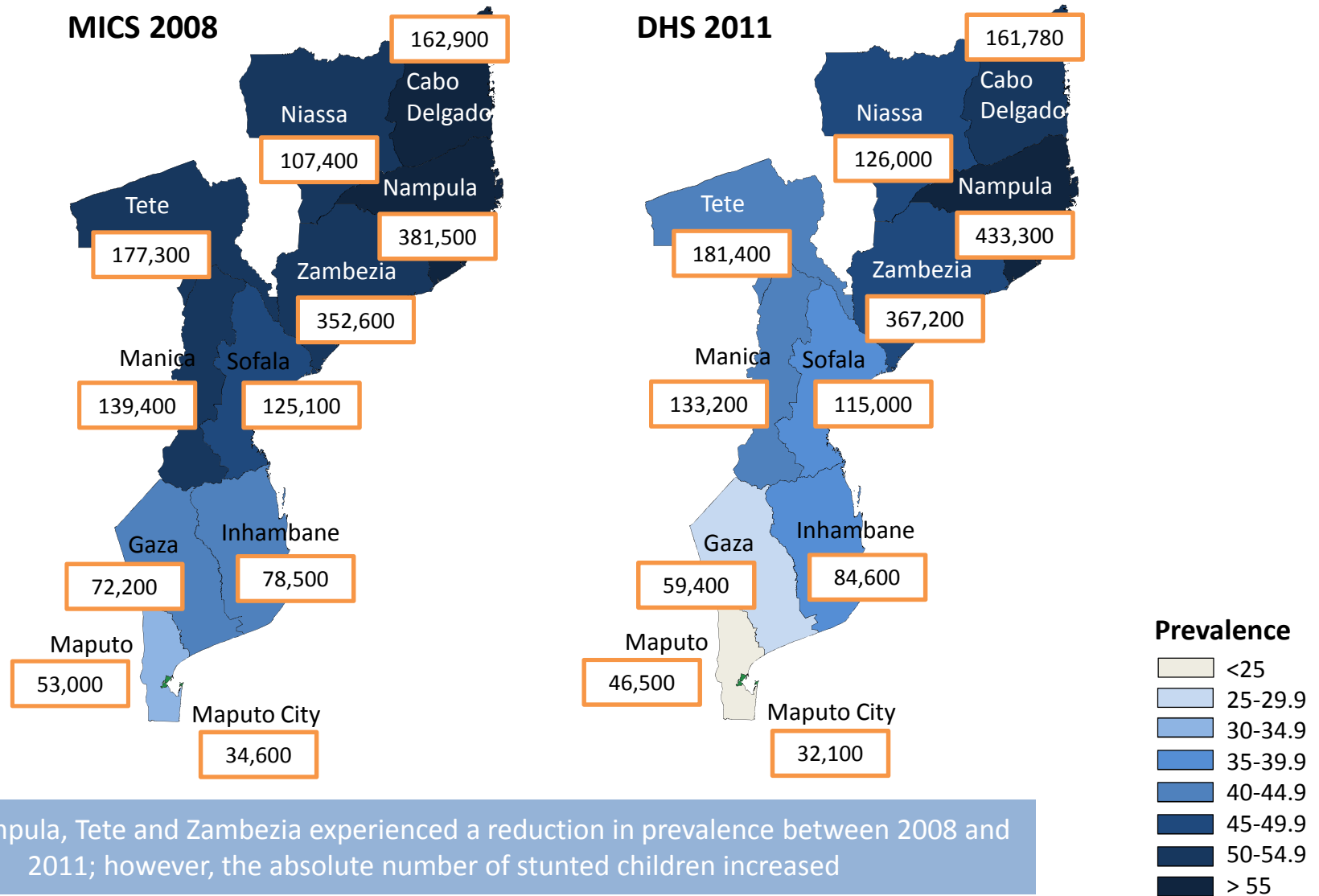
While the prevalence of stunting has decreased in most provinces, it increased notably in Nampula. Overall, stunting levels remain disproportionately higher in the north



The absolute number of stunted children can vary widely between provinces with similar stunting rates due to population density

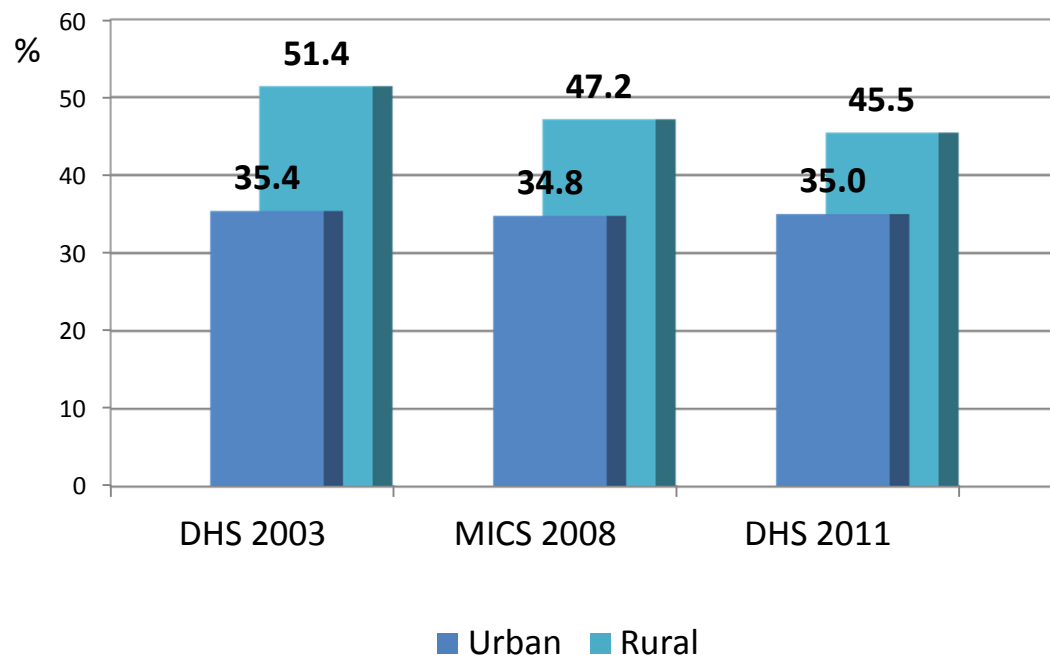


Reductions in stunting prevalence were not necessarily accompanied by reductions in absolute numbers of stunted children



Stunting levels among children <5 have nominally declined in rural areas yet they remained stagnant in urban settings from 2003 to 2011

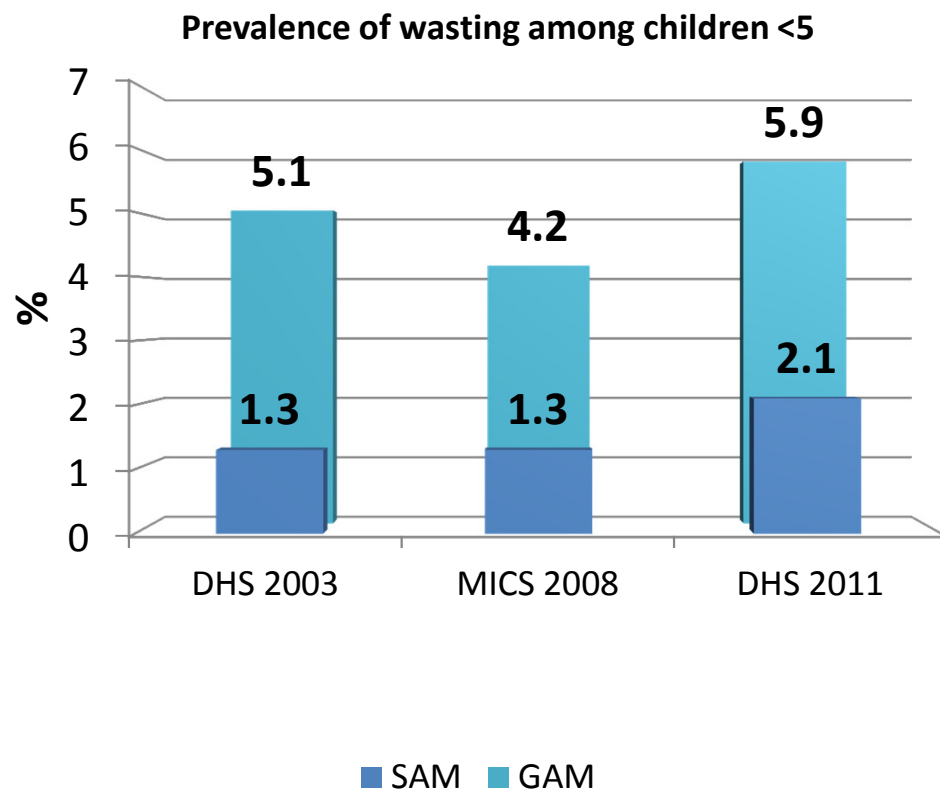
Prevalence of stunting among children <5



- The vast majority of Mozambicans lived in rural areas in both 2003 (about 69.5%) and 2011 (about 69%)
- The unchanged proportion of the population living in rural areas and the decrease in the prevalence of stunting in these settings suggests that reductions in stunting at a national level have been linked to improvements in rural areas

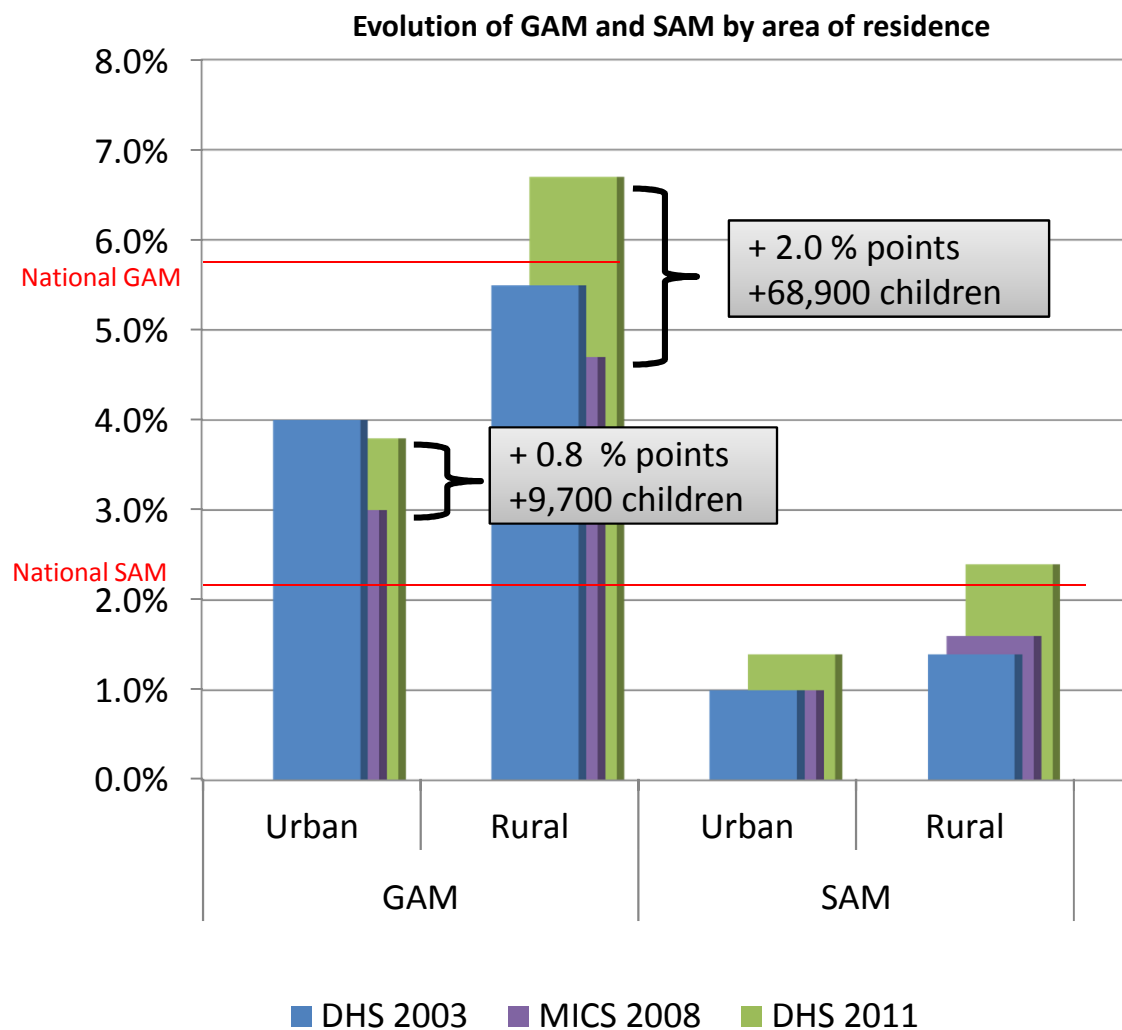
*NCHS prevalences for DHS 2003 were adjusted for WHO Child Growth Standards <http://www.who.int/childgrowth/publications/algorithms/en/>

The prevalence of wasting among children <5 is on the rise nationally



- Between 2008 and 2011 the number of children with GAM increased from 158,900 to 237,300.
- During this same period the number of children with SAM increased from 49,200 to 84,500.

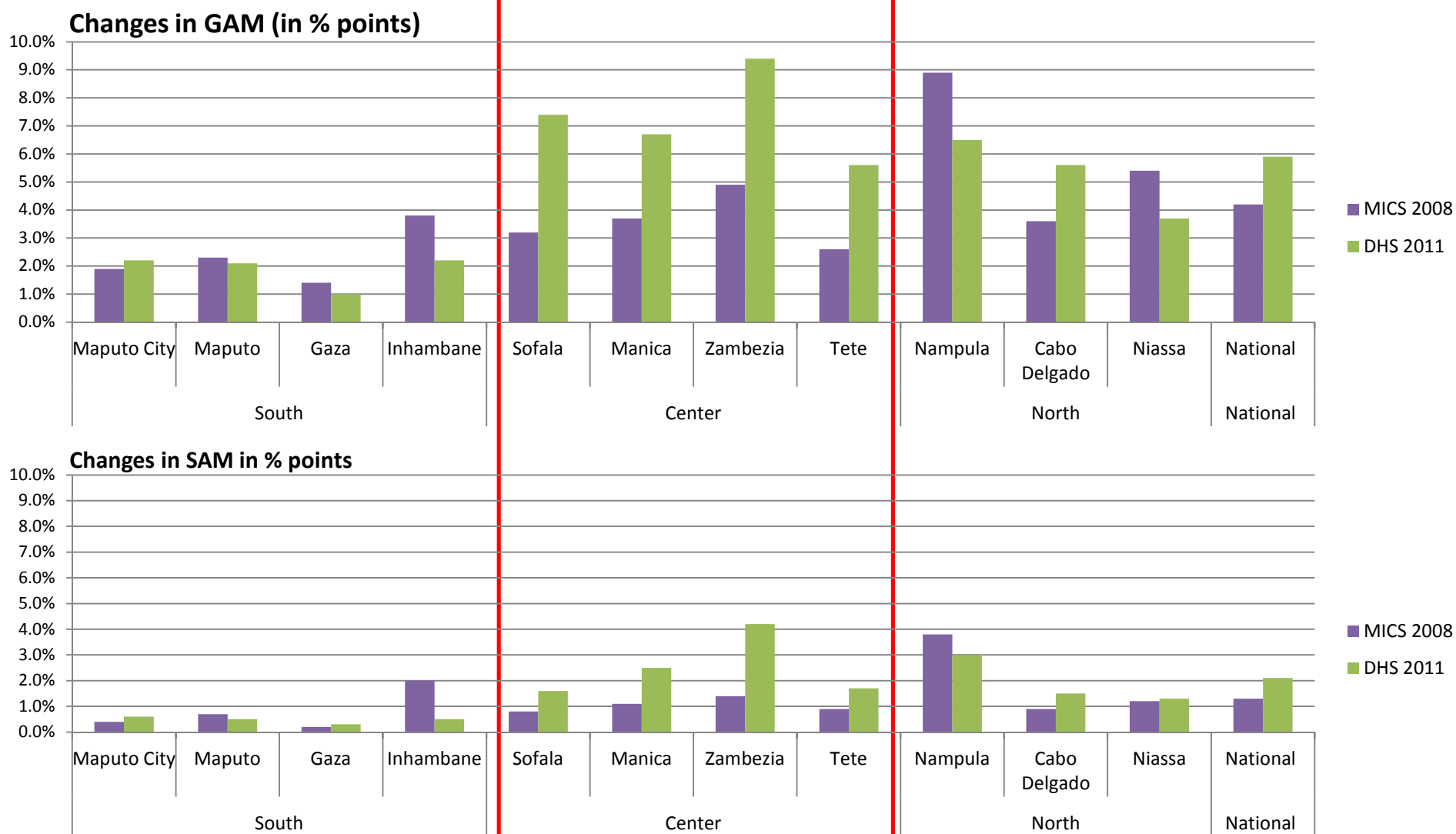
The increasing prevalence of GAM and SAM at national level is strongly linked to a greater increase in wasting in rural settings



- Between 2003 and 2011, there was an increase in GAM and SAM with a more prominent increase between 2008 and 2011.
- Although the increase in rural settings for GAM prevalence was 2.5 times greater than in urban settings, the increase in absolute numbers of wasted children was nearly seven fold due to a larger rural population

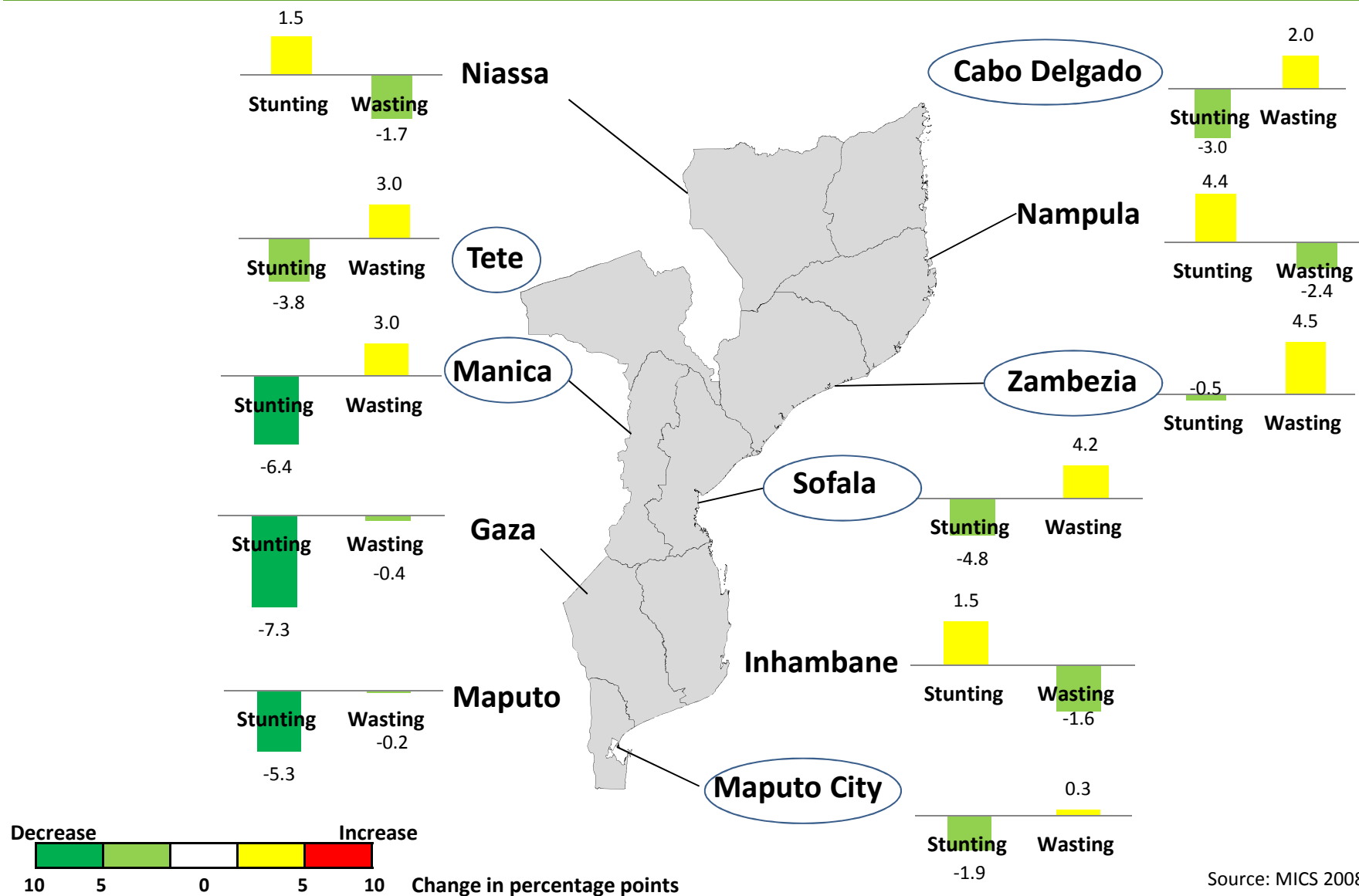
*NCHS prevalences for DHS 2003 were adjusted for WHO Child Growth Standards <http://www.who.int/childgrowth/publications/algorithms/en/>

The increase of GAM and SAM in Mozambique between 2008 and 2011 was most prominent in the country's central provinces, which experienced floods during this period



*NCHS prevalences for DHS 2003 were adjusted for WHO Child Growth Standards <http://www.who.int/childgrowth/publications/algorithms/en/>

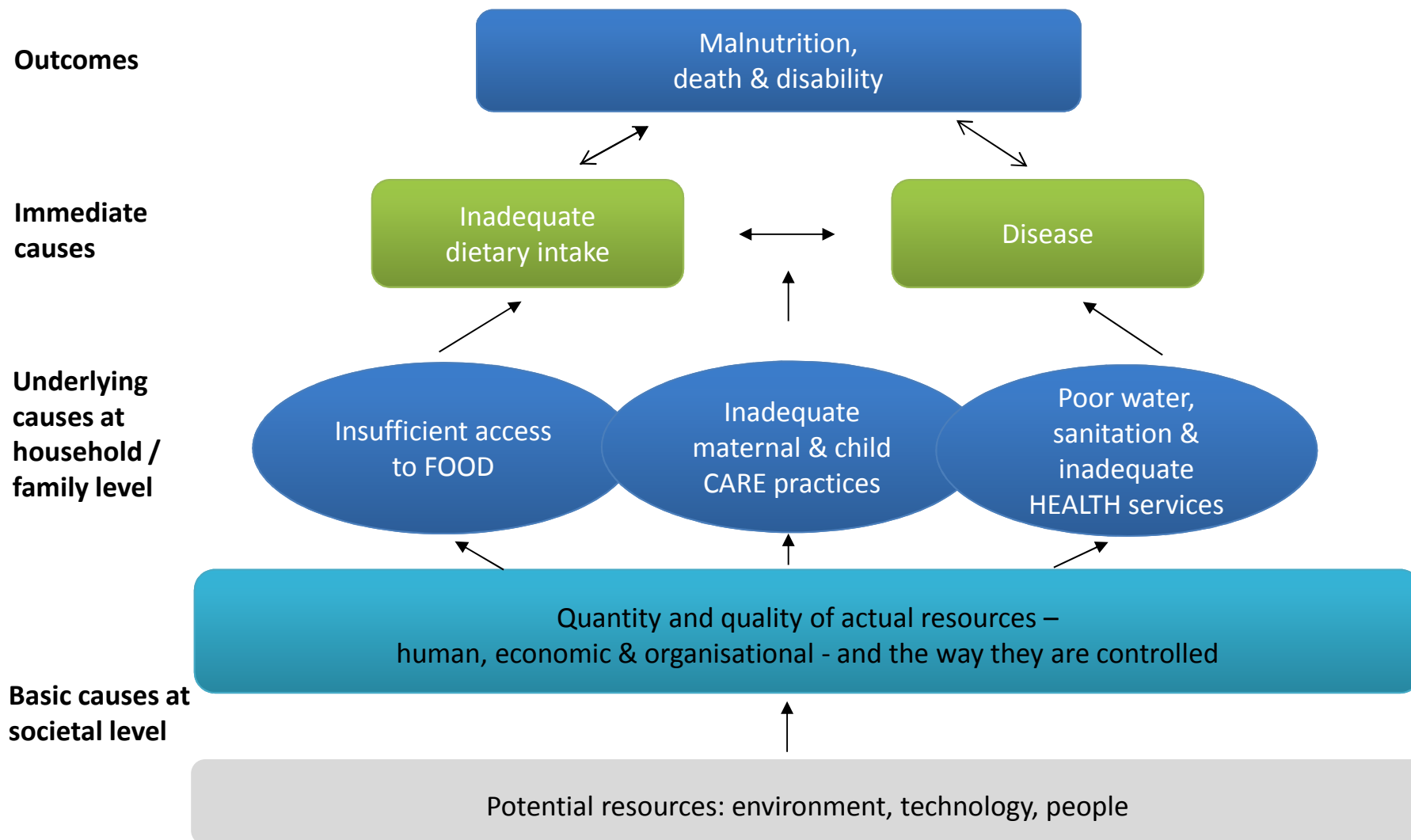
Despite the observed reductions in stunting from 2008 to 2011, wasting actually increased in many of the same province



Source: MICS 2008, DHS 2011

CONCEPTUAL FRAMEWORK ON MALNUTRITION

Conceptual framework for analysing the causes of malnutrition



UNDERLYING CAUSES

Food, Care and Health

Key messages on underlying causes

- ✓ Over half of the population in Mozambique lives under the national poverty line (18.4 meticaís/day) and is unable to afford the basic food basket, thereby making them vulnerable to food insecurity and undernutrition (including micronutrient deficiencies).
- ✓ Further efforts are required to keep children – particularly girls – in school so more girls complete at least primary school, recognizing that continued school enrolment and attendance of girls can help postpone both early marriage and pregnancies.
- ✓ Gender inequality is a major problem in Mozambique and is an underlying cause of chronic undernutrition due to its strong links with early marriages, early school dropout and early pregnancy.
- ✓ In spite of being against the law and a violation of the Convention of Elimination of all forms of Discrimination Against Women, early marriage remains a major issue in Mozambique and likely contributes to high levels of teenage pregnancies. Greater efforts are required to reduce the practice and protect the rights of young women.
- ✓ By the age of 19, over 70% of girls have already had their first child or are currently pregnant

CARE PRACTICES

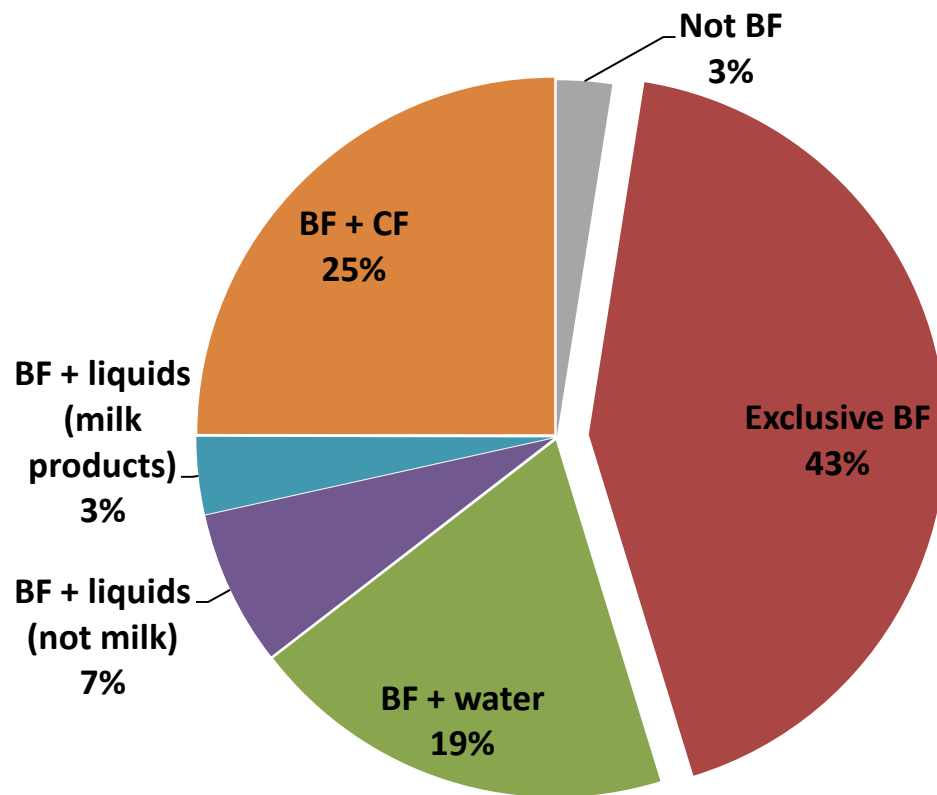
Exclusive breastfeeding, adequate complementary feeding and hygiene

Key messages on care practices

- ✓ Nearly 100% of children 0-5 months are breastfed, however less than half of them are exclusively breastfed, in spite of an observed increase of 10 percentage points between 2003 and 2011.
- ✓ The median duration, in months of exclusive breastfeeding, nearly doubled from 2003 and 2011 but remains very low at 1.3 months (39 days).
- ✓ Complementary foods are introduced to many children earlier than recommended
- ✓ Only 13% of children 6-23 months receive proper complementary IYCF practices
- ✓ Available data on hand washing stations, water and soap suggests little opportunity for hand washing.

Nearly all children under six months old are breastfed, however, less than half are exclusively breastfed

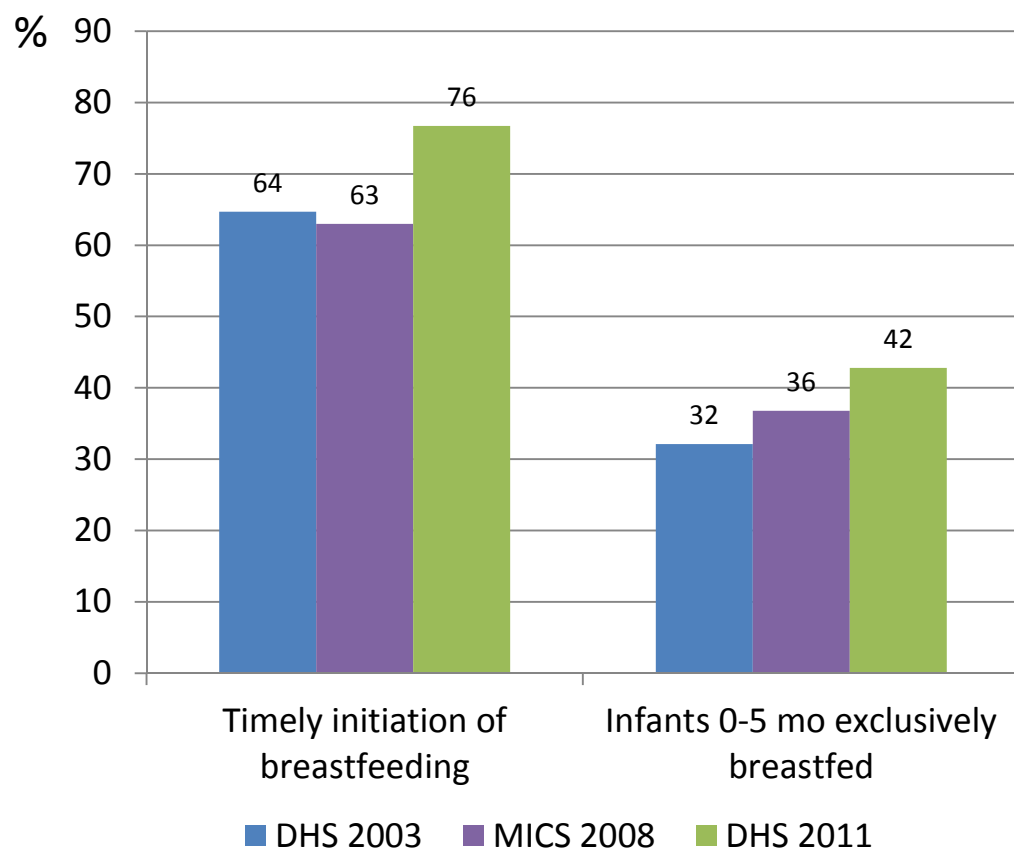
Breastfeeding practices for children 0-5 mo



- Only 3% of children between 0-5 months are not breastfed.
- Over half of the children 0-5 months who are breastfed are also receiving complementary liquids or foods. Recommended guidance for proper infant feeding indicates that these should be introduced at 6 months of age

Timely initiation of breastfeeding and exclusive breastfeeding are on the rise, but still less than half of children are breastfed

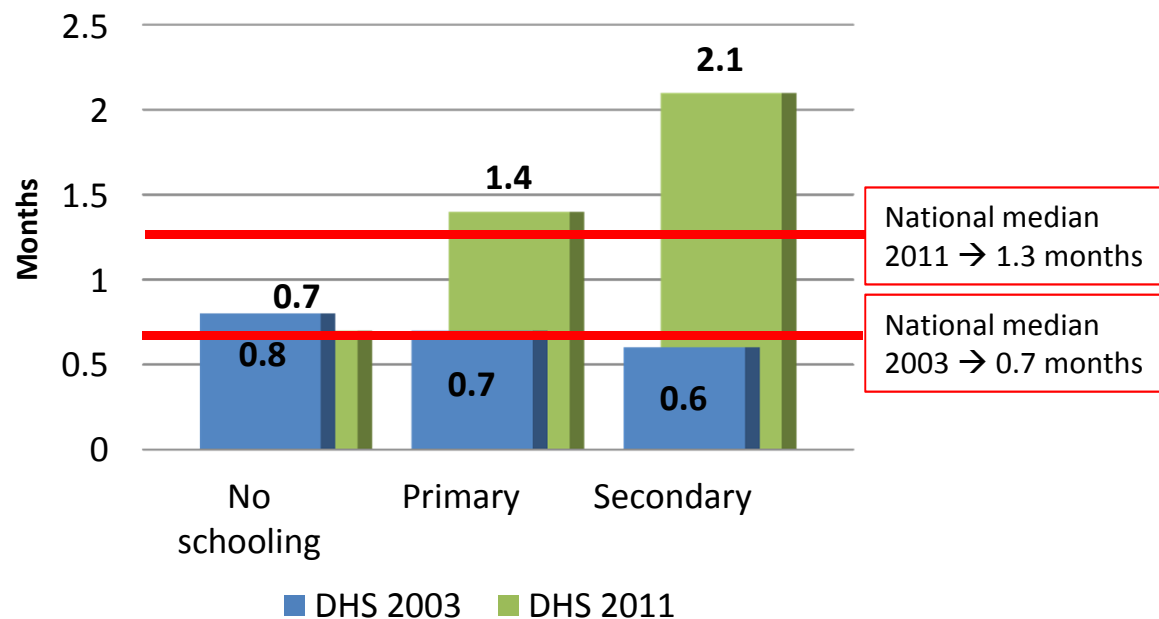
Timely initiation of breastfeeding and exclusive breastfeeding



- In 2011, over 75% of children began breastfeeding within an hour of birth.
- Exclusive breastfeeding increased by ten percentage points in an eight year period, however, it still remains below desired levels.

Median duration of EXCLUSIVE breastfeeding remains drastically below optimal levels though higher levels are associated with more educated mothers

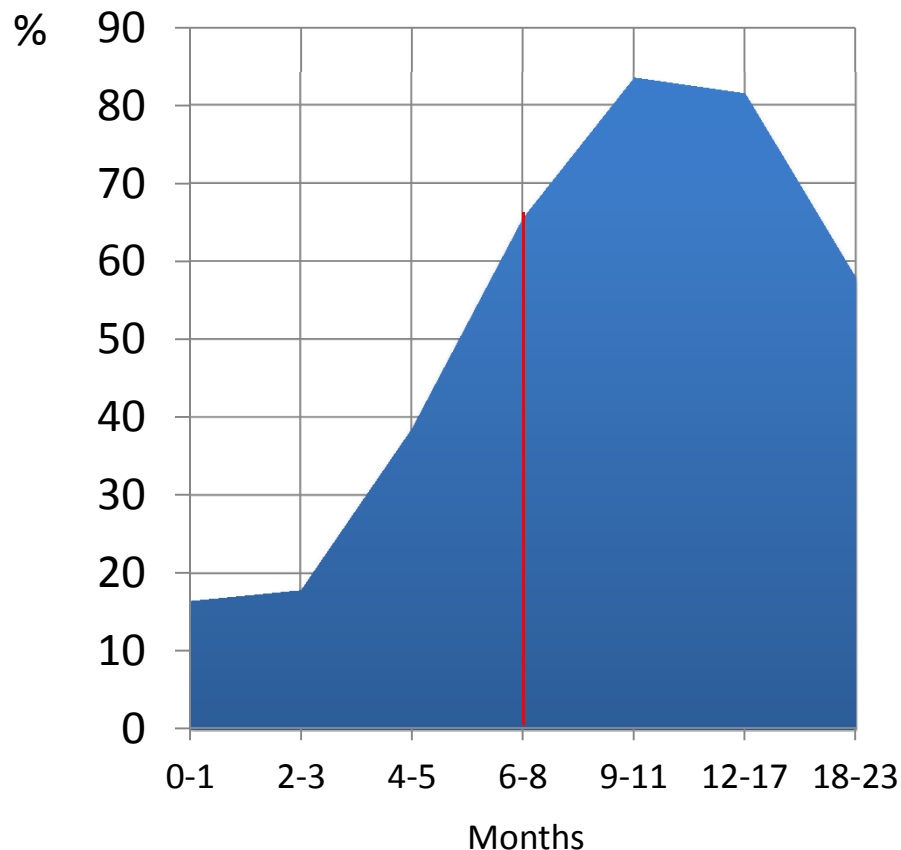
Median months of exclusive breastfeeding by mother's level of education



- Nearly a two-fold increase in median duration of exclusive breastfeeding from 2003 to 2011.
- Nevertheless, the median duration of EBF was just 1.3 months well-below the recommended 6 months, as per international guidelines
- In 2011, duration of EBF rose with the mother's level of education.
- **In 2011 half of the lactating infants received exclusive breastfeeding for 39 days or less**

Over half of the children 0-23 months old who are breastfed received complementary feeding by 6-8 months, however early introduction of complementary foods remains an issue

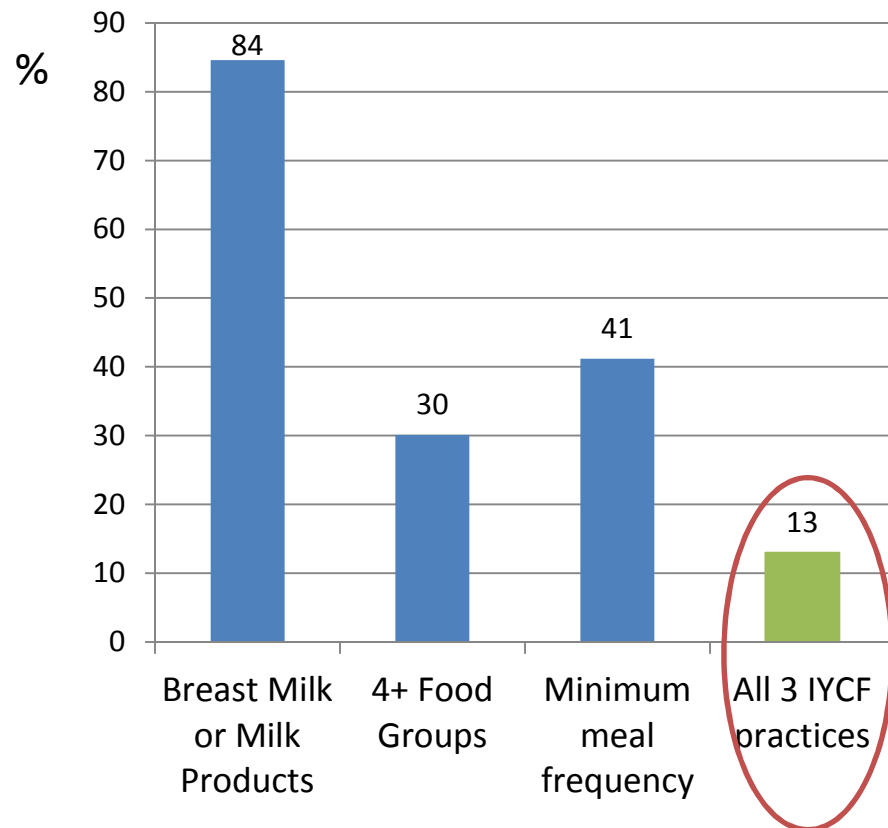
Introduction of complementary feeding for children who are breastfed (DHS 2011)



- Complementary feeding begins too early or too late. International guidelines recommend that complementary foods be introduced to children at 6 months of age.
- Nearly 17% of children who are breastfed receive complementary foods as early as 0-1 months.
- By the age of 4-5 months, nearly 40% of child had already initiated complementary feeding.

The proportion of children fed all three proper IYCF practices is markedly low

Complementary feeding practices for children 6-23 months

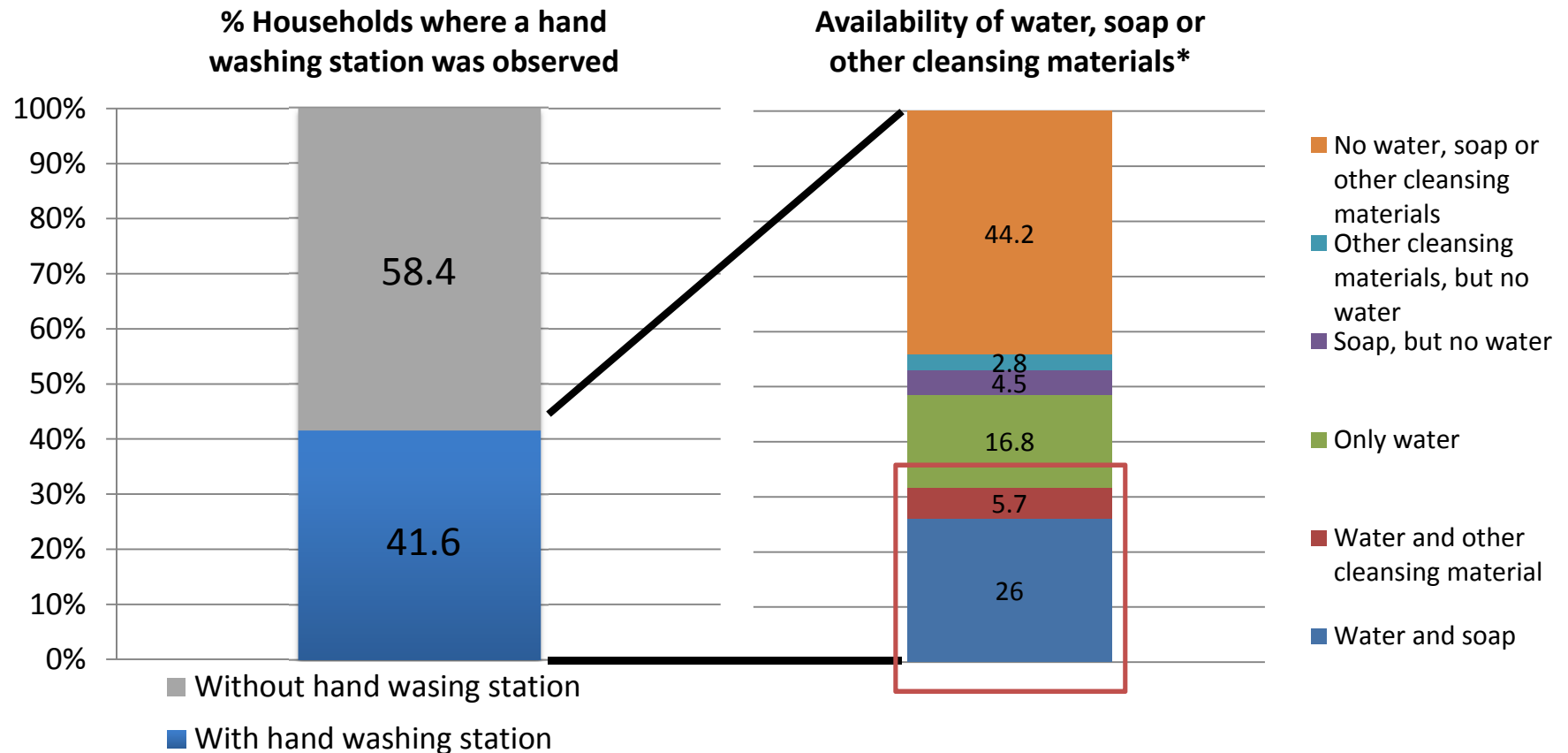


- Only 30% of children are consuming at least 4 food groups a day
- Less than half of the children receive the minimum number of meals per day.*
- Only 13% of children 6-23 months are fed according to all three IYCF practices.

*Children who are breastfed 6-8 mo. 2 meals per day, 9-23 mo, 3 meals per day. Children 6-23 mo, who are not breastfed 4 meals per day

*Source: DHS 2011

In the absence of data on hand washing, limited availability of equipped hand washing stations suggests hand washing rates are low



Out of the households where a hand washing station was observed, only 32% were equipped with water and soap or other cleansing material*

HEALTH SERVICES AND THE HEALTH ENVIRONMENT

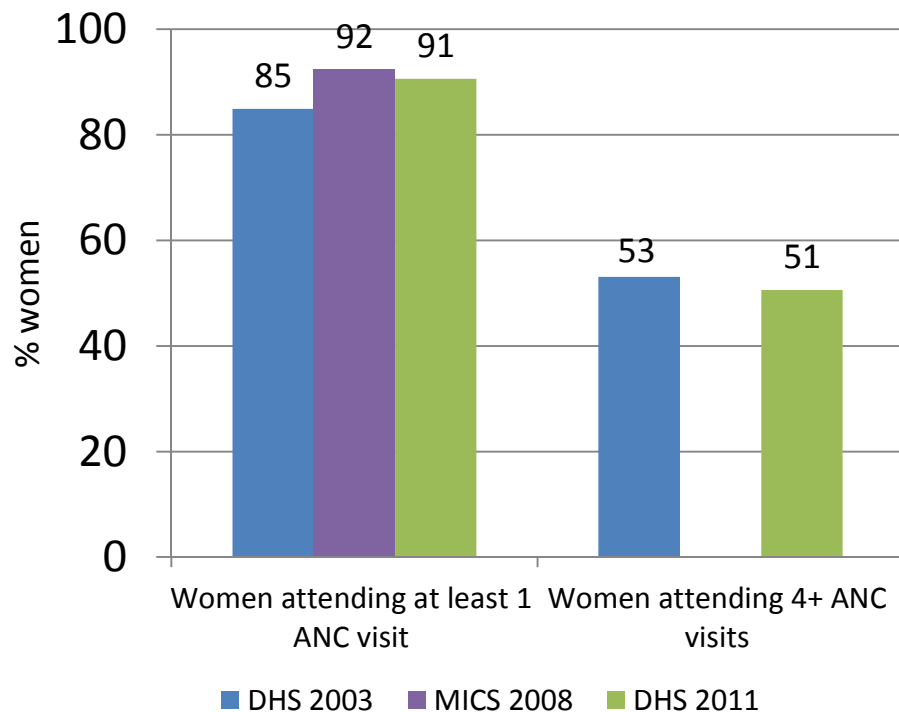
Healthcare, micronutrient supplementation, water and sanitation

Key messages on health services and the health environment

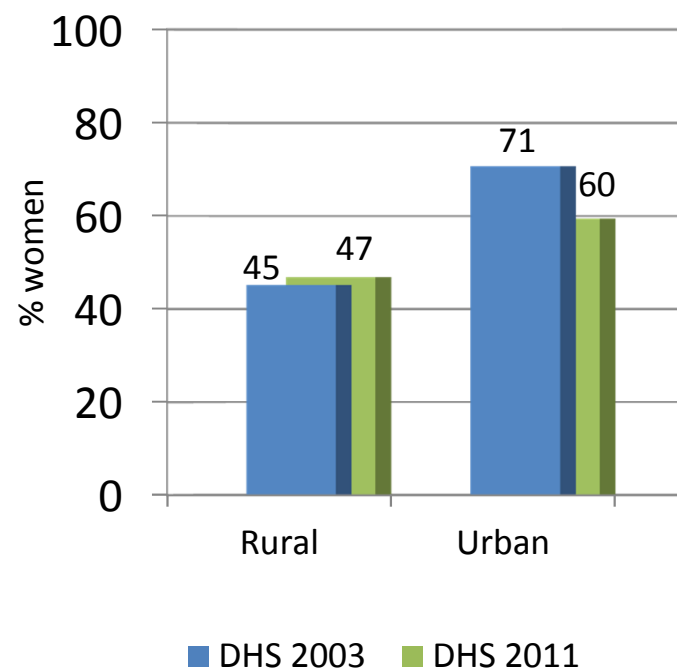
- ✓ Attendance of ANC visits is at 90%, however greater efforts need to be made to increase the percentage of women who complete the recommended 4+ visits and who seek medical attention during early stages of pregnancy.
- ✓ The older the mother and the more children she has, the less likely she is to give birth in a health facility
- ✓ Anemia among children and pregnant women is widespread, and its prevention requires a set of interventions and increased coverage for those.
- ✓ Vitamin A supplementation coverage has markedly increased for children 6- 59 months old, though updated data on vitamin A deficiency is needed.
- ✓ At national level prevalence of AIDS is higher among women than men, affecting over 10% . Over 20% of pregnant women living in urban areas had AIDS
- ✓ In spite of progress, access to improved water sources remains low, reaching only half of the households in the country. Urban households are twice as likely to have access to improved water sources as compared to rural households.
- ✓ Only 20% of households at a national level have access to improved sanitation facilities. The gap between urban and rural access remains wide.
- ✓ Nearly 80% of mothers are adequately disposing of their child's feces, in spite of not having access to improved sanitation
- ✓ Children living in households with improved sanitation but shared with another household presented the highest rates of diarrhea.

Nearly 90% of women attend one ANC visit though half of them wait until the fifth month of pregnancy to do so

Only half of pregnant women received four or more ANC visits

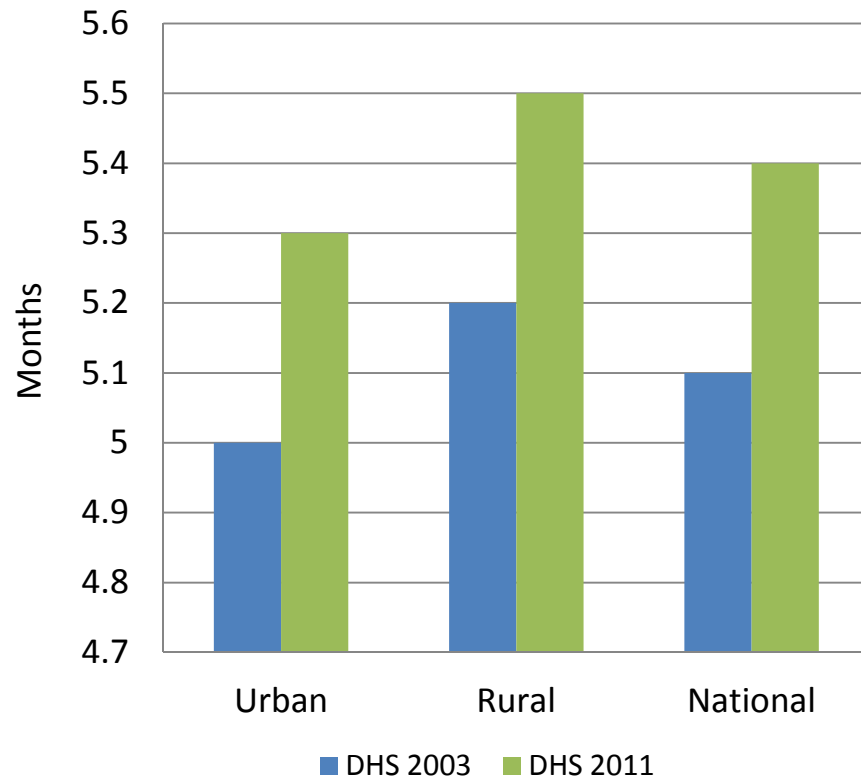


Attendance to four or more ANC visits has decreased in urban areas, while a small improvement was seen in rural settings

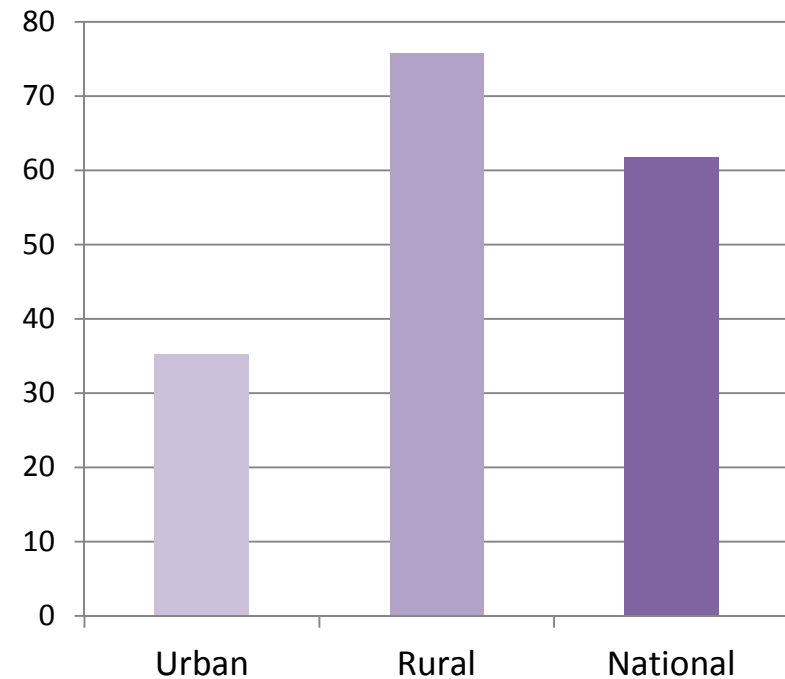


Many women wait to the second trimester to seek ANC

The median month of pregnancy for the first ANC visit in 2003 was 5.1, slightly increasing to 5.4 in 2011

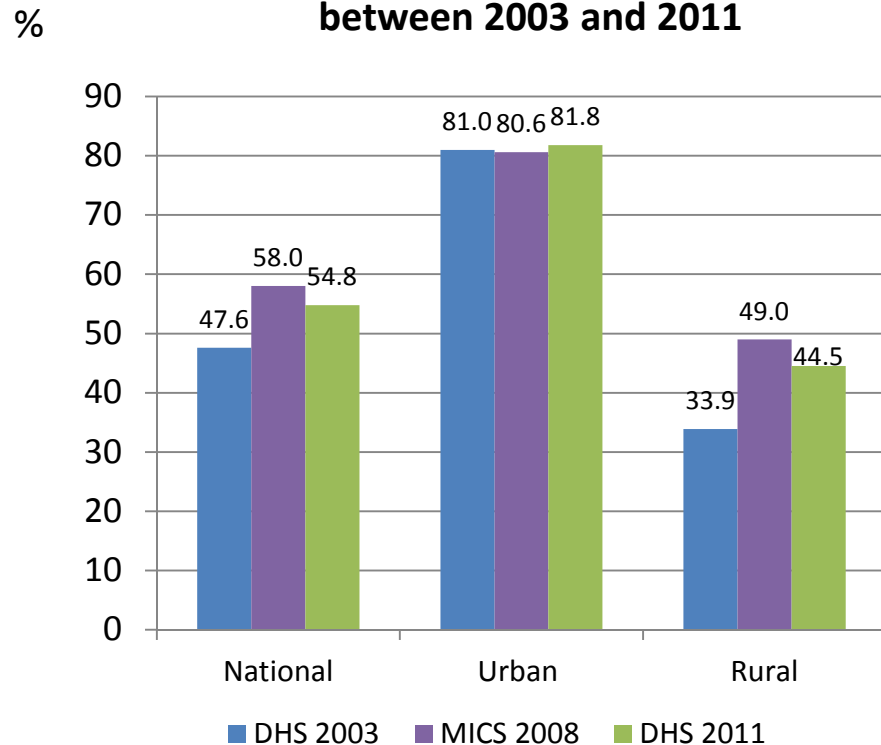


Access to healthcare continues to be a problem, particularly for rural women, who reported not having permission, insufficient money, the distance and not wanting to go alone as the main reasons not to go seek care (DHS 2011)

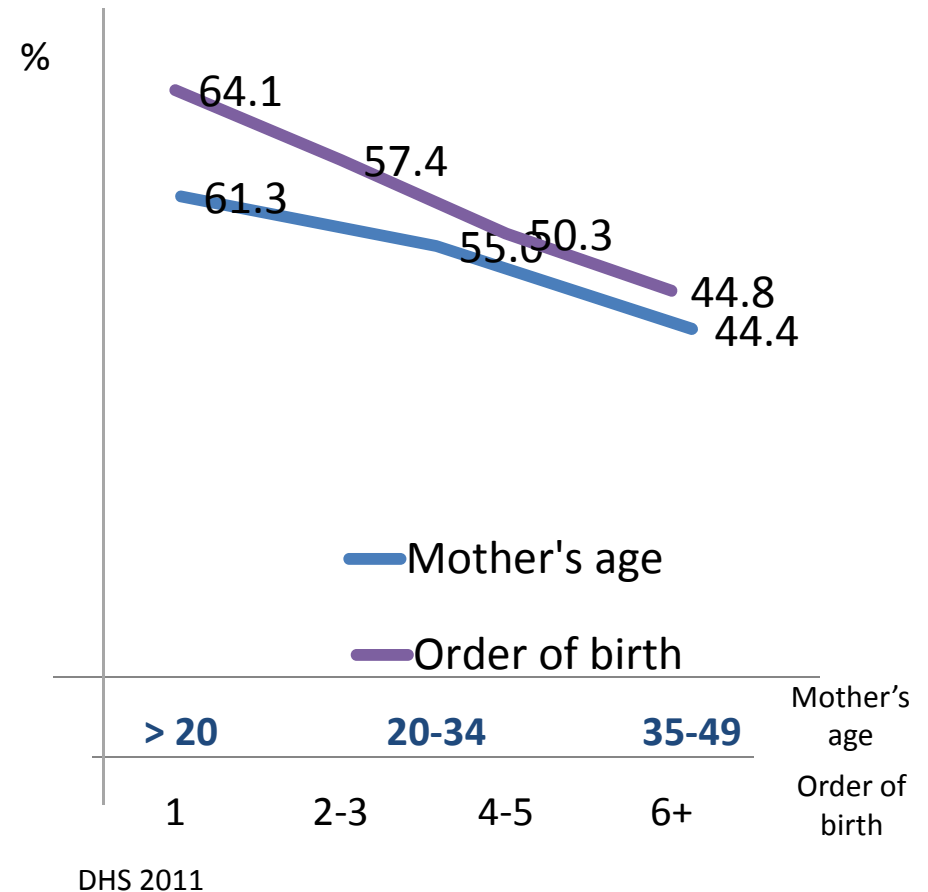


Deliveries in health facilities increased at a national level between 2003 and 2011, driven by an increase in rural areas

Institutional deliveries have increased between 2003 and 2011

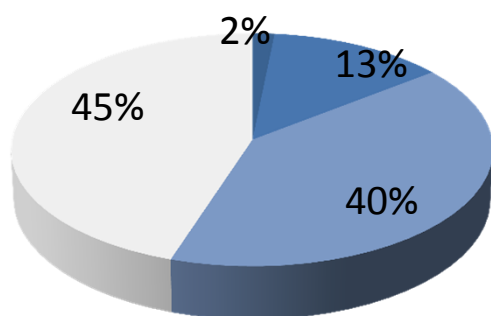


Institutional deliveries decrease as a mother's age increases and number of children increases



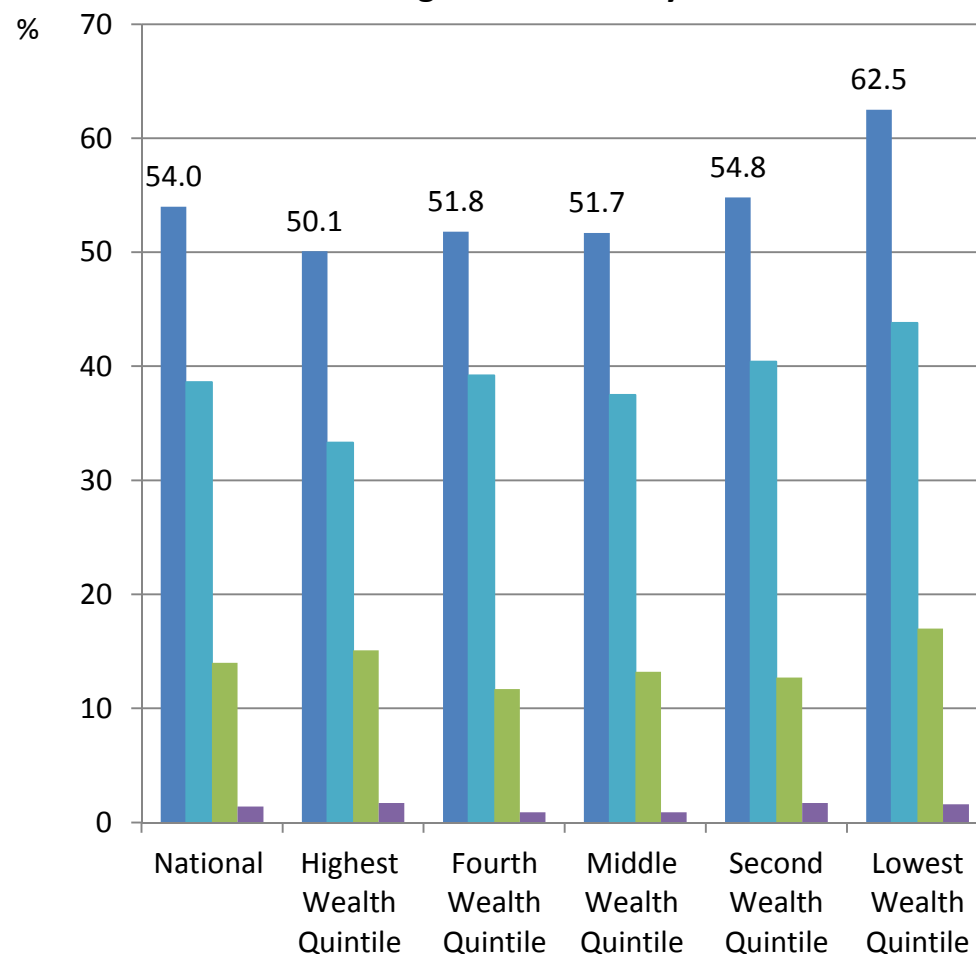
Anemia among women of reproductive age is highly prevalent irrespective of economic status

1 out of every 2 women ages 15-49 years old was anemic in 2011



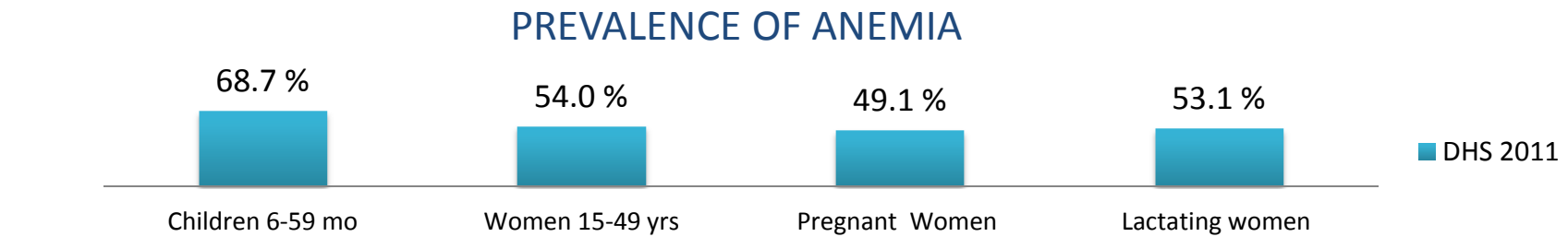
- Severe anemia
- Moderate Anemia
- Mild anemia
- No anemia

Prevalence among women 15-49 years old



- Any degree of anemia
- Mild anemia
- Moderate anemia
- Severe anemia

Anemia is a multi-causal condition, therefore actions on multiple fronts are required to reduce its elevated prevalence



Causal factors

Insufficient/Inadequate iron consumption, deficiency of other nutrients such as folic acid, malaria, parasitic infections

INTERVENTIONS FOR ANEMIA PREVENTION

Diet

- Increase consumption of iron rich foods
- Nutrition education
- Staple food fortification with iron

Supplementation

- Iron/folate supplementation in adolescence
- Iron/folate supplementation during pregnancy
- Distribution of MNPs

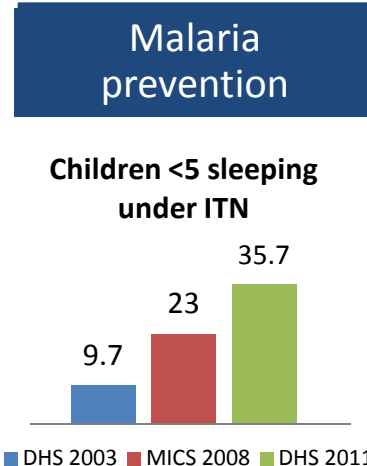
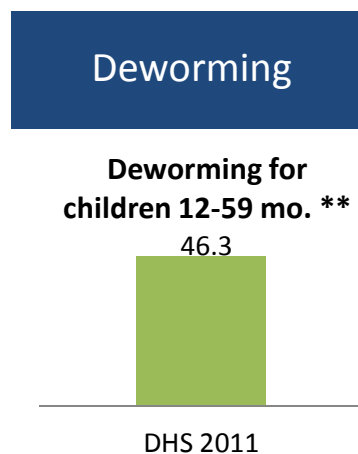
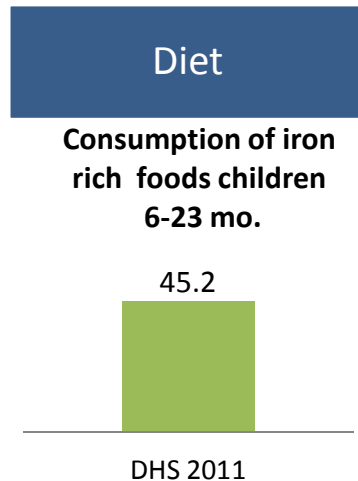
Malaria prevention

- Sleeping under ITB
- IPT during pregnancy

Deworming

- Distribution of deworming tablets:
 - Children 12-59 mo
 - School aged children
 - Pregnant women

Anemia prevention intervention for children under five are reaching less than half the target population



- Nearly half of children under the age of two are consuming iron rich foods
- Information on dietary patterns and the combination of iron with other micronutrients that might enhance or inhibit its absorption is unavailable.
- Deworming interventions are reaching less than half the children they are targeting.**
- In spite of nearly a four fold increase since 2003, only 36% of children under 5 sleep under a insecticide treated bednet.

** DHS provides data for children 6-59 mo receiving deworming, however the intervention is for children 12-59 mo. A clarification has been requested

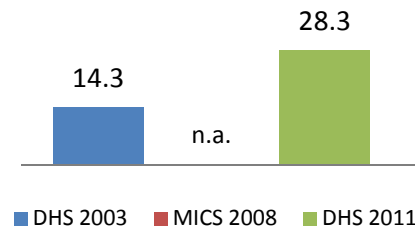
Deworming, malaria prevention and iron/folate supplementation interventions targeting pregnant women are reaching 30% or less of this target group

Diet

No information*

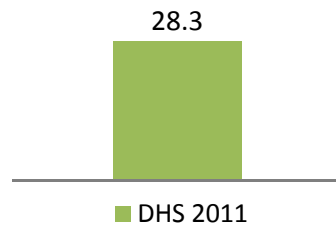
Supplementation

Iron/folate supplementation for 90+ days



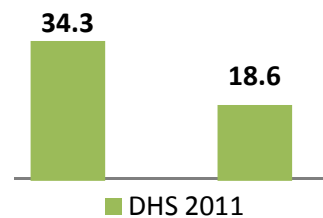
Deworming

Deworming during pregnancy



Malaria prevention

Slept under ITN Received IPT

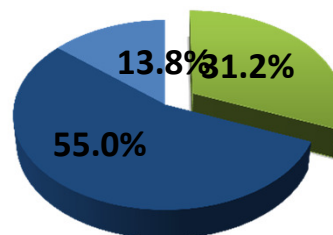


- There is no information on dietary iron consumption or dietary patterns for pregnant women
- The percentage of women receiving iron/folate supplementation for 90+ days during pregnancy has doubled between 2003 and 2011, nevertheless, it still remains below 30%.
- At a national level nearly 30% of pregnant women were dewormed, however deworming in urban settings (42%) was nearly double that of rural settings (23%).
- Interventions for malaria prevention remain low. The percentage of pregnant women receiving IPT is uneven among the provinces ranging from 0.9%-35.6%

*There are no currently no nationally representative studies on the adequacy of nutrient intake by the population of Mozambique

Vitamin A deficiency among children 6-59 months is a critical issue

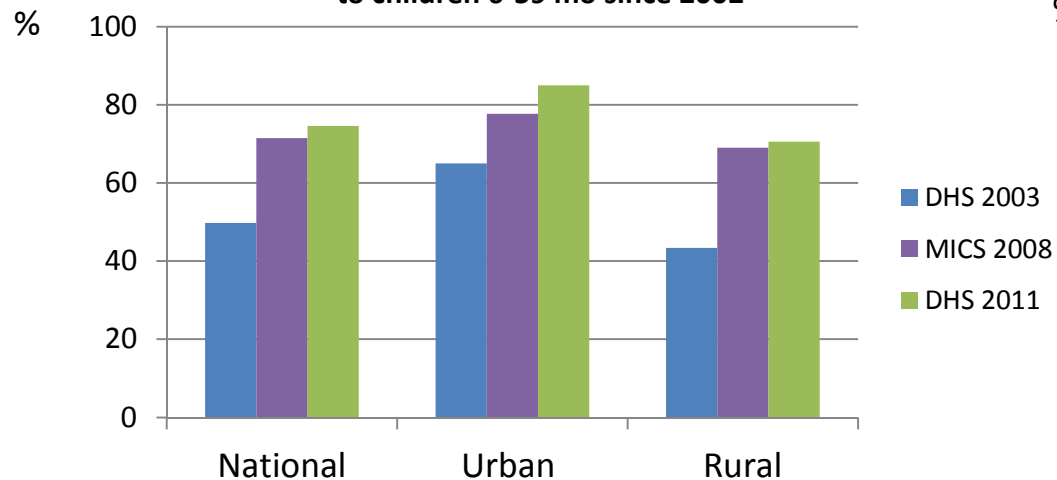
7 out of every 10 children 6-59 months have vitamin A deficiency



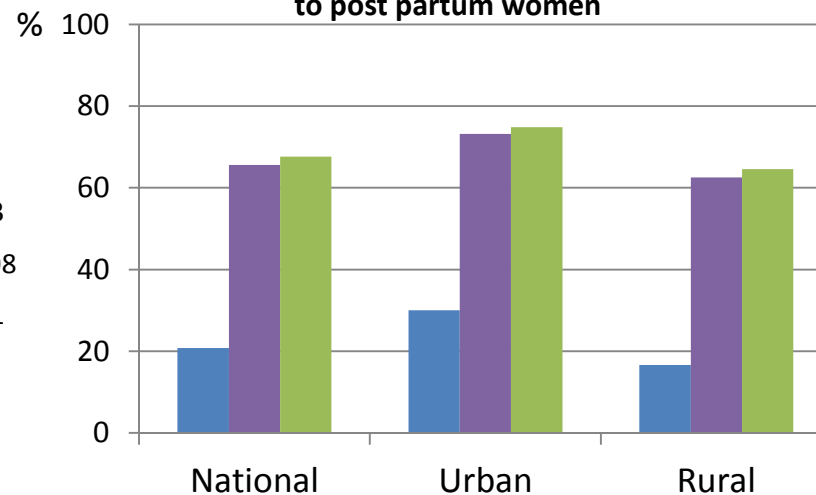
■ Normal ■ Moderate deficiency ■ Severe deficiency

Source: MISAU/UNICEF 2002,

Vitamin A capsules have been distributed to children 6-59 mo since 2002

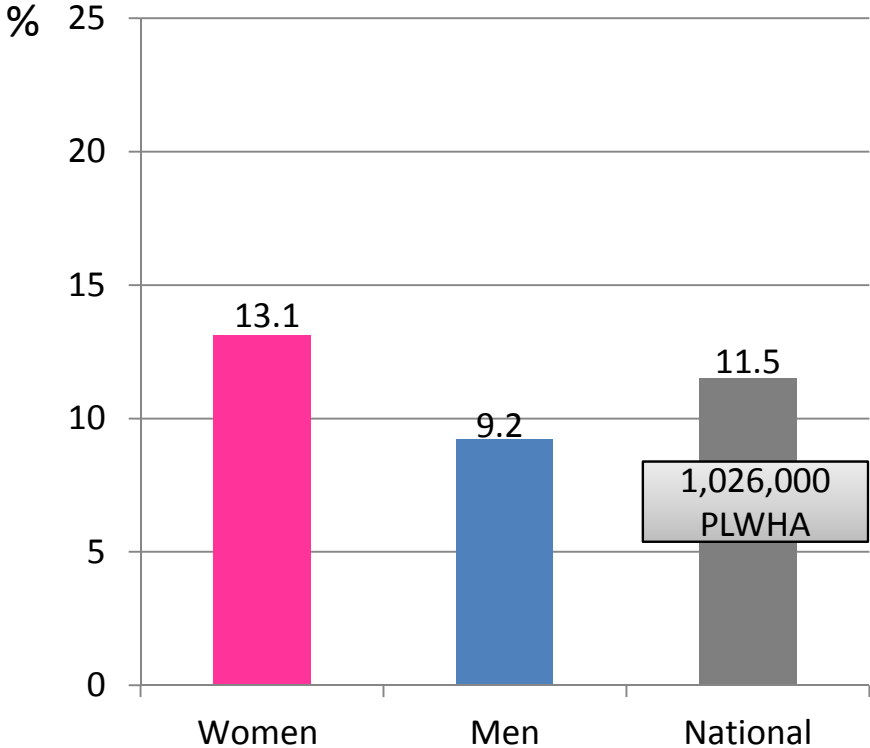


A dose of vitamin A is also distributed to post partum women

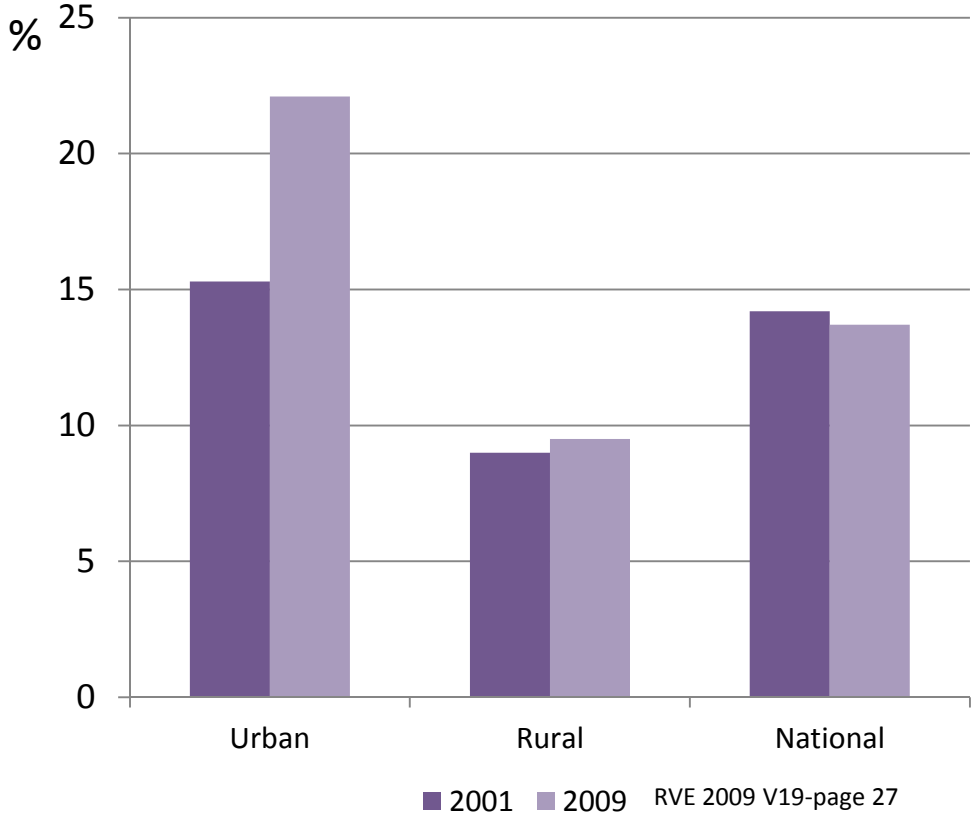


The HIV/AIDS epidemic affects the most productive segment of the population, causing declines in productivity and household savings and the loss of skilled workers

Aids prevalence among people between 15-49 in highest among women (INSIDA 2009)

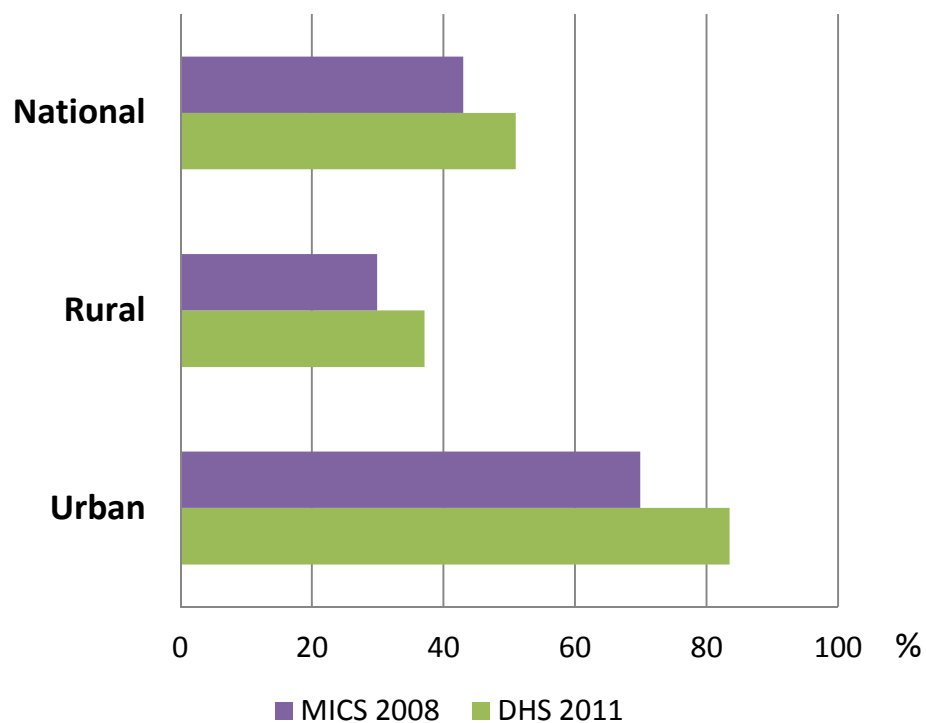


Higher AIDS prevalence was reported in urban settings of pregnant women attending ANC

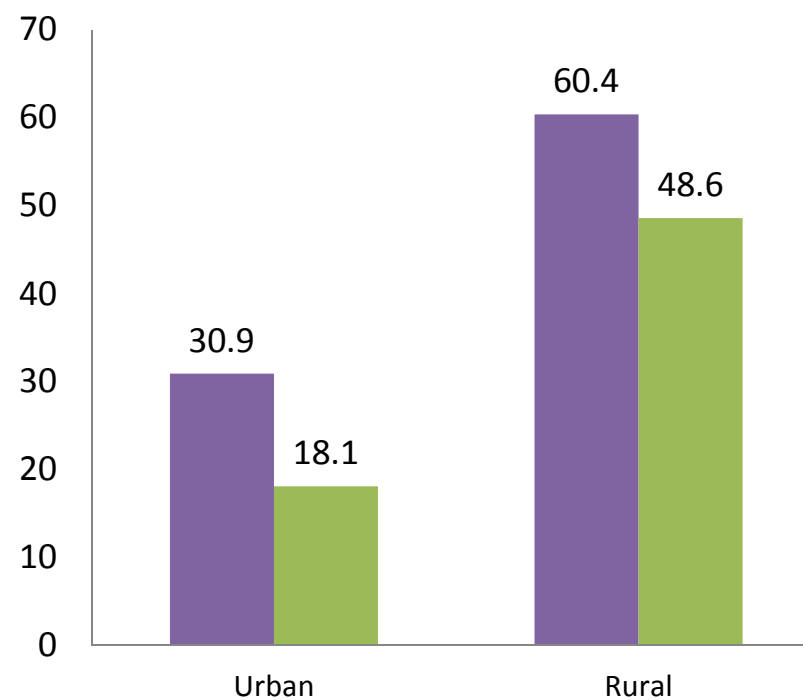


Access to improved water sources increased while time to fetch water has decreased, though considerable urban-rural disparities persist

At national level one out of every two households has access to improved water sources, however urban households are twice as likely to have access to water compared to rural

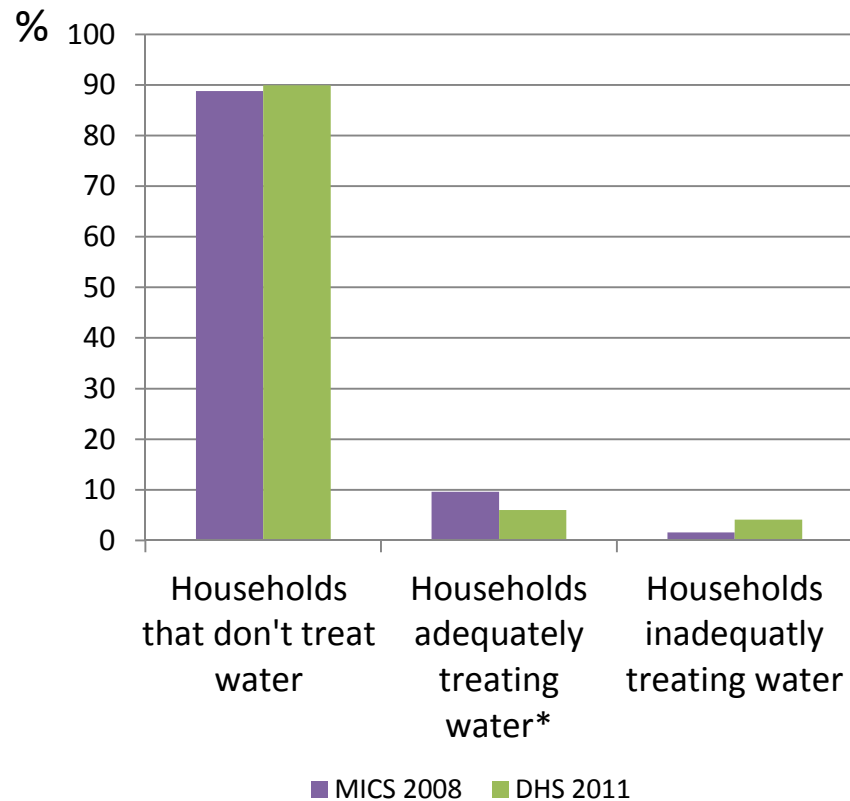


The percentage of households taking 30+ minutes on foot to access water decreased had decreased, but an urban rural gap remains



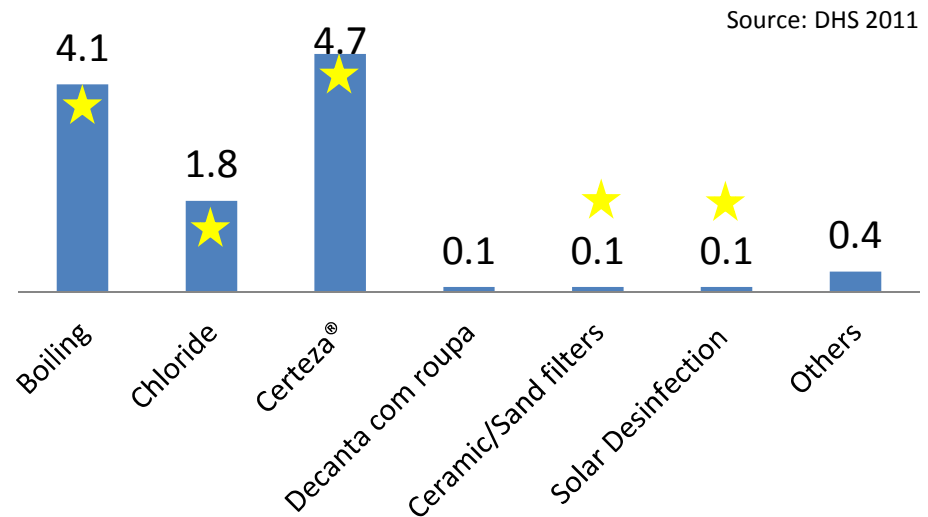
The vast majority of households (9 out of 10) do not treat water, with worsening trend observed from 2008 to 2011

Adequate water treatment at the household level remains low



The percentage of households adequately treating their drinking water decreased by 1/3 between 2008 and 2011

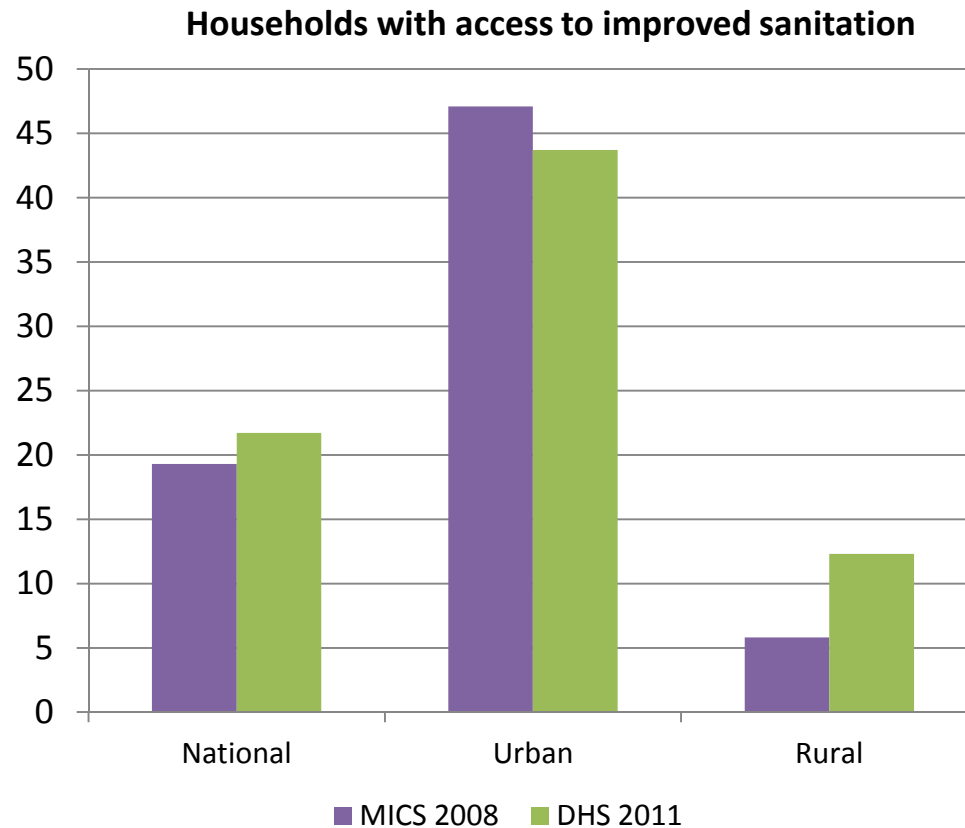
Most commonly used water treatment methods⁺



+ Households were allowed to list more than one water treatment method

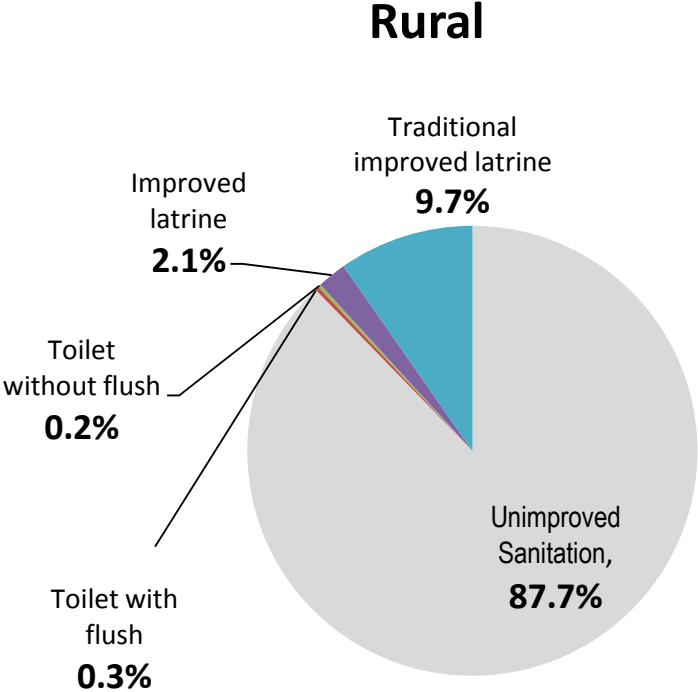
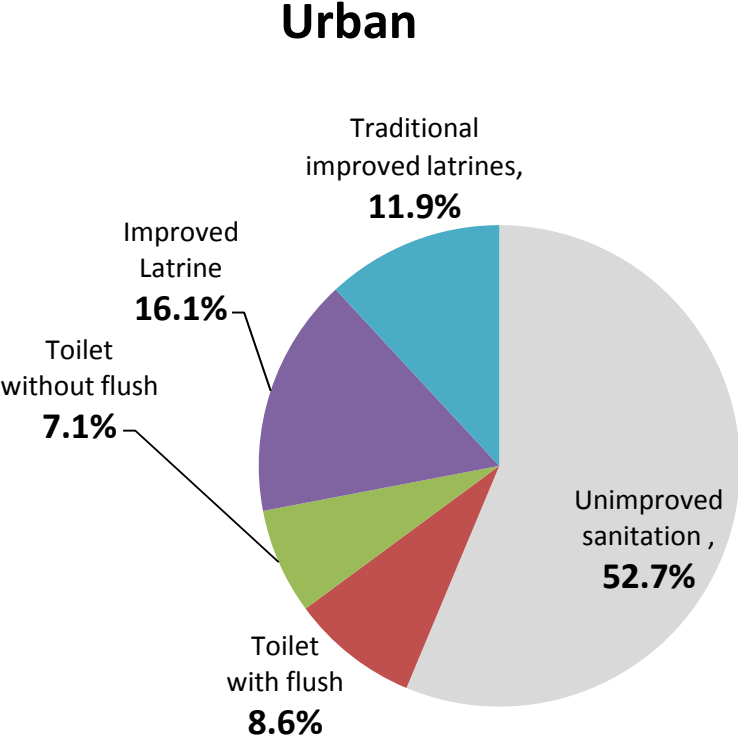
★ Adequate water treating methods

Nearly 80% of households at national level lack access to improved sanitation



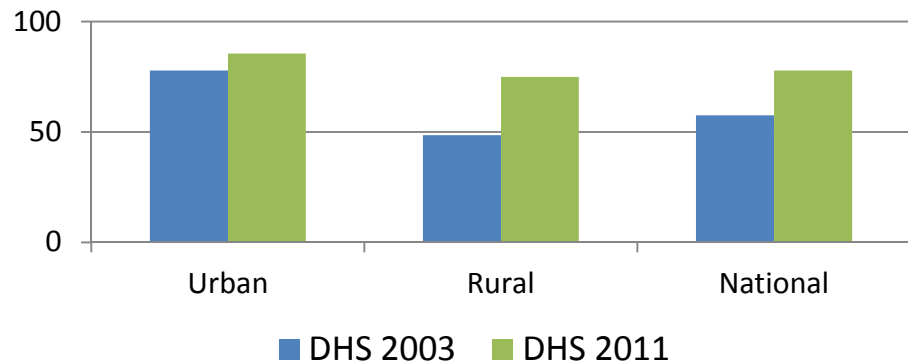
- There is a pronounced gap between urban and rural
- Access to improved sanitation in rural areas is suboptimal
- Latrines are the most commonly available type of sanitation facility

Unimproved sanitation facilities are the most common for of sanitation among both urban and rural households



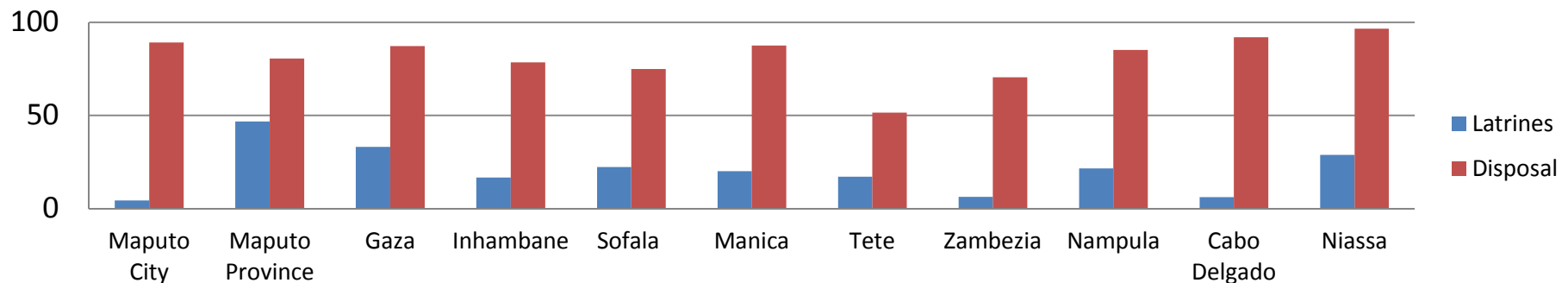
Nearly 80% of mothers are adequately disposing of their child's feces, in spite of not having access to improved sanitation

Adequate disposal of feces of children under 5 by their mothers



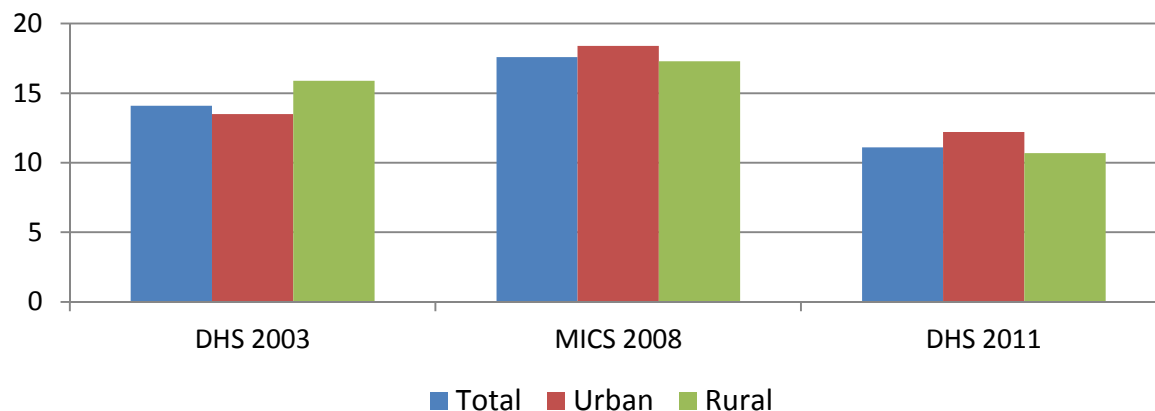
- The percentage of mothers who are adequately disposing of their child's feces (use of a toilet or latrine, if the feces were thrown into a toilet or a latrine, or if the feces were buried) has increased between 2003 and 2011.

In spite of not having access to improved sanitation, mothers are adequately disposing of their child's feces. (DHS 2011)



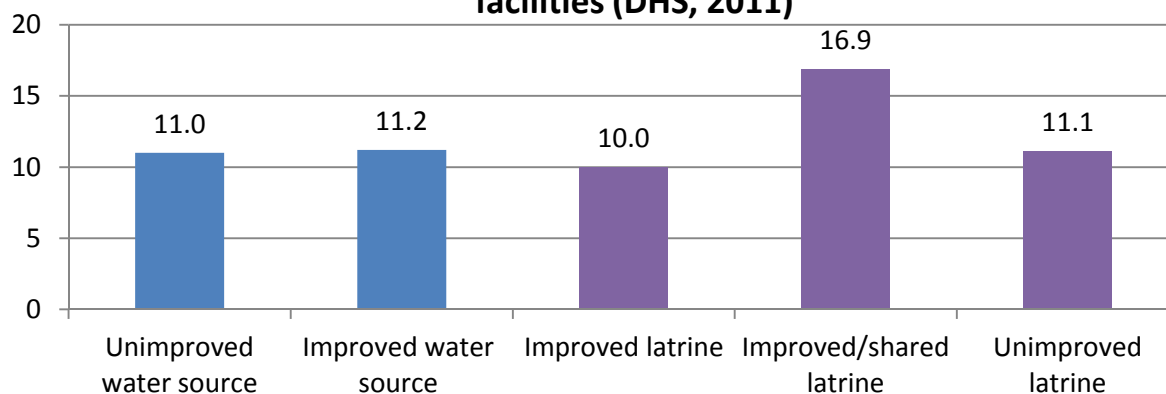
The prevalence of diarrhoea has slightly declined from 2008 to 2011; no apparent difference noted between water source and diarrhoea prevalence in 2011

Diarrhea prevalence among children under 5



- Prevalence of diarrhea appears to be slightly higher in urban areas than in rural areas

Diarrhea in children under 5 by water source and sanitation facilities (DHS, 2011)



- Children living in households with improved but shared sanitation facilities have higher diarrhea prevalence, even when compared with children living in households with unimproved latrines

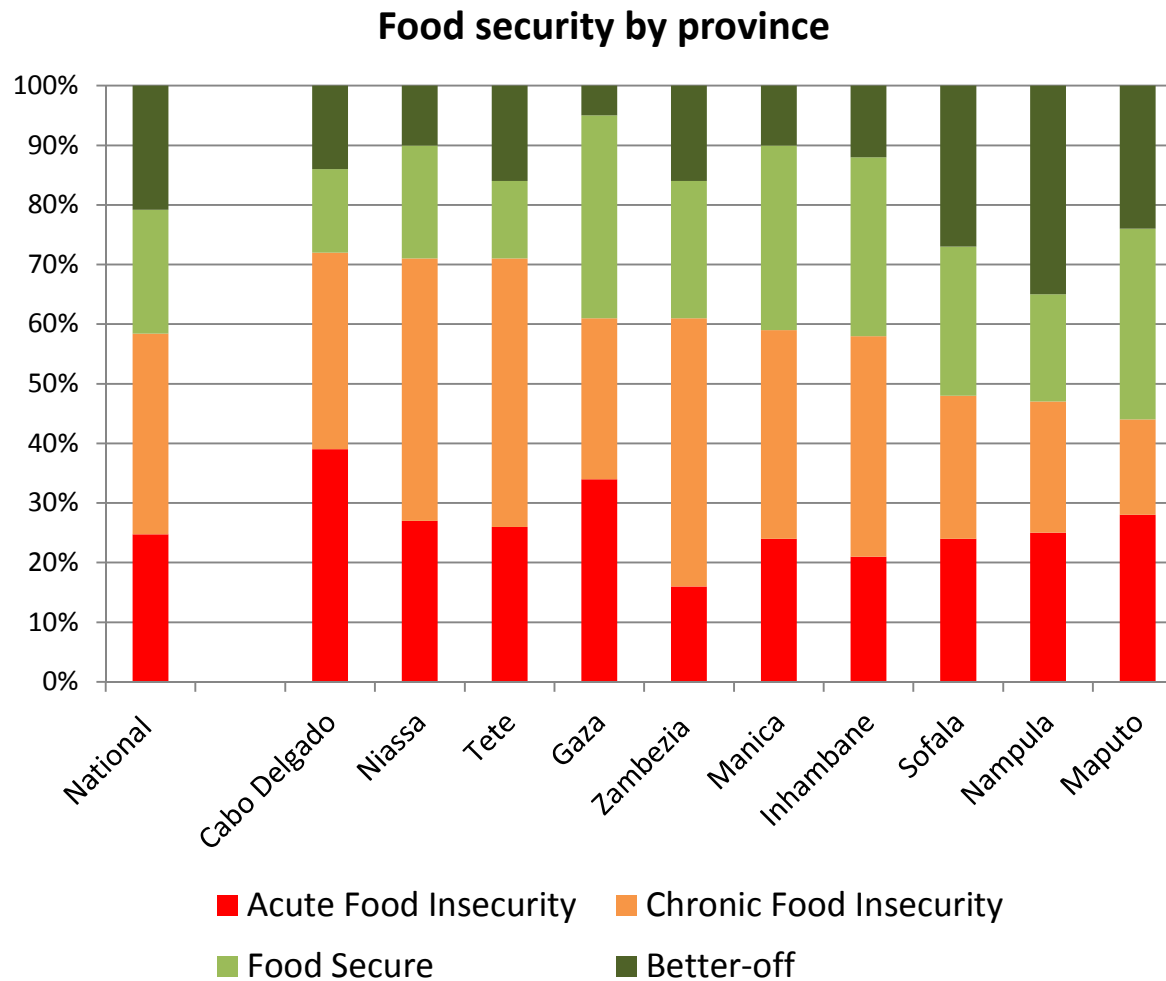
FOOD SECURITY

Dietary diversification, food preservation fortification and biofortification

Key messages on food security

- ✓ Over half the households in Mozambique are considered food insecure. Just over one-third of households are considered chronically food insecure.
- ✓ Nearly 30% of households are considered as poor or borderline in terms of the diversity of their diet and the frequency of their meals.
- ✓ In most provinces food insecurity and stunting showed similar prevalences, except for Cabo Delgado, Nampula and Sofala, where the prevalence of stunting was at least 10 percentage points higher than that of chronic food insecurity.
- ✓ Insufficient land to cultivate is among the contributing factors to food insecurity where over half of the country's households only has access to 1 acre or less. Moreover, households are cultivating less land than in previous years.
- ✓ Access to improved agricultural inputs is limited and there has been virtually no progress over the past decade.
- ✓ High dependency on rain fall, for almost 95% of the county's cultivated land, increases vulnerability of households, particularly with increasing climatic changes.
- ✓ Biofortification, through orange flesh sweet potato, is regarded as a cost effective path to improve nutrition and reduce vitamin A deficiency among children <5
- ✓ Less than half of the country's households have access to iodized salt

Nearly 60% of households in rural and peri-urban settings are considered food insecure



- Climatic shocks contribute to high levels of food insecurity, with about 95% of cultivated lands rain fed, and thus vulnerable to droughts
- Small plot sizes, post harvest losses, inadequate storage, and illnesses of household members are other factors contributing to food insecurity.
- Food security was determined using 3 key variables:
 - Food consumption score
 - Number of different types of assets
 - Coping strategy index

Characteristics of food insecure households

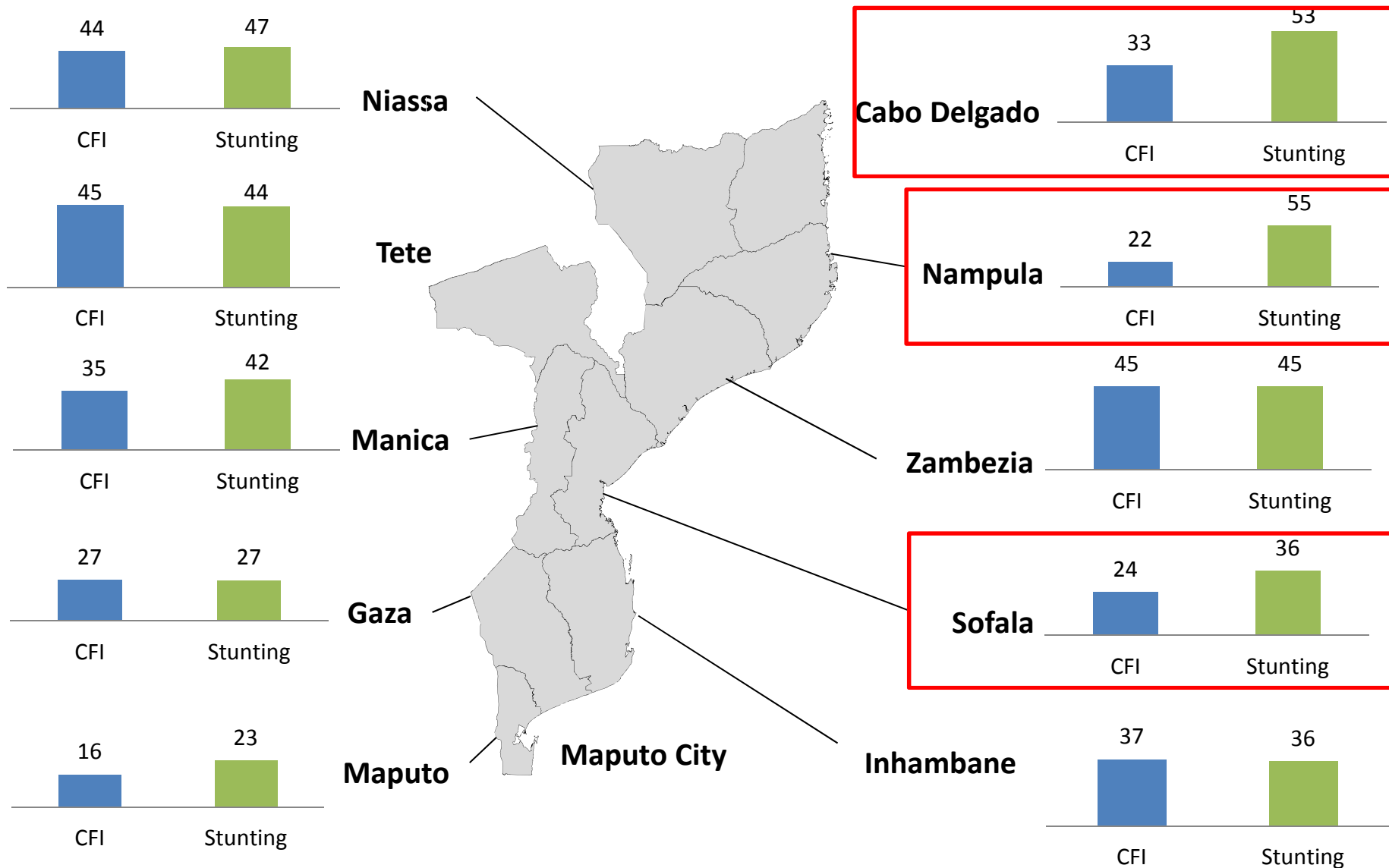
Characteristics of a household with acute food insecurity

- Average household size: 4 persons
- 65% live in rural areas
- Head of household:
 - 32% woman
 - 22% elderly person
- Morbidity and mortality
 - 15% have a disabled household member
 - 8% have a chronically ill household member
 - 6% experienced the recent death of a household member
- 84% of have access to arable land
- 50% own any livestock
- > 40% are asset poor
- 46% of the monthly expenditure is for food
- 9% of households receive assistance through a program
- 20% reported a shock that affected their food security in the past 6 months

Characteristics of a household with chronic food insecurity

- Average household size: 4 persons
- 68% live in rural areas
- Head of household:
 - 12% woman
 - 20% elderly person
- Morbidity and mortality
 - 11% have a disabled household member
 - 5% have a chronically ill household member
 - 4% experienced the recent death of a household member
- 17% are hosting orphans
- <50% have access to drinking water from improved sources
- 7% have adequate sanitation.
- 93% of these households have access to arable land while
- > 60% own any livestock
- > 40% of the households are asset poor
- 45% of the monthly expenditure is for food
- 6% of households are receiving assistance through a programs
- 10% reported a shock that affected their food security in the past 6 months

Although most provinces had similar stunting and food insecurity prevalence, some presented a wide gap



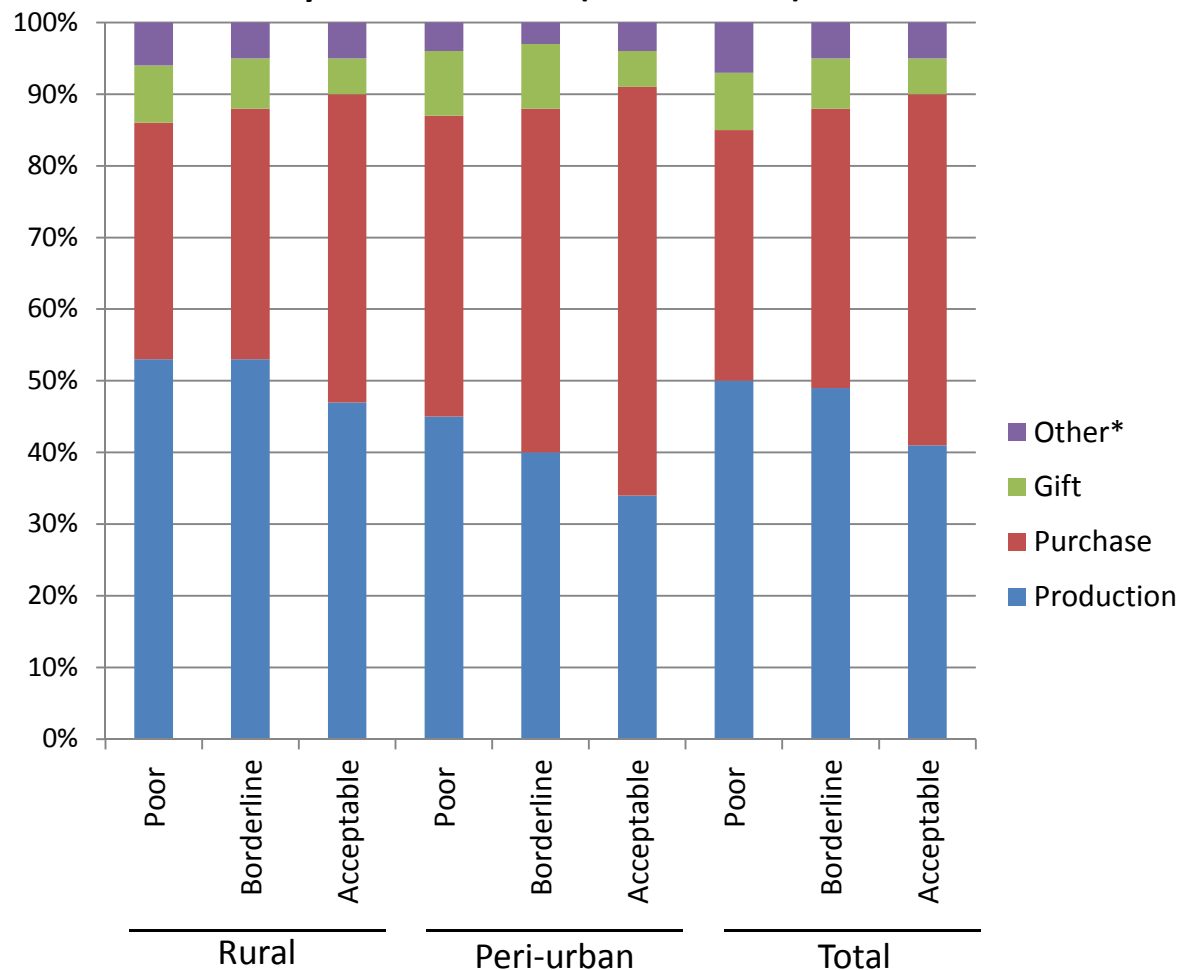
* CFI: Chronic Food Insecurity

Almost 30% of the population has a staple based diet with limited access to animal and vegetable protein

Food consumption groups	Percentage	Estimated number of HHs *	FCS average	Diet characteristics according to FCS groups
Poor	9.1	309,100	15.2	Diet exclusively based on staples with some contribution of vegetables. Absence of animal and vegetable sources of protein
Borderline	18.3	624,100	28.8	Diet included cereals on a daily basis and pulses and vegetables almost 3 times per week . Includes occasional consumption of oil, animal proteins and sugar.
Acceptable	72.6	2,471,400	54.1	Diet includes daily cereals consumption and frequent consumption of pulses and animal proteins . Vegetables and oil are significantly present.

Households with poor or borderline FCS, and those in rural settings, are more dependent on their own production while those with acceptable scores are more reliant on food purchases

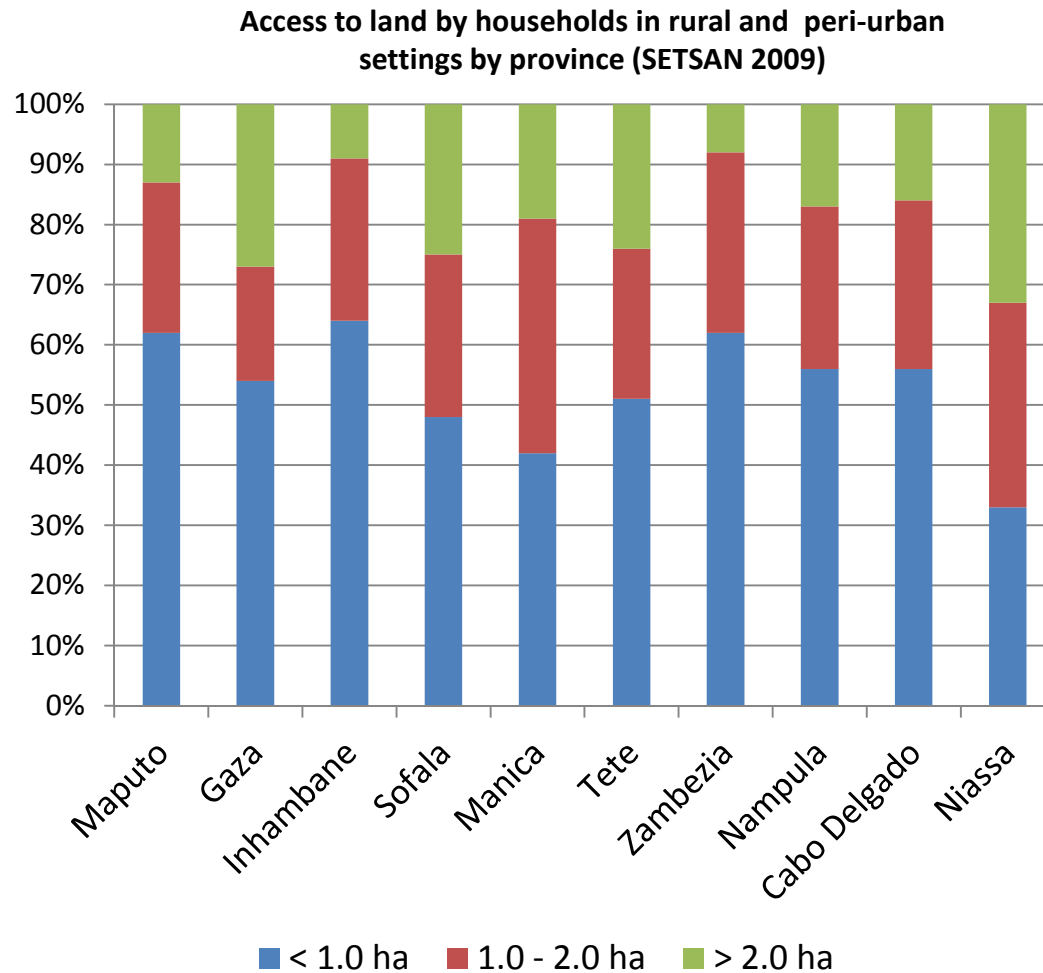
Sources of food for households by FSC category and by residential area (SETSAN 2009)



- Nearly 70% of the population in Mozambique lives in rural areas and depends on agriculture for their food and livelihoods.
- Overall, cassava, maize, beans and peanuts are more likely to be produced by the household, while foods like rice, fish, sugar and oil are purchased in the market.
- Due to the higher reliance on own production and rain water coupled with the tendency to cultivate staple crops, HHs with poor and borderline food consumption are likely to have a poor diets and be particularly subject to climatic shocks

* Other includes: hunting, gathering catching, transfers and casual labor

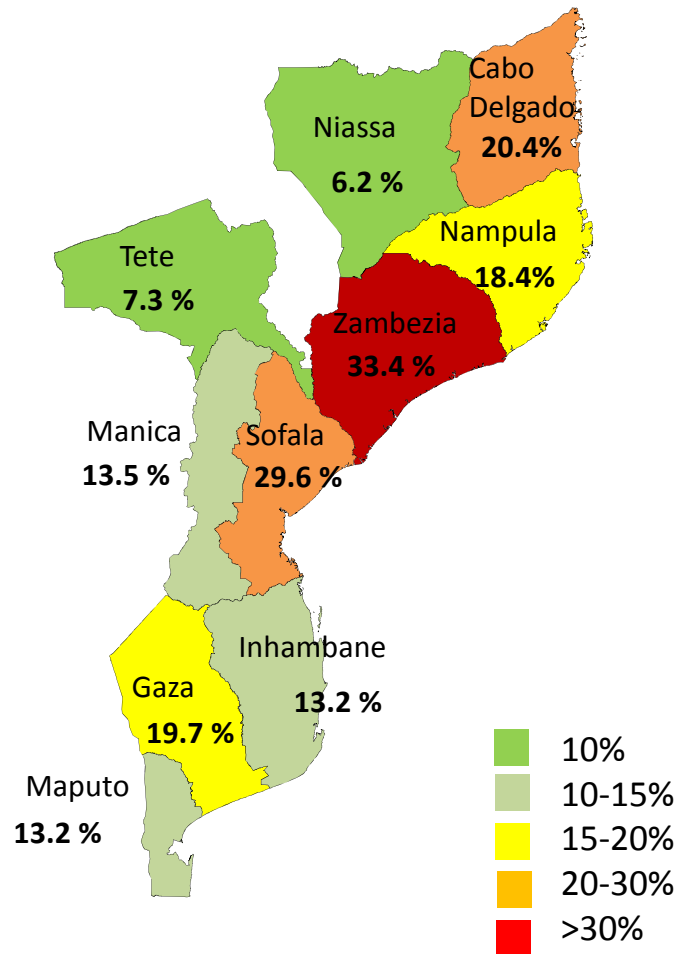
Insufficient land to produce enough food to meet a household's needs is among the factors contributing to food insecurity



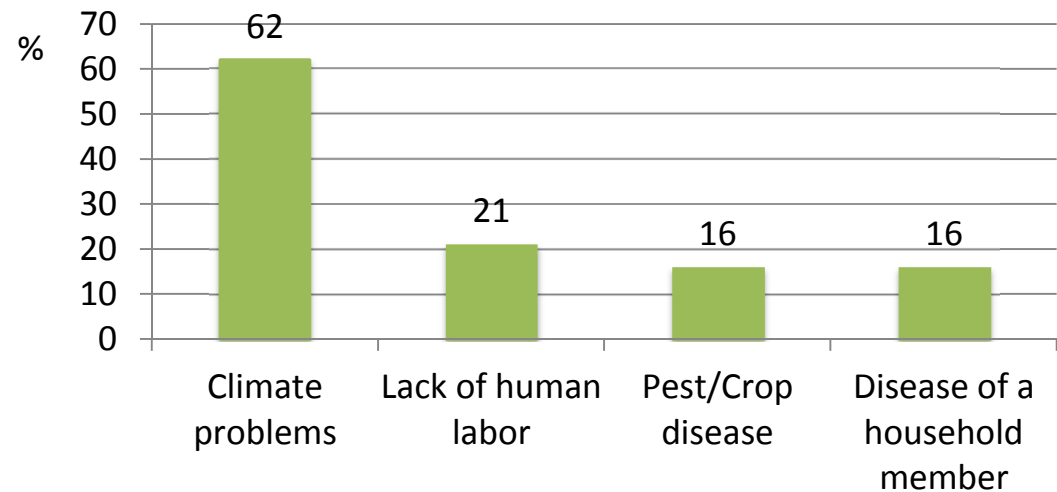
- 90% of households in urban and peri-urban areas have access to arable lands.
- However, the amount of land is insufficient. Over half of households only have access to 1 hectare or less
- Only 20% of households reported having enough land to produce sufficient food
- To compensate for the insufficient land, household members engage in other economic activities to purchase food.

Households across all provinces reported cultivating less land than previous years with climatic shocks as the primary reason cited

Percentage of households cultivating less land than the previous season (08-09 season)



Main reasons for a reduction in the amount of land cultivated

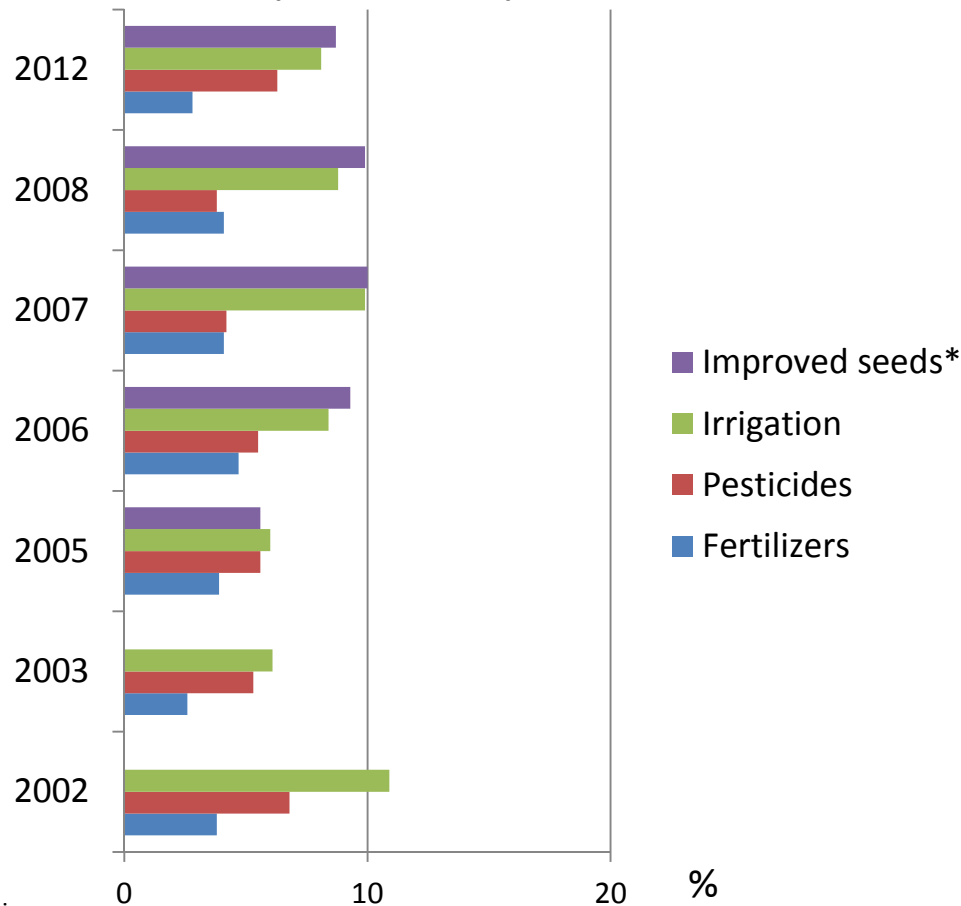


The high prevalence of HIV/AIDS estimated at 11.5%, and the high mortality rates associated to it, has resulted in increased vulnerability and food insecurity.

VAC 2009

The use of agriculture inputs and irrigation systems remains low and has achieved little progress in the past decade

Use of agricultural inputs at a national level
(TIA 2002-2012)

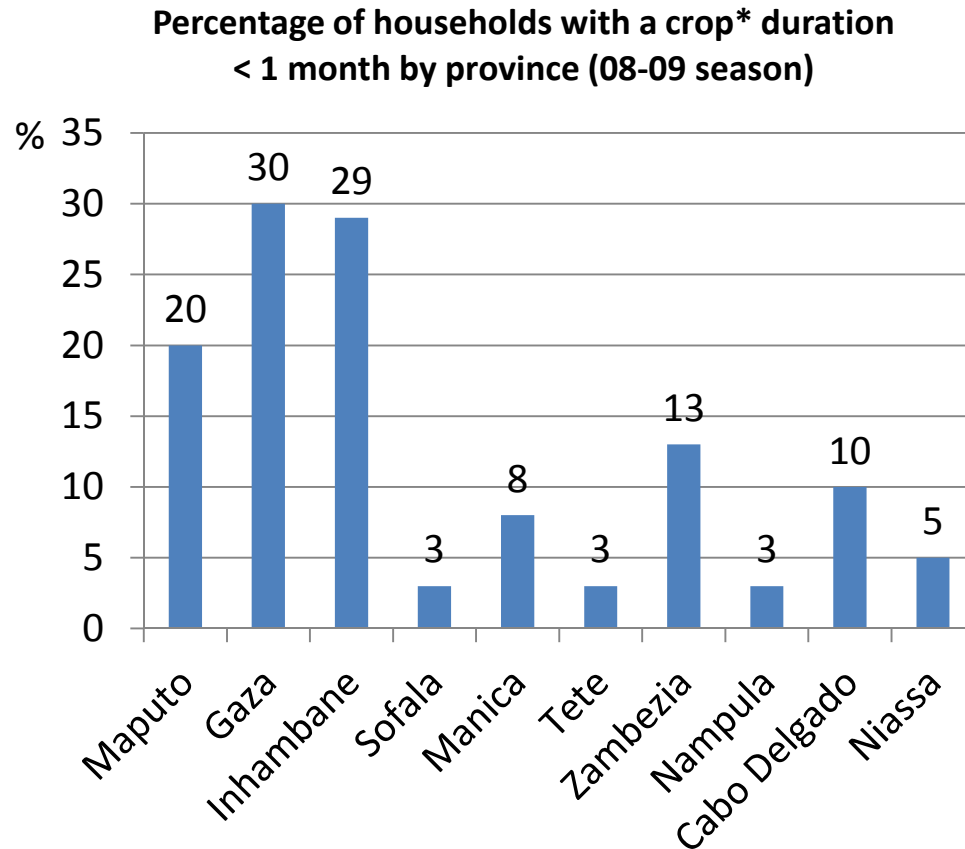


* Maize

Figures are based on cultivated fields

- Income from agriculture remains very low, which is consistent with the 55% of the population living below the poverty line.
- Given farmers' low purchasing power, the use of improved seeds and fertilizers remains low. Less than 10% of agricultural households planting maize use improved seeds, less than 5% of the smallholder farmers use fertilizer and less than 6% use pesticides.

Crop duration for 9% of households in rural and peri-urban areas was less than 30 days

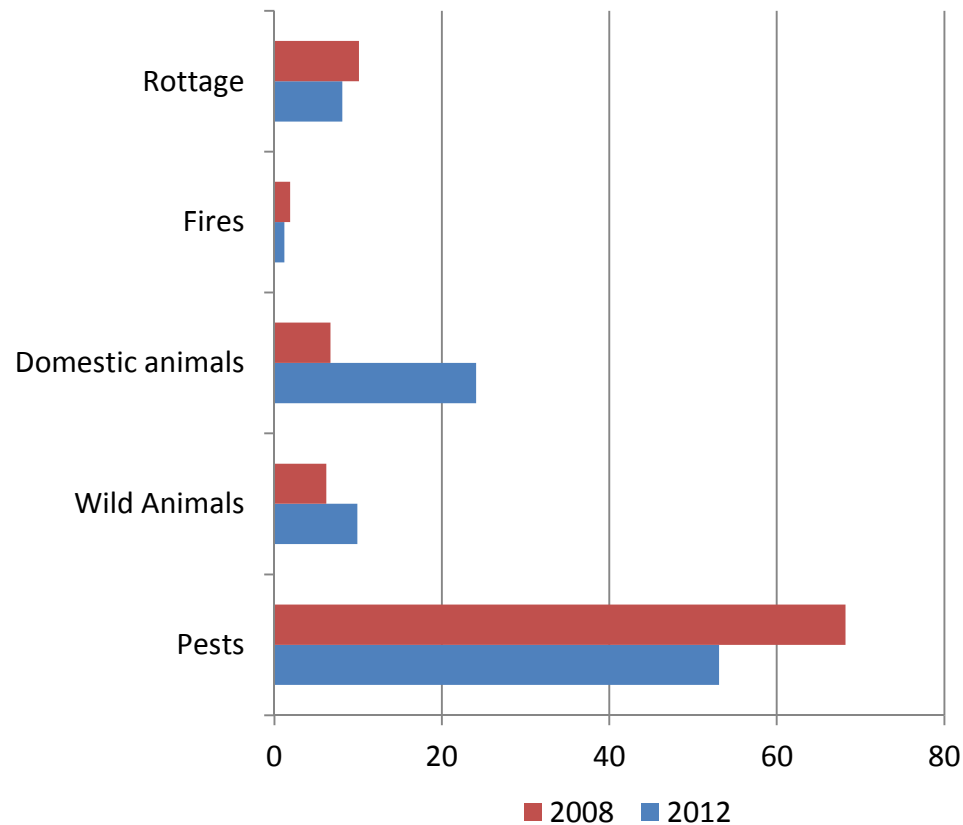


*Maize and beans

- Reasons reported by households for low production:
 - Production costs
 - Costs of seeds
 - Lack of human labor
 - Insufficient land
 - Post harvest losses
- The low crop duration in Gaza and Inhambane is associated with their arid and semi-arid characteristics

Post-harvest losses are closely associated to inadequate storage where over 40% of households use inadequate storage facilities

Post harvest losses* in 2008 and 2012



Adequate storage protects crops from pests, animals and fungi.

- Most common types of storage:

4% → Improved barns

52% → Traditional barns

12% → Hang it in the kitchen

28% → Storage in bags

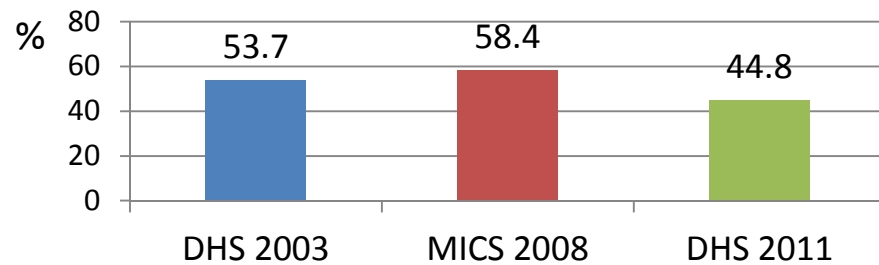
3% → Leave it outside

43% use conservation strategies that facilitate harvest's deterioration

*Maize

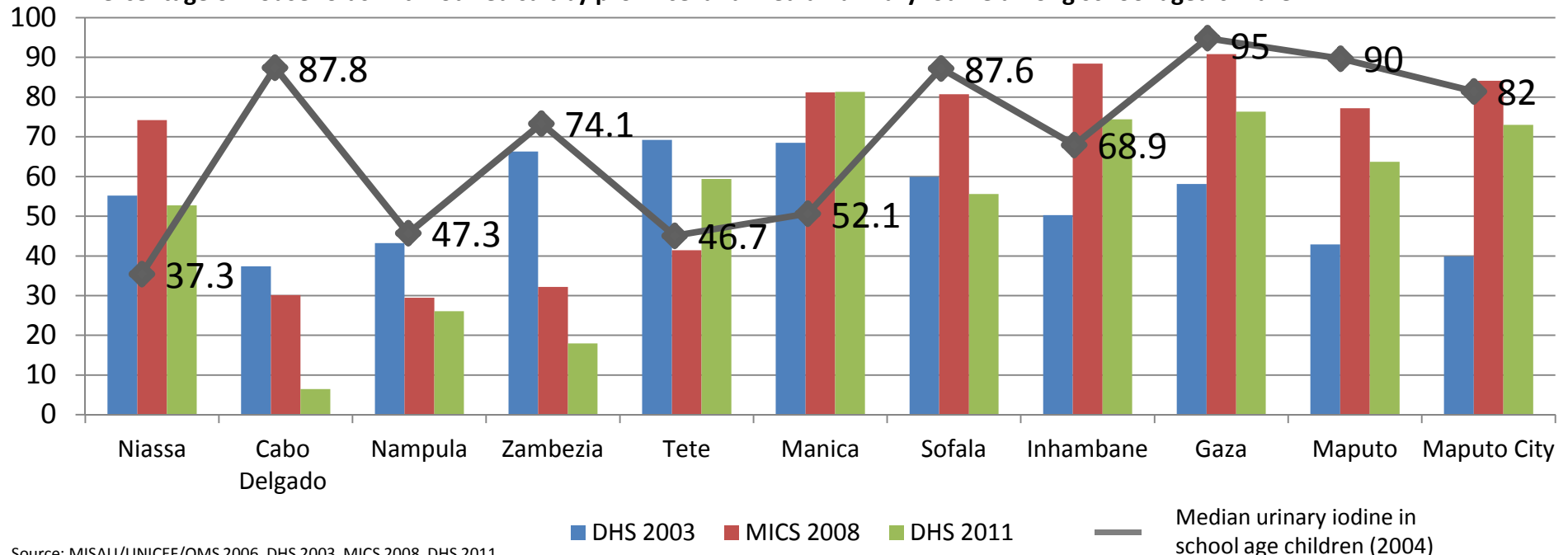
Less than half of households had iodized salt. IDD among school aged children is an issue requiring attention as well as updated data

Percentage of households with iodized salt



- The median urinary iodine among school age children (2004) was not necessarily highest in the provinces with highest percentages of households with iodized salt.
- The availability of iodized salt has fallen nationwide, driven by falls in every region except Manica, Tete

Percentage of households with iodized salt by province and median urinary iodine among school aged children



Source: MISAU/UNICEF/OMS 2006, DHS 2003, MICS 2008, DHS 2011

Cultivating orange flesh sweet potato (OFSP) is rising as a cost effective path to improve nutrition and reduce vitamin A deficiency among children <5

In late 2002, Orange Flesh Sweet Potato (OFSP) was launched in Mozambique to explore the potential increase intake of vitamin A. The strategy consisted on three parts:

1. Introduction of a new source of vitamin A and energy

2. Demand creation and empowerment through knowledge

3. Market development for OFSP roots and processed products

- OFSP is a nutrient rich resource available for poor households it is a food based approach to tackle vitamin A deficiency.
- A small root (100-125 grams) of most OFSP varieties can contains the recommended daily allowance of vitamin A for children <5.
- Results have shown that, if introduced along with an education campaign, OFSP can reduce vitamin A deficiency in children
- The National Sweet Potato Research Program in Mozambique has already incorporated OFSP into its breeding projects

The legislation for mandatory fortification for staple foods is in the process of approval

On April 2013 the National Committee on Food Fortification (CONFAM) launched the Mozambican Norms for the Fortification of Food Products which is in the process of being approved.

- **Fortification will be mandatory for**
- vegetable oil and wheat flour, maize flour and sugar
- **Fortification will be voluntary for**
- Maize and cassava flour produced at small scale

Fortification of wheat flour and vegetable oil is scheduled to begin on 2013 with support from GAIN

Mandatory	Wheat flour Iron/zinc/folic acid/B12	Vegetable oil Vitamin A + D3
	Industrial maize flour Iron/zinc/folic acid/B12	Sugar Vitamin A
Voluntary	Small scale maize flour Iron/zinc/folic acid/B12	Small scale cassava flour Iron/zinc/folic acid/B12

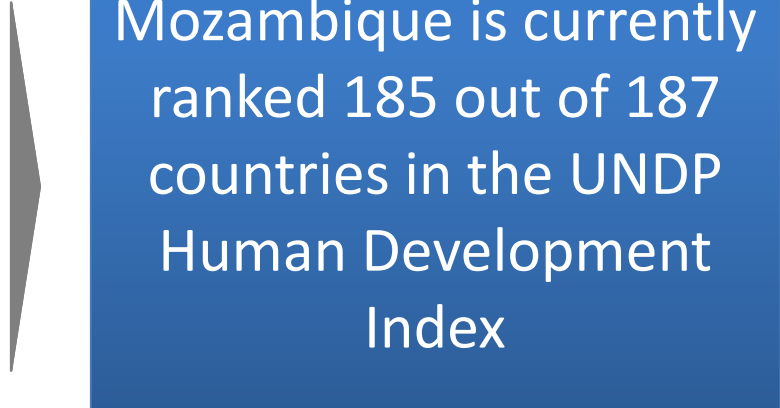
BASIC CAUSES

Poverty, Education and Gender

Human Development is among the lowest in the world

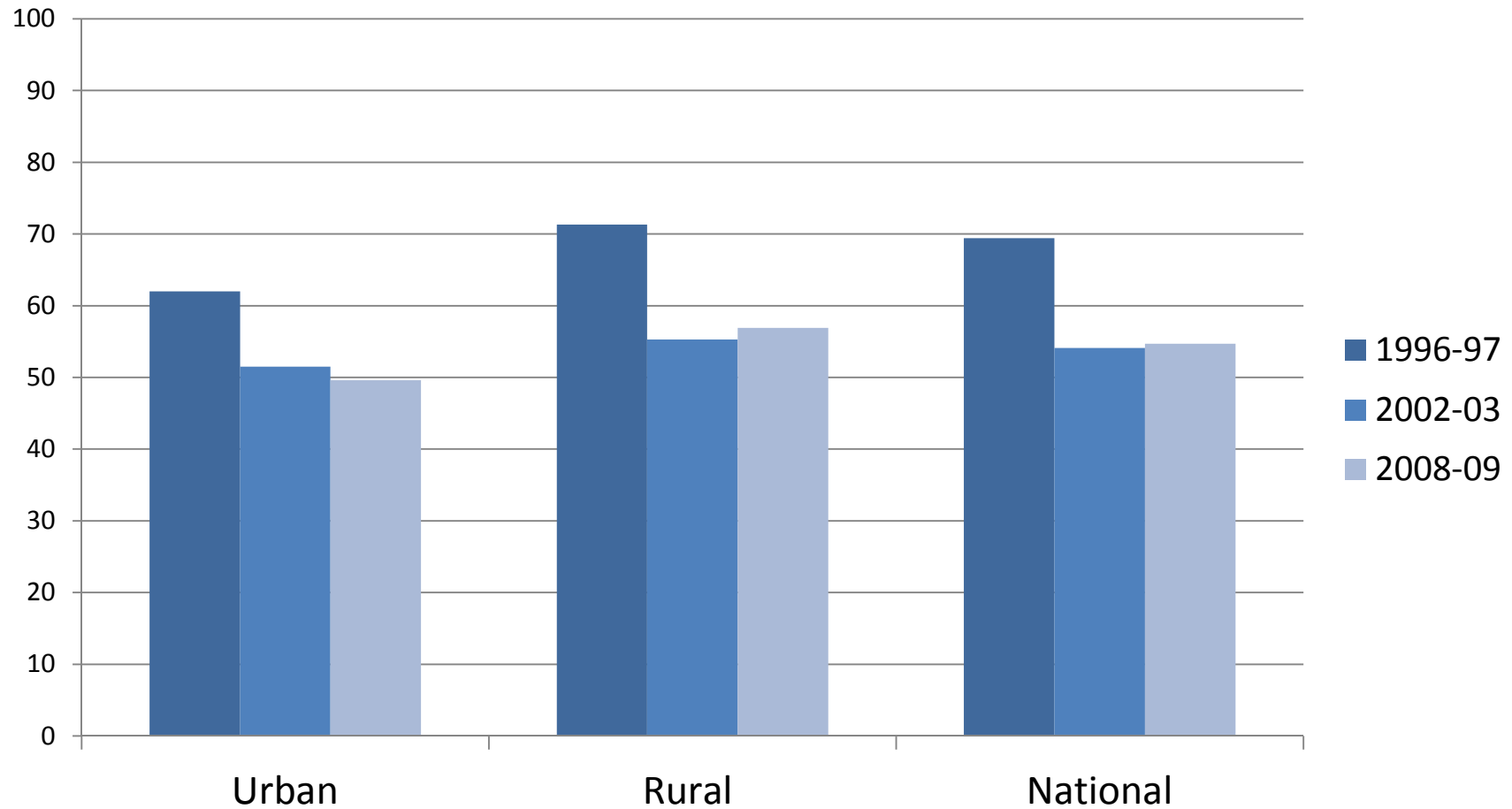
Over the past 40 years Mozambique has gone through drastic changes.

- After gaining its independence from Portugal in 1975, the country was ruled by a single party.
- In 1994, the country began its transition into a democracy by holding its first multiparty elections.
- During this period, the country has also endured two major armed conflicts, the fight for independence and a civil war which ended in 1992.



Mozambique is currently ranked 185 out of 187 countries in the UNDP Human Development Index

The proportion of people living below the poverty line has declined with respect to 1996/7 yet has stagnated between 2003 and 2009



The price of the basic food basket is prohibitively high for over half the country's population

Basic food basket per month per person

3 kg rice
9.1 kg maize flour
2.0 kg dry beans
0.5 kg groundnuts
3.5 kg dry fish
0.5 L cooking oil
1.2 kg sugar
0.1 kg salt
3.4 kg fresh vegetables
3.6 kg fruits

Average cost* of a basic food basket for a household with 5 members

6.380,00 Mts/month
Households who buy industrially processed maize flour and

5.556,00 Mts/month
Households who consume maize grain from their own production or buy maize grain on the market and take it to small mills.

Household income

55% of the population live under the national poverty line of **18.4 meticaís** (0.5 UDS)

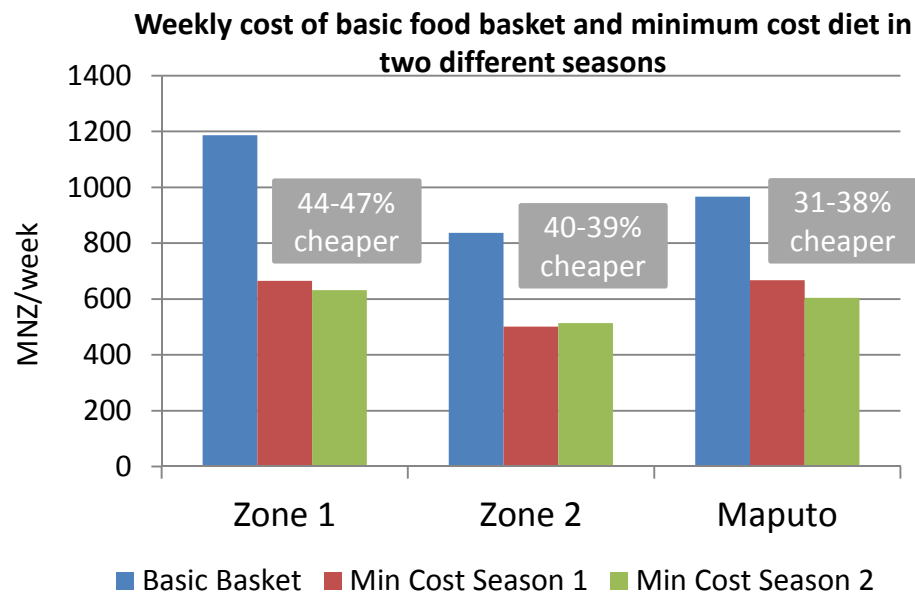
Estimated daily income for a household of five: 92.0 meticaís

Estimated monthly income for the population living under the national poverty line 2,760 meticaís

The price of the basic food basket for a household is around double of the total monthly income, placing it well out of economic grasp and warranting social protection measure

*SIMA/MINAG June/July 2009

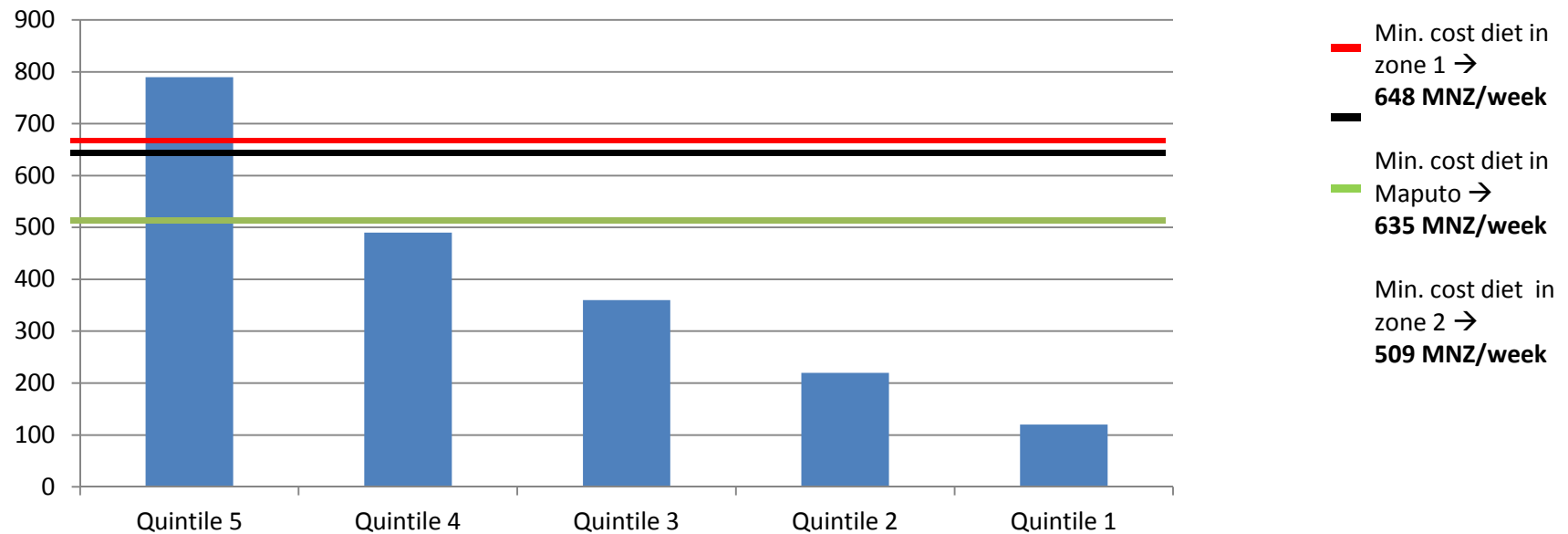
The minimum cost of diet that meets all nutritional requirements is only affordable to the highest wealth quintile



- A study calculating the minimum cost of a nutritious diet based on local food prices, during 2 different seasons (summer and winter) in three zones in the country was compared to the government basic food basket.
- The minimum cost diet covered all nutritional needs while the basic basket only covered caloric intake
- **The minimum cost diet was between 30-47% cheaper than the basic basket diet**

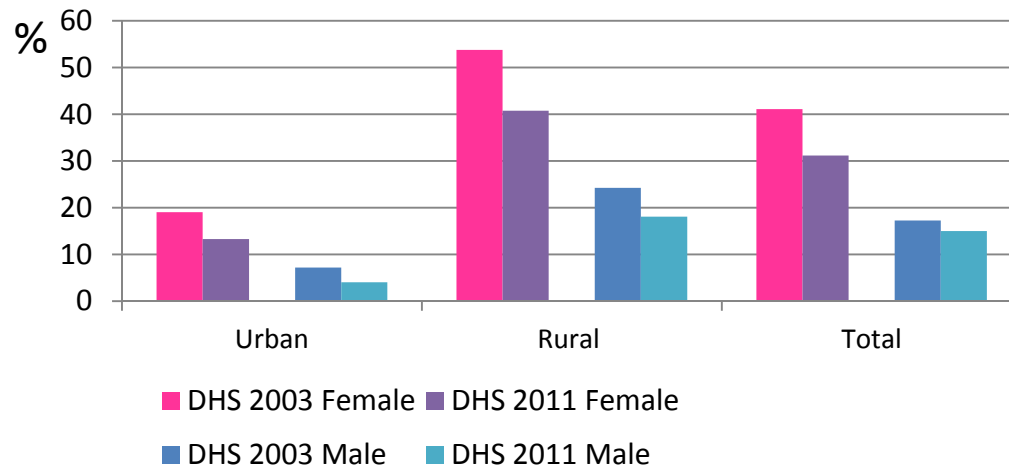
Only the highest wealth quintile was able to afford the minimum cost diet

Weekly expenditure on food products compared to minimum cost diet



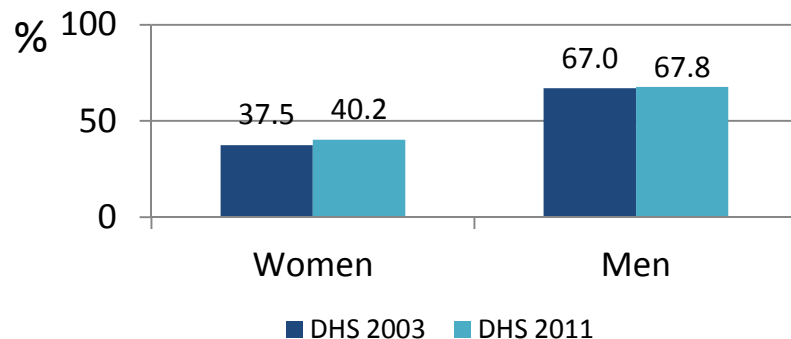
Mozambique has made progress in increasing school enrolment, however literacy rates remain virtually unchanged

Population* who has not received any schooling



- The government of Mozambique has made large investments in expanding education, which have resulted in a reduction across the board in the proportion of the population without any schooling.

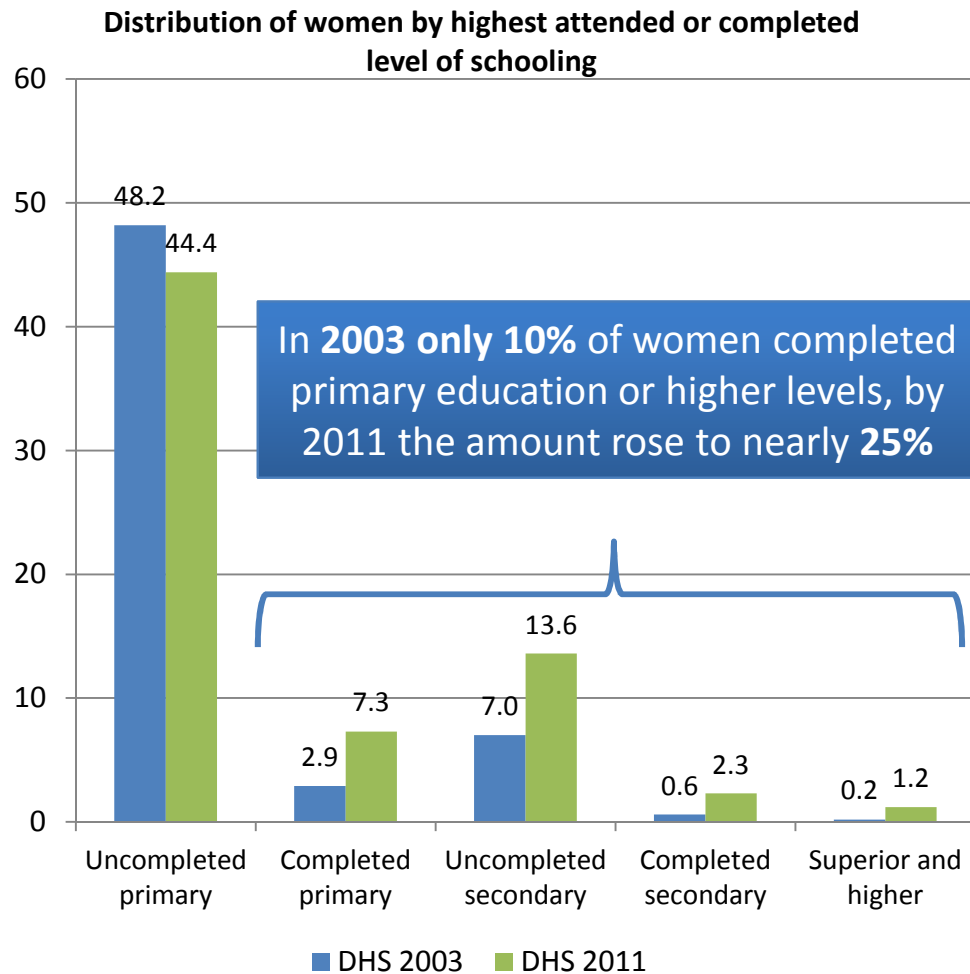
Literacy rate by gender



- Stagnant literacy rates between 2003 and 2011 suggest that efforts to increase the number of years of schooling should be coupled with efforts to improve the quality of education

*15-49 years for women and 15-64 years for men

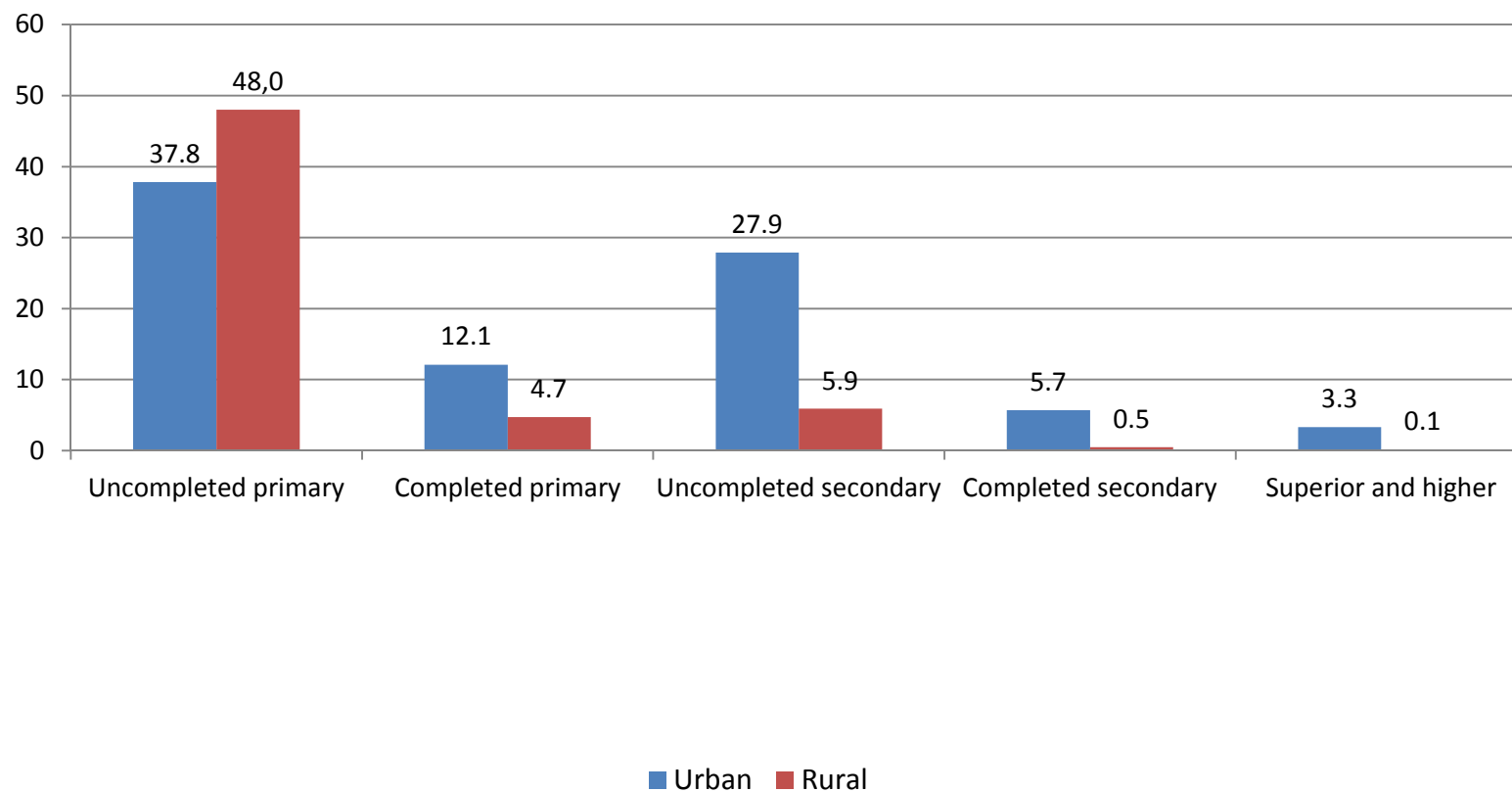
Most women who start school do not finish the seven years of primary education



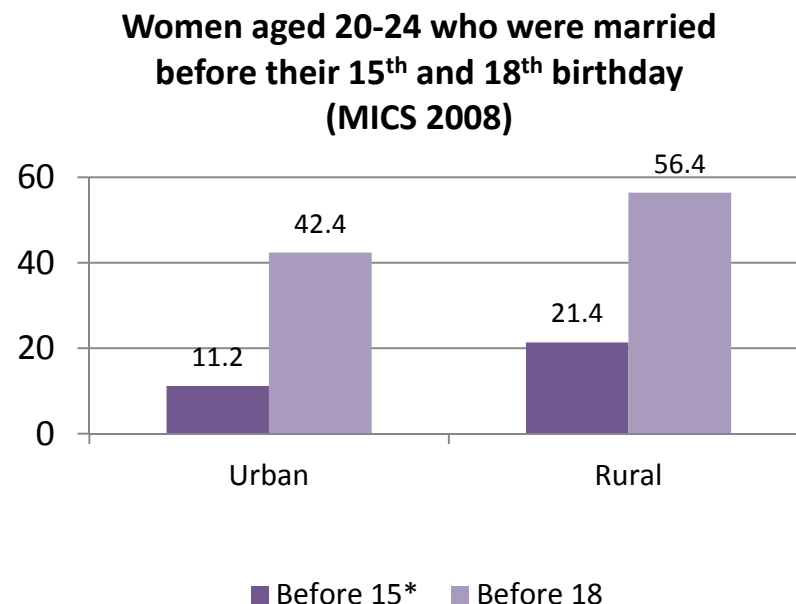
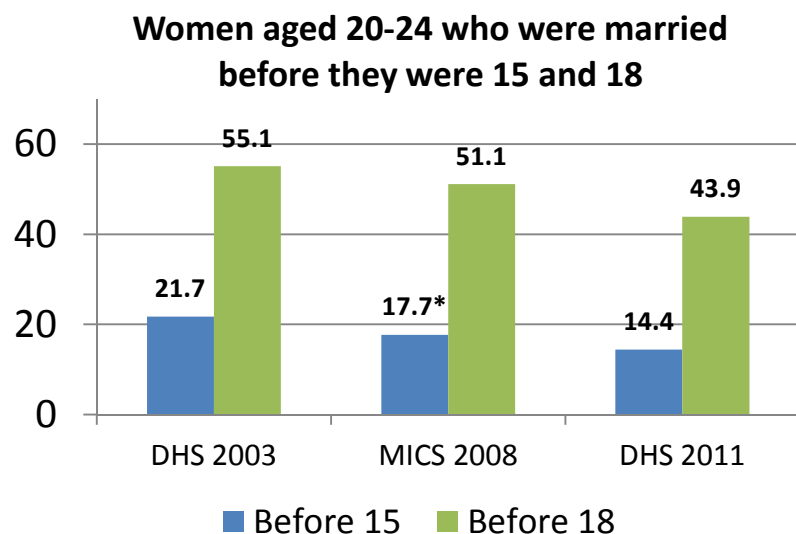
- In 2011, only 7.3% of women had completed primary, 2.3% finished secondary school and just 1.2% had superior education or higher degrees.
- Higher maternal education is associated with improved nutrition outcomes, therefore increasing the retention rate of women in school should be a priority in Mozambique

Greater efforts are also required to close the wide urban-rural gap in women's education

Distribution of women by highest attended or completed level of schooling by area of residence



Early marriage has remains high, particularly in rural areas

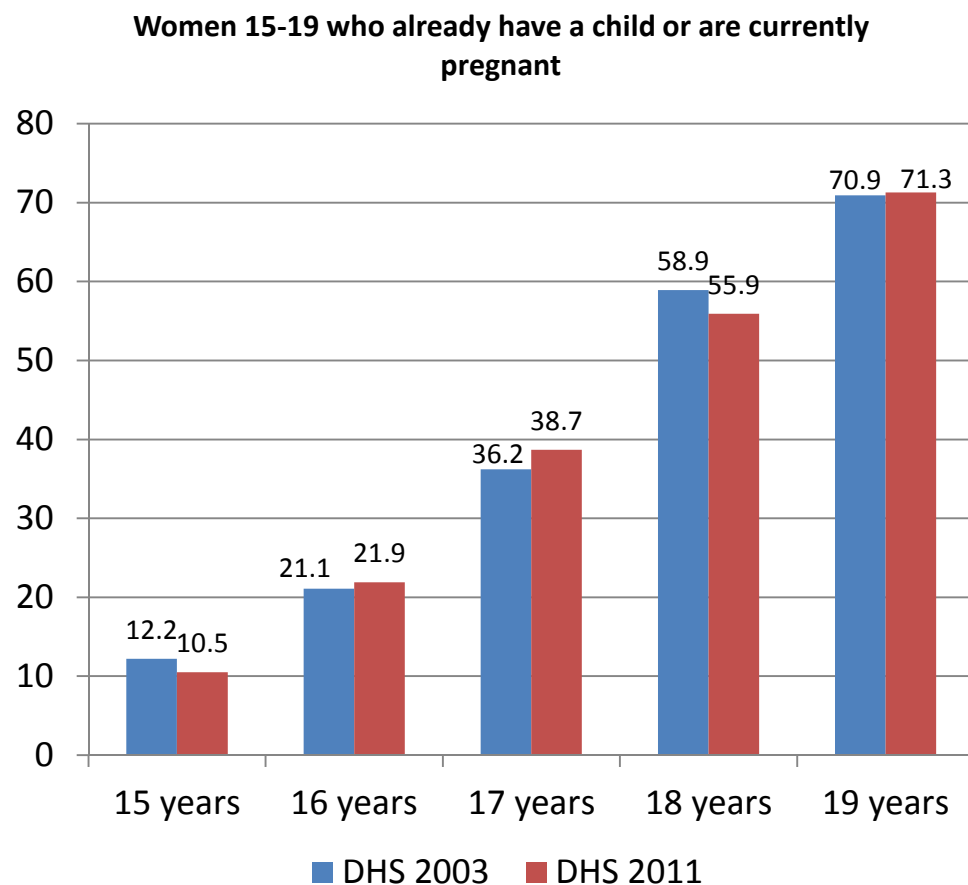


Marriage before the age of 18⁺ is prohibited by law (Article 30 of the Family Law). It also represents a violation of children's rights and of the Convention of Elimination of all forms of Discrimination Against Women.

+ Increased in 2004 from 16 to 18 years

*MICS 2008 for marriages under 15 includes women age 15-49

Early pregnancy is pervasive and persists, and should be addressed as part of greater efforts to address chronic undernutrition



- According to the Multisectorial Action Plan to reduce Chronic Undernutrition in Mozambique (PAMRDC), early pregnancy is among the underlying causes of chronic undernutrition in the country.
- The causes of stunting are rooted in inadequate fetal growth and include poor maternal nutrition, and that about half of the growth failure accrued by two years of age occurs in uterus
- There has been no progress in the reduction of early pregnancies in Mozambique. Rates remain virtually unchanged since 2003.
- Most early pregnancies are unplanned.

SITUATION ANALYSIS DASHBOARDS

Compilation of available data on key factors of malnutrition in Mozambique

SITUATION ANALYSIS DASHBOARDS

National level

Mozambique Situation Analysis Dashboard

		Indicator	Status	Source	Year	Severity	Trend	% Change
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 mo. old	42.6 %	DHS	2011	●	↑	-4.4
	Wasting	GAM prevalence among children 6-59 mo. old	5.9 %	DHS	2011	●	↓	+0.8
		SAM prevalence among children 6-59 mo. old	2.1 %	DHS	2011	●	↓	+0.8
	Vitamin A deficiency	Children <5 with Vitamin A deficiency	68.8 %	MISAU	2002	●	n.a.	-
	Iron deficiency	Children 6-59 mo. with anemia	68.7 %	DHS	2011	●	↑	-5.8*
		Women 15-49 yrs with anemia	54 %	DHS	2011	●	n.a.	-
	IDD	Median urinary iodine level for School-aged children	60.3µg/L	MISAU	2004	●	n.a.	-
Underlying Causes	Food Security	Households with poor or borderline food consumption	27.4 %	SETSAN	2010	○	n.a.	-
		Global Hunger Index Score	23.3	GHI	2012	●	↑	-7.4
	Health and Sanitation	Under 5 mortality rate	97	DHS	2011	n.a.	↑	-81
		Proportion of deliveries at health institutions/units	54.8 %	DHS	2011	n.a.	↑	+7.2
		Households with access to improved water sources	51.0 %	DHS	2011	●	↑	+14.4
		Households with access to improved sanitation facilities	21.7 %	DHS	2011	n.a.	↑	+2.4
	Care	Timely initiation of breastfeeding	76.7 %	DHS	2011	○	↑	+14.4
		Infants 0-5 mo exclusively breastfed	42.8 %	DHS	2011	○	↑	+10.7
		Children 6-23 mo receiving an acceptable diet	13.0 %	DHS	2011	○	n.a.	-
		Households with a washing station equipped with water and soap/cleansing material	31.7%	DHS	2011	n.a.	n.a.	-
		Households taking 30+ minutes to fetch water	39.4%	DHS	2011	n.a.	↑	-11.9*
Basic Causes	Education	Females that completed primary school or higher	24.4%	DHS	2011	n.a.	↑	+13.7
		Females 15-49 yrs who are literate	40.2 %	DHS	2011	n.a.	↑	+21.3
	Population	Total fertility rate	5.9	DHS	2011	n.a.	↓	+0.4
	Gender	Women who were married before 18 yrs	43.9 %	DHS	2011	n.a.	↑	11.2
		Women ages 15-19 who already had a child or are currently pregnant	37.5 %	DHS	2011	n.a.	↑	-2.6
	Poverty	Population living under national poverty line	54.7	MPD	2010	n.a.	↑	-14.7
GINI Index		0.46	DHS	2011	n.a.	n.a.	-	

SEVERITY

- Not currently a serious problem
- Urgent Problem requiring urgent action
- Requiring action
- Not applicable

TRENDS ↑ Improving ↓ Deteriorating → No Change

* Compared to an alternate source

Backup

Definitions

		Indicator	Definition	Status	Source	Year
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 mo. old	% of children <5 yrs -2SD from the reference population height-for-age. Includes children <5 years -3SD	42.6 %	DHS	2011
	Wasting	GAM prevalence among children 6-59 mo. old	% of children <5 yrs -2 SD from the reference population weight-for-height.	5.9 %	DHS	2011
		SAM prevalence among children 6-59 mo. old	% of children <5 yrs 3 SD from the reference population weight-for-height	2.1 %	DHS	2011
	Vitamin A deficiency	Children <5 with Vitamin A deficiency	% of children 6-59 mo with a vitamin A deficiency classified as moderate, 0.35-0.69 µmol/L serum retinol, or severe, <0.35 µmol/L serum retinol	68.8 %	MISAU	2002
	Iron deficiency	Children 6-59 mo. with anemia	% of children 6-59 mo with hemoglobin levels <11.0 g/dl using HemoCue Hb® devices	68.7 %	DHS	2011
		Women 15-49 yrs with anemia	% of women 15-49 yrs with hemoglobin levels <12.0 g/dl (not pregnant) or <11.0 g/dl (pregnant) using HemoCue Hb® devices	54 %	DHS	2011
IDD	Median urinary iodine for children 6-12 yrs	Median urinary iodine level for children 6-12 yrs attending primary school	60.3µg/L	MISAU	2004	
Underlying Causes	Food Security	Households with poor or borderline food consumption	Households with FCSs ≤21 (poor) or >21 and ≤35 (borderline)	27.4 %	SETSAN	2011
		Global Hunger Index Rating Rank/Score	Ranking on IFPRI's GHI based on a) % of population calorie deficient, b) child malnutrition prevalence, c) child mortality rate	66/23.3	GHI	2012
	Health and Sanitation	Under 5 mortality rate	Deaths of children <5 for 1,000 live births	97	DHS	2011
		Proportion of deliveries at health institutions/units	% of live births, within the 5 years before the survey, occurring at a health unit	54.8 %	DHS	2011
		Households with access to improved water sources	% of households with access to improved water sources (as defined by DHS 2011)	51.0 %	DHS	2011
	Care	Households with access to improved sanitation facilities	% of households with a toilet or an improved latrine, not shared with another household	21.7 %	DHS	2011
		Timely initiation of breastfeeding	% of children born within the 5 years before the survey, who began breastfeeding within one hour of birth	76.7 %	DHS	2011
		Infants 0-5 mo exclusively breastfed	% of children <2 yrs living with their mothers who were exclusively fed with breast milk during the 24 hours preceding the survey	42.8 %	DHS	2011
		Children 6-23 mo receiving an acceptable diet	% of youngest children aged 6-23 mo living with their mothers who are fed according to all 3 IYCF practices	13.0 %	DHS	2011
		Households with a washing station equipped with water and soap/cleansing material	% of households where a hand washing station was observed, where it is equipped with water and soap/other cleansing material different to soap (e.g. ashes)	31.7%	DHS	2011
		Households taking 30+ minutes to fetch water	% of households who make a journey >30 min on foot to get water	39.4%	DHS	2011
Basic Causes	Education	Females that completed primary school or higher	Combined % of women 15-49 with a) complete primary, b) incomplete secondary, c) complete secondary, d) higher than secondary	24.4	DHS	2011
		Females 15-49 yrs who are literate	% of women 15-49 who can read part of or an entire phrase	40.2 %	DHS	2011
	Population	Total fertility rate	Total fertility rate expressed per woman for the 3 yrs preceding the survey	5.9	DHS	2011
	Gender	Women who were married before 18 yrs	% of women aged 20-49 married before they were 18	52%	MICS	2008
		Women ages 15-19 who already had a child or are currently pregnant	% of women aged 15-19 yrs who already have a child or are currently pregnant	37.5 %	DHS	2011
	Poverty	Population living under national poverty line	% of population living under the national poverty line	54.7	MPD	2010
GINI Index		It measures the extent to which the distribution of income or consumption expenditure among individuals or households within an economy deviates from a perfectly equal distribution. A GINI index of 0 represents perfect equality, while an index of 100 implies perfect inequality.	0.46	DHS	2011	

Backup

National Trends

	1996	1997	2001	2002	2003	2004	2008	2009	2011	Trend	Change Latest	Change Oldest
	GHI	MPD	GHI	MISAU	DHS	MISAU	MICS	SETSAN	DHS			
Prevalence of stunting among children 6-59 mo. old					47		43.7		42.6	↑	-1.1	-4.4
GAM prevalence among children 6-59 mo. old					5.1		4.2		5.9	Det	+1.7	+0.8
SAM prevalence among children 6-59 mo. old					1.3		1.3		2.1	Det	+0.7	+0.8
Children <5 with Vitamin A deficiency				68.8						n.a.	-	-
Children 6-59 mo. with anemia				74.5					68.7	↑	-5.8	-
Women 15-49 yrs with anemia									54.0	n.a.	-	-
Median urinary iodine level for School-aged children						60.3				n.a.	-	-
Households with poor or borderline FSC								27.4		n.a.	-	-
Global Hunger Index Score	30.7		28.8						23.3	↑	- 5.5	-7.4
Under 5 mortality rate					178		157		97	↑	-60	-81
Proportion of deliveries at health institutions/units					47.6		58.0		54.8	↑	+3.20	+7.2
Households with access to improved water sources					36.6		43.0		51.0	↑	+8.0	+14.4
Households with access to improved sanitation							19.3		21.7	↑	+2.4	-
Improving timely initiation of breastfeeding					64.7		63		76.7	↑	+13.7	+14.4
Infants 0-5 mo exclusively breastfed					32.1		36.8		42.8	↑	+6.0	+10.7
Children 6-23 mo receiving an acceptable diet									13.0	n.a.	-	-
Households with a washing station equipped with water and soap/cleansing material									31.7	n.a.	-	-
Households taking 30+ minutes to fetch water							51.3		39.4	↑	-11.9	-
Females that completed primary school or higher					10.7				24.4	↑	+13.7	-
Females 15-49 yrs who are literate					18.9				40.2	↑	+21.3	-
Total fertility rate					5.5		6.1		5.9	Det	-0.2	+0.4
Women who were married before 18 yrs					55.1		51.5		43.9	↑	-7.6	11.2
Women ages 15-49 who already had a child or are currently pregnant					40.1				37.5	↑	-2.6	-
Population living under national poverty line		69.4			54.1*		54.7*			↑	+0.6	-14.7
GINI Index									0.46	n.a.	-	-

* Source Ministry of Planning and Development (MPD)

Change latest refers to the change between the two most recent data points

Change oldest refers to the change between the most recent data point and the oldest data point

Situation Analysis Urban-Rural Dashboard

		Indicator	URBAN	Severity	Trend	RURAL	Severity	Trend
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 mo. old	35.0 %	●	↓	45.5%	●	↑
	Wasting	GAM prevalence among children 6-59 mo. old	3.8 %	●	↓	6.7%	●	↓
		SAM prevalence among children 6-59 mo. old	1.4%	●	↓	2.4%	●	↓
	Vitamin A deficiency	Children <5 with Vitamin A deficiency	63.3 %	●	n.a.	73.1%	●	n.a.
	Iron deficiency	Children 6-59 mo. with anemia	59.7 %	●	n.a.	72.0 %	●	n.a.
		Women 15-49 yrs with anemia	51.8 %	●	n.a.	55.1 %	●	n.a.
	IDD	Median urinary iodine level for School-aged children	89.6 µg/L	●	n.a.	59.2 µg/L	●	n.a.
Underlying Causes	Food Security	Households with poor or borderline food consumption	--	--	--	--	--	--
		Global Hunger Index Score	--	--	--	--	--	--
	Health and Sanitation	Under 5 mortality rate	100	n.a.	↓	111	n.a.	↑
		Proportion of deliveries at health institutions/units	81.8 %	n.a.	↑	44.5%	n.a.	↑
		Households with access to improved water sources	85.3 %	●	n.a.	37.1 %	●	n.a.
	Care	Households with access to improved sanitation facilities	43.7 %	n.a.	n.a.	12.3 %	n.a.	n.a.
		Timely initiation of breastfeeding	75.0 %	○	↑	12.3 %	○	↑
		Infants 0-5 mo exclusively breastfed	--	--	--	--	--	--
		Children 6-23 mo receiving an acceptable diet	12.3 %	○	n.a.	13.3%	○	n.a.
		Households with a washing station equipped with water and soap/cleansing material	48.6 %	n.a.	n.a.	24.3%	n.a.	n.a.
Households taking 30+ minutes to fetch water	18.1 %	n.a.	↑	48.6 %	n.a.	↑		
Basic Causes	Education	Females that completed primary school or higher	49.0%	n.a.	↑	11.2%	n.a.	↑
		Females 15-49 yrs who are literate	67.8 %	n.a.	↑	25.5 %	n.a.	↑
	Population	Total fertility rate	4.5	n.a.	↓	6.6	n.a.	↓
	Gender	Women who were married before 18 yrs	42.4 %	n.a.	n.a.	56.4 %	n.a.	n.a.
		Women ages 15-19 who already had a child or are currently pregnant	30.8 %	n.a.	↑	41.5 %	n.a.	↑
	Poverty	Population living under national poverty line	49.6 %	--	↑	56.9 %	--	↑
GINI Index		--	--	--	--	--	--	

SEVERITY

● Not currently a serious problem
● Requiring action

● Urgent Problem requiring urgent action
○ Not applicable

TRENDS

↑ Improving ↓ Deteriorating → No Change

Backup

Urban Trends

	1997	2002	2003	2004	2008	2009	2011	Trend	Change Latest	Change Oldest
	MPD	MISAU	DHS	MISAU	MICS	SETSAN	DHS			
Prevalence of stunting among children 6-59 mo. old			34.8		34.7		35.0	↓	+ 0.3	+ 0.2
GAM prevalence among children 6-59 mo. old			3.0		2.9		3.8	↓	+ 0.9	+ 0.8
SAM prevalence among children 6-59 mo. old			1.0		0.9		1.4	↓	+ 0.5	+ 0.4
Children <5 with Vitamin A deficiency		63.3						n.a.	-	-
Children 6-59 mo. with anemia							59.7	n.a.	-	-
Women 15-49 yrs with anemia							51.8	n.a.	-	-
Median urinary iodine level for School-aged children				89.6				n.a.	-	-
Households with poor or borderline food consumption						--		n.a.	-	-
Global Hunger Index Score							--	n.a.	-	-
Under 5 mortality rate			143		138		100	↑	- 38	- 43
Proportion of deliveries at health institutions/units			81		80.6		81.8	↑	+ 1.2	+ 0.8
Households with access to improved water sources					69.9		85.3	↑	+ 15.4	-
Households with access to improved sanitation facilities					47.1		43.7	↓	- 3.4	-
Timely initiation of breastfeeding			57.3		59.6		75.0	↑	+ 15.4	+17.7
Infants 0-5 mo exclusively breastfed					34.1		--	n.a.	-	-
Children 6-23 mo receiving an acceptable diet							12.3	n.a.	-	-
Households with a washing station equipped with water and soap/cleansing material							48.6	n.a.	-	-
Households taking 30+ minutes to fetch water					30.9		18.1	↑	- 12.8	-
Females that completed primary school or higher			25.2				49.0	↑	+ 23.8	-
Females 15-49 yrs who are literate			24.1				67.8	↑	+ 43.7	-
Total fertility rate			4.4		4.7		4.5	↓	- 0.2	+ 0.1
Women who were married before 18 yrs					42.4			n.a.	-	-
Women ages 15-19 who already had a child or are currently pregnant			32				30.8	↑	- 1.2	-
Population living under national poverty line	62		51.5*		49.6*			↑	- 1.9	- 12.4
GINI Index							--	n.a.	-	-

* Source Ministry of Planning and Development (MPD)

Backup

Rural Trends

	1997	2002	2003	2004	2008	2009	2011	Trend	Change Latest	Change Oldest
	MPD	MISAU	DHS	MISAU	MICS	SETSAN	DHS			
Prevalence of stunting among children 6-59 mo. old			47.2		47.3		45.5	↑	-1.8	-1.7
GAM prevalence among children 6-59 mo. old			5.5		4.7		6.7	↓	+2.0	+1.2
SAM prevalence among children 6-59 mo. old			1.4		1.5		2.4	↓	+0.9	+1.0
Children <5 with Vitamin A deficiency		0.731						n.a.	-	-
Children 6-59 mo. with anemia							72.0	n.a.	-	-
Women 15-49 yrs with anemia							55.1	n.a.	-	-
Median urinary iodine level for School-aged children				59.2				n.a.	-	-
Households with poor or borderline food consumption							--	n.a.	-	-
Global Hunger Index Score							--	n.a.	-	-
Under 5 mortality rate			192		164		111	↑	-53	- 81
Proportion of deliveries at health institutions/units			33.9		49.0		44.5	↑	-4.5	+10.6
Households with access to improved water sources							37.8	n.a.	-	-
Households with access to improved sanitation facilities							12.3	n.a.	-	-
Timely initiation of breastfeeding			67.3		64.7		77.3	↑	+12.6	+10.0
Infants 0-5 mo exclusively breastfed					38		--	n.a.	-	-
Children 6-23 mo receiving an acceptable diet							13.3	n.a.	-	-
Households with a washing station equipped with water and soap/cleansing material							24.3	n.a.	-	-
Households taking 30+ minutes to fetch water					60.4		48.6	↑	-11.8	-
Females that completed primary school or higher			4.4				11.2	↑	+6.8	-
Females 15-49 yrs who are literate			15.9				25.5	↑	+9.6	-
Total fertility rate			6.1		6.9		6.6	↓	-0.3	+0.5
Women who were married before 18 yrs					56.4			n.a.	-	-
Women ages 15-19 who already had a child or are currently pregnant			49.0				41.5	↑	-7.5	-
Population living under national poverty line	71.3		55.3*		56.9*			↑	+1.6	-14.4
GINI Index							--	n.a.	-	-

* Source Ministry of Planning and Development (MPD)

Situation Analysis Female/Male Dashboard

		Indicator	MALE	FEMALE	Source	Year
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 mo. old	44.7%	40.5%	DHS	2011
	Wasting	GAM prevalence among children 6-59 mo. old	6.4 %	5.4%	DHS	2011
		SAM prevalence among children 6-59 mo. old	2.5%	1.8%	DHS	2011
	Vitamin A deficiency	Children <5 with Vitamin A deficiency	71.9%	65.6%	MISAU	2002
	Iron deficiency	Children 6-59 mo. with anemia	69.0 %	68.3%	DHS	2011
		Women 15-49 yrs with anemia	--	--	--	--
IDD	Median urinary iodine level for School-aged children	59.2 µg/L	61.7 µg/L	MISAU	2004	
Underlying Causes	Food Security	Households with poor or borderline food consumption	--	--	--	--
		Global Hunger Index Score	--	--	--	--
	Health and Sanitation	Under 5 mortality rate	--	--	--	--
		Proportion of deliveries at health institutions/units	--	--	--	--
		Population with access to improved water sources	--	--	--	--
		Population with access to improved sanitation facilities	--	--	--	--
	Care	Timely initiation of breastfeeding	76.0 %	77.4%	DHS	2011
		Infants 0-5 mo exclusively breastfed	--	--	--	--
		Children 6-23 mo receiving an acceptable diet	11.3 %	14.6 %	DHS	2011
		Households with a washing station equipped with water and soap/cleansing material	--	--	--	--
Households taking 30+ minutes to fetch water		--	--	--	--	
Basic Causes	Education	Completed primary school or higher	36.2%	24.4%	DHS	2011
		15-49 yrs who are literate	69.9 %	40.2 %	DHS	2011
	Population	Total fertility rate	--	--	--	--
	Gender	Women who were married before 18 yrs	--	--	--	--
		Women ages 15-19 who already had a child or are currently pregnant	--	--	--	--
	Poverty	Population living under national poverty line	--	--	--	--
GINI Index		--	--	--	--	

Backup Thresholds

				
Prevalence of stunting among children 6-59 mo. old	Acceptable $\leq 20\%$	Poor 20-29%	Serious: 30-39% Critical $>40\%$	
GAM prevalence among children 6-59 mo. old	Acceptable $<5\%$	Poor: 5-9%	Serious: 10-14% Critical $>15\%$	
SAM prevalence among children 6-59 mo. old	N/A	0.1-1.9%	Critical: $\geq 2\%$	
Children <5 with Vitamin A deficiency	Normal: $<2\%$	Mild: 2-10% Moderate: 10-20%	Severe: $\geq 20\%$	
Children 6-59 mo. with anemia	Normal: $\leq 4.9\%$	Mild: 5.0-19.9 Moderate: 20-39.9	Severe: $\geq 40\%$	
Women 15-49 yrs with anemia	Normal: $\leq 4.9\%$	Mild: 5.0-19.9 Moderate: 20-39.9	Severe: $\geq 40\%$	
Median iodine for School-aged children	$\geq 100 \mu\text{g/L}$	Mild: 50.0-99.9 Moderate: 20-49.9	Severe: $<20 \mu\text{g/L}$	
Households with poor or borderline food consumption				N.A.
Global Hunger Index Score	Low: ≤ 4.9	Moderate: 5-9.9 Serious: 10-19.9	Alarming: 20-29.9 Extreme: >30	
Under 5 mortality rate				N.A.
Proportion of deliveries at health institutions/units				N.A.
Population with access to improved water sources	Not a problem: 97-100%	Requires action: 59-90%	Urgent problem: <50	
Population with access to improved sanitation facilities				N.A.
Timely initiation of breastfeeding				N.A.
Infants 0-5 mo exclusively breastfed				N.A.
Children 6-23 mo receiving an acceptable diet				N.A.
Households w/ a washing station equipped with water & soap				N.A.
Households taking 30+ minutes to fetch water				N.A.
Females that completed primary school or higher				N.A.
Females 15-49 yrs who are literate				N.A.
Total fertility rate				N.A.
Women who were married before 18 yrs				N.A.
Women 15-19 with a child or are currently pregnant				N.A.
Population living under national poverty line				N.A.
GINI Index				N.A.

SITUATION ANALYSIS DASHBOARDS

Provincial level

Niassa Situation Analysis Dashboard

		Indicator	Status	Source	Year	Severity	Trend	% Change
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 mo. old	46.8	DHS	2011		↑	-5.8
	Wasting	GAM prevalence among children 6-59 mo. old	3.7	DHS	2011		↓	+1.9
		SAM prevalence among children 6-59 mo. old	1.3	DHS	2011		↓	+0.4
	Vitamin A deficiency	Children <5 with Vitamin A deficiency	--	--	--	--	--	--
	Iron deficiency	Children 6-59 mo. with anemia	64.1	DHS	2011		n.a.	--
		Women 15-49 yrs with anemia	41.3	DHS	2011		n.a.	--
	IDD	Median urinary iodine level for School-aged children	37.3	MISAU	2004		n.a.	--
Underlying Causes	Food Security	Households with poor or borderline food consumption	28*/32**	SETSAN	2009		n.a.	--
		Global Hunger Index Score	--	--	--	--	--	--
	Health and Sanitation	Under 5 mortality rate	101	DHS	2011	TBD	↑	-105
		Proportion of deliveries at health institutions/units	61.4	DHS	2011	n.a.	↑	+15.4
		Households with access to improved water sources	43.5	DHS	2011		↑	+21.2
		Households with access to improved sanitation facilities	28.8	DHS	2011	TBD	↑	+13.4
	Care	Timely initiation of breastfeeding	95.2	DHS	2011		↑	+9.2
		Infants 0-5 mo exclusively breastfed	(53.0)	MICS	2008		↑	+12.2
		Children 6-23 mo receiving an acceptable diet	27.1	DHS	2011		n.a.	--
		Households with a washing station equipped with water and soap/cleansing material	41.8	DHS	2011	n.a.	n.a.	--
Households taking 30+ minutes to fetch water		44.8	DHS	2011	TBD	↓	+15.6	
Basic Causes	Education	Females that completed primary school or higher	18.6	DHS	2011	TBD	↑	+12.3
		Females 15-49 yrs who are literate	31.1	DHS	2011	TBD	↑	+14.5
	Population	Total fertility rate	7.1	DHS	2011	TBD	↑	-0.1
	Gender	Women who were married before 18 yrs	59.1	MICS	2008	n.a.	n.a.	--
		Women ages 15-19 who already had a child or are currently pregnant	51.7	DHS	2011	n.a.	↑	-7.5
	Poverty	Population living under national poverty line	--	--	--	--	--	--
GINI Index		--	--	--	--	--	--	

SEVERITY Not currently a serious problem Urgent Problem requiring urgent action Requiring action Not applicable

TRENDS ↑ Improving ↓ Deteriorating → No Change

*Peri-urbana **Rural

Niassa Trends

	1996	1997	2001	2002	2003	2004	2008	2009	2011	Trend	Change Latest	Change Oldest
	GHI	MPD	GHI	MISAU	DHS	MISAU	MICS	SETSAN	DHS			
Prevalence of stunting among children 6-59 mo. old					52.6		45.5		46.8	↑	1.3	-5.8
GAM prevalence among children 6-59 mo. old					1.8		5.2		3.7	↓	-1.5	1.9
SAM prevalence among children 6-59 mo. old					0.9		0.9		1.3	↓	0.4	0.4
Children <5 with Vitamin A deficiency									--	--		
Children 6-59 mo. with anemia									64.1	n.a.		
Women 15-49 yrs with anemia									41.3	n.a.		
Median urinary iodine level for School-aged children						37.3				n.a.		
Households with poor or borderline FSC								28*/32**		n.a.		
Global Hunger Index Score									--	--		
Under 5 mortality rate					206		126		101	↑	-25	-105
Proportion of deliveries at health institutions/units					46.0		74.6		61.4	↑	-13.2	15.4
Households with access to improved water sources					22.3		44.1		43.5	↑	-0.6	21.2
Households with access to improved sanitation							15.4		28.8	↑	13.4	
Improving timely initiation of breastfeeding					86.0		77.0		95.2	↑	18.2	9.2
Infants 0-5 mo exclusively breastfed					40.8		(53.0)		--	↑	12.2	
Children 6-23 mo receiving an acceptable diet									27.1	n.a.		
Households with a washing station equipped with water and soap/cleansing material									41.8	n.a.		
Households taking 30+ minutes to fetch water							29.2		44.8	↓	15.6	
Females that completed primary school or higher					6.3				18.6	↑		12.3
Females 15-49 yrs who are literate					16.6				31.1	↑		14.5
Total fertility rate					7.2				7.1	↑		-0.1
Women who were married before 18 yrs							59.1		--	n.a.		
Women ages 15-49 who already had a child or are currently pregnant					59.2				51.7	↑		-7.5
Population living under national poverty line										--		
GINI Index										--		

Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown

*Peri-urbana **Rural

Cabo Delgado Situation Analysis Dashboard

		Indicator	Status	Source	Year	Severity	Trend	% Change
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 mo. old	52.8	DHS	2011		↑	-7.7
	Wasting	GAM prevalence among children 6-59 mo. old	5.6	DHS	2011		↓	+0.4
		SAM prevalence among children 6-59 mo. old	1.5	DHS	2011		↓	+0.2
	Vitamin A deficiency	Children <5 with Vitamin A deficiency	--	--	--	--	--	--
	Iron deficiency	Children 6-59 mo. with anemia	75.8	DHS	2011		n.a.	--
		Women 15-49 yrs with anemia	61.2	DHS	2011		n.a.	--
	IDD	Median urinary iodine level for School-aged children	87.8	MISAU	2004		n.a.	--
Underlying Causes	Food Security	Households with poor or borderline food consumption	36*/31**	SETSAN	2009		n.a.	--
		Global Hunger Index Score	--	--	--	--	--	--
	Health and Sanitation	Under 5 mortality rate	116	DHS	2011	TBD	↑	-124
		Proportion of deliveries at health institutions/units	36.2	DHS	2011	n.a.	↑	+ 6.6
		Households with access to improved water sources	37.1	DHS	2011		↓	-0.8
		Households with access to improved sanitation facilities	6.1	DHS	2011	TBD	↑	+0.5
	Care	Timely initiation of breastfeeding	68.6	DHS	2011		↑	+12.2
		Infants 0-5 mo exclusively breastfed	18.2	MICS	2008		↓	-21..3
		Children 6-23 mo receiving an acceptable diet	0.6	DHS	2011		n.a.	--
		Households with a washing station equipped with water and soap/cleansing material	33.7	DHS	2011	n.a.	n.a.	--
Households taking 30+ minutes to fetch water		41.4	DHS	2011	TBD	↑	-20.3	
Basic Causes	Education	Females that completed primary school or higher	11.5	DHS	2011	TBD	↑	+8.5
		Females 15-49 yrs who are literate	25.0	DHS	2011	TBD	↑	+9.5
	Population	Total fertility rate	6.6	DHS	2011	TBD	↓	+0.7
	Gender	Women who were married before 18 yrs	70.0	MICS	2008	n.a.	n.a.	--
		Women ages 15-19 who already had a child or are currently pregnant	54.2	DHS	2011	n.a.	↓	+7.7
	Poverty	Population living under national poverty line	--	--	--	--	--	--
GINI Index		--	--	--	--	--	--	

SEVERITY

- Not currently a serious problem
- Requiring action

- Urgent Problem requiring urgent action
- Not applicable

TRENDS

- ↑ Improving
- ↓ Deteriorating
- No Change

*Peri-urbana **Rural

Cabo Delgado Trends

	1996	1997	2001	2002	2003	2004	2008	2009	2011	Trend	Change Latest	Change Oldest
	GHI	MPD	GHI	MISAU	DHS	MISAU	MICS	SETSAN	DHS			
Prevalence of stunting among children 6-59 mo. old					60.5		55.7		52.8	↑	-2.9	-7.7
GAM prevalence among children 6-59 mo. old					5.2		3.5		5.6	↓	2.1	0.4
SAM prevalence among children 6-59 mo. old					1.3		0.7		1.5	↓	0.8	0.2
Children <5 with Vitamin A deficiency									--	--		
Children 6-59 mo. with anemia									75.8	n.a.		
Women 15-49 yrs with anemia									61.2	n.a.		
Median urinary iodine level for School-aged children						87.8				n.a.		
Households with poor or borderline FSC								36*/31**		n.a.		
Global Hunger Index Score									--	--		
Under 5 mortality rate					240		181		116	↑	-65	-124
Proportion of deliveries at health institutions/units					29.6		45.2		36.2	↑	-9	6.6
Households with access to improved water sources					37.9		29.9		37.1	↓	-7.2	-0.8
Households with access to improved sanitation							5.6		6.1	↑	0.5	
Improving timely initiation of breastfeeding					56.4		38.8		68.6	↑	29.8	12.2
Infants 0-5 mo exclusively breastfed					39.5		18.2		--	↓	-21.3	
Children 6-23 mo receiving an acceptable diet									0.6	n.a.		
Households with a washing station equipped with water and soap/cleansing material									33.7	n.a.		
Households taking 30+ minutes to fetch water							61.7		41.4	↑	-20.3	
Females that completed primary school or higher					3.0				11.5	↑		8.5
Females 15-49 yrs who are literate					15.5				25.0	↑		9.5
Total fertility rate					5.9				6.6	↓		0.7
Women who were married before 18 yrs							70.0		--	n.a.		
Women ages 15-49 who already had a child or are currently pregnant					47.7				54.2	↓		+7.7
Population living under national poverty line										--		
GINI Index										--		

*Peri-urbana **Rural

Nampula Situation Analysis Dashboard

		Indicator	Status	Source	Year	Severity	Trend	% Change
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 mo. old	55.3	DHS	2011		↓	+7.3
	Wasting	GAM prevalence among children 6-59 mo. old	6.5	DHS	2011		↑	-0.9
		SAM prevalence among children 6-59 mo. old	3.0	DHS	2011		↓	+0.7
	Vitamin A deficiency	Children <5 with Vitamin A deficiency	--	--	--	--	--	--
	Iron deficiency	Children 6-59 mo. with anemia	72.6	DHS	2011		n.a.	--
		Women 15-49 yrs with anemia	51.5	DHS	2011		n.a.	--
	IDD	Median urinary iodine level for School-aged children	47.3	MISAU	2004		n.a.	--
Underlying Causes	Food Security	Households with poor or borderline food consumption	16*/11**	SETSAN	2009		n.a.	--
		Global Hunger Index Score	--	--	--	--	--	--
	Health and Sanitation	Under 5 mortality rate	67	DHS	2011	TBD	↑	-153
		Proportion of deliveries at health institutions/units	53.3	DHS	2011	n.a.	↑	+16.5
		Households with access to improved water sources	38.5	DHS	2011		↑	+16.2
		Households with access to improved sanitation facilities	21.5	DHS	2011	TBD	↑	+6.3
	Care	Timely initiation of breastfeeding	88.6	DHS	2011		↑	+18.8
		Infants 0-5 mo exclusively breastfed	39.5	MICS	20008		↑	+32.2
		Children 6-23 mo receiving an acceptable diet	11.1	DHS	2011		n.a.	--
		Households with a washing station equipped with water and soap/cleansing material	22.6	DHS	2011	n.a.	n.a.	--
		Households taking 30+ minutes to fetch water	49.7	DHS	2011	TBD	↑	-14.3
Basic Causes	Education	Females that completed primary school or higher	15.3	DHS	2011	TBD	↑	+9.7
		Females 15-49 yrs who are literate	28.2	DHS	2011	TBD	↑	+4.1
	Population	Total fertility rate	6.1	DHS	2011	TBD	↑	-0.1
	Gender	Women who were married before 18 yrs	57.6	MICS	2008	n.a.	n.a.	--
		Women ages 15-19 who already had a child or are currently pregnant	45.9-	DHS	2011	n.a.	↑	-2.3
	Poverty	Population living under national poverty line	--	--	--	--	--	--
		GINI Index	--	--	--	--	--	--

SEVERITY Not currently a serious problem Urgent Problem requiring urgent action
 Requiring action Not applicable

TRENDS Improving Deteriorating No Change

*Peri-urbana **Rural

Nampula Trends

	1996	1997	2001	2002	2003	2004	2008	2009	2011	Trend	Change Latest	Change Oldest
	GHI	MPD	GHI	MISAU	DHS	MISAU	MICS	SETSAN	DHS			
Prevalence of stunting among children 6-59 mo. old					48.0		50.6		55.3	↓	4.7	7.3
GAM prevalence among children 6-59 mo. old					7.4		8.7		6.5	↑	-2.2	-0.9
SAM prevalence among children 6-59 mo. old					2.3		3.7		3.0	↓	-0.7	0.7
Children <5 with Vitamin A deficiency									--	--		
Children 6-59 mo. with anemia									72.6	n.a.		
Women 15-49 yrs with anemia									51.5	n.a.		
Median urinary iodine level for School-aged children						47.3				n.a.		
Households with poor or borderline FSC								16*/11**		n.a.		
Global Hunger Index Score									--	--		
Under 5 mortality rate					220		144		67	↑	-77	-153
Proportion of deliveries at health institutions/units					36.8		61.6		53.3	↑	-8.3	16.5
Households with access to improved water sources					22.3		43.1		38.5	↑	-4.6	16.2
Households with access to improved sanitation							15.2		21.5	↑	6.3	
Improving timely initiation of breastfeeding					69.8		66.6		88.6	↑	22	18.8
Infants 0-5 mo exclusively breastfed					7.3		39.5		--	↑	32.2	
Children 6-23 mo receiving an acceptable diet									11.1	n.a.		
Households with a washing station equipped with water and soap/cleansing material									22.6	n.a.		
Households taking 30+ minutes to fetch water							64.0		49.7	↑	-14.3	
Females that completed primary school or higher					5.6				15.3	↑		9.7
Females 15-49 yrs who are literate					24.1				28.2	↑		4.1
Total fertility rate					6.2				6.1	↑		-0.1
Women who were married before 18 yrs							57.6			n.a.		
Women ages 15-49 who already had a child or are currently pregnant					48.2				45.9	↑		-2.3
Population living under national poverty line										--		
GINI Index										--		

*Peri-urbana **Rural

Zambia Situation Analysis Dashboard

		Indicator	Status	Source	Year	Severity	Trend	% Change
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 mo. old	45.2	DHS	2011		↑	-7.7
	Wasting	GAM prevalence among children 6-59 mo. old	9.4	DHS	2011		↓	+2.9
		SAM prevalence among children 6-59 mo. old	4.2	DHS	2011		↓	+3.0
	Vitamin A deficiency	Children <5 with Vitamin A deficiency	--	--	--	--	n.a.	--
	Iron deficiency	Children 6-59 mo. with anemia	79.2	DHS	2011		n.a.	--
		Women 15-49 yrs with anemia	61.7	DHS	2011		n.a.	--
	IDD	Median urinary iodine level for School-aged children	46.7	MISAU	2004		n.a.	--
Underlying Causes	Food Security	Households with poor or borderline food consumption	16*/34**	SETSAN	2009		n.a.	--
		Global Hunger Index Score	--	--	--	--	n.a.	--
	Health and Sanitation	Under 5 mortality rate	142	DHS	2011	TBD	↓	+19.0
		Proportion of deliveries at health institutions/units	27.8	DHS	2011	n.a.	↓	-4.9
		Households with access to improved water sources	25.5	DHS	2011		↑	+9.2
		Households with access to improved sanitation facilities	6.2	DHS	2011	TBD	↓	-1.4
	Care	Timely initiation of breastfeeding	75.7	DHS	2011		↑	+10.1
		Infants 0-5 mo exclusively breastfed	46.8	MICS	2008		↑	+12.9
		Children 6-23 mo receiving an acceptable diet	30.9	DHS	2011		n.a.	--
		Households with a washing station equipped with water and soap/cleansing material	15.5	DHS	2011	n.a.	n.a.	--
Households taking 30+ minutes to fetch water		47.1	DHS	2011	TBD	↑	-5.3	
Basic Causes	Education	Females that completed primary school or higher	10.2	DHS	2011	TBD	↑	+5.9
		Females 15-49 yrs who are literate	24.6	DHS	2011	TBD	↑	+4.7
	Population	Total fertility rate	6.8	DHS	2011	TBD	↓	+1.5
	Gender	Women who were married before 18 yrs	57.2	MICS	2008	n.a.	n.a.	--
		Women ages 15-19 who already had a child or are currently pregnant	41.0	DHS	2011	n.a.	↑	-5.6
	Poverty	Population living under national poverty line	--	--	--	--	--	--
GINI Index		--	--	--	--	--	--	--

SEVERITY

- Not currently a serious problem
- Urgent Problem requiring urgent action
- Requiring action
- Not applicable

TRENDS ↑ Improving ↓ Deteriorating → No Change

*Peri-urbana **Rural

Zambezia Trends

	1996	1997	2001	2002	2003	2004	2008	2009	2011	Trend	Change Latest	Change Oldest
	GHI	MPD	GHI	MISAU	DHS	MISAU	MICS	SETSAN	DHS			
Prevalence of stunting among children 6-59 mo. old					52.9		45.8		45.2	↑	-0.6	-7.7
GAM prevalence among children 6-59 mo. old					6.5		5.1		9.4	↓	4.3	2.9
SAM prevalence among children 6-59 mo. old					1.2		1.4		4.2	↓	2.8	3
Children <5 with Vitamin A deficiency									--	n.a.		
Children 6-59 mo. with anemia									79.2	n.a.		
Women 15-49 yrs with anemia									61.7	n.a.		
Median urinary iodine level for School-aged children						46.7				n.a.		
Households with poor or borderline FSC								16*/34**		n.a.		
Global Hunger Index Score									--	n.a.		
Under 5 mortality rate					123		206		142	↓	64	19
Proportion of deliveries at health institutions/units					32.7		39.8		27.8	↓	-12	-4.9
Households with access to improved water sources					16.3		23.6		25.5	↑	1.9	9.2
Households with access to improved sanitation							7.6		6.2	↓	-1.4	
Improving timely initiation of breastfeeding					65.6		66.0		75.7	↑	9.7	10.1
Infants 0-5 mo exclusively breastfed					33.9		46.8		--	↑	12.9	
Children 6-23 mo receiving an acceptable diet									30.9	n.a.		
Households with a washing station equipped with water and soap/cleansing material									15.5	n.a.		
Households taking 30+ minutes to fetch water							52.4		47.1	↑	-5.3	
Females that completed primary school or higher					4.3				10.2	↑		5.9
Females 15-49 yrs who are literate					19.9				24.6	↑		4.7
Total fertility rate					5.3				6.8	↓		1.5
Women who were married before 18 yrs							57.2			n.a.		
Women ages 15-49 who already had a child or are currently pregnant					46.6				41.0	↑	41	-5.6
Population living under national poverty line										--		
GINI Index										--		

*Peri-urbana **Rural

Tete Situation Analysis Dashboard

		Indicator	Status	Source	Year	Severity	Trend	% Change
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 mo. old	44,2	IDS	2011		↑	-3.8
	Wasting	GAM prevalence among children 6-59 mo. old	5,6	IDS	2011		↓	+3.0
		SAM prevalence among children 6-59 mo. old	1,7	IDS	2011		↓	+0.6
	Vitamin A deficiency	Children <5 with Vitamin A deficiency	--	MISAU	2002	--	--	--
	Iron deficiency	Children 6-59 mo. with anemia	67,5	IDS	2011		n.a.	--
		Women 15-49 yrs with anemia	53,8	IDS	2011		n.a.	--
	IDD	Median urinary iodine level for School-aged children	74,1	MISAU	2006		n.a.	--
Underlying Causes	Food Security	Households with poor or borderline food consumption	33*/34**	SETSAN	2009		n.a.	--
		Global Hunger Index Score	--	GHI	2012	--	--	--
	Health and Sanitation	Under 5 mortality rate	129	IDS	2011	TBD	↑	-45
		Proportion of deliveries at health institutions/units	50,7	IDS	2011	n.a.	↑	+1.5
		Households with access to improved water sources	43,5	IDS	2011		↑	+4.4
		Households with access to improved sanitation facilities	17,0	IDS	2011	TBD	↑	+13.7
	Care	Timely initiation of breastfeeding	79.3	IDS	2011		↑	+11.4
		Infants 0-5 mo exclusively breastfed	14.1	MICS	2008		↑	+8.5
		Children 6-23 mo receiving an acceptable diet	0.2	IDS	2011		n.a.	--
		Households with a washing station equipped with water and soap/cleansing material	29.4	IDS	2011	TBD	n.a.	--
		Households taking 30+ minutes to fetch water	45.1	IDS	2011	TBD	↑	-4.6
Basic Causes	Education	Females that completed primary school or higher	36.8	IDS	2011		↑	+29.8
		Females 15-49 yrs who are literate	23.8	IDS	2011	TBD	↓	+3.3
	Population	Total fertility rate	6.8	IDS	2011	TBD	↑	-0.1
	Gender	Women who were married before 18 yrs	54.9	IDS	2011	n.a.	n.a.	--
		Women ages 15-19 who already had a child or are currently pregnant	36.5	IDS	2011	n.a.	↑	-6.7
	Poverty	Population living under national poverty line	--	MPD	2010	n.a.	--	--
GINI Index		--	IDS	2011	n.a.	--	--	

SEVERITY Not currently a serious problem Urgent Problem requiring urgent action Requiring action Not applicable

TRENDS ↑ Improving ↓ Deteriorating → No Change

*Peri-urbana **Rural

Backup

Tete

	1996	1997	2001	2002	2003	2006	2008	2009	2011	Trend	Change Latest	Change Oldest
	GHI	MPD	GHI	MISAU	DHS	MISAU	MICS	SETSAN	DHS			
Prevalence of stunting among children 6-59 mo. old					51,3		48,0		44,2	↑	-3.8	-7.1
GAM prevalence among children 6-59 mo. old					2,2		2,6		5,6	↓	+3.0	+3.4
SAM prevalence among children 6-59 mo. old					0,5		0,9		1,7	↓	+0.6	+1.2
Children <5 with Vitamin A deficiency									--	--	--	--
Children 6-59 mo. with anemia									67,5	n.a.	--	--
Women 15-49 yrs with anemia									53,8	n.a.	--	--
Median urinary iodine level for School-aged children									74,1	n.a.	--	--
Households with poor or borderline FSC								33*/34**		n.a.	--	--
Global Hunger Index Score								--	--	--	--	--
Under 5 mortality rate					206		174		129	↑	-45	-77
Proportion of deliveries at health institutions/units					47,4		49,2		50,7	↑	+1.5	+3.3
Households with access to improved water sources					39.1		34,2		43,5	↑	+9.3	--
Households with access to improved sanitation							3,3		17,0	↑	+13.7	+4.4
Improving timely initiation of breastfeeding					61.4		67.9		79.3	↑	+11.4	+17.9
Infants 0-5 mo exclusively breastfed					5.6		14.1			↑	-+8.5	--
Children 6-23 mo receiving an acceptable diet									0.2	n.a.	--	--
Households with a washing station equipped with water and soap/cleansing material									29.4	n.a.	--	--
Households taking 30+ minutes to fetch water							49.7		45.1	↑	-4.6	--
Females that completed primary school or higher					7.0				36.8	↑	+29.8	--
Females 15-49 yrs who are literate					27.1				23.8	↓	+3.3	--
Total fertility rate					6.9				6.8	↑	-0.1	
Women who were married before 18 yrs							54.9			n.a.	--	--
Women ages 15-49 who already had a child or are currently pregnant					43.2				36.5	↑	-6.7	--
Population living under national poverty line										--	--	--
GINI Index										--	--	--

*Peri-Urban Settings

** Rural settings

Manica Situation Analysis Dashboard

		Indicator	Status	Source	Year	Severity	Trend	% Change
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 mo. old	41.9	DHS	2011		↑	-3.2
	Wasting	GAM prevalence among children 6-59 mo. old	6.7	DHS	2011		↓	+3.0
		SAM prevalence among children 6-59 mo. old	2.5	DHS	2011		↓	+1.6
	Vitamin A deficiency	Children <5 with Vitamin A deficiency	--	--	--	--	--	--
	Iron deficiency	Children 6-59 mo. with anemia	67.5	DHS	2011		n.a.	--
		Women 15-49 yrs with anemia	42.6	DHS	2011		n.a.	--
	IDD	Median urinary iodine level for School-aged children	52.1	MISAU	2004		n.a.	--
Underlying Causes	Food Security	Households with poor or borderline food consumption	36*/45**	SETSAN	2009		n.a.	--
		Global Hunger Index Score	--	--	--	--	n.a.	--
	Health and Sanitation	Under 5 mortality rate	114	DHS	2011	TBD	↑	-70.0
		Proportion of deliveries at health institutions/units	75.3	DHS	2011	n.a.	↑	+19.3
		Households with access to improved water sources	84.2	DHS	2011		↑	+42.0
		Households with access to improved sanitation facilities	20.1	DHS	2011	TBD	↑	+5.9
	Care	Timely initiation of breastfeeding	51.5	DHS	2011		↓	-33.0
		Infants 0-5 mo exclusively breastfed	-34.0	MICS	2008		↓	+5.7
		Children 6-23 mo receiving an acceptable diet	7.8	DHS	2011		n.a.	--
		Households with a washing station equipped with water and soap/cleansing material	37.0	DHS	2011	n.a.	n.a.	--
Households taking 30+ minutes to fetch water		38.8	DHS	2011	TBD	↑	-18.0	
Basic Causes	Education	Females that completed primary school or higher	36.8	DHS	2011	TBD	↑	+28.9
		Females 15-49 yrs who are literate	49.4	DHS	2011	TBD	↑	+22.3
	Population	Total fertility rate	5.8	DHS	2011	TBD	↑	-0.8
	Gender	Women who were married before 18 yrs	58.1	MICS	2008	n.a.	n.a.	--
		Women ages 15-19 who already had a child or are currently pregnant	38.7	DHS	2011	n.a.	↑	-6.0
	Poverty	Population living under national poverty line	--	--	--	--	--	--
GINI Index		--	--	--	--	--	--	

SEVERITY

Not currently a serious problem
 Requiring action

Urgent Problem requiring urgent action
 Not applicable

TRENDS

↑ Improving ↓ Deteriorating → No Change

*Peri-urbana **Rural

BACKUP

Manica Trends

	1996	1997	2001	2002	2003	2004	2008	2009	2011	Trend	Change Latest	Change Oldest
	GHI	MPD	GHI	MISAU	DHS	MISAU	MICS	SETSAN	DHS			
Prevalence of stunting among children 6-59 mo. old					45.1		48.3		41.9	↑	-6.4	-3.2
GAM prevalence among children 6-59 mo. old					3.7		3.8		6.7	↓	2.9	3
SAM prevalence among children 6-59 mo. old					0.9		1.2		2.5	↓	1.3	1.6
Children <5 with Vitamin A deficiency									--	--		
Children 6-59 mo. with anemia									67.5	n.a.		
Women 15-49 yrs with anemia									42.6	n.a.		
Median urinary iodine level for School-aged children						52.1				n.a.		
Households with poor or borderline FSC								36*/45**		n.a.		
Global Hunger Index Score									--	n.a.		
Under 5 mortality rate					184		154		114	↑	-40	-70
Proportion of deliveries at health institutions/units					56.0		56.5		75.3	↑	18.8	19.3
Households with access to improved water sources					42.2		32.0		84.2	↑	52.2	42
Households with access to improved sanitation							14.2		20.1	↑	5.9	
Improving timely initiation of breastfeeding					84.5		61.5		51.5	↓	-10	-33
Infants 0-5 mo exclusively breastfed					49.7		34.0		--	↓	5.7	
Children 6-23 mo receiving an acceptable diet									7.8	n.a.		
Households with a washing station equipped with water and soap/cleansing material									37.0	n.a.		
Households taking 30+ minutes to fetch water							56.8		38.8	↑	-18	
Females that completed primary school or higher					7.9				36.8	↑		28.9
Females 15-49 yrs who are literate					27.1				49.4	↑		22.3
Total fertility rate					6.6				5.8	↑		-0.8
Women who were married before 18 yrs							58.1			n.a.		
Women ages 15-49 who already had a child or are currently pregnant					44.7				38.7	↑		-6
Population living under national poverty line										--		
GINI Index										--		

*Peri-urbana **Rural

Sofala Situation Analysis Dashboard

		Indicator	Status	Source	Year	Severity	Trend	% Change
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 mo. old	35.7	DHS	2011		↑	-12.5
	Wasting	GAM prevalence among children 6-59 mo. old	7.4	DHS	2011		↑	-1.8
		SAM prevalence among children 6-59 mo. old	1.6	DHS	2011		↑	-2.2
	Vitamin A deficiency	Children <5 with Vitamin A deficiency	--	--	--	--	n.a.	--
	Iron deficiency	Children 6-59 mo. with anemia	62.6	DHS	2011		n.a.	--
		Women 15-49 yrs with anemia	58.0	DHS	2011		n.a.	--
	IDD	Median urinary iodine level for School-aged children	87.6	MISAU	2004		n.a.	--
Underlying Causes	Food Security	Households with poor or borderline food consumption	28*/17**	SETSAN	2009		n.a.	--
		Global Hunger Index Score	--	--	--	--	n.a.	--
	Health and Sanitation	Under 5 mortality rate	105	DHS	2011	TBD	↑	-101
		Proportion of deliveries at health institutions/units	73.4	DHS	2011	n.a.	↑	+21.8
		Households with access to improved water sources	65.6	DHS	2011		↑	+15.7
		Households with access to improved sanitation facilities	22.3	DHS	2011	TBD	↑	+0.3
	Care	Timely initiation of breastfeeding	87.7	DHS	2011		↑	+21.5
		Infants 0-5 mo exclusively breastfed	43.2	MICS	2008		↓	-12.0
		Children 6-23 mo receiving an acceptable diet	11.9	DHS	2011		n.a.	--
		Households with a washing station equipped with water and soap/cleansing material	49.4	DHS	2011	n.a.	n.a.	--
		Households taking 30+ minutes to fetch water	33.7	DHS	2011	TBD	↓	+11.9
Basic Causes	Education	Females that completed primary school or higher	25.1	DHS	2011	TBD	↑	+14.4
		Females 15-49 yrs who are literate	39.6	DHS	2011	TBD	↑	+5.9
	Population	Total fertility rate	6.1	DHS	2011	TBD	Det	+0.1
	Gender	Women who were married before 18 yrs	54.0	MICS	2008	n.a.	n.a.	--
		Women ages 15-19 who already had a child or are currently pregnant	28.5	DHS	2011	n.a.	↑	-20.3
	Poverty	Population living under national poverty line	--	--	--	--	--	--
GINI Index		--	--	--	--	--	--	

SEVERITY Not currently a serious problem Urgent Problem requiring urgent action Requiring action Not applicable

TRENDS ↑ Improving ↓ Deteriorating → No Change

*Peri-urbana **Rural

Sofala Trends

	1996	1997	2001	2002	2003	2004	2008	2009	2011	Trend	Change Latest	Change Oldest
	GHI	MPD	GHI	MISAU	DHS	MISAU	MICS	SETSAN	DHS			
Prevalence of stunting among children 6-59 mo. old					48.2		40.5		35.7	↑	-4.8	-12.5
GAM prevalence among children 6-59 mo. old					9.2		3.2		7.4	↑	4.2	-1.8
SAM prevalence among children 6-59 mo. old					3.8		0.8		1.6	↑	0.8	-2.2
Children <5 with Vitamin A deficiency									--	n.a.		
Children 6-59 mo. with anemia									62.6	n.a.		
Women 15-49 yrs with anemia									58.0	n.a.		
Median urinary iodine level for School-aged children						87.6				n.a.		
Households with poor or borderline FSC								28*/17**		n.a.		
Global Hunger Index Score									--	n.a.		
Under 5 mortality rate					206		134		105	↑	-29	-101
Proportion of deliveries at health institutions/units					51.6		64.4		73.4	↑	9	21.8
Households with access to improved water sources					49.9		48.0		65.6	↑	17.6	15.7
Households with access to improved sanitation							22.0		22.3	↑	0.3	
Improving timely initiation of breastfeeding					66.2		91.7		87.7	↑	-4	21.5
Infants 0-5 mo exclusively breastfed					55.2		43.2		--	↓	-12.0	
Children 6-23 mo receiving an acceptable diet									11.9	n.a.		
Households with a washing station equipped with water and soap/cleansing material									49.4	n.a.		
Households taking 30+ minutes to fetch water							21.8		33.7	↓	11.9	
Females that completed primary school or higher					10.7				25.1	↑		14.4
Females 15-49 yrs who are literate					33.7				39.6	↑		5.9
Total fertility rate					6.0				6.1	Det		0.1
Women who were married before 18 yrs							54.0			n.a.		
Women ages 15-49 who already had a child or are currently pregnant					48.8				28.5	↑		-20.3
Population living under national poverty line										--		
GINI Index										--		

Inhambane Situation Analysis Dashboard

		Indicator	Status	Source	Year	Severity	Trend	% Change
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 mo. old	36.0	DHS	2011		↑	-3.9
	Wasting	GAM prevalence among children 6-59 mo. old	2.2	DHS	2011		↓	0.4
		SAM prevalence among children 6-59 mo. old	0.5	DHS	2011		↓	0.3
	Vitamin A deficiency	Children <5 with Vitamin A deficiency	--	--	--	--	n.a.	--
	Iron deficiency	Children 6-59 mo. with anemia	62.1	DHS	2011		n.a.	--
		Women 15-49 yrs with anemia	56.8	DHS	2011		n.a.	--
	IDD	Median urinary iodine level for School-aged children	68.9	MISAU	2004		n.a.	--
Underlying Causes	Food Security	Households with poor or borderline food consumption	36*/46**	SETSAN	2009		n.a.	--
		Global Hunger Index Score	--	--	--	--	n.a.	--
	Health and Sanitation	Under 5 mortality rate	58	DHS	2011	TBD	↑	-91
		Proportion of deliveries at health institutions/units	57.7	DHS	2011	n.a.	↑	7.9
		Households with access to improved water sources	60.3	DHS	2011		↑	22.5
		Households with access to improved sanitation facilities	16.7	DHS	2011	TBD	↑	+1.2
	Care	Timely initiation of breastfeeding	76.8	DHS	2011		↑	16.7
		Infants 0-5 mo exclusively breastfed	41.8	MICS	2008		↓	-1.1
		Children 6-23 mo receiving an acceptable diet	8.2	DHS	2011		n.a.	--
		Households with a washing station equipped with water and soap/cleansing material	79.5	DHS	2011	n.a.	n.a.	--
		Households taking 30+ minutes to fetch water	28.2	DHS	2011	TBD	↑	-30.1
Basic Causes	Education	Females that completed primary school or higher	26.6	DHS	2011	TBD	↑	16.2
		Females 15-49 yrs who are literate	51.7	DHS	2011	TBD	↑	-2.4
	Population	Total fertility rate	4.9	DHS	2011	TBD	→	0
	Gender	Women who were married before 18 yrs	40.3	MICS	2008	n.a.	n.a.	--
		Women ages 15-19 who already had a child or are currently pregnant	28.4	DHS	2011	n.a.	↑	-8.5
	Poverty	Population living under national poverty line	--	--	--	--	--	--
GINI Index		--	--	--	--	--	--	

SEVERITY Not currently a serious problem Urgent Problem requiring urgent action
 Requiring action Not applicable

TRENDS Improving Deteriorating No Change

*Peri-urbana **Rural

Inhambane Trends

	1996	1997	2001	2002	2003	2004	2008	2009	2011	Trend	Change Latest	Change Oldest
	GHI	MPD	GHI	MISAU	DHS	MISAU	MICS	SETSAN	DHS			
Prevalence of stunting among children 6-59 mo. old					39.9		34.5		36.0	↑	1.5	-3.9
GAM prevalence among children 6-59 mo. old					1.8		2.8		2.2	↓	-0.6	0.4
SAM prevalence among children 6-59 mo. old					0.2		1.1		0.5	↓	-0.6	0.3
Children <5 with Vitamin A deficiency									--	n.a.		
Children 6-59 mo. with anemia									62.1	n.a.		
Women 15-49 yrs with anemia									56.8	n.a.		
Median urinary iodine level for School-aged children						68.9				n.a.		
Households with poor or borderline FSC								36*/46**		n.a.		
Global Hunger Index Score									--	n.a.		
Under 5 mortality rate					149		133		58	↑	-75	-91
Proportion of deliveries at health institutions/units					49.8		61.6		57.7	↑	-3.9	7.9
Households with access to improved water sources					37.8		34.9		60.3	↑	25.4	22.5
Households with access to improved sanitation							15.5		16.7	↑	1.2	
Improving timely initiation of breastfeeding					60.1		36.4		76.8	↑	40.4	16.7
Infants 0-5 mo exclusively breastfed					42.9		41.8		--	↓	-1.1	
Children 6-23 mo receiving an acceptable diet									8.2	n.a.		
Households with a washing station equipped with water and soap/cleansing material									79.5	n.a.		
Households taking 30+ minutes to fetch water							58.3		28.2	↑	-30.1	
Females that completed primary school or higher					10.4				26.6	↑		16.2
Females 15-49 yrs who are literate					54.1				51.7	↑		-2.4
Total fertility rate					4.9				4.9	→		0
Women who were married before 18 yrs							40.3			n.a.		
Women ages 15-49 who already had a child or are currently pregnant					36.9				28.4	↑		-8.5
Population living under national poverty line										--		
GINI Index										--		

Gaza Situation Analysis Dashboard

		Indicator	Status	Source	Year	Severity	Trend	% Change
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 mo. old	26.8	DHS	2011		↑	-13.0
	Wasting	GAM prevalence among children 6-59 mo. old	1.0	DHS	2011		↑	-7.2
		SAM prevalence among children 6-59 mo. old	0.3	DHS	2011		↑	-1.1
	Vitamin A deficiency	Children <5 with Vitamin A deficiency	--	--	--	--	--	--
	Iron deficiency	Children 6-59 mo. with anemia	58.9	DHS	2011		n.a.	--
		Women 15-49 yrs with anemia	49.4	DHS	2011		n.a.	--
	IDD	Median urinary iodine level for School-aged children	95.0	MISAU	2004		n.a.	--
Underlying Causes	Food Security	Households with poor or borderline food consumption	49*/55**	SETSAN	2009		n.a.	--
		Global Hunger Index Score	--	--	--	--	--	--
	Health and Sanitation	Under 5 mortality rate	110	DHS	2011	TBD	↑	-46.0
		Proportion of deliveries at health institutions/units	70.7	DHS	2011	n.a.	↑	+7.5
		Households with access to improved water sources	70.1	DHS	2011		↑	+21.7
		Households with access to improved sanitation facilities	33.1	DHS	2011	TBD	↑	+9.3
	Care	Timely initiation of breastfeeding	70.6	DHS	2011		↑	+19.6
		Infants 0-5 mo exclusively breastfed	(44.9)	MICS	2008		↓	-3.5
		Children 6-23 mo receiving an acceptable diet	4.8	DHS	2011		n.a.	--
		Households with a washing station equipped with water and soap/cleansing material	22.4	DHS	2011	n.a.	n.a.	--
Households taking 30+ minutes to fetch water		40.9	DHS	2011	TBD	↑	-30.8	
Basic Causes	Education	Females that completed primary school or higher	27.9	DHS	2011	TBD	↑	+18.5
		Females 15-49 yrs who are literate	55.8	DHS	2011	TBD	↑	+0.5
	Population	Total fertility rate	5.3	DHS	2011	TBD	↑	-0.1
	Gender	Women who were married before 18 yrs	38.1	MICS	2008	n.a.	n.a.	--
		Women ages 15-19 who already had a child or are currently pregnant	35.4	DHS	2011	n.a.	↑	-1.7
	Poverty	Population living under national poverty line	--	--	--	--	--	--
GINI Index		--	--	--	--	--	--	

SEVERITY Not currently a serious problem Urgent Problem requiring urgent action Requiring action Not applicable

TRENDS ↑ Improving ↓ Deteriorating → No Change

*Peri-urbana **Rural

Gaza Trends

	1996	1997	2001	2002	2003	2004	2008	2009	2011	Trend	Change Latest	Change Oldest
	GHI	MPD	GHI	MISAU	DHS	MISAU	MICS	SETSAN	DHS			
Prevalence of stunting among children 6-59 mo. old					39.8		34.2		26.8	↑	-7.4	-13
GAM prevalence among children 6-59 mo. old					8.2		1.3		1.0	↑	-0.3	-7.2
SAM prevalence among children 6-59 mo. old					1.4		0.2		0.3	↑	0.1	-1.1
Children <5 with Vitamin A deficiency									--	--		
Children 6-59 mo. with anemia									58.9	n.a.		
Women 15-49 yrs with anemia									49.4	n.a.		
Median urinary iodine level for School-aged children						95.0				n.a.		
Households with poor or borderline FSC								49*/55**		n.a.		
Global Hunger Index Score									--	--		
Under 5 mortality rate					156		165		110	↑	-55	-46
Proportion of deliveries at health institutions/units					63.2		68.9		70.7	↑	1.8	7.5
Households with access to improved water sources					48.4		60.7		70.1	↑	9.4	21.7
Households with access to improved sanitation							23.8		33.1	↑	9.3	
Improving timely initiation of breastfeeding					51.0		41.4		70.6	↑	29.2	19.6
Infants 0-5 mo exclusively breastfed					48.4		(44.9)		--	↓	-3.5	
Children 6-23 mo receiving an acceptable diet									4.8	n.a.		
Households with a washing station equipped with water and soap/cleansing material									22.4	n.a.		
Households taking 30+ minutes to fetch water							71.7		40.9	↑	-30.8	
Females that completed primary school or higher					9.4				27.9	↑		18.5
Females 15-49 yrs who are literate					55.3				55.8	↑		0.5
Total fertility rate					5.4				5.3	↑		-0.1
Women who were married before 18 yrs							38.1			n.a.	-38.1	
Women ages 15-49 who already had a child or are currently pregnant					37.1				35.4	↑		-1.7
Population living under national poverty line										--		
GINI Index										--		

Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown

*Peri-urbana **Rural

Maputo Province Situation Analysis Dashboard

		Indicator	Status	Source	Year	Severity	Trend	% Change
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 mo. old	22.7	DHS	2011		↑	-7.1
	Wasting	GAM prevalence among children 6-59 mo. old	2.1	DHS	2011		↓	+1.4
		SAM prevalence among children 6-59 mo. old	0.5	DHS	2011		↓	+0.5
	Vitamin A deficiency	Children <5 with Vitamin A deficiency	--	--	--	--	n.a.	--
	Iron deficiency	Children 6-59 mo. with anemia	51.7	DHS	2011		n.a.	--
		Women 15-49 yrs with anemia	51.8	DHS	2011		n.a.	--
	IDD	Median urinary iodine level for School-aged children	90.0	MISAU	2004		n.a.	--
Underlying Causes	Food Security	Households with poor or borderline food consumption	16*/20**	SETSAN	2010		n.a.	--
		Global Hunger Index Score	--	--	--	--	n.a.	--
	Health and Sanitation	Under 5 mortality rate	96	DHS	2011	TBD	↑	-12
		Proportion of deliveries at health institutions/units	88.3	DHS	2011	n.a.	↑	+2.9
		Households with access to improved water sources	85.1	DHS	2011		↑	+16.3
		Households with access to improved sanitation facilities	46.7	DHS	2011	TBD	↓	-0.5
	Care	Timely initiation of breastfeeding	58.7	DHS	2011		↓	-8.3
		Infants 0-5 mo exclusively breastfed	37.4	MICS	2008		↑	+14.5
		Children 6-23 mo receiving an acceptable diet	8.5	DHS	2011		n.a.	+8.5
		Households with a washing station equipped with water and soap/cleansing material	75.5	DHS	2011	n.a.	n.a.	
Households taking 30+ minutes to fetch water		17.0	DHS	2011	TBD	↑	-6.6	
Basic Causes	Education	Females that completed primary school or higher	51.5	DHS	2011	TBD	↑	+30.1
		Females 15-49 yrs who are literate	76.8	DHS	2011	TBD	↑	+6.5
	Population	Total fertility rate	4.1	DHS	2011	TBD	→	0
	Gender	Women who were married before 18 yrs	32.0	MICS	2008	n.a.	n.a.	
		Women ages 15-19 who already had a child or are currently pregnant	31.8	DHS	2011	n.a.	↓	+0.3
	Poverty	Population living under national poverty line	--	--	--	--	--	--
GINI Index		--	--	--	--	--	--	--

SEVERITY

- Not currently a serious problem
- Urgent Problem requiring urgent action
- Requiring action
- Not applicable

TRENDS ↑ Improving ↓ Deteriorating → No Change

*Peri-urbana **Rural

Maputo Province Trends

	1996	1997	2001	2002	2003	2004	2008	2009	2011	Trend	Change Latest	Change Oldest
	GHI	MPD	GHI	MISAU	DHS	MISAU	MICS	SETSAN	DHS			
Prevalence of stunting among children 6-59 mo. old					29.8		28.0		22.7	↑	-5.3	-7.1
GAM prevalence among children 6-59 mo. old					0.7		2.1		2.1	↓	0	1.4
SAM prevalence among children 6-59 mo. old					0.0		0.4		0.5	↓	0.1	0.5
Children <5 with Vitamin A deficiency									--	n.a.		
Children 6-59 mo. with anemia									51.7	n.a.		
Women 15-49 yrs with anemia									51.8	n.a.		
Median urinary iodine level for School-aged children						90.0				n.a.		
Households with poor or borderline FSC								16*/20**		n.a.		
Global Hunger Index Score									--	n.a.		
Under 5 mortality rate					108		103		96	↑	-7	-12
Proportion of deliveries at health institutions/units					85.4		75.3		88.3	↑	13	2.9
Households with access to improved water sources					68.8		67.7		85.1	↑	17.4	16.3
Households with access to improved sanitation							47.2		46.7	↓	-0.5	
Improving timely initiation of breastfeeding					67.0		60.9		58.7	↓	-2.2	-8.3
Infants 0-5 mo exclusively breastfed					22.9		37.4		--	↑	14.5	
Children 6-23 mo receiving an acceptable diet									8.5	n.a.	8.5	8.5
Households with a washing station equipped with water and soap/cleansing material									75.5	n.a.		
Households taking 30+ minutes to fetch water							23.6		17.0	↑	-6.6	
Females that completed primary school or higher					21.4				51.5	↑		30.1
Females 15-49 yrs who are literate					70.3				76.8	↑		6.5
Total fertility rate					4.1				4.1	→		0
Women who were married before 18 yrs							32.0			n.a.		
Women ages 15-49 who already had a child or are currently pregnant					31.5				31.8	↓		0.3
Population living under national poverty line										--		
GINI Index										--		

*Peri-urbana **Rural

Maputo City Situation Analysis Dashboard

		Indicator	Status	Source	Year	Severity	Trend	% Change
Nutritional Impact	Stunting	Prevalence of stunting among children 6-59 mo. old	23.2	DHS	2011		↑	-3.1
	Wasting	GAM prevalence among children 6-59 mo. old	2.2	DHS	2011		↓	+1.0
		SAM prevalence among children 6-59 mo. old	0.6	DHS	2011		↓	+0.4
	Vitamin A deficiency	Children <5 with Vitamin A deficiency	--	--	--	--	--	--
	Iron deficiency	Children 6-59 mo. with anemia	54.5	DHS	2011		n.a.	--
		Women 15-49 yrs with anemia	48.7	DHS	2011		n.a.	--
	IDD	Median urinary iodine level for School-aged children	82.0	MISAU	2004		n.a.	--
Underlying Causes	Food Security	Households with poor or borderline food consumption	--	--	--	--	--	--
		Global Hunger Index Score	--	--	--	--	--	--
	Health and Sanitation	Under 5 mortality rate	80	DHS	2011	TBD	↑	-9.0
		Proportion of deliveries at health institutions/units	91.8	DHS	2011	n.a.	↑	+1.7
		Households with access to improved water sources	98.9	DHS	2011		↑	+3.2
		Households with access to improved sanitation facilities	74.2	DHS	2011	TBD	↓	-10.4
	Care	Timely initiation of breastfeeding	69.4	DHS	2011		↑	+43.9
		Infants 0-5 mo exclusively breastfed	(32.5)	MICS	2008		↑	+14.2
		Children 6-23 mo receiving an acceptable diet	5.3	DHS	2011		n.a.	--
		Households with a washing station equipped with water and soap/cleansing material	59.9	DHS	2011	n.a.	n.a.	--
		Households taking 30+ minutes to fetch water	1.3	DHS	2011	TBD	↑	-6.7
Basic Causes	Education	Females that completed primary school or higher	64.3	DHS	2011	TBD	↑	+23
		Females 15-49 yrs who are literate	85.7	DHS	2011	TBD	↑	+3.7
	Population	Total fertility rate	3.1	DHS	2011	TBD	↑	-0.1
	Gender	Women who were married before 18 yrs	24.9	MICS	2008	n.a.	n.a.	--
		Women ages 15-19 who already had a child or are currently pregnant	19.5	DHS	2011	n.a.	↑	-0.7
	Poverty	Population living under national poverty line	--	--	--	--	--	--
GINI Index		--	--	--	--	--	--	

SEVERITY



Not currently a serious problem



Requiring action



Urgent Problem requiring urgent action



Not applicable

TRENDS



Improving



Deteriorating



No Change

Maputo City Trends

	1996	1997	2001	2002	2003	2004	2008	2009	2011	Trend	Change Latest	Change Oldest
	GHI	MPD	GHI	MISAU	DHS	MISAU	MICS	SETSAN	DHS			
Prevalence of stunting among children 6-59 mo. old					26.3		24.9		23.2	↑	-1.7	-3.1
GAM prevalence among children 6-59 mo. old					1.2		1.8		2.2	↓	+0.4	+1.0
SAM prevalence among children 6-59 mo. old					0.2		0.2		0.6	↓	+0.4	+0.4
Children <5 with Vitamin A deficiency									--	--		
Children 6-59 mo. with anemia									54.5	n.a.		
Women 15-49 yrs with anemia									48.7	n.a.		
Median urinary iodine level for School-aged children						82.0				n.a.		
Households with poor or borderline FSC								--	--	--		
Global Hunger Index Score									--	--		
Under 5 mortality rate					89		109		80	↑	-29	-9
Proportion of deliveries at health institutions/units					90.1		92.9		91.8	↑	-1.1	+1.7
Households with access to improved water sources					95.7		94.3		98.9	↑	+4.6	+3.2
Households with access to improved sanitation							84.6		74.2	↓	-10.4	
Improving timely initiation of breastfeeding					25.5		57.6		69.4	↑	+11.8	+43.9
Infants 0-5 mo exclusively breastfed					18.3		(32.5)		--	↑	+14.2	
Children 6-23 mo receiving an acceptable diet									5.3	n.a.		
Households with a washing station equipped with water and soap/cleansing material									59.9	n.a.		
Households taking 30+ minutes to fetch water							8.0		1.3	↑	-6.7	
Females that completed primary school or higher					41.3				64.3	↑		+23
Females 15-49 yrs who are literate					82.0				85.7	↑		+3.7
Total fertility rate					3.2				3.1	↑		-0.1
Women who were married before 18 yrs							24.9			n.a.		
Women ages 15-49 who already had a child or are currently pregnant					20.2				19.5	↑	-0.7	
Population living under national poverty line										--		
GINI Index										--		

Figures in parentheses are based on 25–49 unweighted cases. Percentages based on less than 25 unweighted cases are not shown