

2 ERADICATE HUNGER, ACHIEVE FOOD SECURITY, IMPROVE NUTRITION AND PROMOTE SUSTAINABLE AGRICULTURE

2.2 By 2030, end all forms of malnutrition, including reaching, by 2025, the internationally agreed targets on stunting and cachexia in children under the age of five, and meeting the nutritional needs of adolescents, pregnant and lactating women and elderly people

2.2.1 Prevalence of malnutrition (height for age) in children under 5 years old

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Not applicable

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Prevalence of dwarfism (height-to-age standard deviation <-2 da mediana dos Padrões de Crescimento Infantil da Organização Mundial da Saúde (OMS)) entre crianças menores de 5 anos em percentagem

Percentage

(height-to-age standard deviation <-2 da mediana dos Padrões de Crescimento Infantil da Organização Mundial da Saúde (OMS))

Child growth is an internationally accepted result, reflecting children's nutritional status. Infant dwarfism refers to a very young child for the age and is the result of chronic or recurrent malnutrition. Stunting is a risk factor that contributes to child mortality and is also an indicator of inequalities in human development. Atrophied children are unable to reach their physical and cognitive potential. Child stunting is one of the indicators of the World Health Assembly's nutrition goal.

The survey estimates come with levels of uncertainty due to sampling and non-sampling errors (eg technical measurement error, recording error etc.). Neither source of error has been fully taken into account to derive estimates either at the country level or at the regional and global levels.

Survey estimates are based on standardized methodology, using the WHO Child Growth Standards, as described in (Ref: Anthro software manual). Global and regional estimates are based on the methodology described in UNICEF-WHO, World Bank: Joint child malnutrition estimates - Levels and trends (UNICEF / WHO / BM 2012)

To assess the nutritional status of children, weight and height measurements were used. Based on these measures, it is possible to produce indicators of the nutritional status of the population, that is, height for age (H / A), weight for height (H / A) and weight for age (H / A).

The relationship between height and age or the A / I index is an indicator that reflects a situation of chronic malnutrition.

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

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

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The Demographic and Health Survey (IDS) in Mozambique is part of an international survey program (MEASURE DHS) developed by ICF International through a contract with USAID, with the purpose of supporting governments and private institutions in developing countries in conducting national surveys by sampling, in the areas of population and health. The MEASURE DHS Program aims to: • Support the formulation of policies and the implementation of programs in the areas of population and health; • Increase the international population and health data base for monitoring and evaluation; • Improve the survey methodology by sampling, and • Consolidate, in the survey area, the technical capacity of the executing institution in the country participating in the Program.

Quality Management Instrument still to be approved

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Quality Assessment Instrument still to be approved

Demographic and Health Survey (IDS)

The recommended data sources for calculating this indicator are household surveys (IOF and IDS) with national representation that constitute the data source. In either case, the child's height and weight should be measured following the recommended standard measurement techniques (WHO 2008).

The questionnaire for the collection of data from the Demographic and Health Survey was designed and subsequently tested in the field during the training of the interviewers.

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

- Household Questionnaire
- Women's Questionnaire
- Men's Questionnaire.

The Sample Design

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

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

Response rate

Of the 13,964 households interviewed in the survey, a total of 13,871 eligible women were identified. Interviews were conducted with 13,718 of these women, which resulted in a response rate of 99%.

Introduction • 13 In one third of the IDS household sample, interviews were also conducted with all eligible men found. Thus, of the 4,130 eligible men identified in the subsample of households selected for the men survey, 4,027 were successfully interviewed, giving a response rate of 98%

Data are available every 5 years and can be disaggregated by Area of rural and urban residence, by Province, sex, age, size at birth, mother's nutritional status, wealth quintile.

2021

2022

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Ministry of Health (MISAU), www.misau.gov.mz;

National Statistics Institute (INE), www.misau.gov.mz;

ICF International (ICFI), www.measuredhs.com

Not applicable