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MOZAMBIQUE

Early Childhood Development Brief

October 2025

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Background

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

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SDG Target 4.2
Ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

The Government of Mozambique's Strategy for Early Childhood Development (2012–2021) aimed to improve access to quality services for children from prenatal stages to five years old. The strategy focussed on safe motherhood, primary health care and nutrition, child protection, birth registration, early learning opportunities, and professional training for educators.

In 2018 the World Health Organization, together with UNICEF and the World Bank, released a document titled "*Nurturing Care Framework for Easrly Childhood Development*".[1] This framework recognizes that caregivers are the closest people to the young child in the period from pregnancy to age three, and are therefore the best providers of nurturing care. To reach their full potential, children need the five components of nurturing care: health, adequate nutrition, security and safety, responsive caregiving, and opportunities for early learning.

The DHS 2022 included, for the first time, a module to gather data in line with the Early Childhood Development Index (ECDI2030). This index captures the achievement of key developmental milestones by children aged 24–59 months, i.e., between 2 and 4 years old (2 to under 5). Mothers or primary caregivers were asked 20 questions about how their children behave in certain everyday situations, and the skills and knowledge they have acquired across three domains: health, learning and psychosocial well-being. As children get older, they are expected to attain an increasing number of milestones. This thematic brief focusses on the ECDI2030 findings, and some of the factors driving ECD.

[1] Throughout this document, the term "children aged 2–4 years" refers to those aged 24–59 months (i.e. 2 to under 5 years).

1 Early Childhood Development Index levels in Mozambique

Key fact: According to the DHS 2022, fewer than four in every 10 children aged 2-4 in Mozambique are developmentally on track.

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According to the DHS 2022, 39% of children aged 2-4 are developmentally on track, while 61% are behind. Clearly, there are significant challenges impacting on the development of young children. The DHS 2022 data also indicates that children in Mozambique are falling further behind as they get older. At 2 years old, 51% of children are developmentally on track, at 3 years old, 39% are on track, and at 4 years old, only 25% are on track (Figure 1).

Children living in urban areas are more likely to be developmentally on track compared to those in rural areas. In urban areas, 53% of children aged 2-4 years are developmentally on track, while only 33% of children in rural areas are on track (Figure 2).

Household wealth plays a critical role in early childhood development. Only 27% of children from the poorest households are on track (Figure 3). The proportion of on-track children increases with household wealth – 63% of children from the richest households are on track.

These two factors – location and income – are closely intertwined. Children in rural areas are more likely to come from poorer households, with the result that they face greater barriers to reaching their full potential, which reinforces rural-urban inequality.

Figure 1: Children 2-4 years who are developmentally on track according to the ECDI2030 (2022)

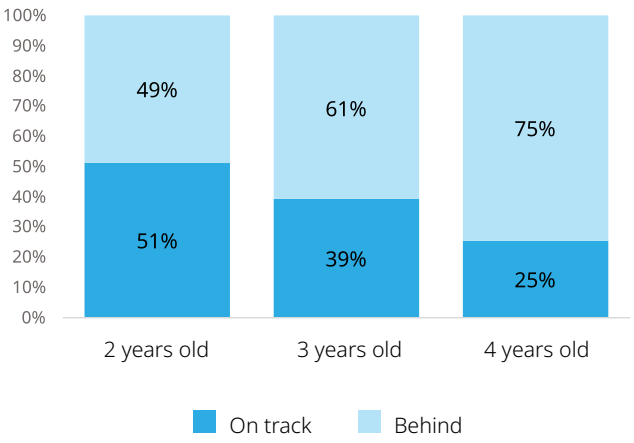


Figure 2: Children 2-4 years who are developmentally on track by urban/rural areas (2022)

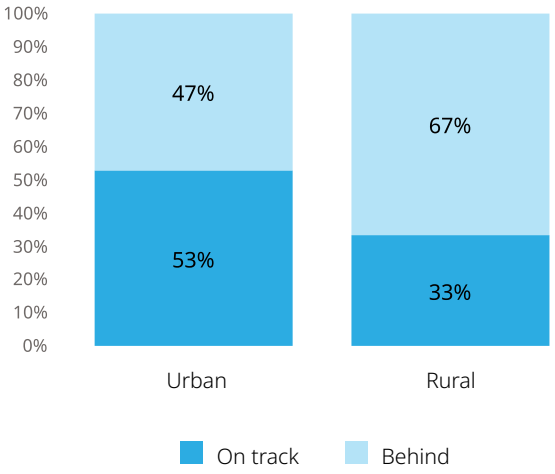
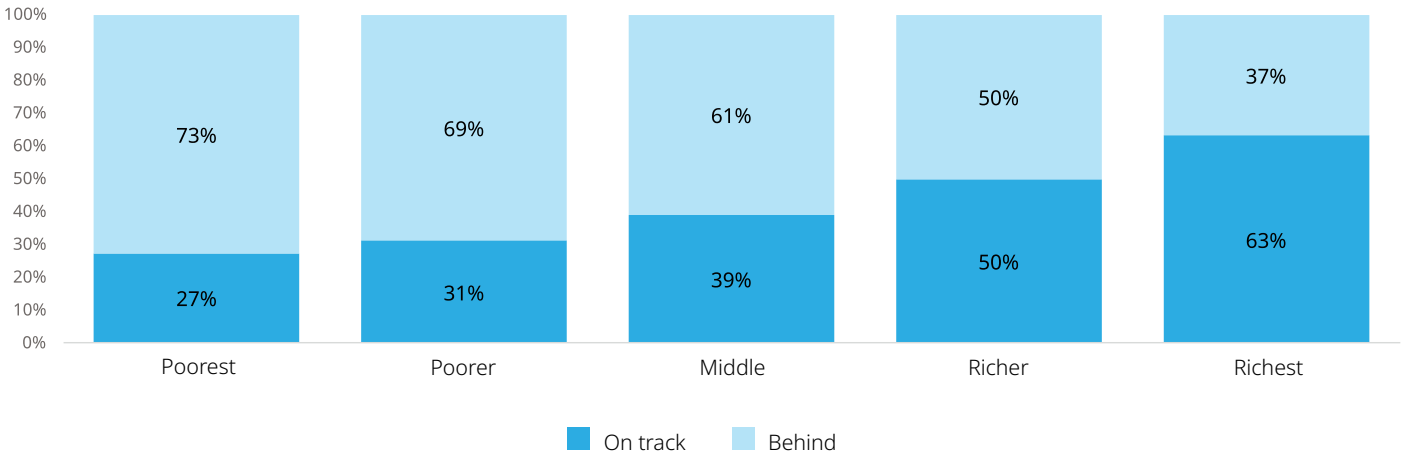


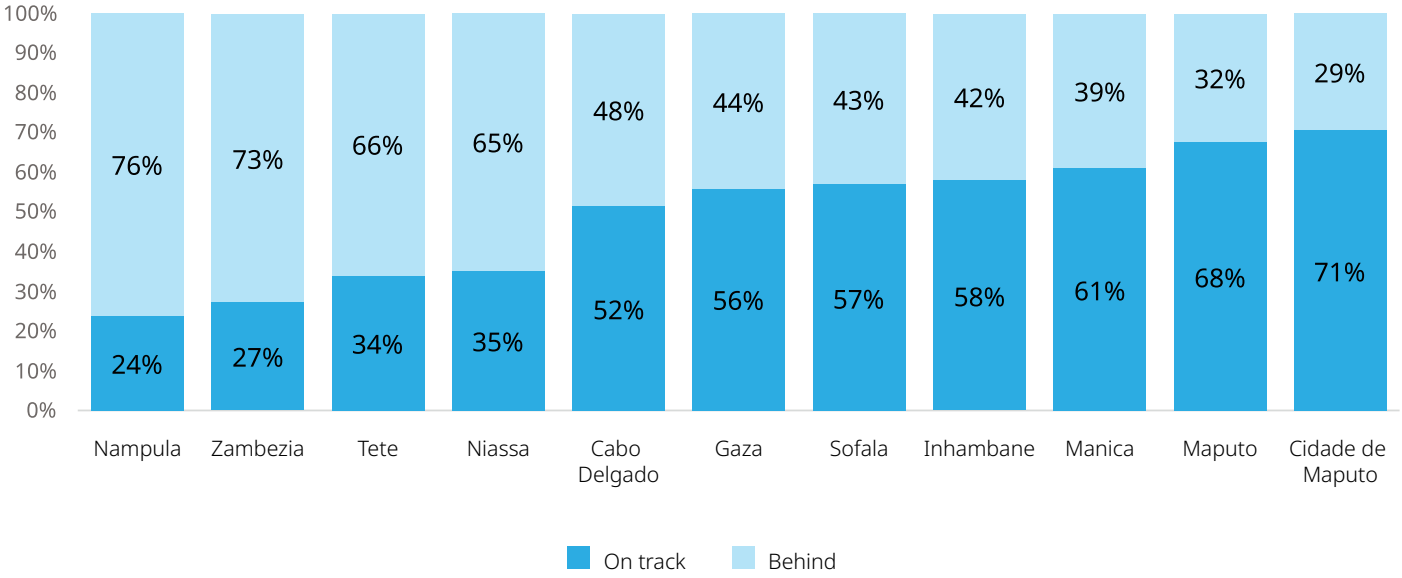
Figure 3: Children 2-4 years who are developmentally on track by household wealth (2022)



There are also significant disparities in early childhood development across Mozambique's provinces, mirroring the urban-rural and income divides (Figure 4). In Cidade de Maputo, 71% of children aged 2-4 years are developmentally on track, followed by Maputo Province (68%), Manica (61%) and Inhambane (58%). These provinces have higher urbanization rates, and better access to health and education services. In contrast, the provinces with a lower proportion of children on track are predominantly rural, and have higher levels of poverty particularly Nampula (24%), Zambézia (27%) and Tete (34%).

The DHS 2022 data show that in Cabo Delgado, over 52% of children aged 2-4 years are on track despite the province being poorer and rural (Figure 4). There is a possibility that the DHS 2022 is not fully representative of the reality in Cabo Delgado, due to the high number of internally displaced persons and challenges faced in reaching certain enumeration areas due to conflict.

Figure 4: Children 2-4 years who are developmentally on track by province (2022)



2 Underlying and enabling determinants of ECD outcomes

Key fact: According to the DHS 2022, only 1 in 4 children from households in the poorest wealth quintile are likely to be developmentally on track.

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As noted above, household wealth is a key enabling determinant of young children's early development. This is because higher incomes are associated with a range of other positive variables, such as better-educated mothers, older mothers, better nutrition, better health care, improved WASH services, and access to preschools.

Mothers' levels of education have a strong influence on their children's developmental outcomes. Only 32% of children whose mothers have no education are on track, rising to 36% where the mothers have primary education, 55% where the mothers have secondary education, and 74% if the mothers have a higher education (Figure 5). The data underscores the importance of promoting girls' education, and programmes to train parents in responsive parenting.

Child development outcomes also improve as maternal age at birth increases. Only 33% of children aged 2-4 years born to mothers under 18 are on track, compared to 43% of children born to mothers aged 30–35 years (Figure 6). This trend likely correlates to mothers' education and income, since younger mothers often have lower education levels and come from poorer households.

Figure 5: Children 2-4 years who are developmentally on track by mothers' education (2022)

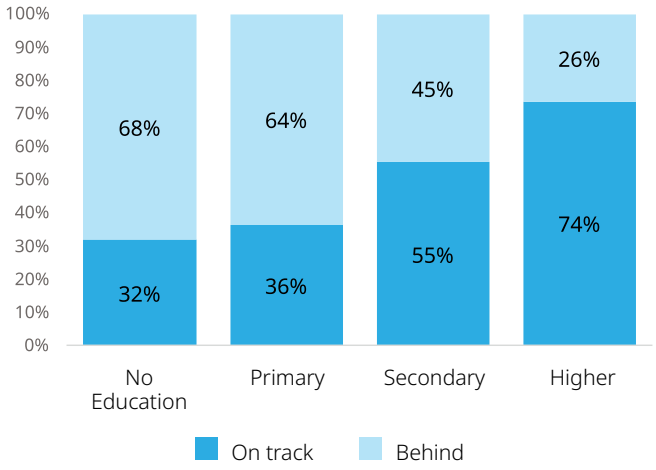
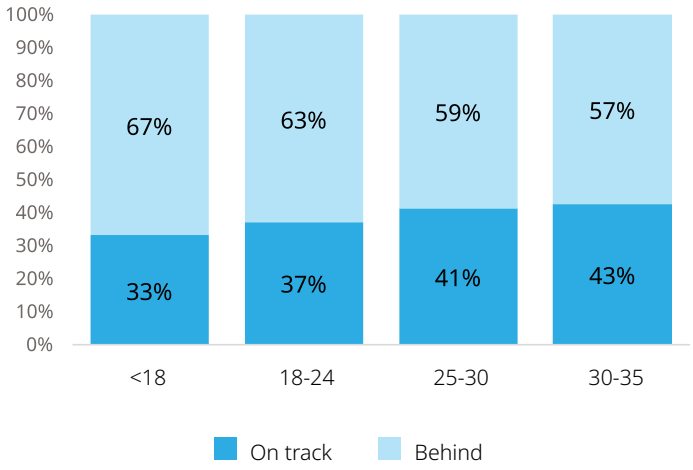


Figure 6: Children 2-4 years who are developmentally on track by maternal age at birth (2022)



3 Health and nutrition

Key fact: 68% of children 2-4 years old suffering from severe stunting are not developmentally on track.

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There is general agreement that the first 1,000 days, from conception to a child's second birthday, are critical to ensuring that children both survive and thrive. During this period, the brain is developing at its fastest pace – it is twice as active as an adult brain. The neural connections formed during a child's first 1,000 days of life determine their physical and mental health, their lifelong capacity to learn, their ability to adapt to change, and their psychological resilience[2]. For this reason, it is critically important that there are ongoing efforts to strengthen interventions during the first 1,000 days, including antenatal care, micronutrient supplementation (especially folic acid and iron), clinic-based deliveries, advice on breastfeeding and feeding practices, monitoring infants' growth, vaccinations, and promoting responsive parenting, early stimulation and positive discipline.

Early initiation of breastfeeding, specifically within the first hour after birth, has a strong association with developmental progress. Among children who were put to the breast within the first hour, 68% are developmentally on track, compared to just 46% of children who were not breastfed within this critical window. While more detailed analysis of breastfeeding and diet is limited due to small sample sizes, their role in shaping nutrition outcomes is well-established. As explored in the brief on malnutrition, inadequate breastfeeding and poor feeding practices contribute to anaemia, stunting and underweight which, as shown here, have direct links to developmental delays. This reinforces the need for integrated early childhood interventions that address nutrition alongside parenting practices to support holistic child development.

The DHS 2022 data show that children 2-4 years old who are facing nutritional deficiencies and growth delays are more likely to be behind developmentally (Figure 7). This confirms the strong link between good nutrition and the physical, cognitive and emotional development of children.

Severe anaemia (iron deficiency) in infancy correlates with children who have poorer cognitive function and lower scores in school achievement tests, suggesting that irreversible abnormalities result from a deficiency at a critical period of growth and differentiation of the brain[3]. This is of grave concern in Mozambique, as the DHS 2022 indicates that 88% of infants below one year suffer from anaemia. Overall, 72% of children under five suffer from anaemia, with 44% of them having moderate to severe anaemia. Correlating anaemia to the ECDI2030 data show that 55% of children with mild anaemia are not developmentally on track, 60% with moderate anaemia are not on track, and 78% with severe anaemia are not on track (Figure 7).

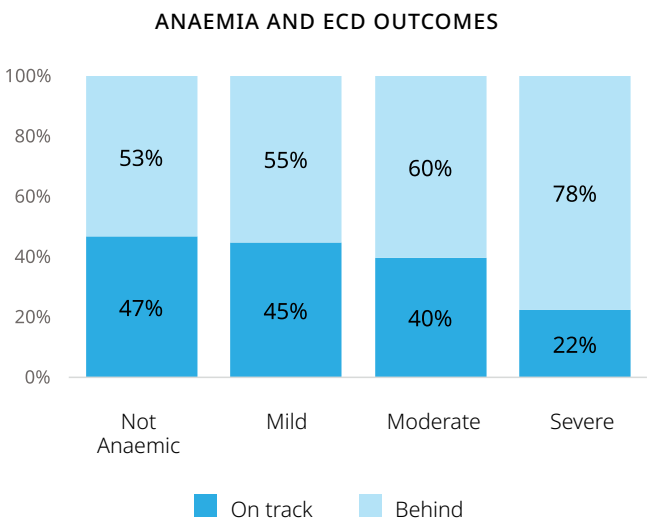
[2] https://ilifalabantwana.co.za/wp-content/uploads/2017/07/THE-FIRST-1000-DAYS-OF-LIFE.pdf

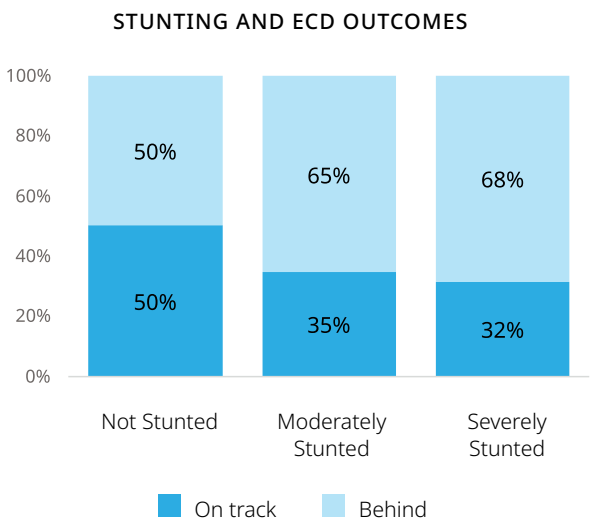
[3] Lozoff B, Jimenez E, Hagen J, Mollen E, Wolf AW. Poorer behavioral and developmental outcome more than 10 years after treatment for iron deficiency in infancy. Pediatrics. 2000;105:e51. doi: 10.1542/peds.105.4.e51. www.pediatrics.org/cgi/content/full/105/4/e51

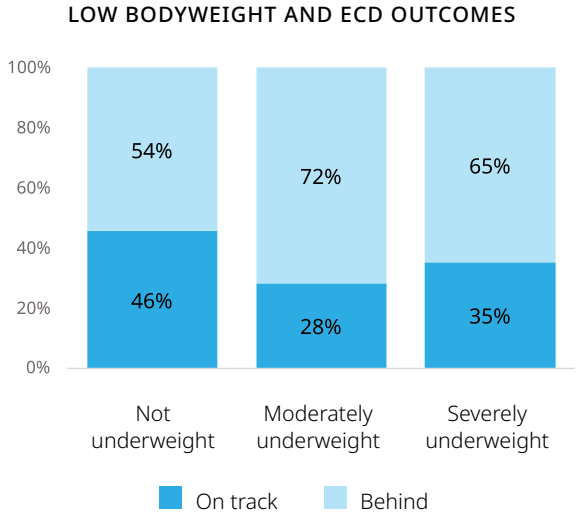
Stunting is caused by long-term undernutrition, often linked to poverty, poor maternal health, illness and inadequate care. It prevents children from reaching their full potential. In Mozambique, 36% of children under five are stunted. Stunting is associated with poor development. Of non-stunted children aged 2-4 years, 50% are developmentally on track, compared to only 32% of severely stunted children (Figure 7). Similarly, low bodyweight also leads to lower development outcomes. Of children under five in Mozambique, 15% are underweight. Of the non-underweight children, 46% are on track developmentally, while only 28% of those who are moderately underweight, and 35% of those who are severely underweight, meet the minimum number of milestones to be classified as developmentally on track (Figure7).

The DHS 2022 data also show that improved WASH services positively correlate with better early ECD outcomes. Of children living in a household with basic handwashing facilities, 63% are developmentally on track compared to only 35% with no handwashing facilities, while 75% of children with access to basic sanitation are developmentally on track compared to 35% of those with access to only unimproved sanitation.

Figure 7: Children 2-4 years who are developmentally on track by different types of malnutrition (2022)







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4 Security and Safety

Key fact: According to the DHS 2022, children whose mothers do not suffer from depression or anxiety are twice as likely to be developmentally on track compared to children whose mothers do suffer from depression and anxiety.

It is important for families to provide young children with environments where they feel safe and secure. This means ensuring the home is clean and safe, and that adults interact with the young children in a loving, nurturing manner free from violence. It is particularly important that caregivers have good mental health to provide such care. The DHS 2022 data show that children whose mothers suffer from depression and anxiety are less likely to be developmentally on track. Where the mothers do not suffer from depression or anxiety, 42% of their children are developmentally on track while, if the mothers suffer from severe depression or severe anxiety, only 21% and 25% of their children are on track respectively (Figure 8).

Children with functional difficulties face greater developmental challenges. The DHS 2022 data show that only 29% of children aged 2-4 years with a functional difficulty are on track, compared to 40% of children with no functional difficulty (Figure 9). This gap points to an area for intervention.

Figure 9: Children 2-4 years who are developmentally on track by child's functional difficulty (2022)

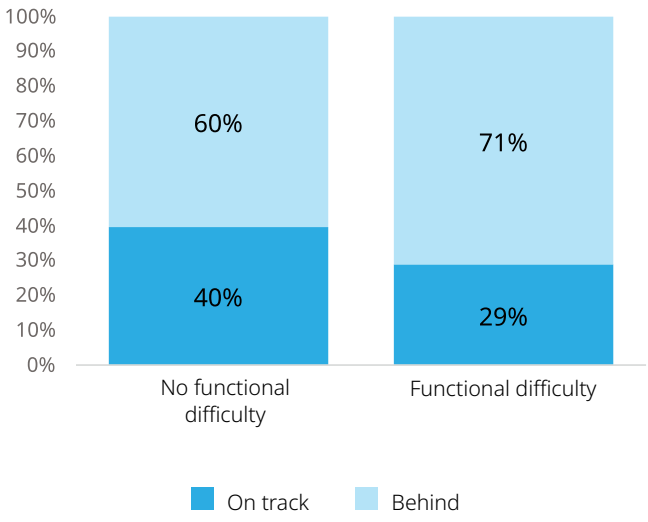
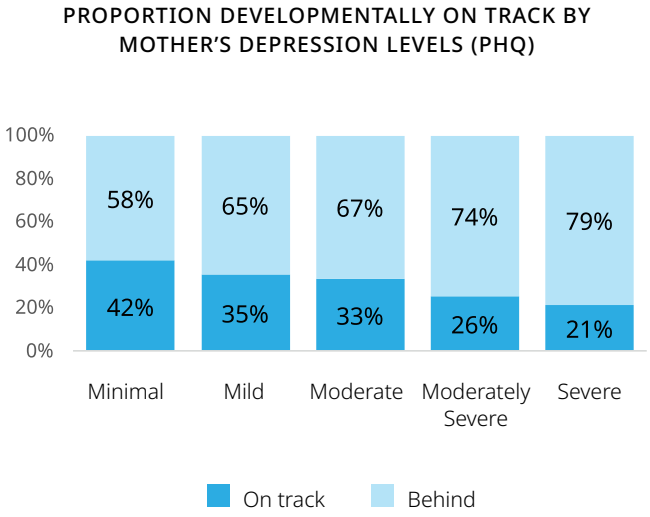
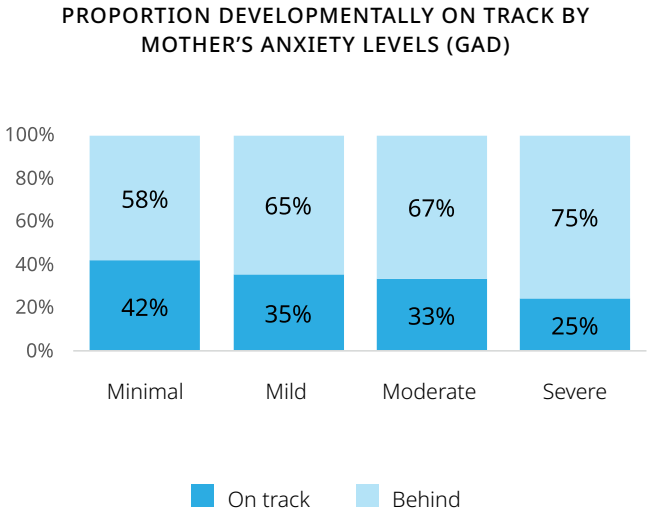


Figure 8: Children 2-4 years who are developmentally on track by functional difficulty (2022)





5 Early Learning

Key fact: According to the DHS 2022, children who attend early childhood education are more than twice as likely to be developmentally on track compared to those who don't.

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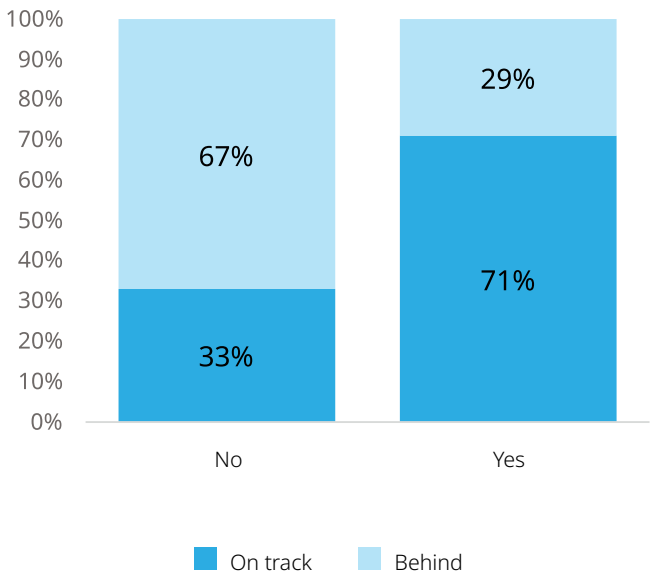
As noted above, the first 1,000 days are critically important for children to survive and thrive. However, investing in the next 1,000 days of a child's life, from 2-4 years of age, offers a window of opportunity to promote nurturing and caring environments, establish healthy behaviours, and build on early gains to sustain or improve trajectories of healthy development. It is important that the health, education and social welfare sectors co-ordinate to ensure the implementation of interventions to support parents and improve the quality of education and care[3]. Caregivers need to be equipped with the knowledge and skills to provide a stable, nurturing environment for young children, and to engage them in play-based / active learning approaches. It is notable that, at 2 years old, 51% of children are developmentally on track, at age 3 years, 39% are on track, and at age 4 years, only 25% are on track. This indicates that children aged 3-4 years are not receiving the developmental and learning support they need.

The DHS 2022 data highlights the key role of preschool in children's development. Of children 2-4 years old who attend preschool, 71% are developmentally on track compared to only 33% of children who do not attend preschool. This gap reflects the crucial role preschool plays in providing stimulation, structured learning and socialization, all of which enhance cognitive and socio-emotional skills. However, it also emphasizes the impact of disparities in income, maternal education and access to preschool services. According to the DHS 2022, only 2.6% of children aged 0–5 years attend preschool in Mozambique. This is the lowest level of access in sub-Saharan Africa. There is an urgent need to improve children's school-readiness for a smooth transition into formal schooling.

Figure 10: Children 2-4 years who are developmentally on track by preschool attendance (2022)



[3] Draper, C. et al. 2024. The next 1000 days: building on early investments for the health and development of young children. The Lancet, Volume 404, Issue 10467.

Proposed Policy Priorities

Proposed Policy Priorities

To improve early childhood development outcomes, the following policy priorities are recommended:

1. Promote access to family planning

Teenage pregnancies and early childbearing are risky, both for the young mothers and their children. It is therefore important to provide adolescent girls with family planning advice and access to modern methods of contraception to delay childbearing and promote the spacing of children.

2. Promote better feeding practices

Building on the promotion of the early initiation of, and exclusive, breastfeeding in the first six months of an infant's life, it is important to train caregivers on transitioning infants to solid foods, and on the feeding of young children, focussing on the need for diet diversity, adequacy, and meal regularity to ensure young children receive the nutrition they require to survive and thrive. It would be important to combine this with WASH interventions to address risks associated with poor water quality and inadequate sanitation.

3. Improving micronutrient supplementation

Given the prevalence of anaemia and other micronutrient deficiencies, it is important to strengthen supplementation for pregnant women and young children, particularly iron, folic acid, iodine and vitamin A.

4. Expand coverage of parenting support programmes

Strengthen evidence-based parenting interventions to improve early stimulation, responsive caregiving and positive discipline. Programmes should also address maternal mental health – depression and anxiety – and provide support where there is domestic violence. Targeted outreach should prioritize vulnerable families and adolescent mothers in rural and disadvantaged settings.

5. Expanding access to quality early childhood education

Increase the availability of affordable, quality preschool, prioritizing rural and low-income communities where children are more likely to experience developmental delays. This includes scaling up preschool infrastructure, training early childhood education teachers, integrating early childhood development into the national education system, and strengthening community-based early learning centres. The aim should be to ensure each child receives at least one year of pre-primary education. Children who receive quality preschooling are better prepared for school and more likely to reach their full potential.

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Wherever he lives.

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A fair chance.

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The most excluded.

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And never give up.

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