

Overview

Approximately 2.09 million people are experiencing high levels of acute food insecurity (IPC Phase 3 or above) between April and September 2025, with 143,000 people experiencing Emergency levels (IPC Phase 4), characterised by large food gaps and high levels of acute malnutrition. The remaining 1.95 million people are experiencing IPC Phase 3 (Crisis). It is important to note that of the areas classified in IPC Phase 3 (Crisis), 21 have populations in IPC Phase 4 (Emergency), requiring urgent action to save lives, protect livelihoods and ensure access to humanitarian assistance.

The key drivers of the situation include climatic shocks such as drought and irregular rainfall in the southern and central areas of the country, in addition to high food prices. In recent months, the northern region of the country has experienced a cessation of hostilities and a degree of stabilisation, enabling the return of approximately 700,000 people. However, more than 9,000 people remain internally displaced within Cabo Delgado. Both displaced households and those in the process of returning to secure areas frequently face significant challenges, including limited access to agricultural production, livestock, and other income-generating activities. Their capacity to resume sustainable livelihoods remains severely constrained, leaving many entirely reliant on humanitarian food assistance. Meanwhile, sporadic attacks persist in the districts of Macomia and Quissanga, where conflict continues to undermine security and recovery efforts.

The situation is expected to deteriorate in the projected period (October 2025 to March 2026), with 2.67 million people expected to face high levels of acute food insecurity, classified in IPC Phase 3 or above (Crisis or worse). This includes 170,000 people in Phase 4 and 2.5 million people in Phase 3. The anticipated deterioration is primarily due to the early exhaustion of household food reserves, particularly among families impacted by irregular rainfall patterns. Agricultural projections have been disrupted by ongoing population movements—both returns and displacements driven by insecurity—that have further undermined production capacity. Compounding these challenges are seasonally elevated food prices and the continued effects of conflict and displacement in the northern regions, all of which contribute to heightened vulnerability and reduced food security.

Regarding the nutritional situation in the country, it is estimated that approximately 114,278 children aged 6-59 months, as well as 23,151 pregnant and breastfeeding women (PBW), are suffering or expected to suffer from acute malnutrition (AMN) through March 2026. Regarding the severity of the situation, from April to September 2025, the Mopeia district in Zambézia province is classified in IPC AMN Phase 3 (Severe). Six other districts—Derre (Zambézia), Mutarara (Tete), Macossa (Manica), Mossuril and Angoche (Nampula), and Muanza (Sofala)—are classified in IPC AMN Phase 2 (Alert).

The main contributing factors to acute malnutrition in Mozambique include cholera and measles outbreaks in the Angoche district of Nampula province, low food consumption levels, poor access to clean water sources, limited access to basic health services, climatic shocks, and the effects of cyclones Chido, Dikeledi, and Jude which left many people homeless and without access to food.

Between October 2025 and March 2026, the nutritional situation is projected to deteriorate across the majority of districts. This decline is expected to be driven by the depletion of household food reserves, limited access to safe drinking water, and inadequate coverage of essential health and sanitation services. These factors collectively heighten the risk of malnutrition, particularly among vulnerable populations.

Cuts to humanitarian food security assistance (HFSA) in Mozambique have also greatly affected people in areas vulnerable to extreme weather events (drought, cyclones, and floods), as well as victims of conflict in Cabo Delgado, leaving more children and women vulnerable to acute food insecurity and acute malnutrition.



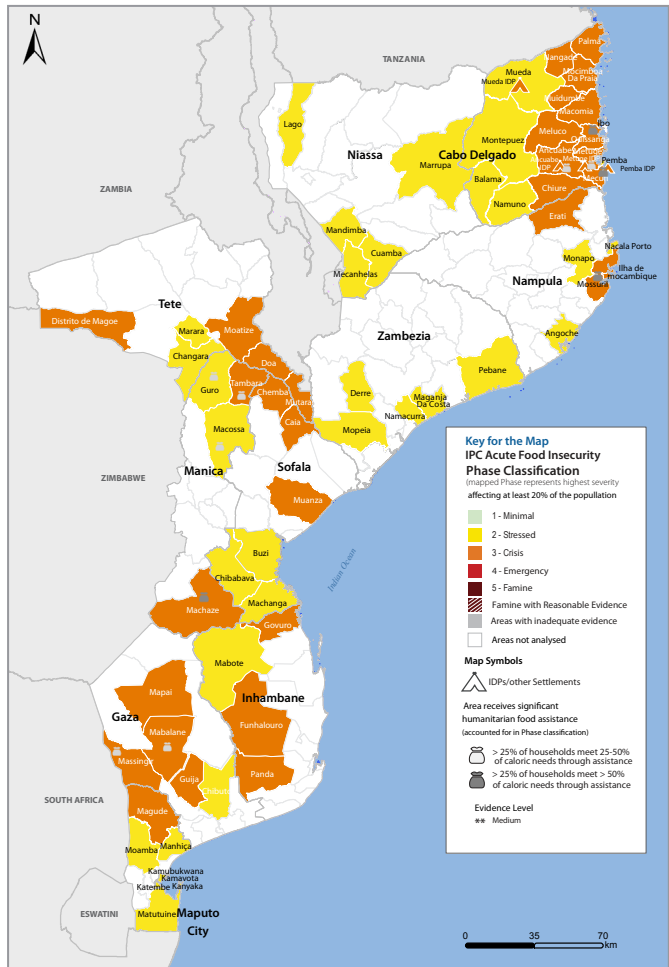
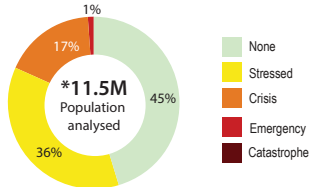
Current Acute Food Insecurity | April - September 2025



2.09 M

About 2.09 million people in Mozambique are experiencing high levels of acute food insecurity, classified in IPC Phase 3 or above (Crisis or worse) between April and September 2025.

18 percent of the analysed population are experiencing high levels of acute food insecurity (IPC Phase 3 or above).



Key Drivers | Acute Food Insecurity



Climatic shocks

Drought and irregular rainfall affected approximately 1.5 million people in the southern and central areas of the country. Strong winds, cyclones and flooding affected over 1 million people in other parts of the country.



High food prices

Although the National Statistics Institute recorded a slight drop in the Consumer Price Index, this reduction was not reflected in the price of basic food products for most low-income households.



Conflict

Despite the relative cessation of conflict in the region, many displaced households and those returning to secure areas continue to face restricted access to agricultural production, livestock, and other income-generating activities. As a result, a significant portion of these populations remains fully reliant on humanitarian food assistance to meet their basic needs.



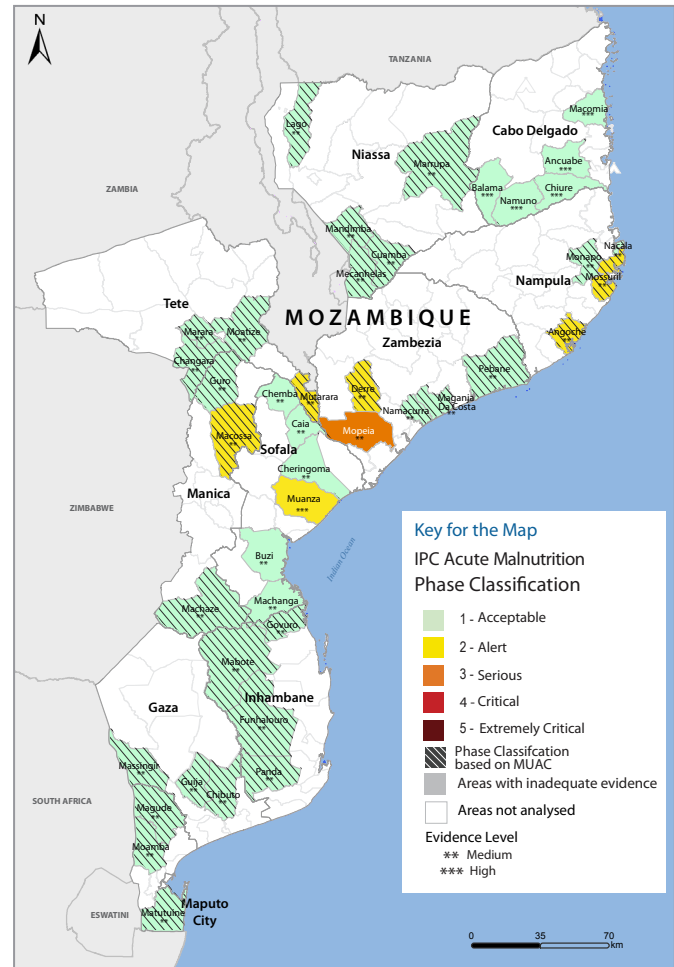
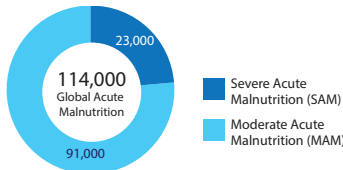
Current Acute Malnutrition | April - September 2025



114,000

More than 114,000 children aged 6-59 months in Mozambique are suffering or expected to suffer acute malnutrition through March 2026. More than 29,000 pregnant or breastfeeding women will likely suffer acute malnutrition in the same period.

More than 23,000 children aged 6-59 months are suffering or expected to suffer severe acute malnutrition.



Contributing Factors | Acute Malnutrition



High disease burden

Recent outbreaks of cholera and measles have been reported, exacerbating the nutritional vulnerability of children and highlighting persistent challenges in accessing essential health services. In addition, there has been a marked rise in cases of acute diarrhea and dysentery, further straining public health systems and increasing risks of malnutrition, particularly among young children.



Low food consumption levels

The minimum dietary diversity and the minimum acceptable diet among the analysed population are below 10 percent, indicating that the vast majority of children are not consuming a nutritionally balanced diet.



Poor access to WASH services

The combination of unsanitary environments, poor hygiene practices, and limited access to water and sanitation services create a cycle of poor nutrition and illness, especially after crises.

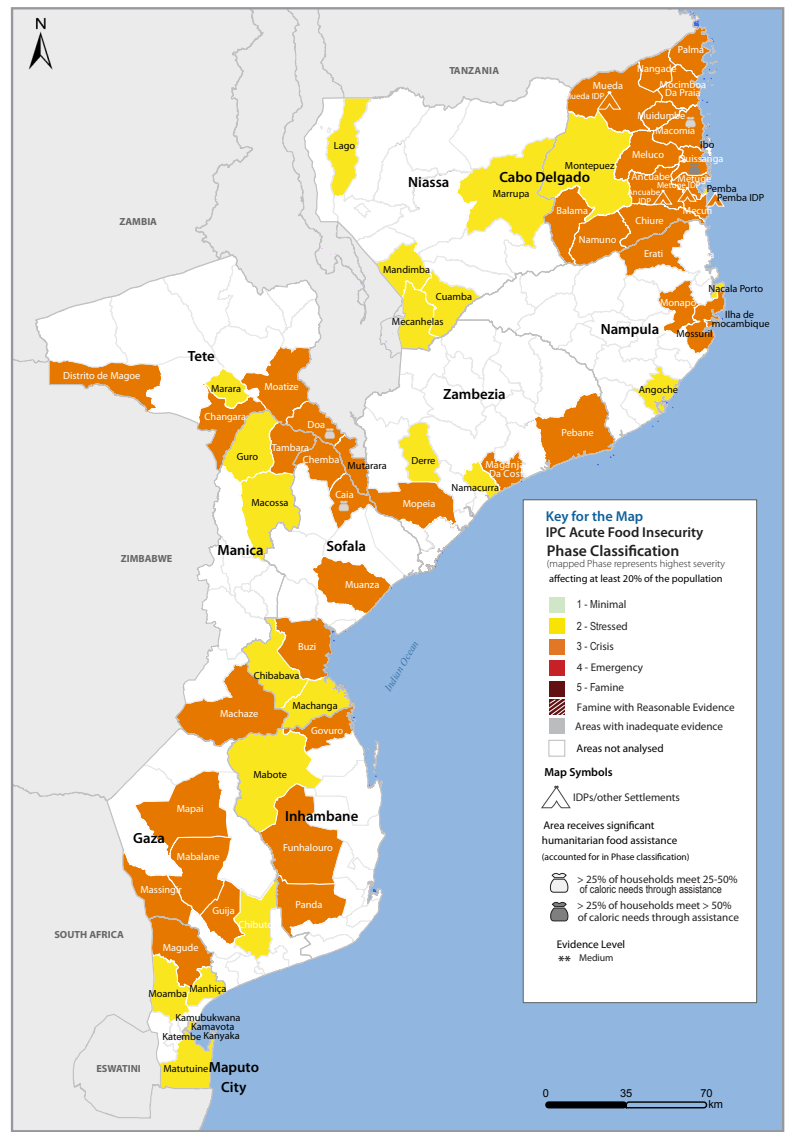
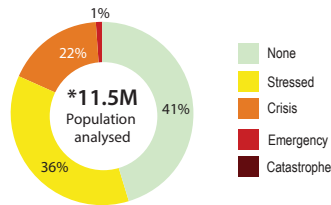


Projected Acute Food Insecurity | October 2025 - March 2026

2.67 M

About 2.67 million people in Mozambique are likely to experience high levels of acute food insecurity, classified in IPC Phase 3 or above (Crisis or worse) between October 2025 and March 2026.

23 percent of the analysed population is likely to face levels of acute food insecurity (IPC Phase 3 or above).

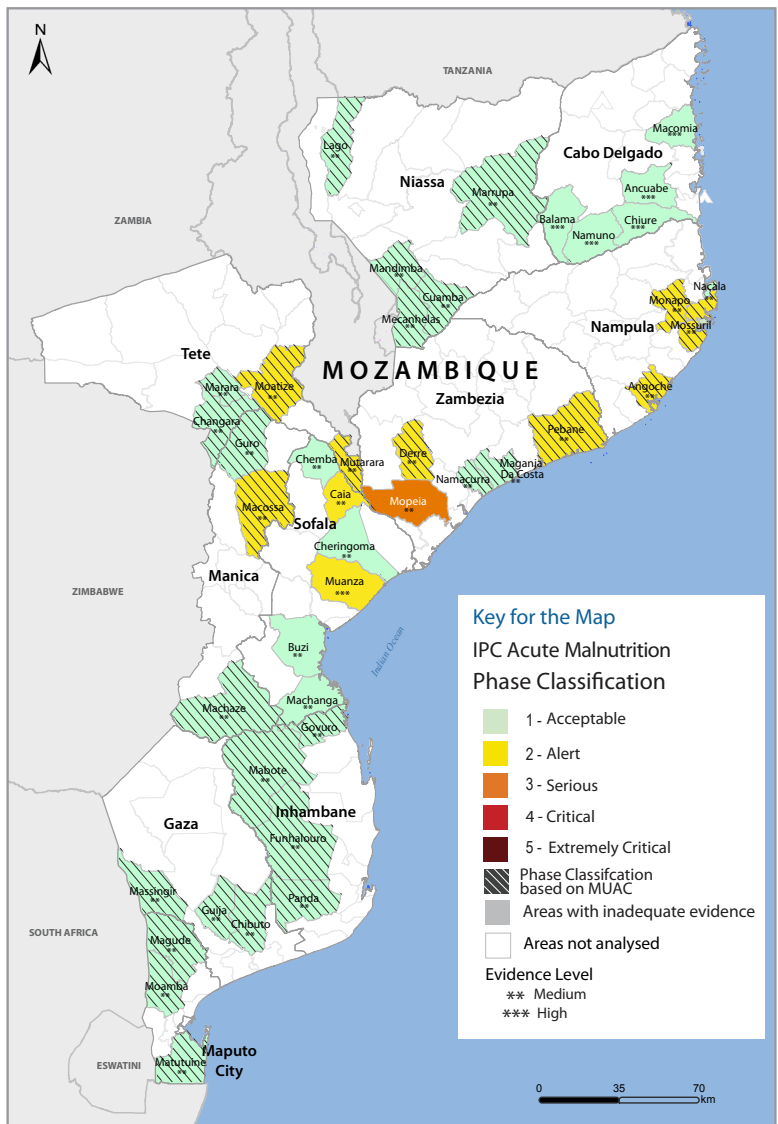
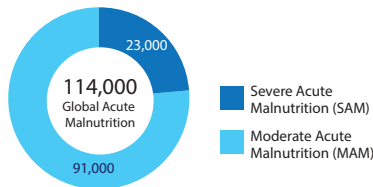


Projection Acute Malnutrition | October 2025 - March 2026

114,000

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Recommended Actions



**Provide food and livelihood assistance and increase the resilience of internally displaced people (IDPs):**  
Place an emphasis on agricultural production while maintaining humanitarian food assistance. Continue livelihood provision programs to reduce dependence on humanitarian food assistance and provide agricultural and fishery inputs to the market.



**Scale up identification and treatment of acute malnutrition:**  
Targeted interventions are required to address current cases of acute malnutrition and to reinforce response capacity and community resilience. This includes tackling the underlying drivers of acute malnutrition, maintaining ongoing monitoring of contributing conditions, and implementing timely, evidence-based response planning. Continuous surveillance of key risk factors is essential to ensure that any significant changes—whether improvement or deterioration—are promptly identified and reflected in updated situational analyses.



**Improve coverage of safe water, sanitation, and hygiene (WASH):**  
Inadequate WASH services remain a challenge. The combination of unsanitary environments, poor hygiene practices, and limited access to water and sanitation services creates a cycle of poor nutrition and illness, especially after crises. Improve access to safe water over the projected period to coincide with the expected normal to above-normal rainfall.

Acute Food Insecurity phase name and description

Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • have food consumption gaps that are reflected by high or above-usual acute malnutrition; or • are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • have large food consumption gaps that are reflected in very high acute malnutrition and excess mortality; or • are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation	Households have an extreme lack of food and/or are unable to meet other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident.  (For Famine classification, an area needs to have extreme critical levels of acute malnutrition and mortality.)

Acute Malnutrition phase name and description

Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
Less than 5% of children are acutely malnourished.	5–9.9% of children are acutely malnourished.	10–14.9% of children are acutely malnourished.	15–29.9% of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	30% or more children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.

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