

# Mozambique

## DEMOGRAPHIC AND ECONOMIC ESTIMATES

<b>Population (2012)<sup>a</sup></b>	<b>25.20 M</b>
<b>Urban population (2012)<sup>a</sup></b>	<b>7.92 M</b>
<b>Rural population (2012)<sup>a</sup></b>	<b>17.28 M</b>
<b>Population growth rate (2012)<sup>a</sup></b>	<b>2.49%</b>
<b>Gross domestic product USD (2012)<sup>b</sup></b>	<b>14.24 billion</b>

<sup>a</sup> World Population Prospects: The 2012 Revision, UNDESA 2013.

<sup>b</sup> World Development Indicators, World Bank 2013.

## HEALTH ESTIMATES

<b>Infant mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>63.1</b>
<b>Under 5 mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>89.7</b>
<b>Life expectancy at birth (2012)<sup>d</sup></b>	<b>53 yrs</b>
<b>Diarrhoea deaths attributable to WASH (2012)<sup>e</sup></b>	<b>9499</b>

<sup>c</sup> Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

<sup>d</sup> World Health Statistics, WHO 2014.

<sup>e</sup> Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

## SANITATION AND DRINKING-WATER ESTIMATES

<b>Use of improved sanitation facilities (2012)<sup>f</sup></b>	<b>21%</b>
<b>Use of drinking-water from improved sources (2012)<sup>f</sup></b>	<b>49%</b>

<sup>f</sup> Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

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## Sanitation, drinking-water and hygiene status overview

Mozambique implicitly recognizes the human right to water and sanitation in the following legal documents:

- National Constitution, article 11 – Objectives of the State; article 40 – Right to life; article 42 – Ordinary fundamental rights; and
- Water Law 16/1991, article 26 – under this article, water supply is the primary priority over other uses.

Because the government recognizes that everyone is entitled to the right of having basic social services, it subsidizes the provision of water by either public or private providers. For both water supply and sanitation in urban and rural areas, the tariffs do not cover the full cost of running the services. Thus it is the responsibility of the government to cover the gap.

Communities are active in the water sector in Mozambique. For example, with regard to sustainability measures, communities help co-finance maintenance costs and there are compulsory public consultations for service provision projects. Additionally, beneficiaries are involved in the whole cycle of service provision projects through the creation of Water Committees in rural areas. When creating the Water Committees, gender is taken into consideration to achieve a gender balance.

Mozambique also has plans/policies to improve WASH access for disadvantaged groups. For poor populations, there is a subsidy for water tariffs depending on the volume of consumption. The Council for Water Regulation applies subsidized tariffs meant to help poor people afford water, and people in both formal and informal settlements are eligible to receive them. For people living in slums and informal settlements, there are facilities for quick connections to the network and the option to pay in installments. Measures to reach people living with disabilities are currently under development and will be included in the Strategies for Water and Sanitation Provision Services.

Five ministries are involved in water, sanitation and hygiene in Mozambique. While a formal coordination mechanism is currently under development, the National Stakeholder Group for Water Supply, Hygiene and Sanitation (GAS) meets on a monthly basis. The platform is more for sharing information rather than coordination itself. It is chaired by the National Directorate of Water and assisted by UNICEF-Mozambique. It encompasses governmental institutions, NGOs, the private sector, and other interested parties. Additionally, an inter-institutional group for sanitation meets on a quarterly basis.

# Highlights based on country reported GLAAS 2013/2014 data<sup>1</sup>

## I. Governance

The Ministry of Public Works and Housing leads both sanitation and drinking-water services. Responsibilities for hygiene are shared with the Ministry of Health.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Public Works and Housing (National Directorate of Water)	✓	✓	✓
Ministry of Health			✓

Number of ministries and national institutions with responsibilities in WASH: **5**

Coordination between WASH actors includes: ✓ All ministries and government agencies  
 ✓ Nongovernmental agencies  
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET	
		(%)	YEAR
Urban sanitation	✓	67%	2015
Rural sanitation	✓	60%	2015
Sanitation in schools		70%	
Sanitation in health facilities	✓		
Urban drinking-water supply	✓	70%	
Rural drinking-water supply	✓	70%	2015
Drinking-water in schools		70%	
Drinking-water in health facilities	✓		
Hygiene promotion	✓		
Hygiene promotion in schools			
Hygiene promotion in health facilities	✓		

There are specific plans implemented addressing the issues of reliability/continuity of urban and rural water supplies and ensuring that drinking-water quality meets national standards.

### SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES<sup>a</sup>

	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES
Keep rural water supply functioning over long-term	Low —————> High
Improve reliability/continuity of urban water supply	Low —————> High
To rehabilitate broken public latrines	Low —————> High
Safely empty or replace latrines when full	Low —————> High
Reuse of wastewater or septage	Low —————> High
Ensure DWQ meets national standards	Low —————> High
Address resilience to climate change	Low —————> High

<sup>a</sup> Including implementation.

<sup>1</sup> All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

## II. Monitoring

There is a high level of data availability reported for policy-making and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE	
<b>Latest national assessment</b>	March 2013		March 2013		March 2013	
<b>Use of performance indicators<sup>a</sup></b>	●		●		●	
<b>Data availability for decision-making<sup>a</sup></b>					Health sector	
Policy and strategy making	✓		✓		✓	
Resource allocation	✓		✓		NA	
National standards	NA		✓		NA	
Response to WASH related disease outbreak	NA		NA		✓	
<b>Surveillance<sup>b</sup></b>	Urban	Rural	Urban	Rural		
Independent testing WQ against national standards	NA	NA	✓	✓		
Independent auditing management procedures with verification	NA	NA				
Internal monitoring of formal service providers	✓	✓	✓	✓		
<b>Communication<sup>a</sup></b>						
Performance reviews made public	✗		✓ ✗			
Customer satisfaction reviews made public	✗		✓ ✗			

<sup>a</sup> ✗ Few. ● Some. ✓ Most.

<sup>b</sup> ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

## III. Human resources

Human resources strategies are in development for sanitation, drinking-water and hygiene, although gaps and follow up actions have not been identified. The most important constraints identified are the lack of financial resources and recruitment practices.

HUMAN RESOURCES	SANITATION		DRINKING-WATER		HYGIENE	
<b>Human resource strategy developed<sup>a</sup></b>	●		●		●	
<b>Strategy defines gaps and actions needed to improve<sup>a</sup></b>	✗		✗		✗	
<b>Human resource constraints for WASH<sup>b</sup></b>						
Availability of financial resources for staff costs	✗		✗		✗	
Availability of education/training organisations	●		●		●	
Skilled graduates	●		●		●	
Preference by skilled graduates to work in other sectors	●		●		●	
Emigration of skilled workers abroad	✓		✓		✓	
Skilled workers do not want to live and work in rural areas	●		●		●	
Recruitment practices	✗		✗		✗	
Other: Training Centres in WASH	●		●		●	

<sup>a</sup> ✗ No. ● In development. ✓ Yes.

<sup>b</sup> ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

## IV. Financing

A financing plan is in place and used for some WASH decisions; however, there are reported insufficiencies of funds to meet MDG targets, especially for sanitation.

### FINANCING

	SANITATION		DRINKING-WATER	
Financing plan for WASH	Urban	Rural	Urban	Rural
Assessment of financing sources and strategies <sup>a</sup>	●	●	●	●
Use of available funding (absorption)				
Estimated % of domestic commitments used <sup>b</sup>	✓	✓	✓	✓
Estimated % of donor commitments used <sup>b</sup>	✓	✓	✓	✓
Sufficiency of finance				
WASH finance sufficient to meet MDG <sup>b</sup>	✗	✗	●	●

<sup>a</sup> ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

<sup>b</sup> ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

### WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure <sup>1</sup>	
2010–2012	98.00 M.USD
Expenditure as a % GDP	
Education <sup>2</sup>	NA
Health <sup>2</sup>	6.2
WASH <sup>3</sup>	NA

<sup>1</sup> Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

<sup>2</sup> Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

<sup>3</sup> WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013. NA: Not available.

## V. Equity

As a step towards addressing equity in access to WASH services, three disadvantaged groups are identified in WASH plans. The human right to water and sanitation is also implicitly recognized in the constitution and water law.

### EQUITY IN GOVERNANCE

	SANITATION		DRINKING-WATER	
Laws				
Recognize human right in legislation	✗		✗	
Participation and reporting <sup>a</sup>	Urban	Rural	Urban	Rural
Clearly defined procedures for participation	✓	✓	✓	✓
Extent to which users participate in planning	●	●	●	●
Effective complaint mechanisms	✗	✗	✗	✗

<sup>a</sup> ✗ Low/few. ● Moderate/some. ✓ High/most.

### DISADVANTAGED GROUPS IN WASH PLAN

1. Poor populations
2. People living in slums or informal settlements
3. Women and children

### EQUITY IN FINANCE

**Figure 1.** Urban vs. rural WASH funding

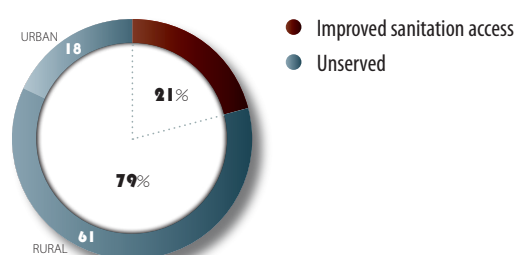
[ No data available. ]

**Figure 2.** Disaggregated WASH expenditure

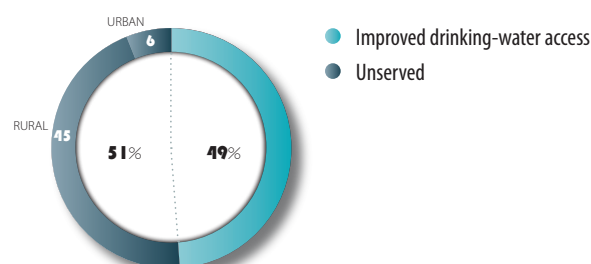
[ No data available. ]

### EQUITY IN ACCESS<sup>1</sup>

**Figure 3.** Population with access to improved sanitation facilities



**Figure 4.** Population with access to improved drinking-water sources



<sup>1</sup> Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.