

The sanitation profile provides an overview of the sanitation situation in Mozambique and identifies key priority areas to achieve SDG6. The purpose of the profile is to support donors and government officials to have a common understanding of the sanitation situation in Mozambique and to prioritize their efforts.



Population

31
MILLION

POPULATION¹

2.9%

POPULATION GROWTH¹

37.1%

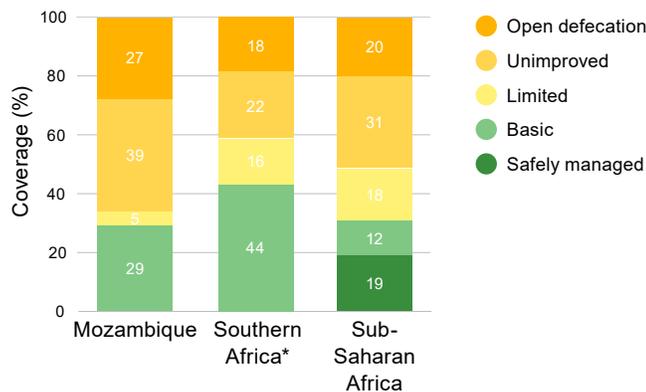
URBAN POPULATION¹

55.3%

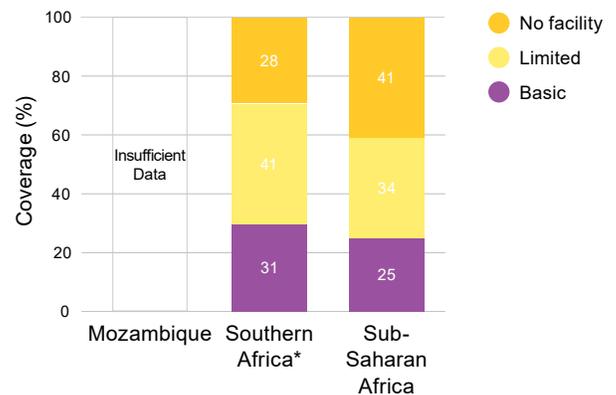
URBAN POPULATION
PROJECTION 2050¹

Sanitation and Hygiene Coverage

Total Household Sanitation Data (2017)²

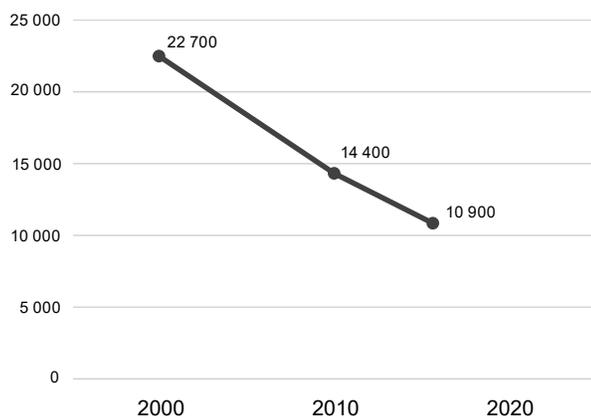


Total Household Hygiene Data (2017)²

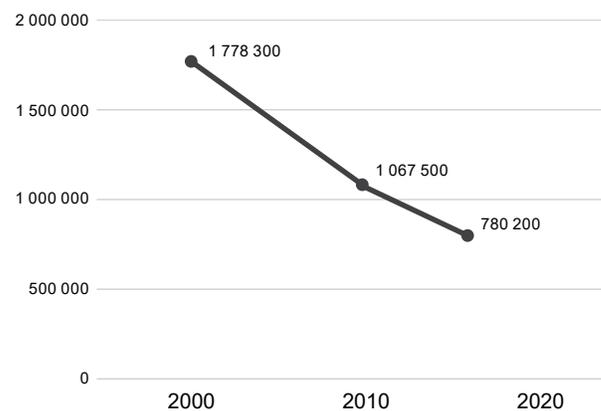


Health

Deaths Due to Diarrheal Disease³



Disability-Adjusted Life Years (DALYs)** Due to Diarrheal Disease⁴



* AMCOW Southern Africa region: Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia, Zimbabwe, Angola, and Madagascar.

** One DALY can be thought of as one lost year of "healthy" life. DALYs for a disease or health condition are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences.

ENABLING ENVIRONMENT

■ Ngor Declaration

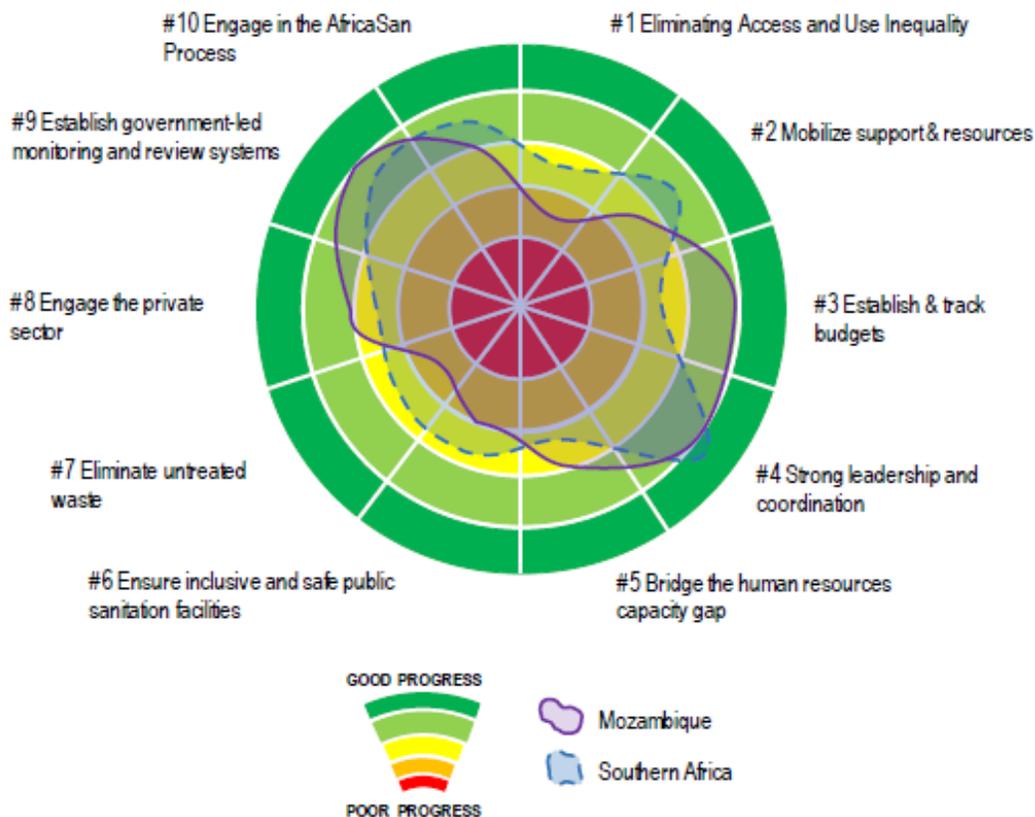
On May 27, 2015, African Ministers responsible for sanitation and hygiene adopted the Ngor Declaration on Sanitation and Hygiene at the AfricaSan4 conference held in Senegal. The Ngor Declaration vision focuses on universal access to adequate and equitable sanitation and hygiene services and an end to open defecation by 2030, and as such reflects the paradigm shift of the Sustainable Development Goals (SDGs).

The commitments were made in recognition of the fact that gains made in sanitation access since 1990 had not kept pace with demographic change; the understanding of the centrality of hygiene and sanitation to the existing health, economic, social & environmental burden on African countries; and to reaffirm the human right to safe drinking water & sanitation for all.

The Ngor monitoring system measures progress against commitments both in terms of whether the building blocks of the enabling environment are in place (stage 1), and subsequently progress against country-specific targets (stage 2). Ministers attend Ngor monitoring meetings to conduct country self-analysis, to learn from others, and to plan for next steps.

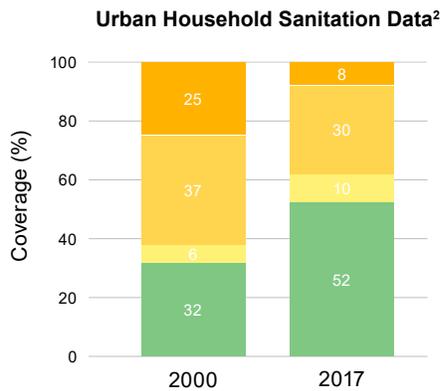
■ Progress⁵

Stage 1 Ngor Commitments Progress: Southern Africa & Mozambique



INFRASTRUCTURE AND SERVICES

Urban Sanitation



2.5% Households use a toilet linked to a sewer system.

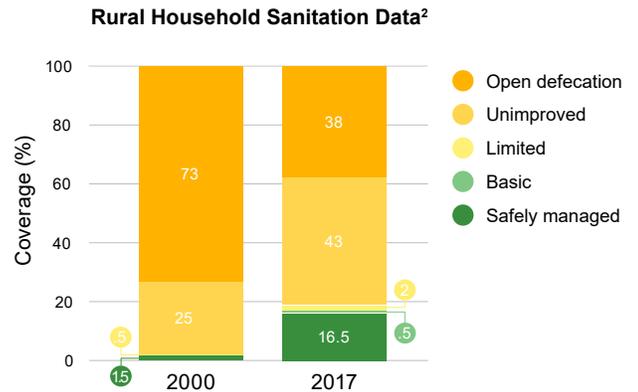
20% Households use a toilet linked to a septic system.

0% Increase in the use of safely managed sanitation facilities between 2000-2017.

Key developments⁷

- Upgrading and expanding the sewer network (57.5 km), upgrading existing connections (18,100), constructing new connections (1,200), and building new or upgrading existing treatment plants in Maputo, Quelimane, and Tete.
- Implementing sanitation marketing, supporting the construction and upgrade of latrines (20,200), constructing sanitation facilities for schools and markets (78), and constructing Fecal Sludge Treatment Plants (4) in Quelimane and Tete.
- Improving municipal sanitation services through capacity development and institutional arrangements.

Rural Sanitation



0% Households use a toilet linked to a sewer system.

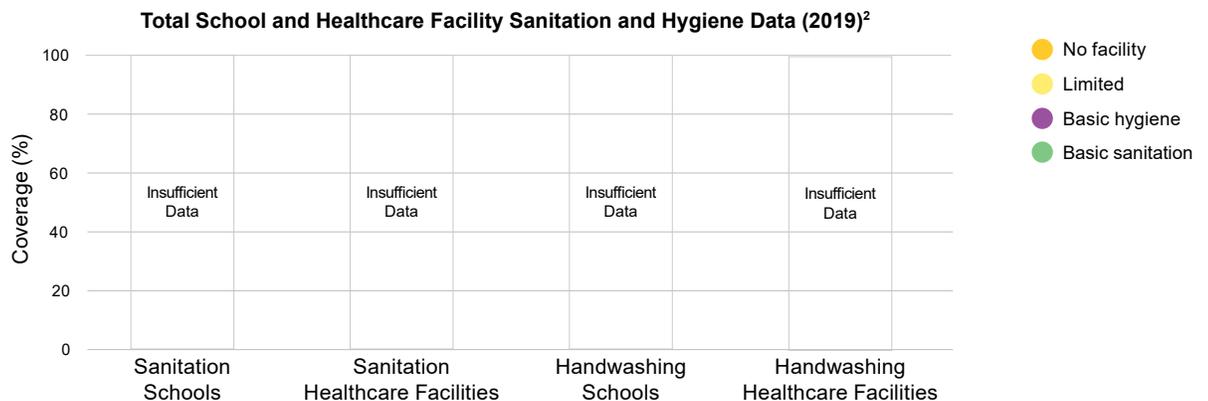
0.5% Households use a toilet linked to a septic system.

15% Increase in the use of safely managed sanitation facilities between 2000-2017.

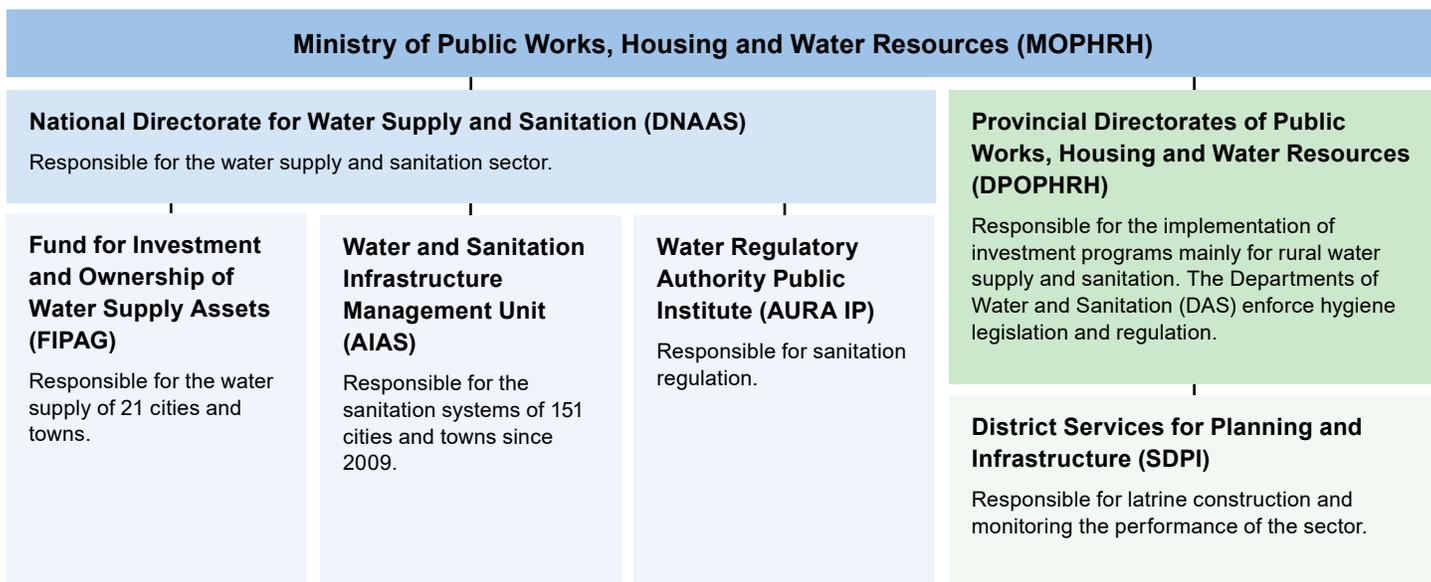
Key developments⁶

- Developing action plans at the community level to eliminate open defecation (all communities by 2022).
- Conducting behavior change studies to understand the motivators and barriers to latrine construction and use.
- Adapting approaches based on behavioral factors, local capacity, and available resources.
- Training private sector actors to construct various sanitation technologies.

Public Sanitation and Hygiene



Institutional Arrangement



Key Government Strategies, Policies, and Initiatives

- **National Strategy for Development 2015-2035:** Long term development plan including sanitation.
- **Five-Year Government Program (PQF) 2015-2019:** National development plan for growth and poverty reduction. Sanitation is a key priority.
- **National Strategy for Urban Water and Sanitation (ENASU) 2011-2025:** The objective of the strategy is universal access to sanitation services, including FSM, by 2025.
- **National Rural Sanitation Strategy (ENSR) 2019-2029:** The objective of the strategy is to eliminate open defecation by 2025, and achieve universal access to basic sanitation and hygiene services for families, schools, and health facilities by 2029.
- **National Program for Rural Water Supply and Sanitation (PRONASAR) 2010:** The objective is to increase access and use of safe water supply and sanitation services.
- **National Integrated Sanitation Program (PIS) 2014:** A program to achieve universal sanitation access in both urban and rural areas.
- **Local Government Framework 1997:** Framework identifying sanitation service provision as a municipal responsibility.
- **National Water Law, 1991.**

Monitoring

- National Water and Sanitation Information System (SINAS) is a centralized database that aggregates data from provinces and implementing partners⁸.
- Each international partner collects different data and uses different M&E softwares (Akvo Flow, mWater, etc.)⁸.
- National Institute of Statistics (INE) is responsible for the census. They conduct surveys like the Family Budget Survey⁷.

Coordination

- The department of sanitation within DNAAS is responsible for coordination.
- MOPHRH organizes an annual Joint Sector Review.
- Certain provinces have Provincial Water and Sanitation Councils (CPAS) that can have a coordinating role⁹.
- Maputo Municipal Council (CMM) and AIAS led the Maputo Sanitation Platform, which included international partners¹⁰.
- A Water and Sanitation Group (GAS) was established in 2000 to coordinate donor support and projects to achieve the government's water and sanitation targets.

FINANCING

Sources of Finance

The top 5 development partners in terms of WASH ODA disbursed^{12*}:

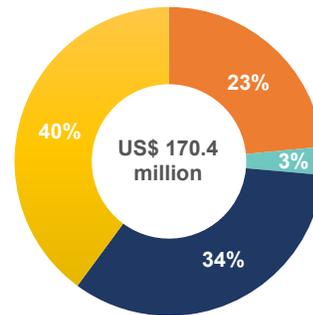
ODA disbursed^{12*}:

- World Bank (WB)**
 - Urban Sanitation Project I 2019-2024: \$ 115 million
 - Urban Sanitation Project II (2024-2028) and III (2029-2033): \$ 200 million
- Government of Netherlands**
 - AIAS Phase II 2017-2021: € 9.65 million
 - Institutional Support FIPAG 2016-2022: € 17.5 million
 - IWRM 2019-2025: € 18.5 million
- African Development Bank (AfDB)**
 - National Rural Water Supply and Sanitation Program (PRONASAR) in Nampula and Zamezia Provinces 2010-2017: € 6 million.
- French Development Agency (AFD)**
 - Access to Water, Sanitation and Maintenance Services 2017-2020: co-funded \$ 5.9 million (Ethiopia, Haiti, Madagascar, Mozambique, Malawi, Sierra Leon)
- Common Fund (DFID, UNICEF, Austria, Switzerland)**
 - PRONASAR

*Note:

- This is not an exhaustive list of WASH ODA disbursements.
- USAID allocation for FY 2020 is estimated at US\$ 17.5 million¹⁴.

Sources of Finance for WASH¹¹

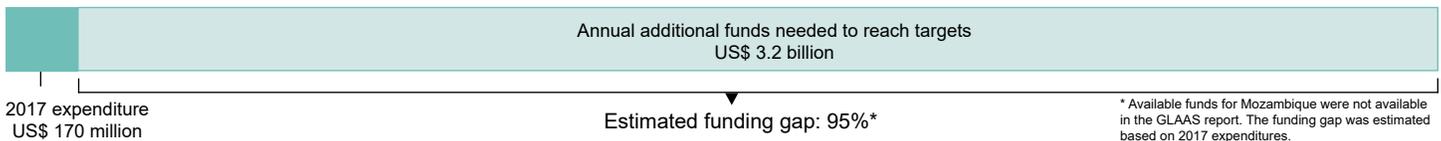


Households Government External sources Repayable finance

- Households** contribute 23% of WASH expenditures through tariffs, payments made by users to service providers for getting access to and using their services (e.g., latrine construction, emptying)¹¹.
- Government** contributes 3% of WASH expenditures through WASH budget generated by domestic taxes¹¹.
- External sources** contribute 34% of WASH expenditures through transfers from international donors, foundations, NGOs, or remittances¹¹.
- Repayable finance** represents 40% of WASH expenditures. This includes concessional loans classified as Official Development Assistance (ODA) and non-concessional loans from bilateral donors and multilateral development banks¹¹.

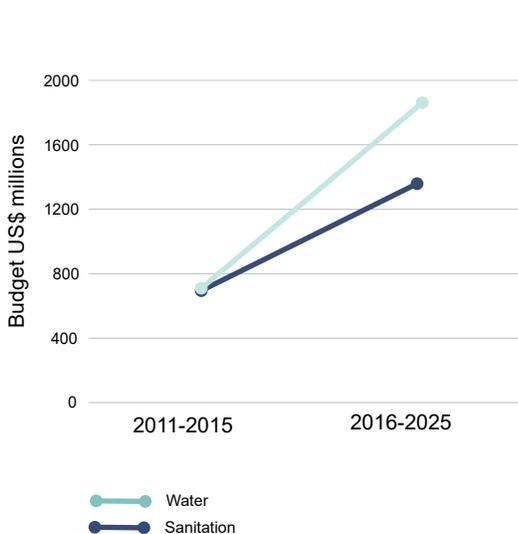
Budget

Annual WASH expenditure versus funds needed to reach national targets (per year)¹¹

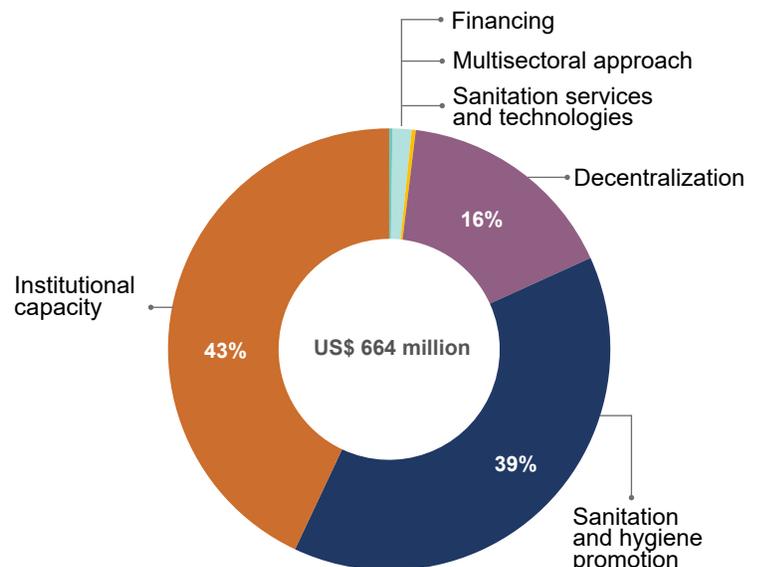


* Available funds for Mozambique were not available in the GLAAS report. The funding gap was estimated based on 2017 expenditures.

Urban Water and Sanitation Budget 2011-2025¹³



Rural Sanitation Budget 2019-2029⁶



A gap analysis of Mozambique's sanitation and hygiene sector was conducted based on the Ngor commitment monitoring data and a literature review focused on publications from the Government of Mozambique and other WASH organizations and institutions. The analysis identified the following key priorities to improve sanitation and hygiene in Mozambique.

■ Institutional Arrangement and Coordination

Although Mozambique has made good progress in leadership and coordination and some progress in mobilizing support and resources, significant challenges remain⁵. At the national level, roles and responsibilities are unclear, particularly between DNAAS and AIAS⁷. There is also a lack of coordination with municipalities responsible for the construction and operation of sanitation systems, as defined by the 1997 Local Government Framework^{7,10}. Furthermore, there is overlap and inconsistencies with sector policies and strategies, and laws are outdated⁷. DNAAS recognizes these challenges and led the study on the reform of the institutional framework for the water and sanitation sector in 2019⁹.

Opportunities to close gaps and address constraints:

- Support DNAAS and municipalities to establish sanitation departments and develop city-wide sanitation plans.
- Support MOPHRH to improve the institutional framework and clarify roles and responsibilities and mandates.
- Support MOPHRH to actively lead Joint Sector Reviews (currently more donor-led) and include civil society¹⁶.
- Support AURA IP to review sanitation regulation and develop/update the regulatory framework to meet the needs of the sector.

■ Human Resources

Mozambique has made some progress with bridging the human resource capacity gap – similar progress to other countries in the region⁵. Aspects of HR needs are covered in the PIS and through other projects⁵. The ENSR and ENASU also acknowledge the need to improve human resourcing to achieve the strategies, with ENSR dedicating 43% of the budget to institutional capacity⁶. However, there is no stand-alone sector HR strategy, nor are HR needs fully addressed in the national sanitation strategies, and there are no HR targets or milestones. A detailed needs assessment to identify human resource capacity gaps in the sector does not seem to exist but may exist for urban sanitation⁵. As a result, there are capacity gaps at all levels of government, including at the municipal level, where there is a lack of technical capacity to plan and manage sanitation systems^{6,7,10}.

Opportunities to close gaps and address constraints:

- Support DNAAS to conduct a needs assessment of the sanitation and hygiene sector to understand the capacity needs, and develop a human resource plan.
- Support capacity development activities to strengthen the capacity of DNAAS, AIAS and municipalities to plan, manage and monitor sanitation systems.

■ Finances

Mozambique has made some progress placing the enabling environment for sanitation and hygiene budgets⁵. Mozambique remains one of the world's poorest countries faced with economic challenges partly due to cyclones, such as Dineo in 2017, and Idai and Kenneth in 2019, undisclosed public debt, and corruption⁷. Although both urban and rural sanitation strategies include a budget, the financial sources to fund sanitation are less clear^{6,13}. The GoM identified US\$ 3.2 billion annual additional funds needed to reach their WASH targets. There is a significant funding gap, considering in 2017, GoM only contributed US\$ 5 million of WASH expenditures, with a majority of expenditures contributed by external sources and repayable finance¹¹. Furthermore, there is no mechanism to track sanitation and hygiene expenditure across the different related government bodies and the sector for rural sanitation. There is a mechanism in place for urban sanitation in some government bodies, but not all budgets and expenditures can be consolidated. Therefore, it is impossible to verify if the budget for sanitation and hygiene is increasing and reaching at least 0.5% of GDP⁵.

Opportunities to close gaps and address constraints:

- Support DNAAS to advocate for an increase in sanitation budget allocations.
- Support DNAAS to track expenditure on sanitation and hygiene.
- Support DNAAS to develop an investment plan for sanitation.

■ Private Sector Engagement

Mozambique has made some progress in securing the enabling environment for private sector engagement in sanitation⁵. MOPHRH recognizes the need for private sector engagement to meet sanitation targets: the rural sanitation strategy identifies the need for a multi-sectoral approach, including the private sector⁶, while the urban strategy includes an objective on strengthening the private sector by implementing a large-scale capacity development program¹³ and the National Strategy for Development identifies PPPs as an opportunity for the construction and operation of sanitation infrastructure¹⁵. However, most sanitation services are provided by the informal section, with only a few examples of private sector engagement through pilot projects⁷. An example of private sector engagement is the work conducted by WSUP with the Municipality of Maputo (CMM) and FSM entrepreneurs to provide emptying services. The project identified key factors needed to expand private sector engagement, including the development and enforcement of standards, access to finance, and opportunities for public-private partnerships¹⁰.

Opportunities to close gaps and address constraints:

- Support AURA IP to develop sanitation regulations to support private sector engagement.
- Support DNAAS to develop a private sector engagement strategy and guidelines.
- Support DNAAS to pilot PPP options and innovative financing mechanisms.
- Support DNAAS to establish a sanitation marketing approach and develop guidelines.

■ Sanitation and Hygiene in Schools and Healthcare Facilities

Mozambique has made some progress in establishing the enabling environment for institutional sanitation and hygiene and ensuring inclusive, safely managed service in all settings⁵. GoM aims for universal access to basic safe sanitation and hygiene services for families, schools and healthcare facilities by 2029⁶. Although a target has been set, no milestones, guidelines or standards exist yet. Standards for healthcare facilities are in development, and standards for schools are being revised and piloted. Furthermore monitoring data is limited², making it difficult to inform decisions on strategy.

The Urban Sanitation Project, funded by the World Bank, includes the construction of public sanitation systems in schools, including dedicated facilities for menstrual hygiene management⁷.

Opportunities to close gaps and address constraints:

- Support DNAAS, the Ministry of Education, and the Ministry of Health to develop an M&E strategy with milestones to meet the sanitation and hygiene target for WASH in schools and healthcare facilities.
- Support DNAAS to pilot and finalize norms and standards for WASH in schools and healthcare facilities.

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This document was produced for review by the United States Agency for International Development. It was prepared by DAI for the Water for Africa through Leadership and Institutional Support (WALIS) project.