



Mozambique

1. Establish baseline



- Mozambique does not have a specific baseline for WASH in HCF, however, a SARA study was concluded in late 2018 that has WASH data that will be used to quantify the availability, quality and needs for safe water, sanitation and hygiene (WASH) in health care facilities.
- An analysis of SARA specific for WASH is planned in order to analyse the WASH coverage, identify unserved areas and target improvements.

2. Develop and implement roadmap



- No formal roadmap exists but there are ongoing efforts to develop it.
- With SARA data, that establishes a baseline and standards already developed and costed, there is now an opportunity to develop and implement a realistic roadmap.

3. Establish and implement standards



- The country has started the development of standards for WASH in health care settings in 2018, a provisional document was developed based on WHO guidelines and recently endorsed by a multi-sectoral group to be used on the implementation of projects, while a thorough document is being prepared.
- The objective is to have a final document obtained through lessons learned from the field, that reflects the national context and becomes a legal decree.
- The provisional standards include:
 - water supply (quantity, quality and access), sanitation (ratio and separation between maternity, outpatients, staff addressing gender and disability aspects, technology and excreta disposal, solid waste, laundry, kitchen, environmental cleaning, hygiene promotion and operation//maintenance.

4. Set targets and monitor progress



- The MoH in Mozambique has a national monitoring system, SISMA, that currently has some WASH indicators.
- It is currently ongoing, a process of reviewing the WASH data needs and include JMP indicators which will track not only progress but also functionality.
- The activities of this review, besides the database format review also include trainings on its use, on data collection and a prioritization strategy.

5. Integrate WASH into health programming



- The recently created multisectoral group provides an opportunity to influence health programmes for the inclusion of WASH.
- The process of integration has started with the maternal, child and newborn health program, awareness has been made and technical discussions are regularly being held however activities are still conducted in parallel.
- IPC activities are conducted on a regular basis within the health programmes.

6. Allocate regular funding



- This is part of the advocacy work that the multisectoral group is doing, i.e., make WASH in health care facilities a priority to allow more funds for operation and maintenance.

7. Establish a multisectoral coordination mechanism



- Advocacy for WASH in health care settings has started early 2018.
- Currently, a stakeholders/multisectoral group, led by MoH and facilitated by UNICEF, was established with the objective of overseeing all issues related with WASH in health care settings including key aspects as standards, roadmap, national monitoring, and sustainability. So far, the group endorsed the standards document.
- The multisectoral group specific for WASH in health care facilities exists since 1st March 2019 and it is led by MoH and facilitated by UNICEF.

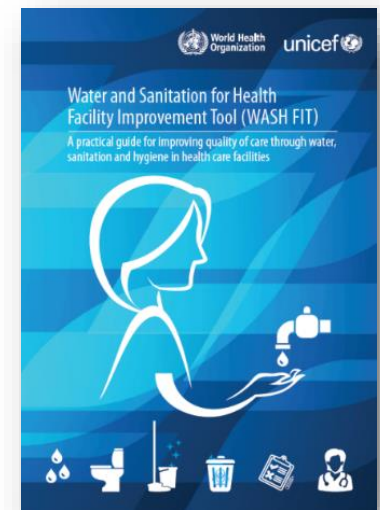
7. Establish a multisectoral coordination mechanism, cont'd



- Main responsibilities of the multisectoral group include:
 - Coordination and harmonization of approaches for infrastructure improvements and sustainability
 - Mapping of partners activities, sharing of experiences and lessons learned
 - Development of standards and ensure that all stakeholders follow them as well as plan the needs based on this norms
 - Development of a sustainability strategy (O&M plan and trainings, definition of roles & responsibilities, advocacy for a WASH budget line)
 - Advocacy for the improvement of the national monitoring system
- So far, the main accomplishment is the endorsement for approval of the provisional standard document which is being already applied in some ongoing projects. The group needs technical assistance, and for that purpose a specialist will be contracted by UNICEF.

8. Develop health workforce

- None of this tools was specifically applied, however, many of the concepts included in WASHFIT were and are going to be applied in ongoing projects which are currently under construction. For example the baseline at facility level to assess current situation and needs, the improvement of different WASH components (construction), trainings and manual provision regarding adequate use of infrastructure and operation and maintenance.
- Regular trainings are held at district level, related to water quality monitoring, hygiene and water sources maintenance, which need to be systematized and scaled up.



Learn more - get engaged and share your stories



- www.washinhcf.org (*knowledge portal*)
- www.who.int/water_sanitation_health/en
- <https://washdata.org/data/healthcare#!/> (*global, regional, country data*)
- Email: washinhcf@who.int
- Twitter: @wash_for_health

