MCSP Mozambique Program Brief
Water, Sanitation, and Hygiene

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Goal

USAID's flagship Maternal and Child Survival Program (MCSP) supported Mozambique to make access to clean water, sanitation, and hygiene (WASH) a normative part of maternal, newborn, and child health. At all levels of care, MCSP prepared for clean and healthy birthing and newborn experiences, reduced infections in mothers and newborns during the antenatal and postpartum periods, limited infections contracted during health care procedures, and helped address stunting and diarrheal disease in children.

Zita Da Conceicai Jaime, a community development agent, teaches a child how to wash his hands correctly in the Intinquane Village in Nampula, Mozambique. Photo Credit: Kate Holt/MCSP

Program Approaches

Lack of access to clean water, sanitation, and hygiene affects both rural and urban areas in Mozambique at the household and facility levels. Access to WASH technologies is particularly low in rural settings, where only 45% of the population has access to improved water sources, and only 12% has access to improved sanitation.[1] A 2009 United Nations study found that 40-60% of household water samples contained microbial contamination, yet only 15% of households used any water treatment method.[2] The same study found that only 1% of respondents practiced proper handwashing with soap at critical times. According to the MCSP Knowledge, Practices, and Coverage baseline assessment, improved sanitation coverage in Nampula province was 11%, access to improved water was 48%, and household water treatment was 4%. For Sofala province, sanitation coverage was 41%, 75% for access to water, and 21% for water treatment. These poor conditions and practices extend to the country's health care facilities (HCFs), most of which do not have safe water resources and functional sanitation facilities such as toilets, incinerators, and handwashing stations. The baseline assessment also found that 80% of facilities assessed in districts in Nampula and Sofala did not meet national WASH standards for HCFs. Additionally, large-scale droughts and floods exacerbated much of the country's WASH challenges. To address these challenges, MCSP used the following approaches and activities as part of its overall reproductive, maternal, newborn, and child health program.

[1] The Joint Monitoring Program: http://www.who.int/mediacentre/news/releases/2017/water-sanitation-hygiene/en/.
[2] UNICEF. 2011. Water, Sanitation and Hygiene: Findings of a Household Survey Conducted in 18 Districts in Mozambique. Prepared by WE Consult LDA.

The Clean Household Approach

The Clean Household Approach (CHA) promoted nutrition and diarrhea prevention by adopting behaviors aimed at reducing child gastrointestinal illnesses that are associated with undernutrition, such as handwashing, latrine use by all household members, proper infant feces disposal, creating clean play spaces for children away from soil and animal feces, as well as disinfecting drinking water. MCSP also promoted the World Health Organization's six clean childbirth practices to reduce the risk of puerperal and neonatal infections around the time of birth.

- **Promoted clean households**: To promote "clean households"—where all family members practiced improved WASH behaviors—MCSP used various community health platforms, including community health committees (CHCs), co-management and humanization committees (CMHCs), community health workers (CHWs), polyvalent elementary agents (formal sector CHWs or APEs in Portuguese), community support groups, community leaders, and other community-based organizations.

MCSP supported the creation of WASH demonstration centers to showcase healthy WASH practices. Through educational and outreach activities, MCSP promoted the use of various products such as tippy taps and dish drying racks (pictured). Photo: Fernando Fidélis/MCSP

- **Established WASH demonstration centers:** MCSP helped CHCs establish WASH demonstration centers to show household members healthy WASH practices and skills needed to construct durable, convenient, and effective WASH products and infrastructure, such as tippy taps, drying racks, and latrines. The demonstration centers coordinated with local businesses and other social marketing projects to promote these products.

Community and Government Engagement

MCSP leveraged community and government platforms to increase community support for improved WASH conditions through the following efforts.

- **Trained community leaders**: MCSP trained CHWs and CHMC members in Nampula and Sofala in good WASH practices. Members included traditional and religious leaders, water committee members, and local traders/vendors. The trainees, in turn, led community education and discussion sessions, and conducted home visits to promote key WASH practices.
- **Strengthened coordination of WASH interventions at the provincial level**: By serving as co-chair of the WASH technical working groups in Nampula and Sofala provinces, MCSP provided technical leadership and advocated for the development of technically sound, harmonized plans to improve the coverage and quality of WASH interventions.

WASH in HCF Improvements

MCSP supported quality of care improvements in HCFs through the following actions.

- **Supported the Ministry of Health (MOH) in managing WASH in HCFs**: MCSP implemented activities to improve access to clean water and promoted key hygiene behaviors at 86 HCFs (56 in Nampula and 30 in Sofala). MCSP helped the MOH train health workers at the district level using the MOH curriculum to promote hygiene and infection prevention, behaviors to prevent sepsis in mothers and newborns, as well as actions for good child nutrition.
- **Helped identify contaminated water sources:** MCSP worked with provincial health departments to train health workers to use portable water quality testing kits in districts where the portable kits were available from the MOH (21 of 23 districts in Nampula and 11 of 13 districts in Sofala) to identify contaminated waters sources. After identifying a contaminated source, the health workers disinfected it to prevent an outbreak of diarrheal disease.

- **Developed WASH standards**: The Program supported the MOH to develop and test standards for WASH in HCFs in Nampula and Sofala provinces. These standards were integrated into the general reproductive, maternal, newborn, and child health standards and assessments used at 86 supported HCFs. MCSP also advocated for the MOH to distribute the new standards to non-MCSP-supported districts and provinces so they could be applied nationwide. The standards align with clean clinic practices and include measures to prevent sepsis in newborns at HCF and community levels; clean toilets for clients and health professionals at HCFs; landfills at HCFs and other public spaces; and handwashing stations in communities and HCFs. At the facility level, the standards also focused on biosafety.
- **Mapped water points in program-supported communities**: The Program supported the MOH in mapping water points in 758 communities (580 in Nampula and 178 in Sofala). In each community, MCSP assessed and documented key factors that affected access to WASH technologies: the distance between the community and a water source; water source safety; availability of sanitation facilities; access to clinical and community health providers; and the presence of a water committee, which monitors the distribution and availability of water supplies. MCSP used these assessments to recommend which HCFs in Nampula and Sofala should be prioritized by the government and other WASH infrastructure partners for improvements.

Drying racks for storing cooking utensils. Photo: Fernando Fidélis/MCSP

Key Results and Findings

Results

- **MCSP reached 938,407 individuals with key WASH messages** by the end of the Program's third year by training 758 CHCs and 82 CHMCs in Nampula and Sofala in good WASH practices. As a result, focus groups on community cleanliness reported a decreased incidence of diseases that related to unsanitary conditions.
- **Establishing 1,313 WASH demonstration centers (1,148 in Nampula and 165 in Sofala)** provided households in 758 communities with the skills needed to construct durable, inexpensive, convenient, and effective WASH products including 112,074 latrines, 25,939 tippy-taps, and 52,312 drying racks in which to dry and store cooking utensils. Demonstration centers integrated WASH and nutrition messages and practices by modeling hygienic food preparation during cooking demonstrations.
- **MCSP helped respond to cholera outbreaks in Nampula,** which affected 1,645 individuals in four districts by sensitizing community members about good WASH practices, transporting medical materials, and distributing water treatment materials.
- **Training 1,800 health workers (1,591 in Nampula and 209 in Sofala) to use portable water testing kits** strengthened the HCFs' capacity to regularly test water samples from communities linked to the supported HCFs, making it possible to identify contaminated water sources and prioritize actions to correct the situation.
- **New WASH standards implemented at 86 health facilities in Nampula and Sofala** as part of reproductive, maternal, newborn, and child health quality standards facilitated HCFs to evaluate and manage their own quality of care relating to WASH.
- **The WASH working group** produced an annual meeting schedule, revised the National Sanitation Strategy, and in Nampula, organized and held the Regional WASH meeting.

Findings

- MCSP, working together with local community structures, CHCs, and CMHCs, showed that using WASH demonstration centers and promoting clean and safe play spaces for children is useful in behavior change communication.
- Use of demonstration centers (through participatory social and behavior change communication) and the involvement of private businesses led to an increase in household ownership and use of WASH products, and the products that households purchased and used were of better quality.
- It was important to identify low-cost technologies to maximize the use of WASH infrastructure (latrines constructed with local materials, tippy-taps, pantries, drying racks, and landfill sites).
- Increased access to WASH infrastructure, such as water points, latrines, tippy-taps, pantries, and landfill sites resulted in the greatest impact to support decreases in the number of diarrhea and malaria cases.
- Involving traditional, religious leaders helped overcome challenges, validated appropriate cultural/traditional aspects, and promoted the adoption of good WASH practices.
- Providing training and regular supervision to HCF workers, through MCSP's quality of care work, strengthened their ability to integrate WASH practices into their daily routines and enabled them to use portable water quality testing kits. The quality standards helped workers monitor themselves.
- The CHA promoted household level changes that influenced health, respect, power, and the role of serving as a model community. Understanding cultural norms and the value of using locally available materials for WASH infrastructure also served as a motivator for community members to change their WASH practices and behaviors.

Recommendations

- Traditional and religious leaders must be fully involved in mobilizing the community and raising awareness to overcome harmful cultural misconceptions and increase the number of people adopting good hygiene practices.
- Market research must be completed to identify options for low-cost materials that meet consumer preferences to improve the quality of latrines and other WASH infrastructure, without increasing the cost. It is important to have sturdy materials that can withstand severe weather, and develop locally appropriate and effective sales and marketing messaging.
- The Provincial Health Directorates and the Provincial Directorates of Public Infrastructures and Hydraulic Resources (Nampula and Sofala), together with strategic partners, need to continue working with the private sector and other sources of financial resources to expand their products to include materials resistant to severe weather to establish WASH demonstration centers, latrines, and clean and safe play spaces for children.
- For the best results, the MOH should prioritize hiring additional WASH officers at the district level to allow more assistance to communities on the following WASH issues:
    - Engaging private businesses to expand their product lines to include WASH products and effectively market those products to households; and
    - Conducting routine mapping of water points and engaging the private sector and donors to conduct preventative maintenance and repairs and ensure that HCFs have onsite, functioning water sources.
- Water committees and CHCs should be trained to manage, operate, and maintain water sources to ensure routine maintenance and minimize the risk of frequent breakdowns and/or contamination.
- HCF workers should provide ongoing support, supervision, and mentoring to the CHCs and CMHCs on appropriate WASH and infection prevention and control practices.
- Government should continue its focus on clarifying WASH and infection prevention roles and responsibilities among health care workers and providing them with basic resources to prevent infections and provide a basic level of quality health care.

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