

Health and WASH Brief

July 2025

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Background

The release of the 2022–23 Demographic and Health Survey (DHS 2022) provides an opportunity to review the situation of children in Mozambique. To this end, UNICEF has produced a series of thematic briefs that present key child-related information from this survey with a view to strengthening evidence-based policy making.



SDG Target 6

Ensure access to water and sanitation for all.

Access to water, sanitation and hygiene (WASH) services is essential for children's survival, health and development. However, the 2022 Demographic and Health Survey (DHS) highlights major gaps in WASH service provision across Mozambique, with only 47 per cent of the population accessing at least basic water and just 32 per cent having access to at least basic sanitation services.

WASH access is deeply unequal, with household income playing a significant role. Millions of poorer households do not even have access to improved WASH services, putting children at greater risk of disease and malnutrition. Alarming, *E. coli* was found in the drinking water of 89 per cent of the population at the point of consumption, exposing millions to potential illness. Children are the most affected. Since more children live in poorer households, the



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lack of WASH services in these communities has a disproportionately high impact on child health and wellbeing. Child mortality rates are significantly higher in households without access to improved water and sanitation services, and WASH-related illnesses contribute to anaemia, stunting and wasting – all of which hinder children's growth and development.

In the Water Action Agenda (2023), the Government of Mozambique committed to reducing open defecation by 50 per cent by 2027, ensuring universal access to basic managed water, basic sanitation and hand-washing facilities by 2030. However, achieving this will require a significant acceleration in policy implementation.

1 Methodological note

The analyses in this brief use the Joint Monitoring Programme (JMP) service level ladders for WASH that are used to benchmark service levels across countries. The global JMP definitions for drinking water services are adjusted to reflect the Mozambican sector policy context by classifying both protected wells without handpumps and rainwater harvesting as unimproved water supplies. This table describes the different service levels:

	SAFELY MANAGED	BASIC	LIMITED	UNIMPROVED	NONE
Drinking Water	Drinking water from an improved water source that is accessible on premises, available when needed and free from faecal and priority chemical contamination	Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing	Drinking water from an improved source for which collection time exceeds 30 minutes for a roundtrip including queuing	Drinking water from an unprotected dug well or unprotected spring	Surface water: Drinking water directly from a river, dam, lake, pond, stream, canal or irrigation canal
Sanitation	Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or removed and treated offsite	Use of improved facilities which are not shared with other households	Use of improved facilities shared between two or more households	Use of pit latrines without a slab or platform, hanging latrines or bucket latrines	Open defecation: Disposal of human faeces in fields, forests, bushes, open bodies of water, beaches and other open spaces or with solid waste
Hygiene		Availability of a handwashing facility on premises with soap and water	Availability of a handwashing facility on premises without soap and water	No handwashing facility on premises	

2 Access to WASH services

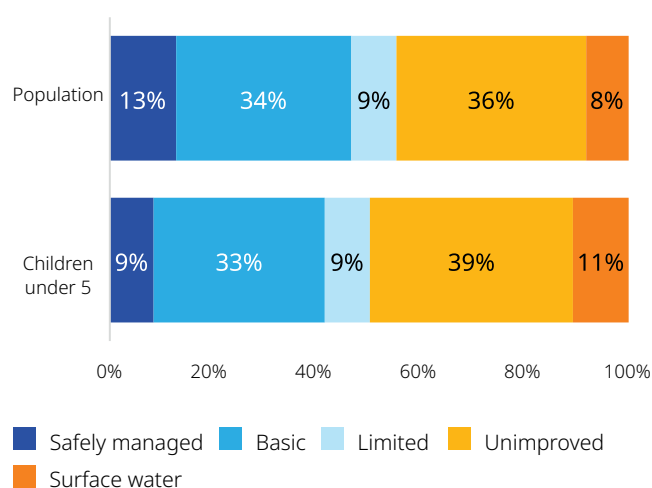
DRINKING WATER

Key fact: According to the DHS 2022, half of all children under five do not have access to an improved source of water, and less than 10 per cent have access to safely managed water.

Access to safe drinking water is essential for children's health, yet only 9 per cent of children under five in Mozambique have access to drinking water in their homes and available when needed. At least 50 per cent of children under five are growing up in households with unimproved water services or that use surface water, placing them at daily risks from unsafe and unreliable water sources.

Inequality in water access is stark. No households in the poorest wealth quintile have access to safely managed water, while around 48 per cent of the richest households do. Rural communities are disproportionately affected, with only 6 per cent of rural households having access to safely managed water, compared to 31 per cent in urban areas.

Figure 1: Water service ladder by population and by children under five (2022)



Regional disparities are also severe. Less than 2 per cent of households in Niassa, Cabo Delgado and Nampula have access to safely managed water. Forty-eight per cent of people in rural areas get their water from surface water sources or from limited services, leaving millions without a reliable source of clean water. In contrast, over half of people in Maputo Province and Gaza (53 per cent and 49 per cent respectively) have access to safely managed water, highlighting the urgent need for equitable investment in WASH services in the country's northern regions.

Figure 2: Water service ladder by wealth (2022)

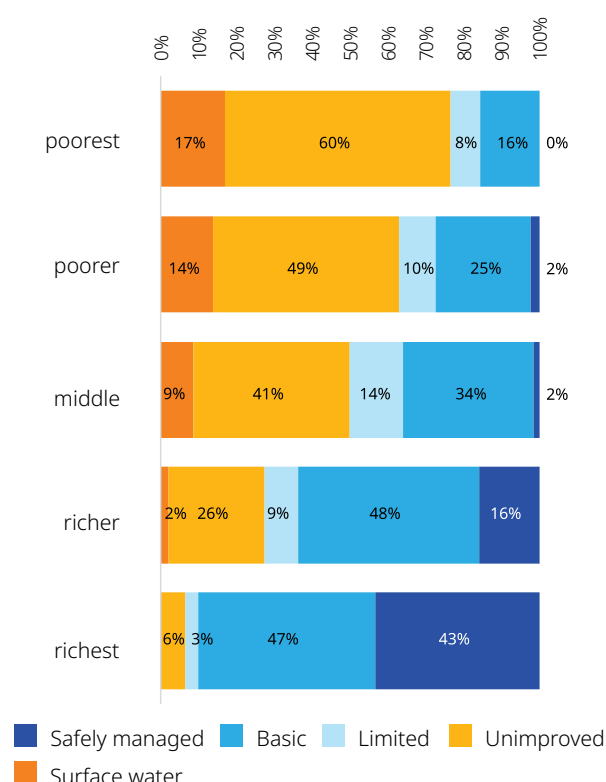
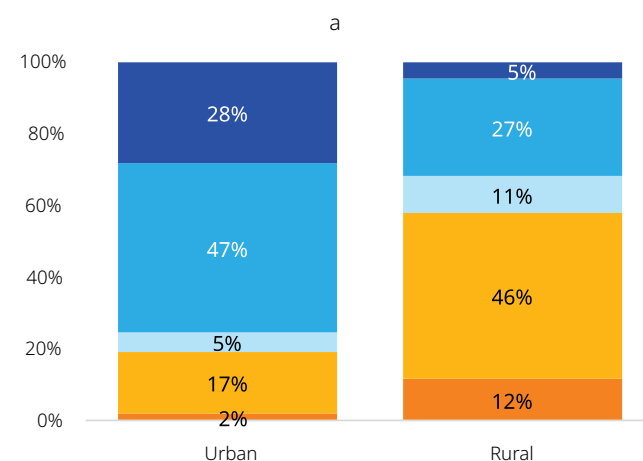
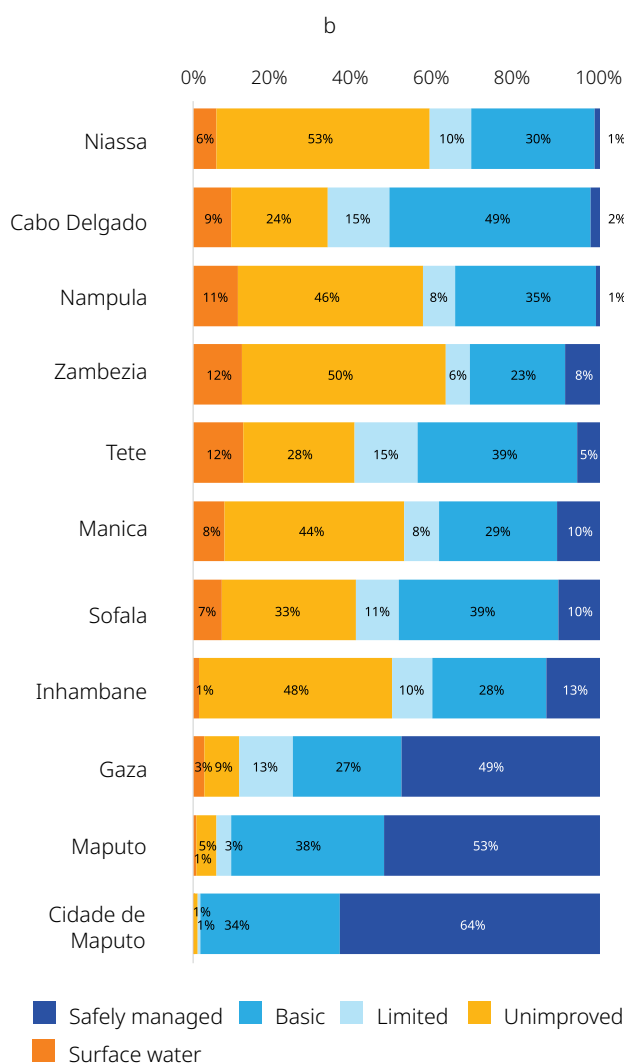


Figure 3: Water service ladder (a) by geographical location and (b) by province (2022)





SANITATION

Key fact: According to the DHS 2022, only 23 per cent of children under five live in households with safely managed sanitation.

As with water, access to safe sanitation is a critical pillar of child health. Yet, in Mozambique, 70 per cent of children under five live in households with unimproved sanitation or that practice open defecation. This means millions of children are growing up in environments that leave them vulnerable to disease and poor health.

Access to sanitation is deeply linked to household wealth. Almost all of the richest households have improved sanitation, while very few of the poorest do.

The urban-rural divide is stark: 48 per cent of urban households have access to safely managed sanitation, compared to just 16 per cent in rural areas.

There are also major regional inequalities. Only 7 per cent of the population in Maputo Province practice open defecation. While open defecation rates may be low in provinces like Cabo Delgado (9 per cent), Niassa (11 per cent), Inhambane (16 per cent) and Gaza (17 per cent), reliance on unimproved sanitation facilities remains significant, ranging from 51 per cent to 73 per cent. In Sofala and Zambezia, open defecation rates stand at 41 per cent and 40 per cent respectively – posing a severe health risks, particularly for children.

While 77 per cent of people in Maputo City and Maputo Province benefit from safely managed sanitation services, the rest of the country faces far lower levels of service provision, with all other provinces falling below 31 per cent. In Niassa, access is especially low, with just 14 per cent of people having access to safely managed sanitation services.

Figure 4: Sanitation service ladder by population and by children under five (2022)

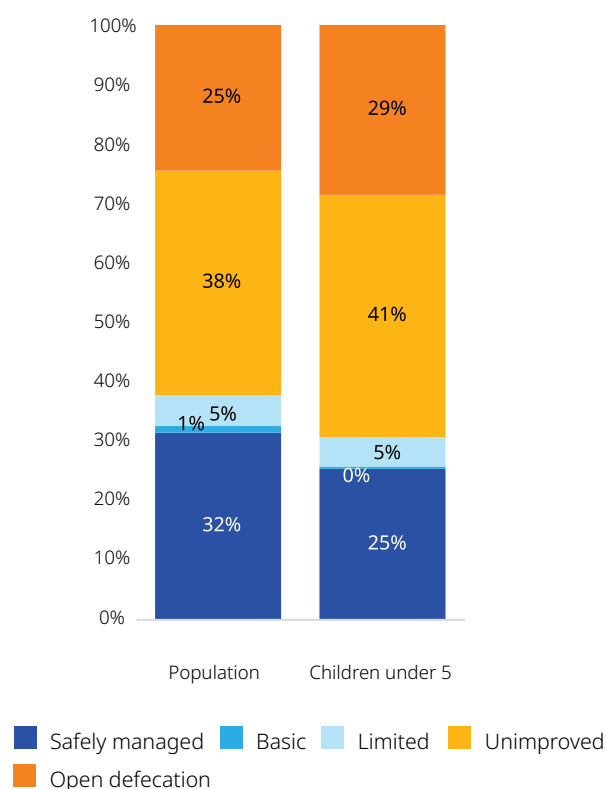
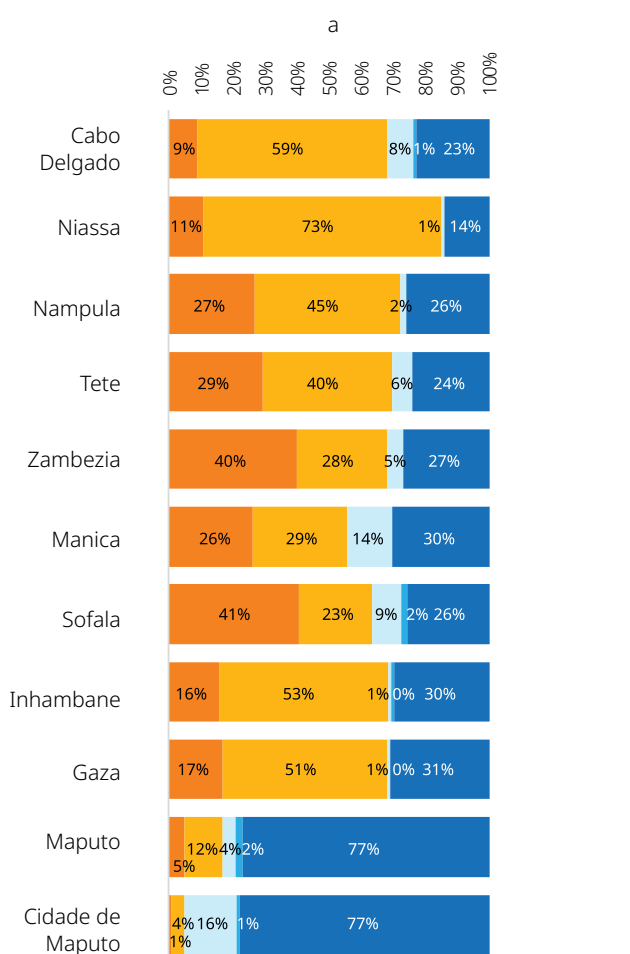


Figure 6: Sanitation service ladder (a) by province and (b) by geographical location (2022)



b

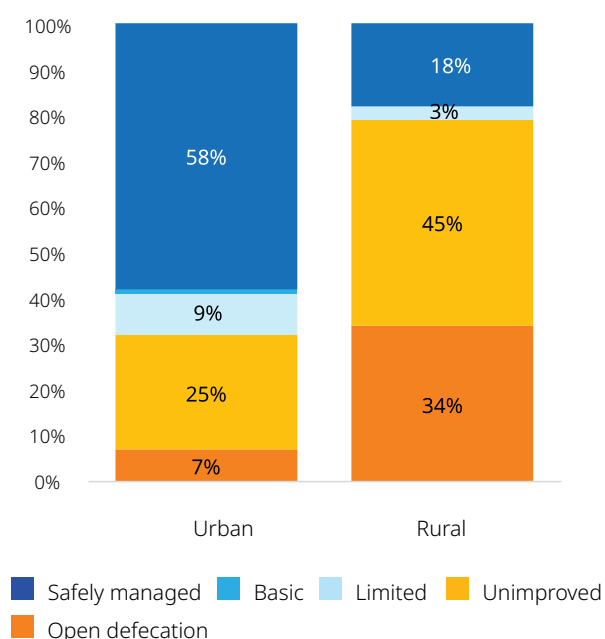
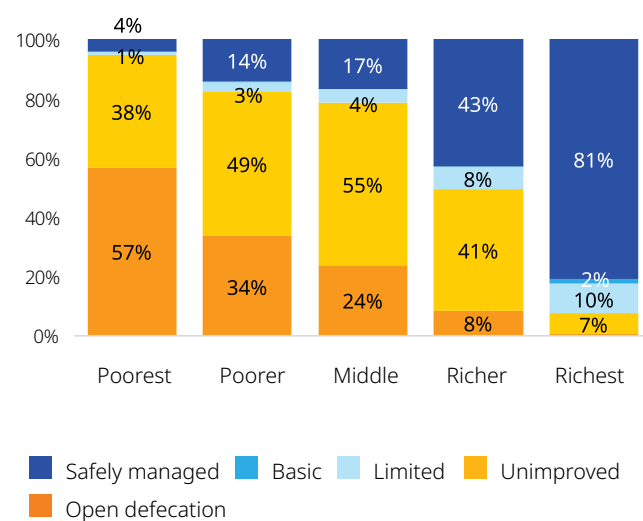


Figure 5: Sanitation service ladder by wealth (2022)



HANDWASHING FACILITIES

Key fact: According to the DHS 2022, only 14 per cent of children under five live in households with basic handwashing facilities.

Handwashing with soap and water is one of the most effective ways to prevent the transmission of disease, yet only 14 per cent of children under five live in households with access to basic handwashing facilities. This leaves millions of children exposed to preventable illnesses, including diarrheal diseases and respiratory infections.

Access to handwashing facilities is deeply unequal. Wealthier households are far more likely to have soap and water available, while poorer households, especially in rural areas, face the greatest challenges. Regional disparities are also significant – northern provinces have far lower levels of access than the provinces in the south. In Nampula and Zambezia, fewer than 4 per cent of households have basic handwashing facilities, making it nearly impossible for families to practice proper hygiene.

Figure 7: Handwashing facility service ladder by population and by children under five (2022)

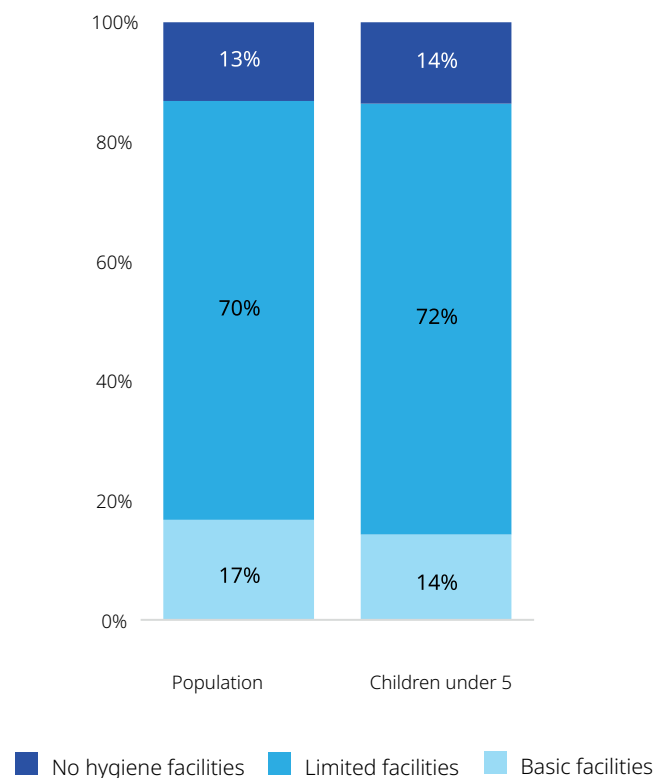
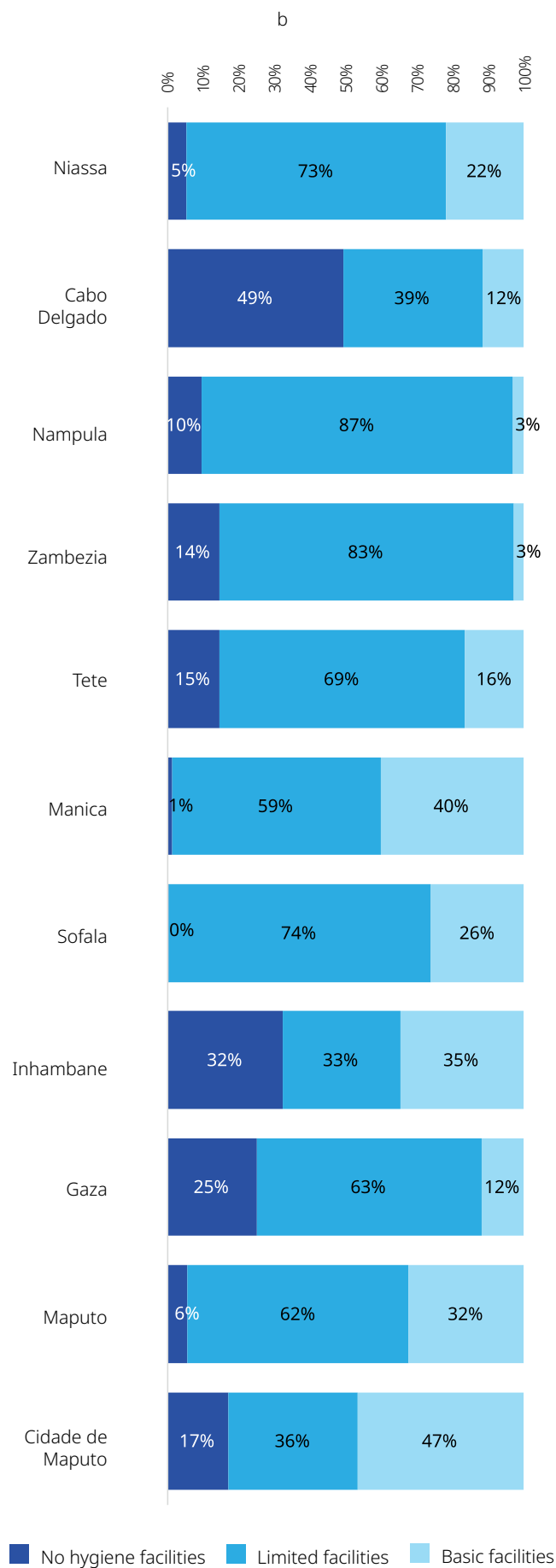
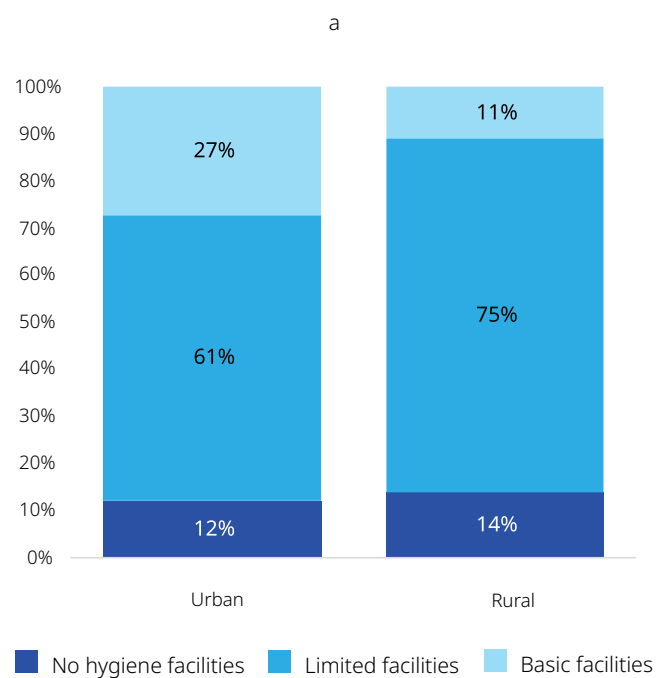


Figure 8: Handwashing facility service ladder (a) by geographical location and (b) by province (2022)



3 Water quality testing results

Key fact: According to the DHS 2022, more than 9 out of 10 children under five live in households using drinking water that is contaminated with *E. coli*.

Clean water is essential for children's survival and development, yet 67 per cent of Mozambique's population relies on water sources contaminated with *E. coli*, and 89 per cent of drinking water is unsafe by the time it reaches people's homes. This alarming reality means that water is becoming further contaminated between the source and the point of use, putting millions – especially children – at risk of deadly waterborne diseases.

Children are the most vulnerable. An alarming 92 per cent of children under five live in households where drinking water contains *E. coli*, leaving them highly exposed to diarrheal diseases, which remain a leading cause of child mortality. The link between unsafe water and poor sanitation is undeniable – 96 per cent of drinking water in households practicing open defecation is contaminated, and 99.7 per cent of surface water contains *E. coli*, making it unsuitable for human consumption. Even among households with basic water services, 77 per cent still have *E. coli* in their drinking water, highlighting the urgent need for improved water safety measures.

Handwashing is a good practice that is supposed to reduce the risk of infection. However, if the water being used is contaminated with *E. coli*, then the very act of handwashing may increase the risk of infection, especially where soap is not available. This represents an enormous challenge where nearly 91 per cent of the water available for handwashing by households with limited hygiene facilities is contaminated with *E. coli*. This highlights the urgent need to significantly improve water quality to protect children's health.

Figure 9: Proportion of population and children under five using water where *E. coli* was detected (2022)

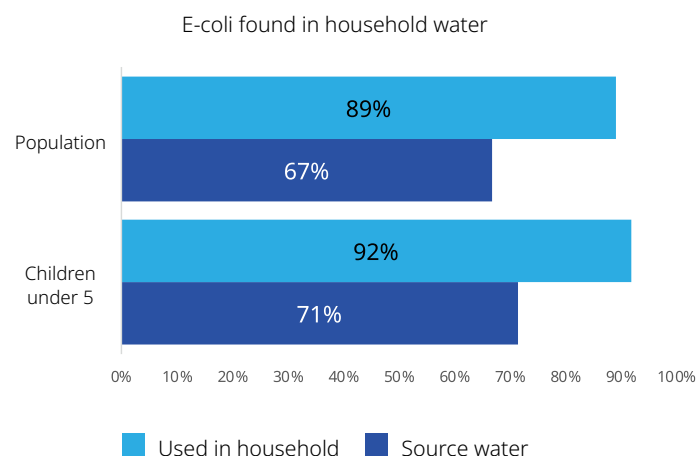


Figure 10: Presence of *E. coli* in water at point-of-use (a) by water service level and (b) by sanitation service level (2022)

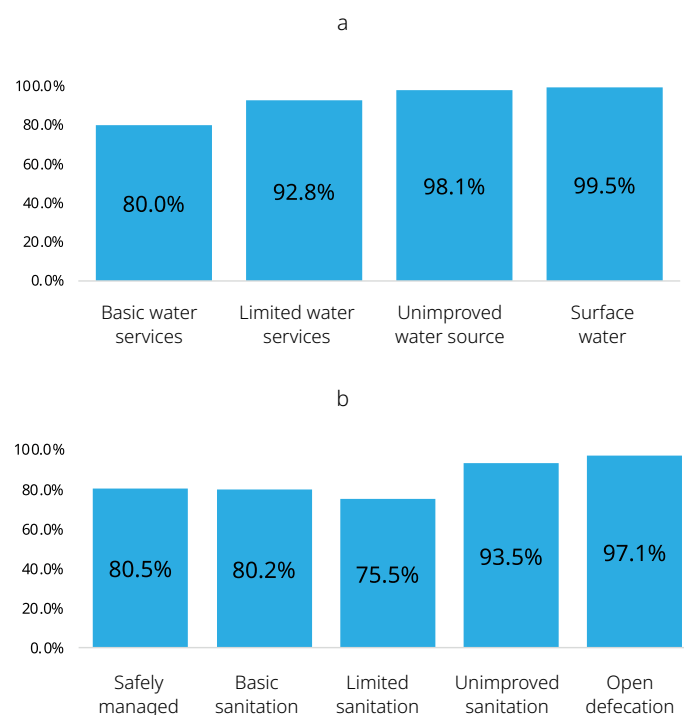
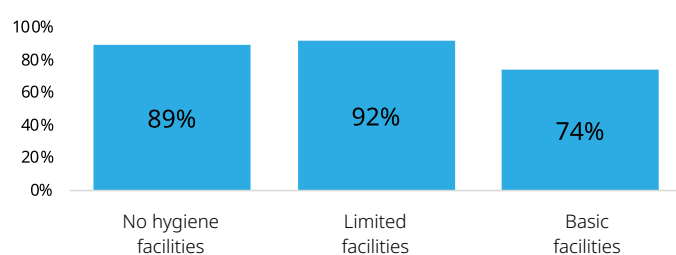


Figure 11: Presence of *E. coli* in water at point-of-use by handwashing service level (2022)



4 Health and WASH

Key fact: According to the DHS 2022, the mortality rates in children under five are 13 percentage points lower amongst those with access to basic water services compared to those using surface water.

Access to safe water and sanitation is directly linked to child survival. Children under five living in households with basic water services have a mortality rate 13 percentage points lower than those relying on surface water. Similarly, safely managed sanitation is associated with a mortality rate for children under five that is 13 percentage points lower compared to those using limited sanitation services.

Beyond survival, improved WASH services lead to better health outcomes for children. The DHS (2022) data shows that 72 per cent of children under five in Mozambique suffer from anaemia – a condition that affects their growth, development and ability to learn. However, anaemia rates are 11 percentage points higher among children from households using surface water than among children with basic water services.

Stunting, a sign of chronic malnutrition, affects 36 per cent of all children under five in Mozambique. However, children living in households using surface and unimproved water sources are 15 percentage points more likely to be stunted than those in households with basic water services.

A similar pattern exists for sanitation. Children in households practicing open defecation face a higher risk of poor health, with 78 per cent suffering from anaemia and 42 per cent from stunting. In contrast, children in households with safely managed sanitation have significantly lower rates of these conditions – 68 per cent for anaemia and 27 per cent for stunting.

The evidence is clear: investing in safe WASH services is essential to saving lives and ensuring children in Mozambique grow up healthy and strong.

Figure 12: Child mortality rates by level of water service provision (2022)

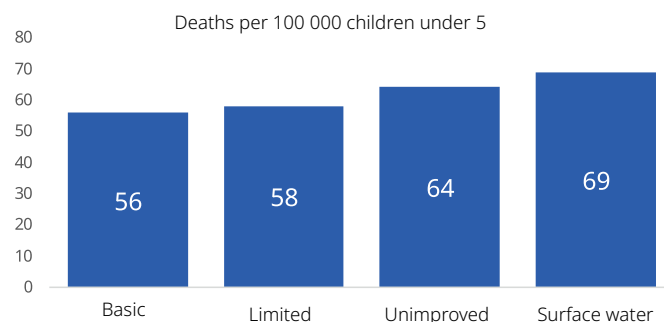
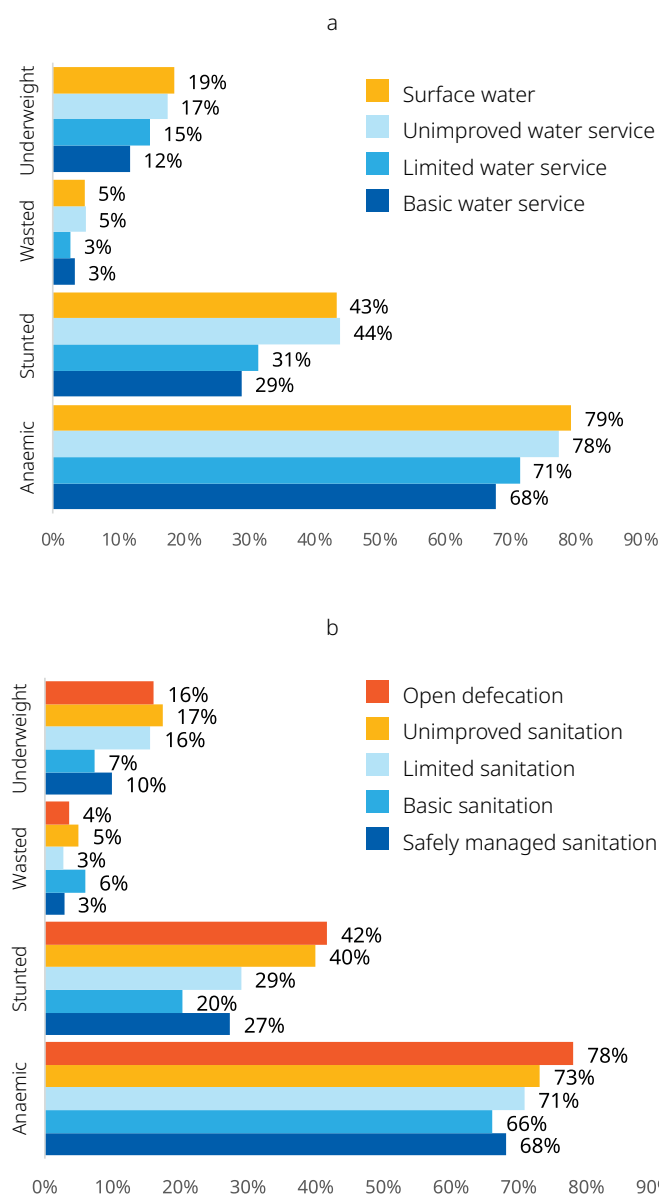


Figure 13: Child malnutrition (a) by water service provision and (b) by sanitation service provision (2022)



Proposed Policy Priorities

Proposed Policy Priorities

Access to safe water, sanitation and hygiene (WASH) services is essential for children's survival, health and development. Yet, millions of children in Mozambique continue to suffer the consequences of inadequate WASH services, leading to preventable diseases, malnutrition and even death. Urgent action is needed. To create lasting change, the government should invest in the following policy actions:

1. Expand WASH services for the most vulnerable children

Children in poorer households – especially in rural areas – are disproportionately affected by inadequate WASH services, putting them at greater risk of life-threatening diseases. To ensure every child has a fair chance at a healthy future, the government and development partners must prioritize expanding access to higher-level WASH services for the poorest communities. Investing in safe water and sanitation for the most vulnerable will have the greatest impact on reducing child mortality and improving health outcomes.

2. Transform WASH behaviours to protect children's health

To improve WASH outcomes, behaviours must change to protect children's health. Social behaviour change campaigns should focus on:

- safe drinking water practices, including water disinfection, safe transport, and storage.
- promoting handwashing with soap, and proper hygiene practices to prevent the spread of diseases.
- ending open defecation by encouraging the building and use of improved sanitation facilities.

Changing norms around WASH practices will empower communities to take ownership of their health, reducing illness and improving child wellbeing.

3. Use schools and health facilities as drivers of WASH change

Schools and healthcare facilities play a critical role in promoting safe WASH practices. To drive sustainable change, WASH messages must be fully integrated into the education and health sectors. Moreover, WASH in healthcare facilities is foundational to the delivery of safe, quality health services. When it is absent, patients are at greater risk of infection.

- Include WASH education in school curriculums and antenatal classes, ensuring that children and parents understand the importance of hygiene and sanitation.
- Upgrade WASH facilities in schools, healthcare facilities and public spaces to provide a safe, clean environment for children and communities.
- Reduce disease transmission by ensuring that public institutions practice and model safe WASH behaviours.

By making schools and healthcare facilities models of good WASH practices, they can influence entire communities, reduce disease and protect the health of future generations.

for every child,

Whoever she is.

Wherever he lives.

Every child deserves a childhood.

A future.

A fair chance.

That's why UNICEF is there.

For each and every child.

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In more than 190 countries and territories.

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The furthest from help.

The most excluded.

It's why we stay to the end.

And never give up.

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