

## ***0.a. Goal***

6. ENSURE THE AVAILABILITY AND SUSTAINABLE MANAGEMENT OF DRINKING WATER AND SANITATION FOR ALL.

## ***0.b. Target***

6.1 By 2030, achieve universal and equitable access to safe and safe drinking water for all

## ***0.c. Indicator***

6.1.1 Proportion of population drinking water from safe sources, by area of residence and provinces

## ***0.d. Series***

Proportion of the population drinking water from safe sources, by area of residence and provinces

## ***0.e. Metadata update***

10/8/2020

## ***1.a. Organisation***

NATIONAL INSTITUTE OF STATISTICS

## ***1.b. Contact person(s)***

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## **2.a. Definition and concepts**

Proportion of the population that drinks water from safe sources corresponds to the proportion that uses water from a source considered safe.

A source of safe water is one that is free from fecal and / or chemical contamination.

"Improved" drinking water sources include: piped water within the home, yard, land or neighbor's house; taps or public fountains; boreholes or wells protected with a hand pump; protected springs; packaged / mineral water.

## **2.b. Unit of measure**

Percentage

## **3.a. Data sources**

General Population and Housing Census and Household Surveys

## **3.b. Data collection method**

The recommended data source to calculate this indicator is the Census and Household Surveys. The data collection questionnaire is designed and subsequently tested in the field in the course of training the interviewers.

For the collection of data, the methodology of interviews was applied face to face to the households where the respondents were asked what was the main source of water they use to drink and the answer was highlighted in a list of sources that include: water channeled inside the neighbor's house, yard, land or house; taps or public fountains; holes or fountains; protected wells; unprotected wells, springs; packaged water; supplied water, river / lake water and rainwater.

The field work lasted 15 days in the case of the Censuses and the Surveys depending on the type and purpose of the Survey.

Cases of non-response, after all efforts to obtain funds are exhausted, are treated as unknown cases.

## **3.c. Data collection calendar**

2027

## **3.d. Data release calendar**

2029

### ***3.e. Data providers***

INE

### ***3.f. Data compilers***

INE

### ***3.g. Institutional mandate***

Law 7/96 of 5 July

## ***4.a. Rationale***

Currently, the proportion of the population using safe drinking water services is being measured by the proportion of the population using an improved basic source of drinking water. Access to drinking water and a good hygiene environment are an important lever, as they allow to reduce most diseases that occur in children and adults, for example, diarrhea can be reduced through good hygiene practices, use of drinking water and adequate sanitary means.

## ***4.b. Comment and limitations***

Data on the availability and safety of drinking water is increasingly available through a combination of household surveys and administrative sources, including regulators, but definitions still need to be standardized.

## ***4.c. Method of computation***

The proportion is given by the quotient between people who consume water from safe sources for the total population. As a percentage

## ***4.d. Validation***

The fieldwork had the supervision and quality control by the technicians of INE Central as well as the Provincial Delegations. In addition, during the data collection, a strict control was established at the level of each team over the collection process, by detecting errors by the critics in the field, which allowed for immediate correction even on the ground.

At the level of central coordination, the data critics made a further review of the base data and the problems encountered were reported to the respective teams for correction.

Interactive and batch processing of information also allowed, at central level, the periodic obtaining of partial results, for analysis of the data collected until a given moment, through the production of tables for monitoring and quality control. The results of these tabulations were reported in feedback to the inquirers, ensuring the quality of the data.

#### ***4.h. Methods and guidance available to countries for the compilation of the data at the national level***

In the production and compilation of data, methodologies recommended by the United Nations were used in *Principles and Recommendations of the Population and Housing Censuses (ST / ESA / STAT / SER.M / 67 / Rev.3)*

#### ***4.i. Quality management***

*Still in development and to be approved by the quality management instrument*

#### ***4.j. Quality assurance***

*For the collection of data, the methodology of interviews was applied face to face to the households filling out the Bulletin of Households and Bulletin of collective accommodations.*

#### ***4.k. Quality assessment***

*Still in development and for approval of the instrument for quality assessment*

### ***5. Data availability and disaggregation***

*Information is made available every 5 years and is broken down by rural and urban area of residence, province and country*

### ***6. Comparability/deviation from international standards***

*Data production allows comparability with no differences, as the internationally defined recommendations in Principles and Recommendations for Civil Statistics - UN follow (ST / ESA / STAT / SER.M / 19 / Rev.3 New York, 2014 )*

*Estimates of Demographic and Health Surveys are based on standardized methodologies and developed by WHO and UNICEF.*

*The Demographic and Health Survey (IDS) in Mozambique is part of an international survey program (MEASURE DHS) developed by ICF International through a contract with USAID, with the purpose of supporting governments and private institutions in developing countries in conducting national surveys by sampling, in the areas of population and health. The MEASURE DHS Program aims to:*

- Support the formulation of policies and implementation of programs in the areas of population and health;*
- Increase the international population and health data base for monitoring and evaluation;*
- Improve the survey methodology by sampling, and*
- Consolidate, in the survey area, the technical capacity of the executing institution in the country participating in the Program.*

## ***7. References and Documentation***

*Ministry of Health (MISAU), [www.misau.gov.mz](http://www.misau.gov.mz);*

*National Statistics Institute (INE), [www.misau.gov.mz](http://www.misau.gov.mz);*

*ICF International (ICFI), [www.measuredhs.com](http://www.measuredhs.com)*