



MINISTRY OF AGRICULTURE, WATER AND LAND REFORM

# National Strategy

## SANITATION AND HYGIENE

2022  
27



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# National Strategy

## SANITATION AND HYGIENE



MINISTRY OF AGRICULTURE, WATER AND LAND REFORM

# ACKNOWLEDGEMENTS

The Cabinet approved this National Sanitation Strategy 2022-2027 last year mindful of the multistakeholder component of it achieved through the WATSAN Forum. Therefore the Ministry of Agriculture, Water and Land Reform (MAWLR) wishes to acknowledge the contributions from all stakeholders including but not limited to Ministry of Education, Arts and Culture (MoEAC), Ministry of Environment, Forestry and Tourism (MEFT), Ministry of Finance (MoF), Ministry of Health and Social Services (MoHSS), Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPEWSW), Ministry of Urban and Rural Development (MURD), National Planning Commission (NPC), Regional Councils (RCs), Local Authorities (LAs) and Non-Government Organisations (NGOs).

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# ACRONYMS

<b>CCN</b>	Council of Churches of Namibia
<b>CCWSS</b>	Cabinet Committee on Water Supply Security
<b>CDC</b>	Constituency Development Committee
<b>CLTS</b>	Community-Led Total Sanitation
<b>CYEM</b>	Community Youth Employment Model
<b>DCC</b>	District Community Committee
<b>DHS</b>	Demographic and Health Survey
<b>DWN</b>	Development Workshop Namibia
<b>DWSSC</b>	Directorate of Water Supply and Sanitation Coordination, MAWLR
<b>ECDs</b>	Early Childhood Development Centres
<b>EIAs</b>	Environmental Impact Assessments
<b>EMIS</b>	Education Management Information System
<b>GLAAS</b>	Global Analysis and Assessment of Sanitation and Drinking Water
<b>GRN</b>	Government of the Republic of Namibia
<b>HRD</b>	Human Resource Development
<b>IEC</b>	Information, Education and Communication
<b>JAR</b>	Joint Annual Review Report
<b>JMP</b>	WHO/UNICEF Joint Monitoring Programme
<b>KAP</b>	Knowledge, Attitude and Practice
<b>LA</b>	Local Authority
<b>MAWLR</b>	Ministry of Agriculture, Water and Land Reform
<b>MoEAC</b>	Ministry of Education, Arts and Culture
<b>MEFT</b>	Ministry of Environment, Forestry and Tourism
<b>MoF</b>	Ministry of Finance
<b>MoHSS</b>	Ministry of Health and Social Services
<b>MGEPEWSW</b>	Ministry of Gender Equality, Poverty Eradication and Social Welfare
<b>MHETI</b>	Ministry of Higher Education, Technology and Innovation
<b>MURD</b>	Ministry of Urban and Rural Development
<b>NamWater</b>	Namibian Water Corporation
<b>NDHS</b>	Namibia Demographic Health Survey
<b>NDP</b>	National Development Plan
<b>NHIES</b>	National Household Income and Expenditure Survey
<b>NPC</b>	National Planning Commission
<b>NGO</b>	Non-Governmental Organisation
<b>NSHS</b>	National Sanitation and Hygiene Strategy
<b>NSA</b>	Namibia Statistics Agency
<b>NWSSP</b>	Namibia Water Sector Support Programme
<b>OD</b>	Open Defecation
<b>ODF</b>	Open Defecation Free
<b>OPM</b>	Office of the Prime Minister

<b>RC</b>	Regional Council
<b>RDCC</b>	Regional Development Coordination Committee
<b>RSHDP</b>	Regional Sanitation and Hygiene Development Plan
<b>SDGs</b>	Sustainable Development Goals
<b>SHIAP</b>	Sanitation and Hygiene Implementation Action Plan
<b>SLTS</b>	School-led Total Sanitation
<b>TCE</b>	Technical Committee of Experts
<b>UN</b>	United Nations
<b>UNESCO</b>	United Nations, Educational, Scientific and Cultural Organisation
<b>UNICEF</b>	United Nations Children’s Fund
<b>UN-SDG</b>	United Nations-Sustainable Development Goals
<b>VIP</b>	Ventilated Improved Pit
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WinS</b>	WASH in Schools
<b>WATSAN</b>	Water and Sanitation
<b>WHO</b>	World Health Organization
<b>WSASP</b>	Water Supply and Sanitation Policy

# FOREWORD

The Government of the Republic of Namibia (GRN) through the Ministry of Agriculture, Water and Land Reform (MAWLR) has the mandate to fulfil one of the aspirations in Namibia's 5<sup>th</sup> National Development Plan (NDP5) that "by 2022, Namibian households should have improved sanitation, increasing from 28% in 2016 to 40% in rural areas, and from 77% in 2016 to 87% in urban areas". Therefore, the MAWLR has and will continue to lead in ensuring the sustainable provision of safe sanitation and hygiene for all Namibians.

The United Nations Sustainable Development Goal (UN SDG), Target 6.2 calls for countries to end open defecation, and to ensure that everyone has access to a basic toilet. This Goal also requires us to pay special attention to the needs of women, girls, and those in vulnerable situations, and improve water quality and safe wastewater re-use. Consequently, it is worth indicating that the MAWLR is committed to improving the health and livelihoods of all Namibians through effective sanitation and hygiene. Despite minimal progress, achieving universal access to adequate and equitable sanitation and hygiene by 2027 is a major challenge in many parts of the country.

This led the Ministry to formulate the National Sanitation and Hygiene Strategy (NSHS) 2022-2027 which set the framework to provide sanitation and hygiene services. The NSHS 2022-2027 is the revision of the first National Sanitation Strategy (NSS) 2010-2015 which was required to guide the MAWLR in implementing sanitation and hygiene programs and interventions countrywide. It also aims to align with the Water Resources Management Act, 2013 (Act No. 11 of 2013); the Communication Strategy for Eliminating Open Defecation in Namibia (ODFN) 2015/16-2017/18; Namibia Sanitation Situational Report of 2009; the Water Supply and Sanitation Policy (WSASP) of 2008; and National Standards for Dry Sanitation which sets out the GRN's approach of addressing the sanitation and hygiene challenges for all Namibian households with minimal impact on the environment through acceptable, affordable and sustainable solutions, and ensure a healthy and safe environment and improved quality of life.

However, the Cabinet in October 2022, approved the NSHS 2022-2027, in which the Ministry has to implement the total N'GOR Declaration on Sanitation and Hygiene by allocating budget as a starting point to be based on specific needs and costs from the year 2022 to 2027.

This strategy is also designed to support the execution of pro-poor initiatives of the Community youth employment model and enter into a Memorandum of Understanding (MoU) with training centres and other stakeholders to build capacity, create employment, and satisfy demand in the design of sanitation facilities, construction, and marketing. This is best achieved by employing the participatory approaches of the Community Led Total Sanitation (CLTS) and School Led Total Sanitation (SLTS) approaches which facilitate communities to conduct their appraisal and analysis of open defecation, mobilising people to identify and find solutions to their sanitation and hygiene needs and empowering schools and communities to eliminate Open Defecation (OD) from schools' catchments and promoting sanitation and hygiene respectively.

**It is our collective responsibility  
to ensure that every Namibian  
has access to sanitation  
because it is dignity,  
and it is a human right  
just like access to water.**

The MAWLR acknowledges the stakeholders' participation in developing this strategy who are staff members from different Offices, Ministries and Agencies (OMAs), Regional Councils (RCs), Local Authorities (LAs), Non-Government organizations (NGOs), and United Nations Children's Fund (UNICEF) for financial support in reviewing, designing, and producing the strategy. They are equally expected to provide support for the implementation of this strategy.

Last but not least, I wish to encourage all our stakeholders to come on board and join hands with the MAWLR in accelerating efforts towards actualising the set objectives as a contribution to national development.

Finally, I am honoured to present this NSHS 2022-2027 roadmap for implementing sanitation and hygiene nationwide.

  
.....  
**Honourable Carl HG Schlettwein, MP**  
**Minister of Agriculture, Water and Land Reform**



# PREFACE

The Ministry of Agriculture, Water and Land Reform (MAWLR) is committed to ending open defecation in the country by 2027 in line with the 2030 Agenda for SDGs of the United Nations (UN). Thus, the Ministry developed the National Sanitation and Hygiene Strategy (NSHS) 2022-2027 a strategic framework for the GRN to respond to the sanitation and hygiene challenges. This NSHS 2022-2027 is the national guide for state and non-state actors at both national and regional levels. The framework addresses the bottlenecks to achieving universal access to improved sanitation and eradication of open defecation in Namibia. The NSHS succeeds the National Sanitation Strategy (NSS) 2010-2015 and provides the medium-term framework for the implementation of the Namibian Vision 2030.

Over the past years, sanitation coverage in Namibia has remained almost stagnant in terms of availability, use of facilities, and the quality of sanitation infrastructure and services. According to the 2016 Namibia Intercensal Demographic Survey (NIDS), Namibian households without a toilet accounted for 45.7% which makes the country the worst-performing in southern Africa. Only 34% of households nationwide have access to sanitation facilities. Nevertheless, the percentage of the rural population without access to toilet facilities is estimated at 70% while the percentage of the urban population is estimated at 26%. The proportion of rural households with basic toilet facilities has remained stable at 13.4%, but access by urban households is at 63.2%. Presently 50% of the Namibian population practices Open Defecation (OD).

The MAWLR provides sanitation and hygiene facilities to promote Open Defecation Free (ODF) in rural and urban areas to numerous institutions, such as schools, health, and market centres. This is very challenging because data from the 2016 Namibian Education Management Information System (EMIS) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) show that all primary schools in Namibia, 46% had access to basic sanitation, 31% to limited sanitation services and 23% had no sanitation services at all. This translated that 77% of schools have sanitary facilities, but only 3 out of 5 schools met the minimum criteria of accessibility, functionality, and privacy.

The goal of the strategy is to ensure that by 2027 a target of 67% of the Namibian population has access to basic sanitation and increase the practice of safe hygiene behaviour from the current 46% in line with the 2030 Agenda for SDGs. This is expected to be achieved by increasing community efforts and participation. It will further require creating safe and sustainable sanitation and hygiene solutions including handwashing thereby reaching 57% from the current 21% coverage in rural and 80% from the current 67% coverage in urban areas.

We have therefore in this strategy, set for ourselves the higher goal of realisation of improved health, dignity, and quality of life for all Namibians through improvements in sanitation and hygiene in Namibia by 2027. To achieve this goal, the strategy will focus on eleven (11) key strategies of efficient use of the budget available to improve access to sanitation and hygiene in

The goal of the strategy is to ensure that  
**by 2027, a target of 67% of the Namibian  
population has access to basic sanitation.** ”

informal urban settlements, create awareness for good behavioural practices on sanitation and hygiene at all levels, stimulate sustainable local community participation in sanitation and hygiene management, ignite locally built and sustainable markets for sanitation solutions/technologies, provide universal access to sanitation and hand washing facilities in public institutions, coordinate sanitation and hygiene activities implementation at national and regional levels, mobilise communities (those who can afford to construct their sanitation facilities), and subsidise severely poor households, respond rapidly to sanitation and hygiene-related epidemics and address environmental challenges, as well as establish and track sanitation and hygiene budget lines. It also contains detailed implementation, monitoring and evaluation, and a costed plan.

Additionally, the MAWLR will lead the implementation process through technical coordination and a consolidated national budget. It is expected that all stakeholder institutions including donors, development cooperating partners, and the academia will align their operational plan activities in support of the NSHS.

Let us all join hands as we deepen and strengthen our resolve to rid Namibia of open defecation and to assure every Namibian of sustainable access to improved sanitation, and a healthy environment. Indeed, if we pull together, our collective vision of transforming Namibia into an industrial nation enjoying prosperity, interpersonal harmony, peace, and political stability will be achieved by the year 2030.

  
NDIYAKUPI NGHITUWAMATA (MS)  
EXECUTIVE DIRECTOR  
Ministry of Agriculture, Water and Land Reform  
Republic of Namibia  
EXECUTIVE DIRECTOR  
07 DEC 2024

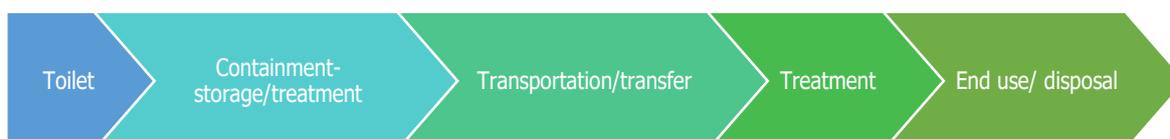
# DEFINITION OF TERMS

## Sanitation

According to the World Health Organization (WHO) sanitation is defined as access to, and use of facilities and services for the safe disposal of human urine and faeces. The human right to sanitation entitles everyone to sanitation services that provide privacy and ensure dignity, and that are physically accessible and affordable, safe, hygienic, secure, socially and culturally acceptable.

A safe sanitation system is a system that separates human excreta from human contact at all steps of the sanitation service chain, from toilet capture and containment through emptying, transport, treatment (in-situ or offsite) and final disposal or end use.

**The steps are:**



**According to the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), the following definitions should be applied:**

- **Improved sanitation** facilities are those designed to hygienically separate excreta from human contact. Types of improved sanitation are (Pour) flush toilet to water-borne sewerage, septic tank or pit, VIP latrines, pit latrine with slab and composting toilet.
- **Unimproved sanitation** refers to a shared toilet (meaning a toilet that is used by more than one household), flush/pour flush to elsewhere (not into a pit, septic or sewer), pit latrine without slab or platform and/or bucket toilet.
- **Basic sanitation** service is defined as use of improved sanitation facilities which are not shared with other households.
- People using improved facilities which are shared with other households are classified as having a **limited service**.

**Other categories are:**

- **Open defecation:** disposal of human faeces in fields, forests, bushes, open bodies of water, beaches or other open spaces, or with solid waste.

## Hygiene

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- Households that have a handwashing facility with soap and water available on the premises will meet the criteria for a **basic hygiene** facility.
- Households that have a handwashing facility, but lack water or soap are classified as having a **limited facility**. Sometimes ash, soil, sand or other materials are used as handwashing agents, but these are less effective than soap, and are therefore counted as limited handwashing facilities.
- **No facility at all.**

## Hygiene Practices

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Practices which are associated with ensuring good health, cleanliness and promoting quality of life (preventing illness).

**Key safe hygiene practices include the following:**

- Appropriate use of improved toilet facilities, stopping open defecation;
- Handwashing with water and soap after using the toilet and before preparing food and eating, and after touching faeces of humans or animals;
- Safe disposal of children's stools and handwashing with soap after handling children stools;
- Protecting food against flies; and
- Proper storage of water in the house.

## Severely Poor<sup>1</sup>

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- Poor is an income lower than 520.80 N\$/adult/month
- Severely poor is an income lower than 389.30 N\$/adult/month.



# EXECUTIVE SUMMARY

This National Sanitation and Hygiene Strategy (NSHS, 2022–2027) is a revised and updated version of the National Sanitation Strategy (NSS, 2010–2015) which was developed to give strategic direction for a coordinated approach to the implementation of sanitation and hygiene activities under the leadership of the Ministry of Agriculture, Water and Land Reform (MAWLR) through the Directorate of Water Supply and Sanitation Coordination (DWSSC). The strategy is based on the Water Supply and Sanitation Policy of 2008.

This strategy recommends an integrated approach to the provision of sanitation and hygiene education as a vital ingredient to improve socio-economic welfare and health in Namibia. This can only be achieved by strengthening partnerships and coordination at all levels. The newly established Water and Sanitation Working Group will continue to coordinate Water and Sanitation (WATSAN) activities previously carried out by WATSAN forums. The intention is to strengthen leadership, and effective and efficient stakeholder coordination at national, regional and local levels.

The ultimate goal is to provide 67% of the Namibian population with sustainable access to basic sanitation, and to increase the practicing of safe hygiene behaviours (currently 42%) by 2027. As a result, the strategy articulates various interventions to achieve this goal. These interventions are in the form of focus strategies including: mass awareness campaigns for sanitation and hygiene behaviour change to stimulate the demand for sanitation facilities; improvements in handwashing (boosted by the effect of COVID-19), and elimination of open defecation (ODF); mobilise and encourage communities that are able to afford the costs, to construct their own sanitation facilities, and subsidise fully or partly the sanitation facilities of severely poor households. This will be implemented in a coordinated manner through the development and implementation of a comprehensive Regional Sanitation and Hygiene Development Plan (RSHDP) which caters for both urban and rural areas, and through the Community Youth Employment Model (CYEM) approach as approved by Cabinet.

In addition, a Community Led Total Sanitation (CLTS) approach, adapted to the Namibian environment, will be used to accelerate the elimination of open defecation. This is also in line with the Harambee Prosperity Plan 2 (HPP II) which plans to launch CLTS and Water Sanitation and Hygiene (WASH) awareness to increase hygiene in rural and peri-urban areas through the construction of toilets at household level.

To enable the effective implementation of this strategy, the Sanitation and Hygiene Implementation Action Plan (SHIAP) sets out annual targets, leadership and support given to institutions per focus strategy, and the resources needed to reach these targets. All stakeholders are called upon to rededicate their focus, innovation and commitment to ensure the efficient and effective implementation of this strategy.



1

# BACKGROUND AND INTRODUCTION



Since independence in 1990, Namibia has made significant progress on the supply of potable water to rural communities. Access to safe water for the rural population has increased from 43% in 1991<sup>2</sup> to 85% in 2016.<sup>3</sup> Unfortunately, sanitation coverage in rural areas has not progressed according to expectations. In 2016, 70% of the rural population had no toilet facility and the same was the case for 26% of the urban population.<sup>4</sup>

Essential water supply and sanitation services should be available to all Namibians, and should be acceptable and accessible at a cost which is affordable to the country as a whole.

This equitable improvement of water supply and sanitation services can only be achieved by the combined efforts of the Government of the Republic of Namibia (GRN) and the beneficiaries, based on community involvement and participation, the acceptance of mutual responsibilities and by outsourcing services where necessary and appropriate, under the supervision and support of GRN.

Communities should have the right, taking into account environmental impacts and making resources and information available, to determine which water supply and sanitation solutions, and service levels are acceptable to them within the boundaries of the national guidelines. Beneficiaries should contribute towards the cost of water supplies and sanitation services they desire as standards of living improve, exceeding the levels required for providing basic needs.

The first National Sanitation Strategy (NSS) for 2010-2015 (extended until 2018) was based on the Water Supply and Sanitation Policy (WSASP) of 2008. The NSS situation analysis was conducted early in 2009. WSASP policy principles were used to guide the development of the NSS.

### **WSASP recommends the following for strategy development:**

- The benefits of the provision of sanitation are promoted as a public good and include health, environment, energy generation (biogas) and food production (wastewater re-use and treated human excreta/animal waste re-use).
- Technology options should be accessible, acceptable (social and cultural), affordable, environmentally sustainable and appropriate.
- Full cost recovery is the general rule. In low income rural and urban areas it is essential to recover at least the operational and maintenance costs with support from government subsidies, or cross-subsidies amongst consumers. Subsidies for the poor and marginalised have to be allocated according to strict criteria and transparent mechanisms.
- WSASP transfers the mandate for the coordination of the sanitation sub-sector to the Directorate of Water Supply and Sanitation Coordination (DWSSC) in MAWLR. A broad multi-sectoral forum for sector coordination (including health, water and sanitation) on the operational level is to be established to support DWSSC activities. WSASP also defines the roles and responsibilities of key stakeholders.

- Human resource development (HRD) is a crucial element in the assumption of responsibilities and in the implementation of WSASP. Water supply and sanitation strategies should ensure that human resources are developed to suit continuing and new requirements. Technical capacity and HRD, as well as arrangements for suitable technical support must be strongly promoted within regional councils (RCs) and local authorities (LAs) for implementation of Water Supply and Sanitation (WSS).

**NSS 2010/2011–2014/15 aimed to improve the provision of sanitation services in order to:**

- Contribute towards improved health and quality of life;
- Ensure a hygienic environment;
- Use of improved sanitation infrastructure options;
- Protect water sources from pollution;
- Promote conservation of water; and
- Stimulate economic development.

The (second) Sanitation and Hygiene Strategy 2022-2027 as presented in this document is a revision of the first national sanitation strategy and includes hygiene as an essential component of the policy. Further, it aims to be a compact and manageable document. It consists of a strategy (the main document) and a Sanitation and Hygiene Implementation Action Plan (as an Annex).

The main vision and most of the focus areas of the original strategy have been retained, but the revised document is less detailed to emphasise application and implementation. The new strategy attempts to address weaknesses in leadership, coordination, monitoring and ownership, and to strengthen financial commitments, as well as putting forward financing mechanisms.

The development of the revised strategy took place between May and November 2018. The process was guided by MAWLR. Relevant sector stakeholders at national level and in four clusters (North Central, North Eastern, North Western and Southern regions) were consulted, and provided feedback and inputs as part of the Strategy development process.

## Situation Analysis

A new situation analysis was prepared based on a literature review, stakeholder consultations and site visits. The situational analysis with reflections and recommendations is presented in a separate report.

The Situation Analysis Report forms the basis of this strategy. It assessed the current (October 2018) sanitation situation in Namibia.

**The key findings in the situation analysis were:**

- **Access to basic sanitation is essential for a healthy lifestyle.** The lack of sanitation and hygiene can directly lead to an increase of cases of:<sup>5</sup>

1. Diarrhoea, the common cause for morbidity (suffering from a disease or medical condition) and mortality of children under five;
  2. Dysentery;
  3. Epidemics like cholera, hepatitis and typhoid;
  4. Neglected tropical diseases such as soil-transmitted helminth infections and schistosomiasis; and
  5. Insect vector diseases (vectors breed in faeces contaminated water). These may lead to stunting (low height for age), impaired cognitive function, pneumonia (related to repeated diarrhoea in undernourished children), as well as anaemia (related to hookworm infections).
- **The practice of open defecation (OD) is one of the most serious environmental threats to public health.** OD, and the failure to dispose of excreta safely are primary factors that contribute to the spread of diseases and infections through the bacteriological contamination of water sources, and the transmission of pathogens through the faecal-oral route. According to studies, the incidence reduction of diarrhoea increases from 16% to 69% when a complete community uses improved sanitation, or households are connected to sewerage systems.<sup>6</sup> A systematic review of the impact of sanitation on diarrhoea, shows a decrease of 32-36% of cases.<sup>7</sup>

**Sanitation offers other benefits such as:**

- **Social benefits:** (1) convenience and comfort, (2) privacy and safety, (3) for women and girls, avoidance of sexual harassment and assault, (4) less embarrassment with visitors, (5) dignity and social status and, (6) decrease in school absenteeism, especially for girls.
  - **Job creation:** construction and maintenance of individual toilets.
  - **Economic benefits:** re-use of treated effluents for irrigation; re-use of bio solids (composted sludge) as fertiliser for agriculture; production of biogas as source of energy.
- **In Namibia, sanitation coverage has remained almost stagnant over the past ten years,** in terms of availability, use of facilities and the quality of sanitation infrastructure and services. The proportion of rural households with basic toilet facilities has remained stable at 13.4%, but access by urban households is at 63.2%. In 2016,<sup>8</sup> only 34% of households nationwide had access to sanitation facilities that meet the UN-SDG standards for basic sanitation. What is even more challenging is that according to UN-data, 50% of the population practice OD. According to data from the Namibia Intercensal Demographic Survey 2016, households without a toilet accounted for 45.7%. This national OD rate makes the country the worst performing in the southern African region, and the 10th highest globally out of 192 countries.
  - **Not only is the gap between rural and urban population large, but also between the rich and the poor.** Whereas all rich people use toilets, just 8% of the poorest population uses toilets meeting the basic criteria. Namibian children living in a household with access to a flush toilet are 0.46 times less likely to die before their fifth birthday, compared to those that do not have access to flush toilets.<sup>9</sup>

- **Informal urban settlements are growing fast.** It is expected that the households in informal urban settlements may double in the next 7-8 years. In those areas, LAs are unable to provide basic services at the pace of the population increase. As a result, many informal urban settlements have households practicing OD, or using shared toilets which are badly maintained. Solid waste is also a major environmental health problem in those areas. Where communities have been connected to sewerage systems, authorities are challenged to keep them operable (pumps break down, urbanisation moves close to oxidation ponds etc.).
- **In addition, regional disparities exist for access to basic sanitation in Namibia and these are very pronounced,** e.g., Erongo Region ranks highest with 75.6% of households having access to private/shared flush sanitation, and the lowest is Kavango West Region, with only 6.3% of households using flush toilets.<sup>10</sup> This is partly because Kavango West is a relatively new region and has not directly benefitted from Government support.
- Based on the Education Management Information System (EMIS, Namibia) and WITH additional information from the United Nations Educational, Scientific and Cultural Organization (UNESCO), it was reported that in 2016,<sup>11</sup> **of all primary schools in Namibia 46% had access to basic sanitation, 31% to limited sanitation services (improved but not usable or not single-sex) and 23% had no sanitation services at all.** This means that 77% of the schools have sanitary facilities, but of those only 3 out of 5 met the minimum criteria of accessibility, functionality and privacy. In 2018, MoEAC and UNICEF introduced the international School Led Total Sanitation (SLTS) approach in Namibia. Currently it is being piloted in Kavango East, Kavango West, Ohangwena and Zambezi Regions.
- **Women and girls living in poverty do not have easy access to sanitary products because of cost and are forced to make use of unsanitary and ineffective materials.** The lack of toilets, no separate toilets for girls (29% of the schools), and no changerooms, means that many girls do not go to school during menstruation, missing 3 to 5 school days every month. There is no concrete data on the number of Namibian girls missing school due to menstruation but anecdotal evidence suggests that the number is high. A small pilot project run in schools in the then Kavango Region where students were provided with disposable sanitary pads, increased the adolescent girls' attendance rates by 15-25%.<sup>12</sup> In 2018, the National School Health Task Force in Namibia initiated a study on menstrual health with a focus on schools.
- **Provision of sanitation, especially subsidised by the GRN, is limited** by the high cost of contracted construction of toilet facilities.
- **A move away from the dependency culture of communities, when considering the provision of sanitation services at household level, is needed to expand coverage.** In response, and in collaboration with UNICEF, a Community-Led Total Sanitation (CLTS) protocol was introduced in 2017. CLTS is an internationally applied, integrated and flexible approach to achieve and sustain open defecation free (ODF) status mainly in rural communities. A number of government staff from the line ministries (MAWLR, MoHSS, MoEAC and MURD) and Namibian Red Cross Society volunteers have been trained on

CLTS. CLTS and its school-based version SLTS has been implemented in 61 villages and 80 schools respectively with more than 1000 new toilets constructed in Kavango East, Kavango West, Ohangwena and Zambezi Regions. So far, one village has been declared open defecation free and three more are waiting to be declared ODF.

- A UNICEF supported review of CLTS implementation in Namibia established that the poor results are due to the following reasons: the quality of CLTS facilitation and implementation is inadequate, poor coordination amongst stakeholders, and contradictory approaches to improve sanitation i.e. subsidy vs. CLTS.
- Table 1 highlights the GRN sanitation development budget projections in N\$ millions from 2010 to 2018 according to the Ministry of Finance (MoF) and confirmed by the National Planning Commission (NPC).

**Table 1**

Development budget projections and actual budget implementation in N\$ Millions

Programme/ Project Name	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Sanitation Infrastructure Development Programme (Projection)	258	496	388	745		971	541	391
Rural sanitation (Projection)	34	80	88	28		55	0	0
Rural and Urban Sanitation Infrastructure Development (Projection)	10	15	37	10		26	19	0
<b>Total</b>	<b>302</b>	<b>591</b>	<b>513</b>	<b>783</b>		<b>1.052</b>	<b>560</b>	<b>391</b>
Rural sanitation (actual implementation, MAWLR)						110	30	
Rural Sanitation (actual implementation, MURD)	34		35	29	15	4	32	
<b>Total</b>	<b>34</b>		<b>35</b>	<b>29</b>	<b>15</b>	<b>114</b>	<b>62</b>	

- To reach full sanitation coverage in 2030 (Namibia Vision 2030), 1000 toilets a week need to be constructed to reach full sanitation coverage.<sup>13</sup> Between 2013 and 2017, a total of 3984 rural sanitation facilities were built under the auspices of the MAWLR. Between 2009 and 2019, MURD through the RCs, constructed 12,773 rural sanitation facilities (mostly

ventilated pit latrines), as well as 3,473 urban sanitation facilities (including eradicating the bucket system). No community involvement and participation, or sanitation hygiene promotion activities were incorporated into the RCs's construction programmes. From 2011/12 to 2018/19, a total of 15,690 houses with improved sanitation facilities were built in urban areas through the Build Together Programme.

- Under the Harambee Prosperity Plan 2016/2017-2019/20, 50,000 rural toilets and **the elimination of the bucket toilets by 2020 was foreseen**. Progress still has to be made.
- GRN committed itself to the NGOR declaration\* developed by African Ministers responsible for Sanitation and Hygiene at AfricanSan4 held in Senegal in May 2015, **to achieve universal access to adequate and sustainable sanitation and hygiene services and eliminate open defecation by 2030**. Amongst others, the commitment was to establish and track sanitation and hygiene budget lines that consistently increase annually, to reach a minimum of 0.5% GDP by 2020. \* 'Ngor' means dignity in Wolof, the Senegalese language. This year, Namibia is hosting the Seventh Edition of the Africa Sanitation and Hygiene (AfricaSan) Conference at Swakopmund, Erongo Region 6 - 11 November 2023 under the theme "Strengthening Systems and Partnerships for Accelerated Action on Safely Managed Sanitation and Hygiene."
- **Lack of accountability and problems with efficient coordination was identified as a major reason for the poor performance of the WASH Sector, particularly the sanitation sub-sector**. Six ministries, namely; Agriculture, Water and Land Reform, Education, Art and Culture, Urban and Rural Development, Work and Transport, Health and Social Services and Environment, Tourism and Forestry have been involved in sanitation. Large municipalities are mostly working independently.
- **Data and knowledge on sanitation issues at central, regional and local levels is scattered, not always shared and sometimes also inadequate** – in both the technical/hardware aspects and people/education/capacity building aspects. Proper management of their sanitation systems/wastewater treatment facilities is a challenge for smaller LAs. On-site sanitation and effluent reuse for irrigation are some of the areas that have not been well developed. User involvement in the choice of sanitation systems and their construction, operation and maintenance is limited. This leads to sanitation facilities not being used, operated and maintained properly by beneficiaries. Various critical factors such as affordability levels are often not properly considered leading to beneficiaries, connected to sewer systems, who cannot pay for the water to flush their toilets, and going back to open defecation/bush toilets. Sewer blockages are often observed due to the inappropriate use of the toilets, e.g., too low quantities of water used for flushing, and various objects thrown into flush toilets and sewerage manholes.
- **Sanitation tariffs vary considerably across the country**. Subsidy mechanisms are not always transparent, and are insufficient to cover the cost of sanitation services. This will require a major change in expectations of potential beneficiaries who are able to self-finance sanitary facilities, as well as a better political understanding that budgets can only meet part of the demand, and as such only specific groups, such as the severely poor in urban or low-income rural areas, should benefit from subsidies.

- **So far, no nation-wide advocacy campaign to stimulate cultural changes and action on sanitation has taken place to stop open defecation, promote sanitation and hygiene and to empower communities.** Advocacy plays a key role to ensure that there is a positive environment in which sanitation/hygiene promotion activities can be implemented effectively.
- **Namibia’s vulnerability in relation to environmental degradation, drought and epidemics, demand-based approaches which are hygienic and environmentally friendly as well as water (ground) saving are of concern.** There is a need to minimise environmental health risks and threats because of the resultant potential economic damage due to loss of income e.g., tourist activities can be hampered by the outbreak of disease caused by poor sanitation and hygiene; shortage of agricultural products due to water shortage and which cannot be exported because of health risks.



## Community Youth Employment Model

The involvement of local workers and unemployed young people trained in sanitation facility design, construction and marketing should be encouraged to rapidly build capacity at community level, to create employment and satisfy demand. Sustainable systems of developing capacity should be promoted and tried out in different local market conditions including entering into Memorandum of Understanding (MoU) with Vocational Training Centres and other relevant stakeholders.

### **In line with the foregoing imperative, Cabinet decided as follows:**

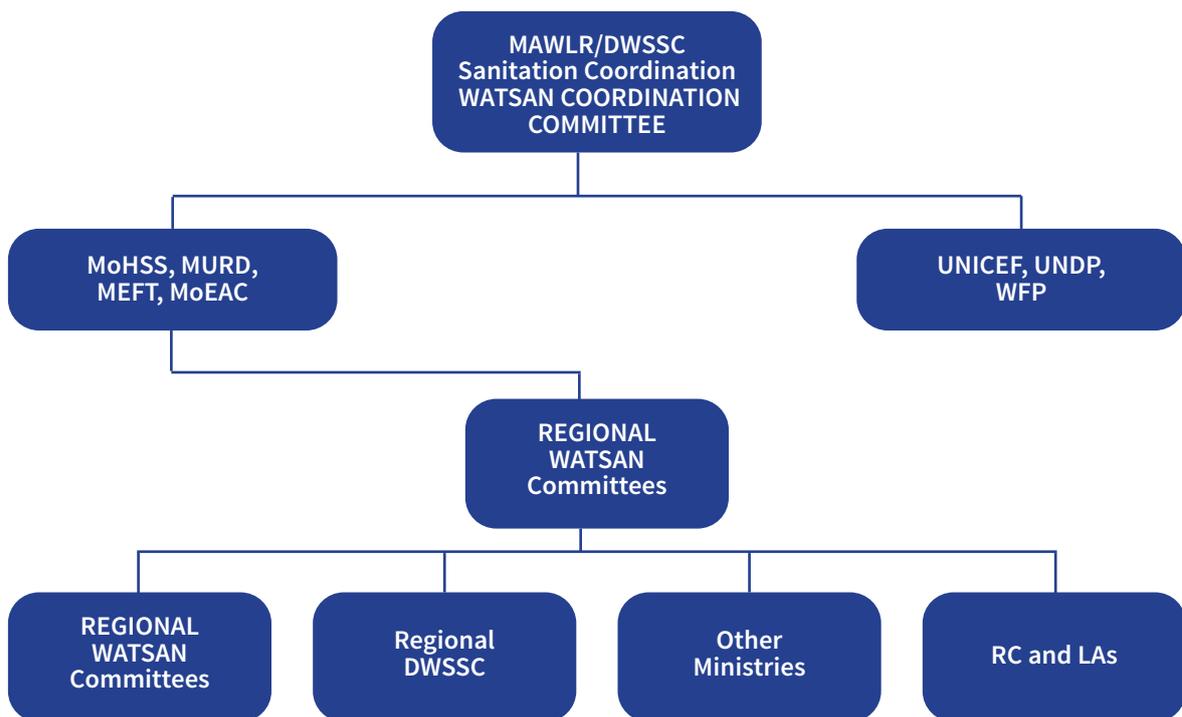
- RECOGNISING that more than 70% of the Namibian population live in rural areas and that it is a matter of common knowledge that the scourge of poverty, unemployment and underdevelopment negatively affect the urban and rural poor especially the youth and women.
- NOTING that more than 50% of our national population is made up of young people—amongst whom are unemployed graduates with technical expertise from training and vocational training centres.
- AWARE that the biggest challenges facing the youth are poverty, hunger, unemployment, disease, and lack of adequate entrepreneurial support.
- NOTING FURTHER that although Sanitation Coordination is the responsibility of the Ministry of Agriculture, Water and Land Reform, other government ministries notably the Ministry of Urban and Rural Development, Ministry of Education, Arts and Culture, Ministry of Health and Social Services are also involved in sanitation activities in rural and urban areas.
- AFFIRMING that these ministries should be supported to strengthen their activities in rural development geared towards making rural areas a good place for residence and visitors alike. Infrastructure such as roads, provision of water, sanitation, housing, and social amenities should be provided in order to bridge the existing gap between rural and urban areas.
- THEREFORE, the Community Youth Employment Model as proposed by the Ministry of Agriculture, Water and Land Reform entails the following components:
  - It needs to be recognized that government at different levels has constructed many sanitation facilities across the country. Regrettably many of these facilities were abandoned while some have become storage facilities instead of the intended purposes. It is arguably a waste of limited government resources. The reason is that some sanitation facilities were constructed for the community not with the community. It is also the case that some were constructed without due sensitivity to cultural practices and beliefs. Sadly, some contractors seized the opportunity to pursue financial benefits instead of sustainability of the sanitation objectives of government.

- It is with the foregoing in mind that the new model is being initiated. Brick by brick, the community where any sanitation facility is being constructed should be involved and supervised by Ministry of Agriculture, Water and Land Reform's Works Inspector and or assigned artisans.
- Unemployed young people with technical expertise in each village or settlement should be identified on a cash-for-work or casual worker basis. The objective is to ensure that site selection, construction and maintenance of these sanitation facilities are carried out with community involvement, whilst the relevant government ministries (MAWLR/NWSSP, MURD, MOHSS, MoEAC) provide support by providing design of facilities, supervision of construction and quality of works, procuring materials, transportation of materials to site, and maintenance of materials.
- It should further be recognized that any infrastructure government is putting up should be sustainable, and a clear maintenance plan at village or community level should be in place. It is best that local ownership is realized. The practice of contracting outsiders to construct government infrastructure should be discouraged, especially when there is existing capacity at village level.
- MAWLR has been piloting this model in Mungunda village (Kavango East Region), Gochas (Hardap Region), Noordoewer (//Kharas Region) and Ovitoto village (Otjozondjupa Region) respectively. The sanitation facility at Mungunda village is 90 percent complete.
- Sanitation facilities in rural or urban areas need to be maintained. Youth and women in such localities or areas should be encouraged to be caretakers of these facilities in the same manner in which water point committees are appointed. In Mungunda village, the community has organized itself on how such maintenance is to be achieved. A caretaker has been identified, and each household contributes a user fee which is utilized for paying the caretaker, and the upkeep of the sanitation facility.

## Sanitation and Hygiene Stakeholders

The users of sanitary sanitation and hygiene facilities are the main beneficiaries and will primarily be responsible for the implementation of sanitation and hygiene initiatives. They should receive institutional guidance and support from the key sanitation stakeholders (see Figure 1).

**Figure 1**  
Key Sanitation and Hygiene Stakeholders



## Strategic Planning Methodology

Strategic planning, based on policy guidelines, should begin with the present and move the organisation to the future.

The strategy should address four questions:

- “Where are we now?” (Situational Analysis)
- “Where do we want to be?” (Vision and Targets)
- “What are the basic principles?” (Strategic Approaches)
- “How do we want to get there?” (Focus Strategies and Objectives)
- “How do we monitor the progress?” (Indicators in the Sanitation and Hygiene Implementation Action Plan)

### **Namibian Constitution**

The Constitution as the supreme law of the country provides guidelines which the MAWLR must follow as stated in Articles 95 (j), (l) and 100, and calls for the maintenance of ecosystems, essential ecological processes, biological diversities, and the utilisation of living natural resources on a sustainable basis for the benefit of all Namibians, both present and future.

### **Namibia Vision 2030**

Namibia Vision 2030 provides a policy framework for long-term national development. Prosperity, harmony, peace and political stability are core elements of Vision 2030. The sanitation sector has aligned itself with these, and is committed to the overall goal of Vision 2030.

**Targets:** 100% sanitation coverage by 2030 is foreseen in Namibia's Vision 2030.

### **Fifth National Development Plan (NDP 5)**

The right to basic services is also safeguarded in the 5th National Development Plan (NDP5, 2017/2018- 2020/2021). It focusses on the achievement of rapid industrialisation, and adheres to the four integrated pillars of sustainable development:

- Economic Progression
- Social Transformation
- Environmental Sustainability
- Good Governance.

Sanitation falls under social transformation, and NDP5 states that: *'by 2022, Namibian households should have improved sanitation, increasing from 28% in 2016 to 40% in rural areas, and from 77% in 2016 to 87% in urban areas.'*

### **Harambee Prosperity Plan 2**

HPP II: *'to launch a Namibian version of CLTS and Water, Sanitation and Hygiene (WASH) awareness to increase hygiene through the community construction of toilets, particularly at household level in rural and peri-urban areas.'* This approach has been described as an innovative methodology for mobilizing communities to completely eliminate open defecation (OD).

## The Sustainable Development Goals

In September 2015, the UN launched a new set of global goals, the Sustainable Development Goals (SDGs), to guide development worldwide for the next 15 years (i.e., by 2030). Namibia has committed itself to the SDGs. The 2030 Agenda for Sustainable Development comprises 17 SDGs covering many more areas and sectors than the previous Millennium Development Goals (MDGs). Following a comprehensive consultation process, a set of 169 targets were agreed upon to measure progress of the highly interconnected and complex framework.

Ensuring access to safe water and sanitation for all is the 6th SDG and a central component of the development agenda. As the SDGs are closely linked with one another, progress in other areas also depends on significant improvements in WASH, especially those related to education, health, nutrition, gender equality, and inequality.

## Water Resources Management Act, No. 11 of 2013

The Water Resources Management Act came into force with effect from 29 August 2023. The sanitation regulations have been drafted for consultation and publication.



## Sanitation Sector

### Vision

Improved health, dignity and quality of life for all Namibians through improvements in sanitation and hygiene.

### Mission

Stimulate and support at least basic sanitation and appropriate hygiene habits for all Namibian households with minimal impact on the environment through acceptable, affordable and sustainable solutions. Ensure a healthy and safe environment and improved quality of life.

### Goal

By 2027, to reach a target of 67% of the Namibian population with sustainable access to basic sanitation and increase the practice of safe hygiene behaviours from the current 46%. This is expected to be achieved by increasing community efforts and participation. It will further require creating safe and sustainable sanitation and hygiene solutions including hand washing thereby reaching 57% from the current 21% coverage in rural and 80% from the current 67% coverage in urban areas.

### Core Values

The core values represent the non-negotiable style in which the Sanitation Sector will provide services in the future.

**The Sanitation Sector will perform all its activities through the following core values:**

- Integrity comprising honesty, trust and transparency of the service providers.
- Commitment with a shared responsibility to improve the quality of life.
- Collaboration and communication at all levels to provide effective service delivery.

2

## STRATEGIC APPROACHES



## STRATEGIC APPROACHES

To achieve the targets and mission of the strategy, the sanitation sector will develop approaches to mitigate the challenges and grasp development opportunities. Ultimately, the sanitation sector wishes to achieve the desired socio-economic and environmental outputs to reach its vision and goal.

The strategic approaches are presented in this section. The section includes the general strategic approaches and those for key specific areas.

### 2.1 The General Strategic Approach

The strategic approach is based on key principles and recommendations developed in WSASP and also lessons learnt from previous basic sanitation initiatives in Namibia.

The proposed approach for sanitation improvement in rural and urban communities in Namibia is based on the concept of the Hygiene Improvement Framework (HIF)<sup>14</sup> and includes three main components:

#### **a. Enabling environment:**

- Adequate leadership and coordination mechanisms
- Clear roles and responsibilities of all stakeholders
- Harmonised policies and regulations
- Adequate funding and cost-recovery
- Transparent subsidies for the severely poor.

#### **b. Sustainable sanitation and hygiene promotion**

- Communication and advocacy
- Social mobilisation
- Community engagement and participation
- Sanitation marketing
- Public-private partnerships.

#### **c. Access to hardware: a range of sanitation and hygiene systems for all**

- Build local market capacity for sanitation facilities to meet the demand for quality services that are affordable to the poorest, and products that Namibians want and are willing to pay for, while still meeting minimal standards. Undertake similar initiatives for soap and hand wash facilities.
- Allow for regulations to be introduced which allow people to build their own dry or waterborne toilets in an urban setting (following the Namibian Standards Institute (NSI) NAMS 0001:2016 – Requirements for Dry Sanitation Technologies in Namibia.

- Support the development of innovative and demand-based designs (using the NSI approved NAMS 0001:2016 standard), possibly promoting the involvement of young Namibians.

## 2.2 Rural Approach

In rural areas, people who can afford to, should pay for the construction of their household sanitation facilities, and only the most severely poor households qualify for subsidies. These subsidies should be capital cost subsidies and should apply to strict beneficiary selection criteria, transparent subsidy allocation, control mechanisms, and sufficient budget allocation.

Because community-based approaches have proven to be more efficient than facility provision by outsiders (at the moment mainly by GRN, in the past also Non-Governmental Organisations (NGOs) and community based organisations), communities will be trained and empowered to allow ownership, and take the initiative to improve sanitation and hygiene conditions in their households and communities.

### **This will be done through:**

- Collecting data to show and discuss the problem and potential impact;
- Undertaking a nationwide, multi-level and multi-media campaign to stimulate appropriate behaviours for sanitation and hygiene;
- Strengthening community skills for the design, construction, and operation and maintenance (as necessary);
- Build local and sustainable markets for sanitation solutions/technologies to have products in the market which meet the demand for quality services, and products which people can, and would want to pay for (while still meeting minimal basic standards);
- Functioning toilets and hand wash facilities in all schools, hostels, hospitals, health clinics, and public markets;
- Functioning WASH committees and trained Community Sanitation and Hygiene Volunteers. The volunteers will first stimulate their own community and subsequently also reach out to neighbouring communities; and
- Using unemployed young people to construct sanitation facilities, especially those with technical expertise.

In line with the Water Supply and Sanitation Policy (2008), a Namibian version of the CLTS approach will be the guiding principle to achieve ODF status in many villages.

Community-based approaches are very labour intensive, therefore, for the period 2022-2027 GRN should aim to make more funds available for staffing and logistics, in keeping with the NGOR Commitments. If a full CLTS approach cannot be implemented in its current form, and taking into consideration the negative effects of COVID and other diseases, there is a need for stakeholders to proactively and jointly devise ways to mitigate this effect, and fast track sanitation coverage by assisting poor communities with the necessary materials for the construction of decent and dignified sanitation facilities, in addition to the triggering of hygiene education initiatives. One of

the endeavours is to train more youth in each constituency - ideally in dry or waterborne toilet construction skills - in order to assist the community with the construction of standardised dry or waterborne toilets, and using the NSI approved NAMS 0001:2016 standard.

## 2.3 The Urban Approach and the RSHDP

Informal urban settlements in Namibia are growing at a fast pace. Between 2001 and 2011, urban housing has grown about 4.4% per year and informal housing increased by 10.1 % per year.<sup>15</sup> It is expected that households in informal urban settlements will double - the increase is estimated to be additional 140,000 households - in the next 7 to 8 years, depending on the growth of the Namibian economy post-COVID 19. As a result, in the next few years, the main challenge will be with the provision of basic services in the newly developing urban settlements. LAs are responsible for the provision of sanitation services and systems within their areas.

A Regional Sanitation and Hygiene Development Plan (RSHDP) which prioritises the sanitation and hygiene strategy in each region will be developed annually for the duration of the strategy. The plan includes all proclaimed municipalities, towns, villages and communal areas considering land tenure, general infrastructure and housing developments. The RSHDP will consider details such as construction, operation, and maintenance costs, proposed user contributions, tariffs and cost recovery. The planning and implementation process will be participatory and through the Water and Sanitation Working Group/ Regional Water and Sanitation Working Group, with technical support from the National Water and Sanitation Group.

### **This approach includes the following main objectives:**

- Collection of (baseline) data of the existing and future sanitation and hygiene situation prevailing both in formal and informal, rural and urban settlements and in institutions, including the identification of constraints and gaps. The assessment will cover environmental (solid waste/climate change/sludge management etc.), institutional, social, gender and financial aspects.
- Development of the most appropriate (affordable and sustainable) solutions through stakeholder involvement and mobilisation (especially the (young) users) in the overall planning process for ownership of the selected systems and hygiene promotion interventions. Additional environmental studies (soil characteristics and groundwater studies) may be required to define the best and most appropriate systems.
- Strengthening the capacity of implementing organisations in terms of planning and hygiene promotion interventions.
- Harmonisation of sanitation approaches - in formal and informal areas - to achieve better support by regional councils and LAs and without limiting solutions which meet the basic sanitation criteria.
- Implementation of a Namibian version of CLTS in informal settlements.
- Activities identified in the RSHDPs will be partly financed through the budget of this National Sanitation Strategic Plan. MURD supported by DWSSC and the Regional Water and Sanitation Working Group will be accountable to ensure the proper development of these RSHDPs.

## 2.4 Sanitation Technologies and Selection

WSASP clearly states that: “Communities should have the right, with due regard for environmental needs and the resources and information available, to determine which water supply and sanitation solutions and service levels are acceptable to them within the boundaries of the national guideline.”

A range of sanitation technology options should therefore be made available to meet the demand for quality services that are affordable to the poorest, and with products that people want to pay for, while still meeting minimum standards. It also addresses other motivators for sanitation like social and economic benefits and job creation.

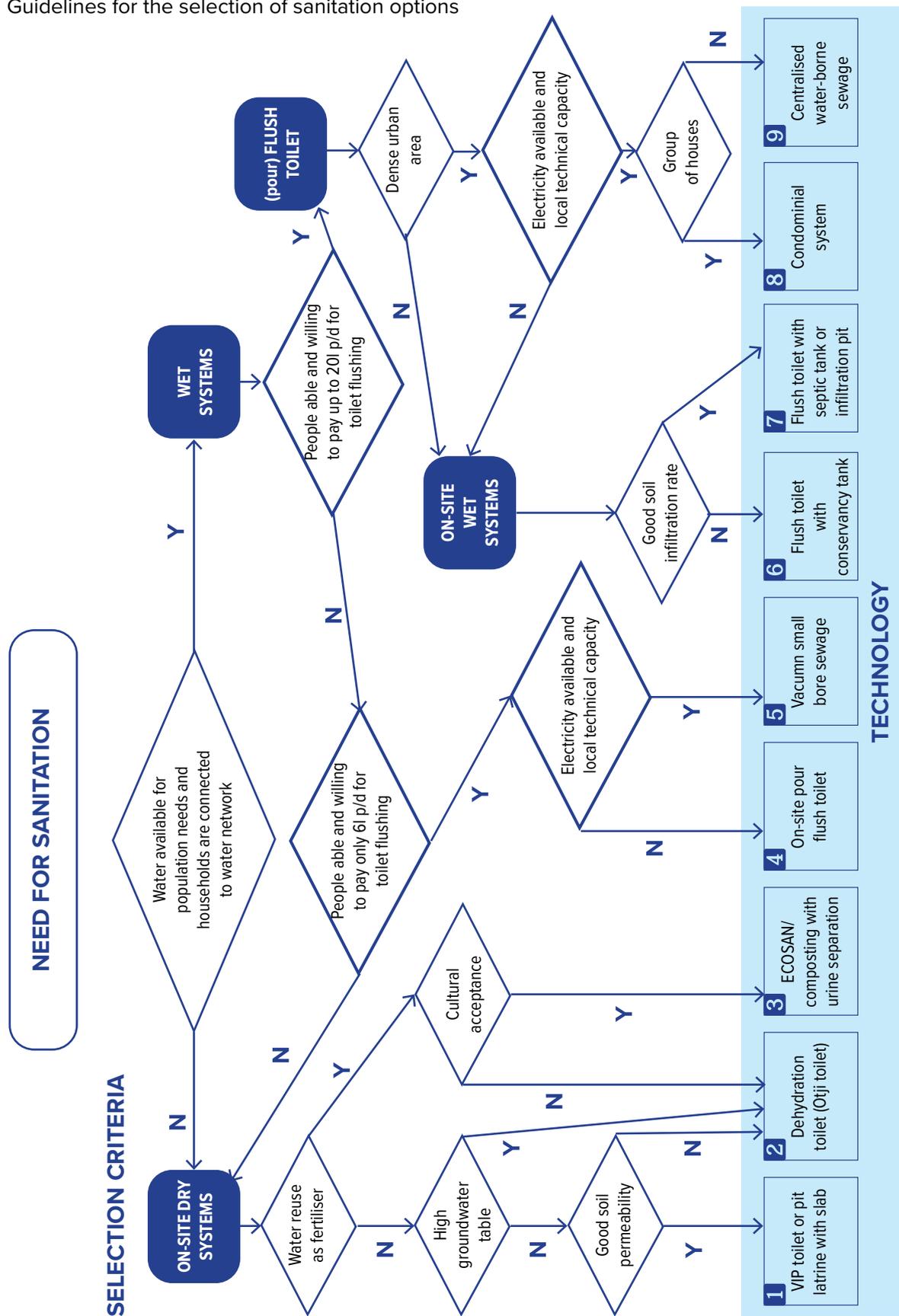
**Table 2**  
Main sanitation systems tested or in use in Namibia

Sanitation Technologies	Centralised Technologies	On-Site Technologies
Wet systems	(Pour) flush toilet to water-borne sewerage Vacuum small bore sewerage system	(Pour) flush toilet to septic tank or pit Conservatory tank
Dry systems		VIP latrines and pit latrines with slab Composting and dehydration toilet Based on the NSI approved NAMS 0001:2016 standard

When selecting sanitation technology, it is crucial that all factors - installation, functionality, operation and maintenance - are taken into account. In other words, a proper evaluation of local conditions needs to be conducted to select the most appropriate basic sanitation system (see Figure 2).

- In urban areas, only when sufficient water (20 l/p/d) is both available and affordable, electricity is available and reliable with supporting technical skills, as well as a water-borne centralised system where appropriate. In other circumstances, alternative dry sanitation systems may be considered. Those systems are affordable, do not need water and have low construction, operation and maintenance costs
- Decentralised sewerage or condominal systems (for groups of houses connected to the water-borne sewerage system by one collective pipe) may offer lower cost solutions.
- For individual houses too far from a sewerage system, and depending on soil conditions, a septic tank with drains is an acceptable approach when no groundwater contamination takes place (based on technical hydrogeological studies).
- Individual pour flush toilets connected to pits are also possible solutions.
- Wet systems produce large quantities of sludge and need to be designed together with systems for it to be pumped, transported, and treated at a facility for safe disposal. These are usually characterised by high construction, operation and maintenance costs.

**Figure 2**  
Guidelines for the selection of sanitation options



- Waterless systems, such as dehydration toilets can also be installed (within or as separate buildings). They are characterised by medium to high capital costs, and low operation and maintenance costs. They are convenient for households with no access to running water and uncertain land titles. The removal of (the dry) waste can be organised by LAs or by service providers.
- Toilets shared between families which are frequently used in informal settlements are also a sanitation option, although it is not considered as an improved system but as “limited” sanitation.
- In the northern regions of Namibia, VIP (dry pit) latrines are a popular choice, mostly used in rural areas. Pits have to be emptied on a regular basis (once every 2 to 3 years). An adequate desludging system must be functional to avoid indiscriminate sludge disposal and environmental contamination.
- Institutional toilets may be waterless or wet systems-connected, or not connected to a centralised system. In all cases, an operation and maintenance mechanism should be in place to ensure toilet cleanliness, and to reduce the incidence of vandalism. There should be a sustainable provision of toilet paper, water and soap.



## Research and Development

The prevailing scarce water resources in Namibia, poor access to water connection at household level in rural areas and informal settlements requires an accelerated research and development programme of more affordable solutions to facilitate increased access to sanitation for all, and drastically reduce open defecation. Designers should consider that systems could be upgraded over time when income levels increase. Funds should be allocated to support all of the different aspects of research and development.

### For example:

- Should publicly accessible water supplies and sanitation systems be constructed together in informal settlements? How should handwashing facilities be designed?;
- Methodologies developed to choose technologies in many different applications;
- Self-help guides and drawings readily made for individual households;
- Finalise testing of existing sanitation systems currently in use in Namibia (specifically to evaluate the sanitary risks of sludge from dry systems);
- Low cost sanitation systems (use of local materials matching the habitat), ecological and biological sanitation, and re-use of excreta, urine and treated effluent;
- Systems for difficult physical and environmental circumstances (e.g., flooded areas or hard rock hilly areas);
- Testing of all new imported sanitation products and systems to meet specification standards;
- Household water use to measure changes in water demand behaviours;
- Design of integrated “potable” supply and “grey water” use/disposal systems; and
- Integrated hand washing and toilet systems, particularly in schools, hostels, hospitals and health clinics, and public markets, as well as the impact of menstrual management arrangements and facilities on school attendance.

Research and development (R&D) should be followed up with the development of technical guidelines, promotional material informing users of advantages and disadvantages, operation and maintenance (O&M) requirements (including solid and liquid waste management), and the cost of each system.

## 2.5 Subsidy policy for the (severely) poor and self-financing mechanisms

Sanitation is an important human right in the Namibian setting. This right should be upheld but it should also be clear that the fulfilment of the right is a joint responsibility of GRN and all Namibians. This means that society should accept that whenever limited funding is available, only those households that would otherwise not be able to pay for it will receive a (full or partly) subsidised toilet. This will enhance the overall environmental health impact.

For severely poor households, capital costs for toilets may be subsidised through targeted subsidies from central, regional or local government. The implementation of targeted subsidies requires strict beneficiary selection criteria, transparent subsidy allocation, control mechanisms, and sufficient budget allocation for the whole implementation period. It should encourage low income families to acquire their own toilet facility and sometimes to promote a specific type of sanitation system. In some cases income criteria might be adapted when households live in difficult environmental conditions where construction costs are higher than the average “normal” costs.

Through product innovation and cost reduction, the ability of a household to self-finance sanitation and hygiene facilities will increase. This can also be done by developing specific financing

mechanisms. One of the aims of the sanitation strategy is that by 2027, 80% of sanitation facilities have been constructed and financed by households themselves.

## 2.6 Sanitation in public institutions (schools, hostels, hospitals, health clinics and public markets)

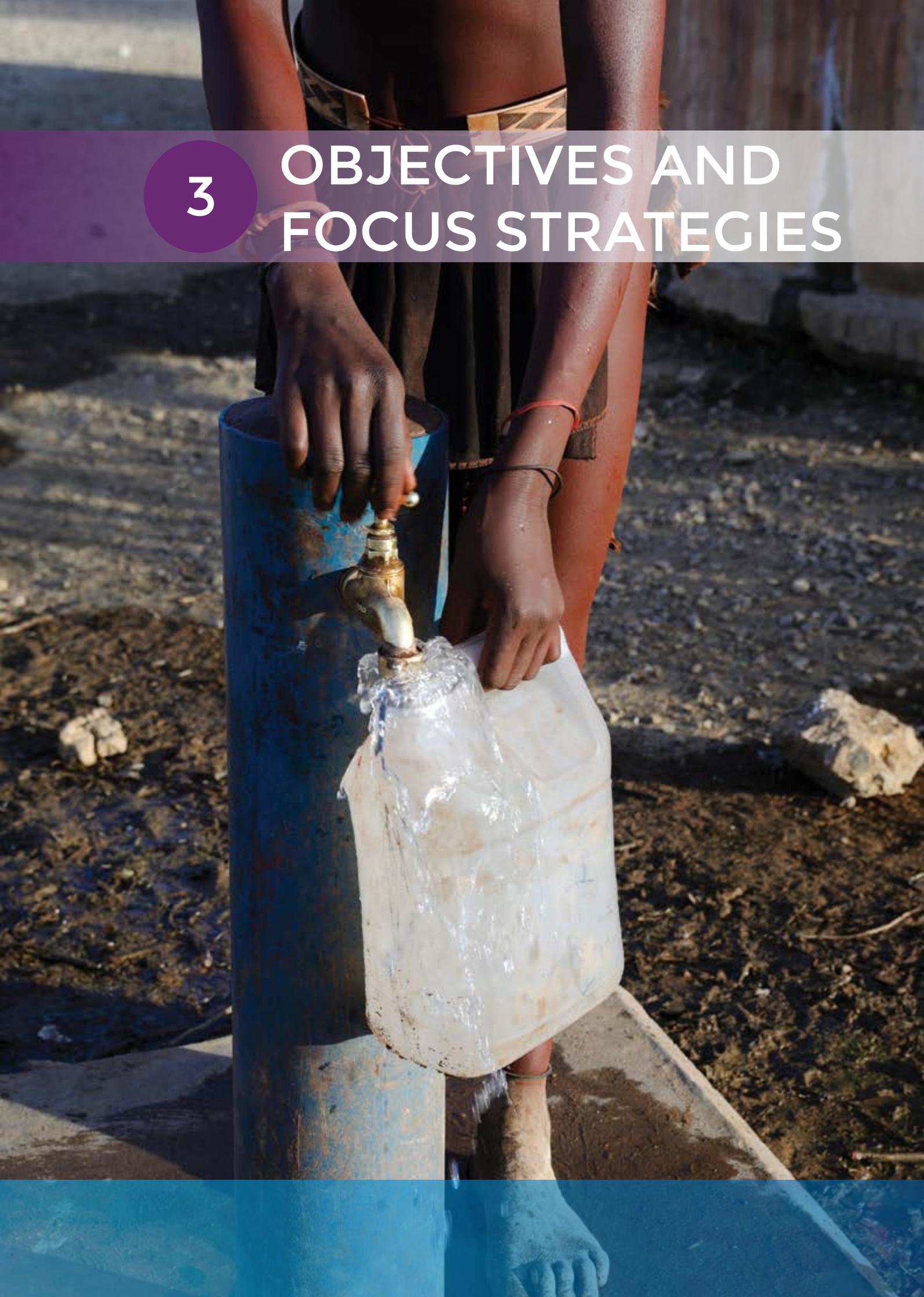
**Provision of improved sanitation in schools should include the following aspects:**

- **Child- and gender–friendly, equitable and inclusive:** Facilities that encourage hygienic behaviour (supporting the environment), age-appropriate dimensions and adjustments, stimulate student’s learning and development, as well as facilitate menstrual hygiene and management.
- **Promoting child and community involvement:** Interventions that provide opportunities for involvement, participation and leadership in planning, implementation and monitoring that foster ownership, responsibility, and have better chances of offering appropriate and sustainable services.
- **Protecting the environment:** Water conservation is key to the water-scarce Namibian environment. Interventions should strive to raise awareness and actively minimise water usage, promote reuse of grey water wherever possible, and use other water conservation measures as appropriate. Environmental hygiene and protection also includes overall cleanliness, waste collection, and safe waste disposal.
- **Applying sound planning, management and monitoring processes:** Only by working alongside the full planning cycle - including planning, implementation and management, monitoring and evaluation - will services achieve the set performance targets, and maximise benefits from important opportunities for organisational and process learning.
- **Striving for universal coverage and sustainability:** By 2027, Namibia should achieve full coverage and sustainable WASH services in schools. One-off campaign-style interventions, activities with high investments for a limited number of beneficiaries, or interventions without the long-term vision for sustainability are strictly discouraged.
- **Providing quality infrastructure:** Sanitation facilities exceeding carrying capacity due to the high ratio of students per facility, combined with a general risk of vandalism and poor workmanship are some of the challenges in public schools in Namibia. This requires quality standards monitoring and use of appliances and supplies which are able to withstand the challenges for a long period of time, without requiring frequent resource-intensive maintenance. Each public school should have its own maintenance program, preferably hired and/or recruited from the community in which the school is located.

Other high priority public institutions and buildings, e.g., hospitals and health clinics, need similar commitments on safe water supply, and sanitation and hygiene provision by the relevant line Ministries.

3

# OBJECTIVES AND FOCUS STRATEGIES



### 3. Focus Strategies Objectives

The following objectives for each of the 11 focus strategies describe the expected or actual demand-side behavioural responses by stakeholders that demonstrate uptake, adoption and use of what is expected.

#### **1 To have a functional national WASH data system within MAWLR, and linked to the Office of the Prime Minister (OPM), fed by key stakeholders.**

- Collect objective evidence by setting up and strengthening data collection to create a demand to use it.
- Functional data system within MAWLR collecting a minimum information set on: rural/urban, high-income/low-income coverage rates by region, handwashing, WASH and gender/disabled, impact of climate change, epidemics and environmental challenges, on-site solid waste, and sludge management.
- Data system EMIS collects WASH data in line with WHO/UNICEF JMP criteria.
- Health information systems to collect WASH data on facilities and conditions in health service buildings and health and WASH-related data.

#### **2 To improve access to sanitation and hygiene in informal urban settlements by providing dry/wet sanitation services.**

- Address urban challenges, especially due to urban migration.
- Assessment of specific sanitation and hygiene problems, and identification of the needs in informal urban settlements.
- Municipalities/LAs to develop realistic sanitation and hygiene plans for urban areas focussing on facilities, as well as on advocacy and education on sanitation and hygiene, and taking into consideration population growth and budget potential.
- Standards and policies to promote the use of dry/wet sanitation in urban areas.

#### **3 To create awareness for good behavioural practice on sanitation and hygiene at all levels.**

- Promote nationwide appropriate behaviours on sanitation and hygiene (at all levels).
- Implementation of nationwide campaign on the importance of sanitation and hygiene, and the impacts of open defecation (health, malnutrition, economic), to stimulate a culture of change and action. The campaign should be implemented at different levels using alternative approaches, such as advocacy, interpersonal communication, community mobilisation, mass media, folk media, entertainment, education and social marketing etc.

## 4

### **To stimulate sustainable local community participation in sanitation and hygiene management.**

- Support and strengthen the participation of local communities in improving sanitation and hygiene management
- Active participation of communities in all components of sanitation and hygiene promotion to change social norms, overcome challenges of access, maintenance and cleanliness of facilities, and address cultural beliefs that inhibit the use of toilets.
- Support for scalable approaches on community/school participation and ownership (such as CLTS/SLTS in the Namibian context).
- Strengthening community skills for design, construction and O&M.

## 5

### **To ignite locally built and sustainable markets for sanitation solutions/technologies**

- Build local and sustainable markets for sanitation solutions/technologies.
- Sanitation marketing using social marketing techniques to reach all Namibians.
- Local sanitation/toilet markets to meet the demand for quality services and products that people can, and want to pay for (whilst still meeting minimal basic standards).
- Together with young Namibians, innovative and demand-based designs for sanitation and hygiene facilities developed with businesses potential.
- Regulations and standards such as the NSI - NAMS 0001:2016–Requirements for Dry Sanitation Technologies in Namibia which allows households to build their own dry toilets in urban and rural settings.

## 6

### **To provide universal access to sanitation and hand washing facilities in public institutions**

- Have functioning toilets and hand wash facilities in public institutions (schools, hostels, hospitals, health clinics and public markets) which cover the special needs of people with disabilities, and have gender segregation.
- Advocacy activities on WASH for people with disabilities (inclusive WASH) are integrated in nationwide campaigns.
- If not available, provision or rehabilitation of hygienic basic WASH facilities in schools, hostels, hospitals, health clinics and public markets.

## 7

### **To coordinate sanitation and hygiene activities implementation at national and regional levels through Water and Sanitation Working Group/Water and Sanitation Working Group.**

- Strengthen leadership, and effective and efficient coordination at national, regional and local levels.
- MAWLR staff use their leadership role to coordinate, support and advocate for sanitation and hygiene at all levels.
- Regional Sanitation and Hygiene Development Plans are developed and implemented in all regions.
- Water and Sanitation Working Group (previously Forums) at national and regional levels are functional and meet every three months.
- Local committees have functioning WASH committees and trained Community Sanitation and Hygiene Volunteers.

## 8

### **To mobilise communities (those who can afford to construct their own sanitation facilities), and subsidise severely poor households.**

- Mobilise households and communities to construct their own sanitary facilities through the development of clear self-financing mechanisms for those who can pay, and a subsidy policy targeting severely poor households.
- Communities and individual households construct their own sanitation facilities.
- Sanitation facility capital cost subsidies focus on severely poor households. Strict beneficiary selection criteria should apply transparent subsidy allocation, control mechanisms, and sufficient budget allocation.

## 9

### **To respond rapidly to sanitation and hygiene related epidemics and address environmental challenges.**

- Prepare for sanitation and hygiene emergency responses to stop epidemics, and deal with environmental challenges.
- Emergency preparedness plans are available for natural disasters and epidemics.
- A long-term impact study on environmental degradation due to lack of sanitation and hygiene has been undertaken.
- A study on the economic risks and potential loss of economic activities due to high rates of OD has been published and disseminated to key decision makers.

## 10

### **To establish and track sanitation and hygiene budget lines**

- Establish and track sanitation and hygiene budget lines that consistently increase annually to reach a minimum of 0.5% GDP.
- Establish and track budgets and expenditure on sanitation and hygiene across GRN bodies on an annual basis.
- Investment planning for sanitation and hygiene, and universal basic sanitation is developed.

# 11

## Monitoring and evaluation of implementation and results

- Monitoring and evaluation.
- All stakeholders execute agreed activities in a coordinated manner to achieve improved access to sanitation and good hygiene practices through routine monitoring and evaluation of programmes
- Mid-term review of National Sanitation and Hygiene Strategy (2022/23 -2026/27).



4

# KEY STAKEHOLDERS



## 4.1 Roles and Responsibilities

The roles and responsibilities for sanitation delivery in urban and rural areas for the different stakeholders are described below.

### Office of the Prime Minister

- Facilitate and support the development of the WASH database which is linked to all stakeholders.
- Support sanitation and hygiene-related disaster risk management and response in the country.

### Ministry of Finance

- Establish and track sanitation and hygiene budget lines at all Ministries.

### National Planning Commission

- Mobilise, manage and coordinate sanitation and hygiene international development budget/funding.
- Track sanitation and hygiene budget.
- Develop monitoring and evaluation mechanisms to ensure effective implementation of the National Sanitation and Hygiene strategy.

### Ministry of Agriculture, Water and Land Reform (MAWLR)

- **DWSSC:** overall sector coordination, provision of rural sanitation services and hygiene, and development of standards/guidelines.
- **Directorate of Water Resource Management (DWRM):** enforcement of regulations, standards, compliance, planning and assessment within the Geohydrology, Water Environment and Water Basin Management Divisions.

The MAWLR is also responsible for coordination at both national and regional levels as follows:

#### National Level

- Ensure data collection, management and usage, as well as functional national WASH/ WISIS database.
- Ensure that financial resources are allocated according to plans for the provision of sanitation in rural areas.

- Ensure that a transparent subsidy mechanism is in place for the severely poor and coordinate this with MURD and MGEPEWS.
- Ensure that human resources have been recruited and trained as planned (national, RC and LA levels for the implementation of rural and urban sanitation).
- Organise and chair the National WATSAN committee meetings.
- Ensure that a national approach for sanitation and hygiene for rural communities exists and is being implemented,
- Stimulate and facilitate sustainable markets for sanitation solutions/technologies.
- Organise awareness campaign at national level aimed at promoting sanitation and hygiene, and social mobilisation with stakeholders.
- Ensure standards, compliance and issue of permits in collaboration with Water Environment Division (DWRM) in accordance with regulations and for all stakeholders.
- Coordinate monitoring and evaluation for sanitation and hygiene progress implementation and results.

#### **Regional level<sup>16</sup>**

- Coordinate the implementation of sanitation in selected communities, and through setting up of community structures together with stakeholders
- Promote the range of improved sanitation systems most appropriate to the local context.
- Organise procurement processes for subsidised facilities and organise and implement/contracting out (under the guidance and support at national level),
- Monitor sanitation and hygiene conditions and progress, and take/enforce corrective actions if needed.
- Maintain and enforce quality standards for sanitation facilities.
- Organise and implement/contract the training of communities on operation and maintenance of systems.
- Coordinate the Regional Water and Sanitation Working Group and meetings.
- With MEFT, identify areas for the safe disposal of liquid waste and sludge.
- Avail vacuum trucks to empty septic tanks.

#### **Ministry of Urban and Rural Development**

- Ensure that a national approach for sanitation and hygiene for urban informal and rural settlement is in place, follows the strategy and is being implemented.
- Set technical, financial and cost benefit standards to plan, design and implement urban and rural sanitation systems, particularly in new settlements.
- Provide technical support on sanitation and hygiene issues to LAs and Rural Settlements,
- Support LAs and rural settlements with the subsidy provision for sanitation for severely poor households.
- Working with DWSSC, ensure that a transparent subsidy mechanism is in place for severely poor households.
- Ensure a functional WASH database which includes WASH data for LAs and rural settlements, linked to the national WASH database within MAWLR.
- Ensure monitoring and evaluation of sanitation and hygiene progress implementation and results.

## Ministry of Health and Social Services

- Coordinate the development of Information, Education and Communication (IEC) materials.
- Ensure the implementation of hygiene education, enforcement and monitoring of health nationally.
- Ensure monitoring and evaluation of hygiene education progress implementation and results.
- Ensure a functional health and hygiene database linked to the database within MAWLR.

### National level

- Develop a national Namibian approach for hygiene education, and develop education materials adapted to both rural and urban areas, especially the new urban informal settlements together with stakeholders.
- Measure, evaluate and report on health and hygiene.
- Conduct baseline surveys.

### Regional level

- Organise awareness/education campaigns and events at regional and LA levels together with stakeholders.
- Adapt education materials on sanitation and hygiene to suit the local context (culture, language etc.), together with stakeholders.
- Organise, train and guide Community Hygiene and Sanitation Volunteers.
- Monitor progress on sanitation and hygiene.
- Inspect hygiene and sanitation situation in schools, health structures, households/communities, and take/facilitate corrective measures if needed.

## Ministry of Education, Arts and Culture

### National level

- Ensure for, and inspect appropriate WASH in all schools and hostels (health clubs, healthy schools).
- Apply the National School Health Programme and its WASH component, using child and adolescent friendly designs for facilities.
- Develop curriculum on water supplies, sanitation and appropriate hygiene behaviour.
- Together with the MAWL Rand MWT, take responsibility for bidding, construction and maintenance of sanitation and hygiene facilities.
- Ensure a functional WASH database which includes WASH data for schools, and linked to the national WASH database within MAWLR.

### Regional level

- Training and capacity building of staff in charge of sanitation and hygiene in schools.
- Educate teachers, learners and family members on adequate sanitation and hygiene.

- Implement and inspect, with the support of health staff, (water quality), sanitation and hygiene conditions in schools and hostels.
- Monitor and inspect sanitation and hygiene facilities in schools.

## Ministry of Environment, Forestry and Tourism

### National level

- Develop environmental impact assessment policies, procedures and methodologies with DWSSC and DWRM, related to the Sanitation and Hygiene Strategy.
- Enforce standards, compliance and issue of acceptance of Environmental Impact Assessments (EIAs) in accordance with environmental management regulations.
- Enforce policies on sludge management, and liquid and solid waste.

### Regional level

- Monitor compliance of environmental management regulations.
- Carry out EIAs for any proposed sites in the Namibian national parks for sewage treatment, sludge disposal, and liquid and solid waste disposal, and identify safer locations if needed.
- Implement WASH schemes for communities living in the national parks in accordance with the sanitation and hygiene strategy.

## Ministry of Gender Equality, Poverty Eradication and Social Welfare

- Ensure the availability, usage, operation and maintenance of sanitation and hand washing facilities at Early Child Development Centres (ECDs).
- Promote hygiene best practices at ECDs.
- Working with DWSSC, ensure that a transparent subsidy mechanism is in place for severely poor households.
- Collect data and maintain database on access to sanitation and hygiene, as well as feeding data into the national database within MAWLR.

## Ministry of Works and Transport

### National level

- In coordination with MAWLR, use agreed standards and specifications, methodologies and procedures to develop newly constructed, and manage existing facilities for sanitation systems and on-site wastewater disposal and treatment, provided by line ministries, such as MoEAC or MoHSS.

## Regional level

- Manage operation and maintenance of sanitation facilities provided by line ministries, including providing advice on how to repair and maintain water supplies, sanitation systems, on-site wastewater disposal and treatment facilities, and offices.

## Regional Councils (elected members and executive staff)

(In the period 2022-2027 responsibilities will be expanded due to the decentralisation process)

- Plan and coordinate actions with stakeholders including regional ministerial offices.
- When decentralisation is effective: budget and project management.
- Facilitate social mobilisation.

## Local Authorities

- Responsible for sanitation (hardware and software) in LAs – request support from MURD if required.
- Ensure stakeholder mobilisation and coordination around sanitation activities in LAs.
- Monitor, inspect sanitation and hygienic conditions in the LA areas, and plan for corrective measures if needed.

## Constituency Development Committees (regional, local and constituency committees)

### When trained and capable:

- With DWSSC Regional Offices assistance, identify and prioritise areas/severely poor households to be considered for subsidised sanitation services.
- Submit, evaluate proposals, and coordinate and monitor implementation.
- Organise communities.

## Traditional Authorities

- Assist and cooperate with GRN, RCs and LAs in the execution of their policies.
- Keep communities informed of developmental initiatives in their areas, and encourage participation by all members of the community.
- Encourage community members to construct, use and improve their own toilet facilities (those who can afford) per households, and maintain good hygiene practice status.
- Awareness creation and coordination of activities, especially where donor funding and GRN are involved.
- Assist in identifying severely poor people/households for subsidised sanitation services with DWSSC Regional Offices and others.

### Regional Governor's Office

- Promote sanitation and hygiene awareness in their regions.

### Local Communities

- Elect Community Sanitation and Hygiene Volunteers.
- Map, and agree on, sanitation gaps and the most appropriate local sanitation solution, and contribute to construction of sanitation facilities.
- Take responsibility for appropriate operation and maintenance of facilities.
- Pay for services as agreed.

### Private Sector

- Supply of goods, equipment and services to support the planning, design, implementation, operation and maintenance of sanitation services.
- Work on provision of innovative, (locally produced) and affordable toilets.
- Support printed materials for advocacy and education on sanitation and hygiene.

### NGOs

- Support initiatives with a social impact.

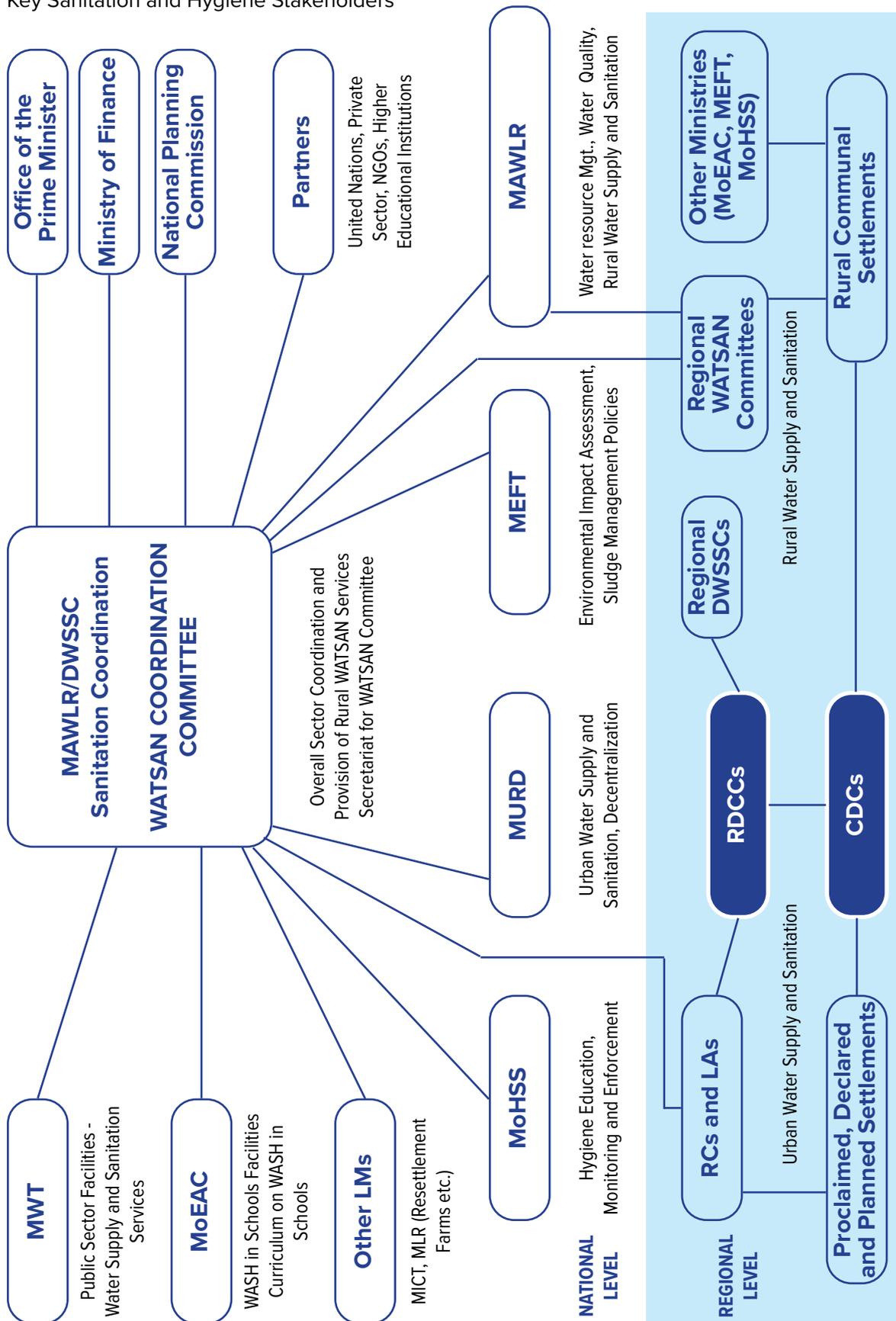
### Council of Churches in Namibia

- Awareness creation, and encourage congregation members to improve, and maintain their good hygiene practice status.

## 4.2 Division of roles

The users are the main stakeholders and will be primarily responsible for sanitation. They receive institutional guidance and support from the key sanitation stakeholders as depicted in Figure 3.

**Figure 3**  
Key Sanitation and Hygiene Stakeholders



### 4.3 Institutional capacity

Implementation of the strategy demands sufficient human resources and capacity to realise the objectives and implementation plan, with particular focus on qualitative (to do better) and quantitative (to do more) capacity, as well as systematic monitoring of management capacity.

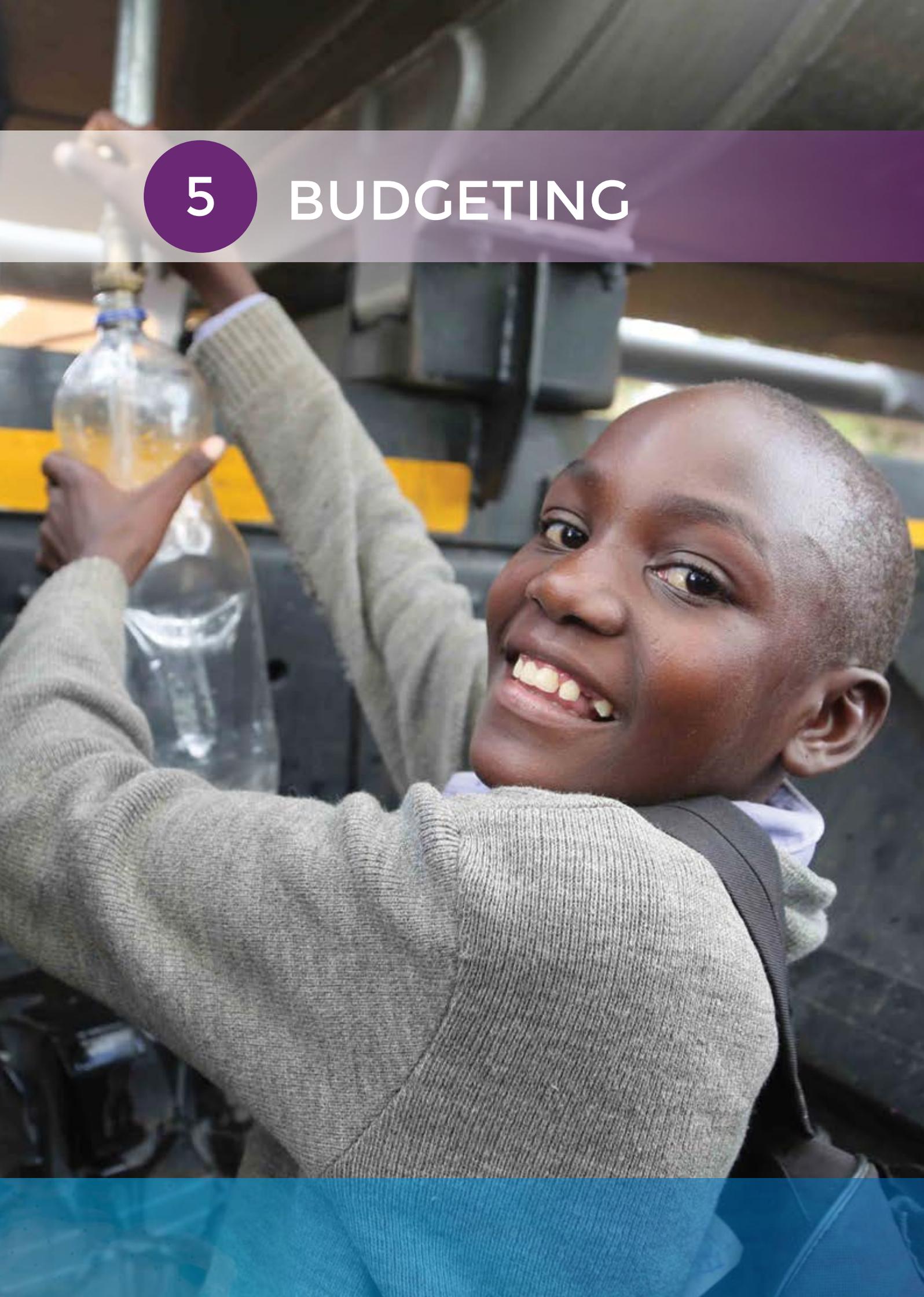
To create enough institutional capacity, at the start of implementation of the strategy an overall human resource assessment will be done at national and regional levels, together with the National Planning Commission (NPC) and the Namibian Training Authority (NTA). Based on this assessment staff will be trained or hired, to increase capacity.

International donors, financiers, and NGOs, as well as the UN, in particular UNICEF, will be requested to provide support for institutional capacity building and technical support for implementation. This will complement the resources allocated by GRN.



5

# BUDGETING



## 5. Budgeting

Achieving adequate and equitable WASH for all in 2030 is one of the Sustainable Development Goals, and a central component of the development agenda. They are among the most influential international commitments prominently featuring sanitation, and requesting countries to act.

As reported elsewhere, GRN gave its commitment to the NGOR declaration to achieve universal access to adequate and sustainable sanitation and hygiene services, and eliminate OD by 2030. The NGOR declaration is very specific in demanding that 0.5% of GDP is committed to sanitation.

In 2017, GDP for Namibia was estimated at N\$195 billion. This would mean that GRN should annually commit 0.5% which is the equivalent of N\$937 million/year. The budget for 2018/19 should have been N\$698 million (GRN Ministry of Finance). The National Sanitation and Hygiene Strategy has used the total NGOR committed budget as a starting point for the budget allocation. Normally budgets would be set based on specific needs and costs.

However, the budget of N\$1,645 billion for five years as indicated in the National Sanitation Strategy 2010/2011-2014/2015 has not been made fully available. Therefore, to expand coverage between 2022 and 2027, the eleven focus strategies (see Chapter 4) are very much about making efficient use of the budget available. Less focus on subsidised facilities but more on awareness development, changing social norms, capacity building, and stimulating the importance of self-financing of sanitation.



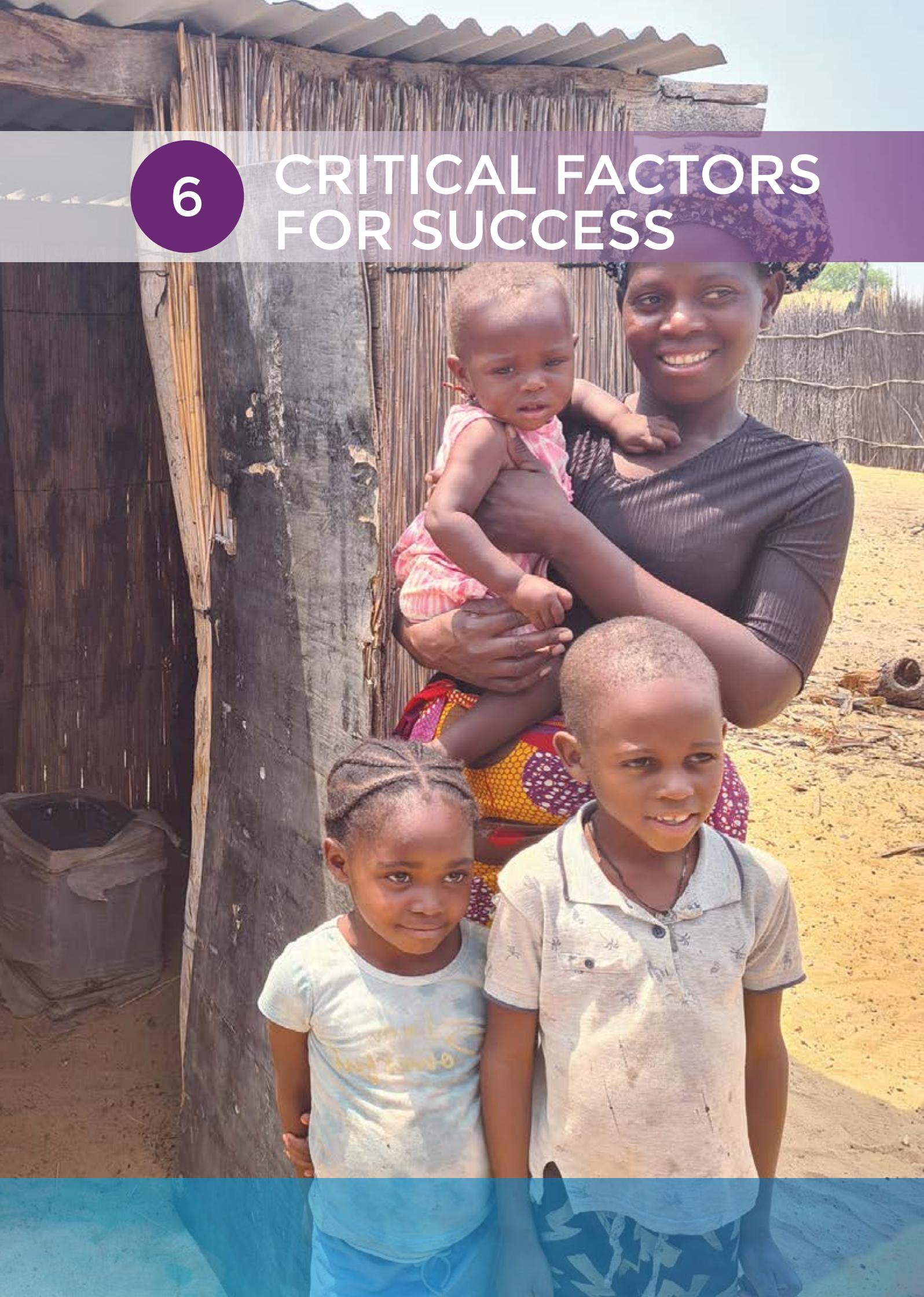
**Table 3**

Annual estimated budget needed in N\$ million for implementation of the strategy

<b>FOCUS STRATEGIES' OBJECTIVES</b>	<b>2022/ 23</b>	<b>2023/ 24</b>	<b>2024/ 25</b>	<b>2025/ 26</b>	<b>2026/ 27</b>	<b>TOTAL</b>
1. To have a National WASH functional Data system within MAWLR and linked to OPM, fed by key stakeholders.	2,500	5,000				7,500
2. To improve access to sanitation and hygiene in informal urban settlements by providing dry/wet sanitation services.	80,000	80,000	80,000	80,000	80,000	400,000
3. To create awareness of good behavioural practice for sanitation and hygiene at all levels.	250	250	250	250	250	1,250
4. To stimulate a sustainable local community participation in sanitation and hygiene management.	6,500	6,500	6,500	6,500	6,500	32,500
5. To ignite locally build and sustainable markets for sanitation solutions/ technologies	7,500	7,500	5,000	2,500	2,500	25,000
6. To provide universal access to sanitation and hand washing facilities in public institutions						
6.1 School facilities	27,760	13,880	15,000	15,000	13,880	85,520
6.2 Health centres facilities	4,496	4,496	4,496	4,496	2,248	20,232
6.3 Public places facilities	2,500	2,500	2,500	2,500	2,500	12,500
7. To coordinate sanitation and hygiene activities implementation at national and regional levels through Water and Sanitation Working Group	700	700	700	700	700	3,500
8. To mobilise communities (those who can afford) to construct their own sanitation facilities and subsidise the severely poor.	29,994	51,000	51,000	51,000	51,000	233,994
9. To prevent respond rapidly to sanitation and hygiene-related epidemics and address environmental challenges.	300	3,500	500	500	500	5,300
10. To establish and track sanitation and hygiene budget lines	200	3,500	200	200	200	4,300
11. Monitoring and evaluation of implementation and results	0	500	2,000	500	500	3,500
<b>GRAND TOTAL</b>	<b>162,700</b>	<b>179,326</b>	<b>168,146</b>	<b>164,146</b>	<b>160,778</b>	<b>835, 096</b>

6

# CRITICAL FACTORS FOR SUCCESS



## CRITICAL FACTORS FOR SUCCESS

The following are the critical factors for successful strategy execution. Without these critical building blocks in place, it would be impossible to successfully implement this strategic plan. All stakeholders in the sanitation sector have roles to play in implementing this strategy.

**The critical success factors are as follows:**

### Enabling environment

- Political will;
- Strong committed leadership and accountability at all levels;
- Sector coordination, communication and avoiding of duplications;
- Proper planning, implementation and monitoring;
- Reporting and realistic action plans;
- A proper change management process in place to ensure successful strategy implementation;
- Sharing of data;
- Law enforcement;
- Committed budget lines for sanitation and hygiene; and
- Sufficient and qualified human resources.

### Sustainable sanitation and hygiene promotion

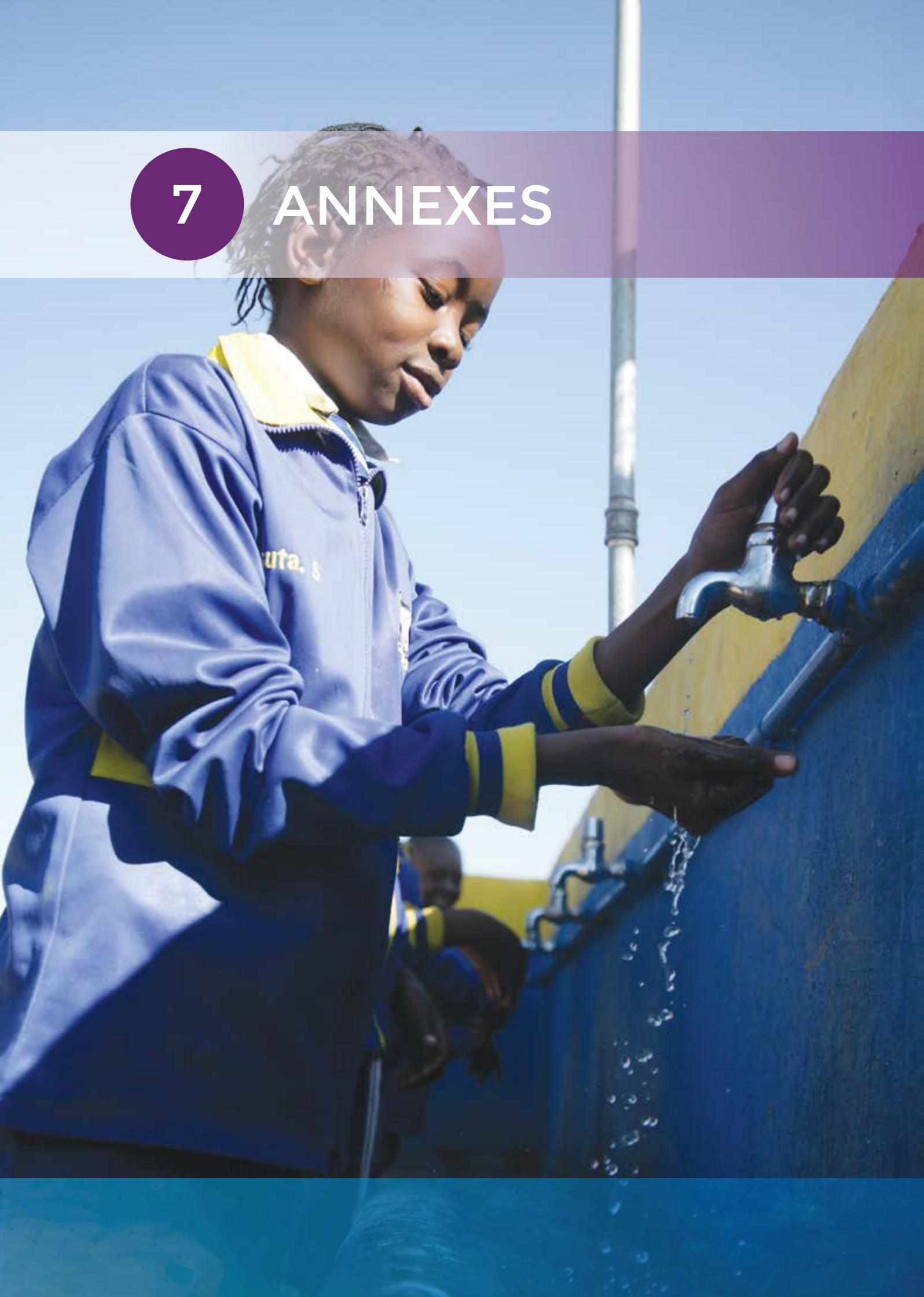
- Awareness building by overcoming existing behaviours;
- Hygiene and sanitation education – leading to behavioural change;
- Community participation and buy-in;
- Effective communication among stakeholders; and
- Accountability and transparency of all stakeholders.

### Access to hardware: sanitation and hygiene systems for all

- Gradual improvement through the sanitation ladder; and
- Education on using and maintaining sanitation facilities.

7

# ANNEXES



## ANNEX 1: REFERENCES

1. National Census 1991
2. Namibia Intercensal Demographic Survey 2016
3. WHO Guidelines on Sanitation and Health (2018)
4. World Health Organization. 2014. Preventing Diarrhoea through Better Water, Sanitation and Hygiene: Exposures and Impacts in Low- and Middle-Income Countries. World Health Organization.
5. WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (2017), Progress on Drinking Water Sanitation and Hygiene, 2017, Update and SDG Baselines.
6. UNICEF (2018), Determinants of child mortality and morbidity. Evidence from the Namibia DHS 2013, UNICEF Namibia.
7. WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (2018), Drinking Water Sanitation and Hygiene in Schools, Global baseline report 2018.
8. Information from UNICEF Namibia Education Programme
9. Weber, B. and J. Mendelsohn (2017), Informal settlements in Namibia: their nature and growth. Exploring ways to make Namibian urban development more socially just and inclusive, Development Workshop Namibia.

## ANNEX 2: LIST OF STAKEHOLDERS

- Adventist Development and Relief Agency (ADRA) Namibia
- City of Windhoek
- DAPP Namibia
- Shack Dwellers Federation of Namibia
- Society of Family Health
- Office of the Prime Minister
- Ministry of Environment, Forestry and Tourism
- Ministry of Education Arts and Culture
- Ministry of Finance
- Ministry of Health and Social Services
- Ministry of Information Communication and Technology
- Ministry of Works and Transport
- Ministry of Urban and Rural Development
- National Planning Commission
- Namibia Water Corporation Ltd (NamWater)
- Namibia Housing Action Group
- Namibia Standards Institution
- Traditional Authorities
- Katima Mulilo Town Council
- Outjo Town Council
- Ondagwa Town Council
- Ongwediva Town Council
- Keetmanshoop Town Council
- Red Cross Namibia
- UNICEF Namibia

## ANNEX 3: KEY INDICATORS AND TARGETS

- Percentage of total population reached with general hygiene awareness, promotion and education campaigns = 100% in 2027
- Percentage of communities achieved specific sanitation capacities through training, including sanitation system options = 100% in urban areas in 2027 and 75% in rural areas in 2027
- Percentage of population practicing safe hygiene behaviours, including hand washing and Open Defecation Free Status (ODFS) = 67% in 2027
- Number of additional urban households with access to improved sanitation = 100,000 in 2027; Number of additional rural households with access to improved sanitation = 131,500 in 2027 (total + 231,500 sanitation facilities to be built)
- Basic sanitation coverage in rural areas = from 21% to 57% in 2027; Basic sanitation coverage in urban areas = from 67% to 80% in 2027;
- Percentage of public institutions with basic sanitation facilities (schools, hostels, hospitals, health clinics) = 100% in 2027
- Percentage of households fully financing their own sanitation system = 80%

## ANNEX 4: FOCUS STRATEGIES DESCRIPTION

The 2018 Situation Analysis on Sanitation and Hygiene (presented in a separate report), revealed the major threats, opportunities, strengths and weaknesses faced by the sanitation sector today. In order to achieve “A healthy and safe environment and improved quality of life, by stimulating and supporting at least basic sanitation and appropriate hygiene habits for all Namibian households, in urban and rural areas and their surrounding environment,” the following eleven focus strategies have been formulated:

- 1. Collect objective evidence by setting up and strengthening data collection and create a demand to use it.** It is important to know the context and analyse data in-depth before planning for policies and actions as well as when developing advocacy and communication strategies. At the moment, data mainly focus on coverage and hardly on use and the functioning of existing facilities. In addition, recent developments, like the Sustainable Development Goals and Namibia’s participation in GLAA , require detailed information that is shared internationally.
- 2. Address the urban challenges on sanitation and hygiene, especially due to urban migration.** It is expected that the households in informal urban settlements will increase by about 140,000 households in the next 10 years. In those areas, LAs will not be able to provide basic services on land designated for housing at the pace of the increase in new households. As a result, many informal urban settlements households will continue to practice open defecation or use shared toilets which are generally badly maintained. Furthermore, solid waste is a major environmental health problem in those areas. Where communities have been connected to sewerage systems, LAs have experienced difficulties of maintenance to keep the systems operating (pumps break down, urbanisation moves close to oxidation ponds or open lakes) capacity to meet the needs of an expanding population.
- 3. Promote nationwide, appropriate behaviour on sanitation and hygiene (at all levels)** through a nationwide advocacy and communication campaign that includes local musicians, sport activities, traditional or church gatherings etc. Advocacy provides high- level influencers and decision makers with the information they need to understand the impact of open defecation (health, malnutrition and economic).
- 4. Support and strengthen the participation of local communities in improving sanitation and hygiene practices.** Continue to be sensitive on cultural beliefs and address them with respect so that the construction and use of toilets are not compromised. In addition, communities should also develop skills for design, construction and a commitment to improve operation and maintenance. When communities are being triggered through effective community participation, well-informed, practical and appropriate sanitation choices can be made by local communities so that implementation can start.

5. **Build local and sustainable markets for sanitation solutions/technologies.** Creating demand for sanitary facilities and services through GRN and society using outreach methods, media campaigns and community-wide programmatic approaches. Fostering of partnerships and building local entrepreneurial capacity to meet the demand for affordable and improved sanitation facilities. Improve business development conditions through investment in local infrastructure to enable entrepreneurs operating in informal and rural areas.
6. **Have functioning toilets and hand wash facilities in public institutions (schools, hostels, hospitals, health clinics and public markets) which also cover the special needs for people with disabilities and have a gender segregation.** Provision of safe, inclusive and accessible toilets for all ensures that everybody benefits from improved health outcomes, enhances the protection of disabled people, reduces the workload of families who act as carers and reduces the rate of acquiring and spreading of diseases.
7. **Strengthen leadership and effective and efficient stakeholder coordination at national, regional and local level.** To make the functioning of the WATSAN Committee (previously the Forum) to run more efficiently and make sure that GRN representatives and elected politicians take up their leadership roles and become advocates for change and the impact on sanitation and hygiene.
8. **Mobilise communities to construct their own sanitary facilities through the development of clear self-financing mechanisms for those who can afford to pay, and a subsidy policy targeting the severely poor.** The human right to sanitation is written in the Namibian Constitution but it should also be clear that the fulfilment of the right is a joint responsibility of GRN and the people of Namibia. This means that Society should understand that whenever limited funding is available, only those people will receive a (full or partly) subsidised toilet who would otherwise not be able to pay for it. This should be spelt out in a clear subsidy policy. Through product innovation and low-cost solutions, the population should be able to self-finance sanitation and hygiene facilities.
9. **In the aftermath of COVID-19 pandemic, continue to construct sanitation facilities in both rural and urban areas.** This includes mobilisation of communities to construct their own sanitary facilities whilst government assists with materials such as toilet pots etc to ensure quality. Through product innovation and low-cost solutions, the population should be able to self-finance sanitation and hygiene facilities.
10. **Prepare for sanitation and hygiene as emergency responses, to prevent and curtail epidemics and deal with environmental challenges.** Namibia's vulnerability to environmental degradation, drought and epidemics, demands approaches which are hygienic and environmentally friendly to safeguard groundwater resources.
11. **Monitoring and Evaluation of the implementation of the objectives in the strategy.** All stakeholders should execute the objectives in a coordinated manner to achieve improvements in access to sanitation and increased good hygiene practices through monitoring and evaluation. MAWLR in collaboration with NPC will lead the monitoring and evaluation and mid-term review for the implementation of the national strategy.





Strategy	Activity	Output	Key Indicators	Baseline (Year)	Timelines and Targets per year					Budget (NAD '000)					Lead & Core Partners
					2022/23	2023/24	2024/25	2025/26	2026/27	2022/23	2023/24	2024/25	2025/26	2026/27	
Collect objective evidence by setting up and strengthen, data collection and create a demand to use it	Modify the Health information systems to collect WASH facilities and conditions at health facilities, health, epidemics and environmental challenges with WASH related data	Updated Health Information system with all relevant WASH information related data collected and feed into National Data by 2023	% progress on the updating Health information data system feeding the National Data	0%	100%						200				MoHSS, LAs, MAWLR, RCS, OPM
<b>OBJECTIVE 2: To improve access to sanitation and hygiene in informal urban settlements by providing dry/wet sanitation services</b>															
Address the urban sanitation and hygiene challenges, especially due to urban migration and other	Assessment of specific sanitation and hygiene problems to identify the needs in informal urban settlements	Assessment report issued	% progress towards completion of Assessment report	0%	70%	100%					1,000	2,000			MURD, RCS, LAs, MoHSS, NGOs, MAWLR
		Knowledge dissemination on specific sanitation and hygiene problems in urban areas through popular, scientific and political channels	% progress on the dissemination of Assessment report	0%	30%	100%						150	200		

Strategy	Activity	Output	Key Indicators	Baseline (Year)	Timelines and Targets per year					Budget (NAD '000)					Lead & Core Partners
					2022/23	2023/24	2024/25	2025/26	2026/27	2022/23	2023/24	2024/25	2025/26	2026/27	
Address the urban sanitation and hygiene challenges, especially due to urban migration and other	Municipalities/LAs to develop realistic sanitation and hygiene plans for urban areas focussing on facilities as well as on advocacy and education on sanitation and hygiene while taking into consideration population growth and budget potential	LAs Sanitation and Hygiene plans developed	# LAs develop and implement realistic Sanitation and Hygiene plans	0	50	50	50	50	50	1,500	1,500	1,500	1,500	1,500	LAs, MURD, RCs, MoHSS, MoEAC, MAWLR, NGOs and other partners
	100,000 additional urban households with sanitation in 2027 out of which 20% will be subsidised	# of Additional urban households with sanitation	TBD	20,000	20,000	20,000	20,000	20,000	20,000	77,150	76,100	78,300	78,500	78,500	
	Setting of standards and formulate policies to promote the use of dry/wet sanitation in urban areas	Dry/wet sanitation standards and policies approved	% progress towards finalising sanitation standards and policies	70%	100%					100					MAWLR, MWT/MURD, LAs, RCs, MoHSS, NSI
		Dry/wet sanitation standards and policies promoted by 2023	# of awareness meetings to promote Dry/wet sanitation standards and policies	0	8	14					250	250			



OBJECTIVE 4: To stimulate sustainable local community participation in sanitation and hygiene management															
Strategy	Activity	Output	Key Indicators	Baseline (Year)	Timelines and Targets per year				Budget (NAD '000)				Lead & Core Partners		
					2022/23	2023/24	2024/25	2025/26	2026/27	2022/23	2023/24	2024/25		2025/26	2026/27
Support and strengthen the participation of local communities in improving sanitation and hygiene management	Facilitate active participation by communities in all components of sanitation and hygiene through CLTS	Local communities practicing safe hygiene including hand washing and no ODF	# of households empowered through hygiene promotion and CLTS	1000-2018	165,000	165,000	165,000	165,000	165,000	165,000	4,000	4,000	4,000	4,000	MAWLR, MoHSS, Traditional Authorities, CCN Governor's Offices, RCs, LAs, MURD, MGEPEWS, NGOs
	Support for scalable approaches in community/school participation and ownership (e.g. CLTS/SLTS)	All Namibians know the five basic hygiene messages by 2027	# of regional plans for CLTS/SLTS developed # of communities trained in CLTS # of schools trained in SLTS	4	14	14	14	14	14	14	4,000	4,000	4,000	4,000	MAWLR, Traditional Authorities, CCN, Governors Offices, MoHSS, MOEAC, MoEAC, RCs, LAs, MURD, NGOs
	Strengthening community skills for design, construction and Operation and Maintenance	Community members trained for design, construction and O and M in urban and rural areas	# of community members trained in urban # of community members trained in rural areas	25000	25000	25000	25000	25000	25000	25000	25000	480,000	480,000	480,000	480,000

**OBJECTIVE 5: To ignite locally build and sustainable markets for sanitation solutions/technologies**

Strategy	Activity	Output	Key Indicators	Baseline (Year)	Timelines and Targets per year				Budget (NAD '000)				Lead & Core Partners		
					2022/23	2023/24	2024/25	2025/26	2026/27	2022/23	2023/24	2024/25		2025/26	2026/27
Build local and sustainable markets for sanitation solutions/technologies	Sanitation marketing using social marketing techniques that reaches all Namibians	67% at least basic sanitation coverage for 1.675 million people by 2027	% of households with self-financed toilets	0%	2.7% (app. 67,000 people)	16.75% (app. 419,000 people)	15.51% (app. 388,000 people)	15.51% (app. 388,000 people)	16.53% (app. 413,000 people)	2,500	2,500	2,500	2,500	2,500	MAWLR, MURD, MWT, RCs, LAs, NGOs, Private Sector
	Develop local sanitation/toilet markets meet the demand for quality services and products that people wish and want to pay for (whilst still meeting minimal basic standards)	Local WASH related entrepreneurs trained to produce sanitation products and services. (Toilet facilities models available)	# of WASH entrepreneurs trained At least three new toilets models are added to the local market by 2023		290	290	290	290	1,000	1,000	1,000	1,500	1,500	1,000	MAWLR, RCs, LAs, MoHSS, Traditional Authorities, Namibia Chamber of Commerce and Industry
	Together with young Namibians, innovative and develop demand-based designs for sanitation and hygiene facilities	Youth involved in innovation of facilities Toilet facilities models available	# of youth involved in innovation of facilities At least two new toilets models are designed by young people and introduced for the local market by 2023		290	290			1,000	1,000	1,000	1,500	1,500	1,000	1,000

Strategy	Activity	Output	Key Indicators	Baseline (Year)	Timelines and Targets per year				Budget (NAD '000)				Lead & Core Partners			
					2022/23	2023/24	2024/25	2025/26	2026/27	2022/23	2023/24	2024/25		2025/26	2026/27	
Build local and sustainable markets for sanitation solutions/ technologies	Produce regulations and guidelines to support households to build their own toilets in urban and rural settings	Dry/wet sanitation standards (standards such as the NSI - NAMS 0001;2016– Requirements for Dry Sanitation Technologies in Namibia) and policies approved and promoted by 2023	<p>% progress of reviewing existing codes of practices for urban and rural areas</p> <p># of campaigns held to disseminate guidelines on code of practices and self-build manual for urban and rural areas</p>	0%	100%						250					MAWLR, MURD, LAS, RCs, WATSAN Committee NSI
					14						1,000					

OBJECTIVE 6: To provide universal access to sanitation and hand washing facilities in public institutions																
Strategy	Activity	Output	Key Indicators	Baseline (Year)	Timelines and Targets per year				Budget (NAD '000)				Lead & Core Partners			
					2022/23	2023/24	2024/25	2025/26	2026/27	2022/23	2023/24	2024/25		2025/26	2026/27	
Have functioning toilets and hand wash facilities in public institutions (schools, hostels, hospitals, health clinics and public markets) which cover the special needs for people with disabilities and have a gender segregation	Provision and/or rehabilitation of hygienic basic WASH facilities in schools, hostels, hospitals, health clinics, roadside facilities, tourist attractions and public markets	100% coverage of WASH facilities in schools, hostels, hospitals and health clinics, roadside facilities, tourist attractions and public markets in 2027	% progress of inclusive Wash facilities rehabilitated and/or constructed at schools and hostels	80%	85%	90%	92%	94%	94%	100%	27,760	13,880	15,000	15,000	13,880	MoEAC, MoHSS, MWT, MAWLR, Offices, Ministries, Agencies, RCs
				0%	20%	50%	65%	85%	85%	100%	2,500	2,500	2,500	2,500	2,500	MoHSS, MoEAC, MWT, MAWLR, MEFT, Offices, Ministries, Agencies, RCs
			% progress of WASH facilities rehab and constructed at health centres	80%	85%	90%	92%	94%	94%	100%	4,496	4,496	4,496	4,496	2,248	MoHSS, MoEAC, MWT, MAWLR, Ministries, Agencies, RCs



OBJECTIVE 8: To mobilise communities (those who can afford to construct their own sanitation facilities), and subsidise severely poor households															
Strategy	Activity	Output	Key Indicators	Baseline (Year)	Timelines and Targets per year					Budget (NAD '000)					Lead & Core Partners
					2022/23	2023/24	2024/25	2025/26	2026/27	2022/23	2023/24	2024/25	2025/26	2026/27	
Mobilise communities to construct their own sanitary facilities through the development of clear self-financing mechanisms for those who can pay and a subsidy policy targeting the severely poor	Communities are mobilised to construct their own sanitation facilities	Households fully finance their own sanitation facilities	By 2027, 80% of the new sanitary facilities (i.e. 185,200 out of 231,500 facilities) are being constructed and financed by the households themselves	0%	10%	30%	50%	60%	80%	1,000	1,000	1,000	1,000	1,000	MAWLR, RCs, LAs, Traditional Authorities, Governor's Offices, MURD, Private sector, MoHSS
	The sanitation capital costs subsidies are focused on the severely poor. Strict beneficiary selection criteria applied, transparent subsidy allocation, control mechanisms and sufficient budget allocation	Severely poor household beneficiaries have access to subsidised sanitation facilities	By 2027, 20% of the new sanitary facilities (i.e. 46,300 out of 231,500 facilities) are subsidised	0%	2.5%	2.5%	5%	5%	5%	5%	28,994	50,000	50,000	50,000	50,000

OBJECTIVE 9: To prevent respond rapidly to sanitation and hygiene-related epidemics and address environmental challenges																	
Strategy	Activity	Output	Key Indicators	Baseline (Year)	Timelines and Targets per year					Budget (NAD '000)					Lead & Core Partners		
					2022/23	2023/24	2024/25	2025/26	2026/27	2022/23	2023/24	2024/25	2025/26	2026/27			
Prepare for sanitation and hygiene as emergency responses, to prevent and curtail the effect of epidemics and deal with environmental challenges	Emergency preparedness plans are developed in priority regions for natural disasters and epidemics	Emergency plans available for priority regions by 2023	# of Emergency plans developed	0	14 regional plans developed					300						OPM, RCs, LAs, MoHSS, MAWLR	
		Emergency plans implemented by 2024	% progress towards plan implementation	0%		30%	70%	100%			500	150	500				
		Emergency plans reviewed	% progress towards the review of the plans							100%					500		
Prepare for sanitation and hygiene as emergency responses, to prevent and curtail the effect of epidemics and deal with environmental challenges	A long-term impact study on environmental degradation by sanitation and hygiene has been undertaken	Study reports finalised	Strategic Environmental impact assessment published for priority regions by 2024			Study undertaken	Study report finalised	Strategic EIA published								MEFT, MAWLR, MoHSS	
											3,000	350					



Monitoring and evaluation of implementation and results																
Strategy	Activity	Output	Key Indicators	Baseline (Year)	Timelines and Targets per year					Budget (NAD '000)					Lead & Core Partners	
					2022/23	2023/24	2024/25	2025/26	2026/27	2022/23	2023/24	2024/25	2025/26	2026/27		
StrateMonitoring and Evaluation of implementation of the objectives in the Strategy	All stakeholders execute Strategy in a coordinated manner to achieve access to sanitation and increased good hygiene practice through monitoring and evaluation	Objectives implemented	# of Objectives fully implemented	0	10	10	10	10	10	0	500	500	500	500	500	MAWLR, NPC, RCs, LAS, Traditional Authorities, MURD, Private sector, MoHSS
	Mid-term review of National Sanitation and Hygiene Strategy (2022/23 -2026/27)	National Sanitation and Hygiene Strategy reviewed	# of recommendations and way forward from the review produced and approved													MAWLR, NPC, RCs, LAS, Traditional Authorities, MURD, Private sector, MoHSS

<sup>1</sup>Namibia Household Income and Expenditure Survey (NHIES) 2015/2016 Key Poverty Indicators (Preliminary Figures), Namibia Statistics Agency

<sup>2</sup>National Census 1991

<sup>3</sup>Namibia Inter-censal Demographic Survey 2016

<sup>4</sup>Namibia Inter-censal Demographic Survey 2016

<sup>5</sup>WHO Guidelines on Sanitation and Health (2018)

<sup>6</sup>Source: World Health Organization. 2014. Preventing Diarrhoea through Better Water, Sanitation and Hygiene: Exposures and Impacts in Low- and Middle-Income Countries. World Health Organization.

<sup>7</sup>By e.g. Steven Esrey, Sandy Cairncross, Waddington and others.

<sup>8</sup>WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (2017), Progress on Drinking Water Sanitation and Hygiene, 2017, Update and SDG Baselines.

<sup>9</sup>UNICEF (2018), Determinants of child mortality and morbidity. Evidence from the Namibia DHS 2013, UNICEF Namibia.

<sup>10</sup>Namibia Inter-censal Demographic Survey 2016

<sup>11</sup>WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (2018), Drinking Water Sanitation and Hygiene in Schools, Global baseline report 2018.

<sup>12</sup>Information from UNICEF Namibia Education Programme

<sup>13</sup>Toilets for 2.436 million people between 2018 and 2030 with an average household size of 3.9 persons and one toilet/household.

<sup>14</sup>A framework developed by the USAID Environmental Health Project in 2004

<sup>15</sup>Weber, B. and J. Mendelsohn (2017), Informal settlements in Namibia: their nature and growth. Exploring ways to make Namibian urban development more socially just and inclusive, Development Workshop Namibia.

<sup>16</sup>In the decentralisation process started in 2018 with the “delegation” phase, DWSSC regional level also reports to the RCs)

<sup>17</sup>UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS). The objective of the UN-Water GLAAS report is to monitor the inputs required to extend and sustain





MINISTRY OF AGRICULTURE, WATER AND LAND REFORM