Sanitation

The situation

Despite having achieved the Millennium Development Goal targets in drinking water, Namibia is struggling to cope with its sanitation problems. At 34 per cent, the country has the lowest levels of sanitation coverage in southern Africa, a situation that has not improved since 2006. In addition, close to half of all Namibians practice open defecation, a rate that is one of the highest in Africa, just behind Somalia and South Sudan.

Inequities in access to proper sanitation facilities are also glaring between rural and urban areas. In fact, the majority of people in rural areas have no choice but to defecate in the open, a practice that is highly unsanitary and harmful to health. Open defecation causes cholera, typhoid, hepatitis, polio, diarrhoea, worm infestation, reduced physical growth, impaired cognitive function and malnutrition.

Young children pay the price for poor sanitation. When they drink contaminated water, they get sick and then quickly malnourished. In Namibia, 17 per cent of children under 5 suffer from diarrhoea and repeated episodes of diarrhoea contribute to the country’s high levels of childhood stunting.

Communities play a critical role in improving sanitation and adopting hygiene habits that save lives. UNICEF-supported research in 2013 and 2014 showed that communities in Namibia have not been adequately involved in improving sanitation in their areas despite the existence of the National Sanitation Strategy that encourages community participation in finding sustainable solutions. Unlike water supply, sanitation falls under several Ministries, a situation which has resulted in a fragmented approach to service delivery. In addition, hygiene and sanitation promotion activities, based largely on disseminating health information, have also failed to deliver sustainable hygiene behaviour change. A change of tactic is needed in behaviour change communication – one that engages communities as partners in sanitation delivery.
UNICEF in action

Ending open defecation is essential for human development. It can decrease visits to health facilities, child deaths and missed school days. This is why UNICEF and its partners aim to reduce open defecation in Namibia by 25 per cent by 2018.

Results for children

The Community-Led Total Sanitation (CLTS) approach was introduced in 2014 to eliminate open defecation. By September 2015, 30 members from Namibia Red Cross Society had been trained as CLTS facilitators, helping to ‘trigger’ or mobilise 250 community members in 11 villages in Ohagwena region to end open defecation and improve other hygiene practices. Field reports show that ‘tippy taps’ (simple hygienic handwashing devices) have been constructed for handwashing in the triggered villages and four volunteers were trained to build latrines in Ohangwena. In three other regions – Zambezi, Kunene and Kavango – the Directorate of Water Supply and Sanitation Coordination helped to trigger a total of 18 villages to end open defecation.

A communication strategy called Open Defecation-Free Namibia (ODFN) was developed in 2014 with UNICEF support, and a roll-out plan was endorsed in July 2015. ODFN will include advocacy to raise awareness of the importance of sanitation for health and development and a mass media campaign to mobilise the public to act. The strategy aims to further progress towards the post-2015 Sustainable Development Goals (SDGs) of eliminating open defecation, inequality and universal access to improved sanitation and hygiene by 2030.

UNICEF supported the Society for Family Health to work with 100 schools in the northern regions of Namibia and change behaviour and practices around water, sanitation and hygiene (WASH). A total of 49 school inspectors, 939 principals, 200 cleaners, 72 teachers and 100 community health workers were trained in WASH approaches for schools. Hygiene and sanitation clubs are planned in all 100 schools, with active participation from students and educators.

What more needs to be done?

UNICEF will continue supporting a multi-pronged approach to improve sanitation coverage and hygiene practices by:

- Supporting menstrual health and hygiene programmes for school girls to reduce gender disparity in access to services,
- Developing the capacity of teachers, school principals and inspectorates,
- Supporting child-friendly radio and TV programmes to reach all schools with hygiene and health promotion whilst also reinforcing what is being taught in school,
- Creating and supporting school ‘agents-of-change’ hygiene clubs and national inter-school competitions to raise awareness of sanitation,
- Supporting the school-led total sanitation (SLTS) approach that links schools and communities to end open defecation, and includes construction and use of school toilets and promotion of handwashing,
- Launching the National Communication Strategy for Sanitation through different media and interpersonal communications approaches, including CLTS, for elimination of open defecation,
- Supporting DWSSC/MAWF to scale up CLTS to other regions with poor sanitation coverage,
- Developing and undertaking an evaluation study of the impact of CLTS on child nutrition,
- Supporting the Government to carry out emergency measures in response to the 2015 rainy season.