

Hon. Mckenry Venaani



OFFICE OF THE LEADER OF THE OFFICIAL OPPOSITION

**MOTION FOR THIS ASSEMBLY TO DEBATE THE PROVISION OF MASSIVE
SANITATION SERVICES TO URBAN AND RURAL AREAS**

**Honourable Speaker,
Honourable Members**

Namibia is facing a major sanitation crisis. According to the World Bank, one in four Namibians do not have access to improved sanitation facilities. This means that they are forced to defecate in the open, which exposes them to serious health risks. Namibia has the lowest levels of sanitation coverage in southern Africa. According to the Borgen Project¹, only 34% of the country's population has access to improved sanitation facilities. That percentage drops to 14% in the country's rural areas. The practice of open defecation, which occurs in 14% of urban areas and 77% of rural areas, increases the spread of diseases and majorly impacts public health. Less than half of our country's 2.5 million citizens use facilities that safely separate waste from human contact.

Avoiding touching or even ingestion is next to impossible in Namibian houses due to the enormous volume of human feces left behind. Children play with dirty hands in the gaps between the shacks where excrement is all over the ground, and flies may easily fly from the excrement to liquids and food. Crops are contaminated along with essential water supplies used for drinking, cooking, and fishing when feces permeate into the ecosystem. These conditions put Namibians, especially children, at risk of deadly faecal-oral diseases and infections that cause diarrhoea, the second-biggest killer of under-fives in the country, while sanitation-related deficiencies such as malnutrition and stunted

¹The Borgen Project: 10 Facts About Sanitation in Namibia

growth are also prevalent. The practice of open defecation caused a Hepatitis E outbreak in 2017. Hepatitis E is a liver disease that commonly spreads through the ingestion of contaminated water. Starting in Windhoek, the disease spread to more than half of the country's regions. Consumption of contaminated water can cause adults and children alike to become sick and malnourished. We have noted that 17% of children suffered from diarrhea. Repeated episodes of diarrhea can result in childhood stunting, another common health problem in Namibia. A disparity between rural and urban populations in this regard also exists, with 20% of rural children suffering from diarrhea compared to 15% of urban children.

Additionally threatened are safety, dignity, and education. Girls' difficulty to manage their menstrual health on unsanitary school grounds has been known to increase absenteeism, while Namibians are compelled to seek seclusion in the nearby bushes where they run the risk of being raped, robbed, and even attacked by wildlife.

Honourable Members,

Despite Namibia having ratified the core international human rights treaties which protect the right to sanitation, as well as the Namibian Constitution explicitly outlining in Article 95 (10)²: ***“consistent planning to raise and maintain an acceptable level of nutrition and standard of living of the Namibian people and to improve public health”*** the rates of open defecation are more than double that of Angola and four times higher than that of either neighbouring Botswana or Zambia.

These rates cannot be attributed to the lack of political will, but rather poor coordination, lack of accountability, and spreading efforts and resources too thinly. Whilst the government of the day has poured over hundreds of millions of dollars into sanitation in recent years, these projects have been marred by maladministration, as the 2008 Water and Sanitation Supply Policy outlined that: ***improving sanitation would be achieved by “community involvement and participation.”*** Yet, regions where sanitation projects have been embarked upon, residents were not provided with instruction, promotion, cleaning or maintenance guidance upon installation. The government has also committed itself to the United Nations' Sustainable Development Goal Six (SDG6) of

² Namibian Constitution

ensuring all its citizens have access to clean water and sanitation by 2030. However, the current stagnant sanitation levels reveal to us an all too familiar truth - Namibia is not on course to hit these targets.

By the government's own admission, sanitation has stalled in recent years, and the various ministries tasked with improving sanitation have each failed to prioritize the sector.

For example, the Ministry of Urban and Rural Development (MURD) has missed its toilet goals four out of the last five years. The Ministry stated that it will build 10,000 new toilets in rural areas by the year 2021, but it only completed 980, before declaring that 1,000 was the initial goal and that the 10,000 target had been erroneously indicated. In explaining the failure to meet even the 1,000 toilets target, the Minister said "late submission of activity plans and accountability reports from the regions result[ed] in late approval of budgets. The sector has also failed to communicate its strategy with Members of Parliament. A draft of Namibia's 2022-2027 National Sanitation and Hygiene Policy acknowledged that one of the biggest obstacles were politicians and local authorities continuing to promise flush facilities as ministries agreed to promote dry sanitation in urban and rural areas.

The Ministry of Agriculture, Water and Land Reform has seen its Water Supply and Sanitation Coordination budget cut by 72%.³ This was justified by the Executive Director for Water Affairs, Dr. Elijah Ngurare who expressed that the slashed funds were redirected to the Neckartal Dam.

This, then, questions Namibia's commitment to the 2015 Ngor Declaration, in which the government promised to annually commit a minimum of 0.5% GDP to sanitation and hygiene from 2020 onward. While the Ministry of Agriculture, Water and Land Reform and the Ministry of Urban and Rural Development (MURD) were reported to have built 20 200 sanitation facilities between 2009 and 2019, due to the absence of public education, maintenance and rehabilitation in the areas where these ablution facilities were constructed. Many of these toilets are now damaged, disused and derelict. Often, they are filthy beyond use, blocked by newspaper or filled with excrement, and a considerable

³ Budget Highlights FY2023/24

number no longer function. Meanwhile, the rate of open defaction only saw a 2.7% decrease during that period.

The Minister of Health and Social Services, Dr. Kalumbi Shangula also posited that financial resources are scarce, arguing low tax revenues prevented Namibia from prioritizing sanitation. In recent years, the lion's share of Namibia's health budget allocation has been spent on curative rather than preventative services, with little left for projects that could promote sanitation and hygiene. I refer to my point from earlier, with this information known to us, we can deduce that the sanitation crisis is not as much a lack of political will, as it is of priorities.

According to the World Bank, Namibia generates more tax revenue per capita than Botswana, Lesotho and almost as much as Zambia, all three of these countries with better sanitation coverage than Namibia. As such, *Honourable Members*, there is simply no reason for our members to continue languishing in these deplorable conditions.

Honourable Speaker, this necessitates the need for this August House to extensively debate the provision of massive sanitation services to urban areas. [and rural areas alike] Sanitation is in desperate need of a dedicated, coordinated and potentially more cost effective approach.

As such, we ought to draw inspiration from countries such as India and Bangladesh, who have addressed the sanitation crises that afflicted their citizenry. In the case of India, the government launched the **Swachh Bharat Mission**, a nationwide campaign to end open defecation. The mission has been successful in raising awareness of the issue and mobilizing resources to build toilets. As a result of the Swachh Bharat Mission, the number of people defecating in the open in India has declined by over 60%. This has had a major impact on public health, as it has helped to reduce the spread of diseases such as diarrhea and cholera. The mission aims to achieve universal sanitation coverage by 2024.

The Swachh Bharat Mission rested on four main tenets, namely:

- **Raising awareness:** The mission has raised awareness on the importance of sanitation and the risks of open defecation through public education campaigns, school programs, and community outreach.
- **Mobilizing resources:** The mission mobilized resources to build toilets and improve sanitation infrastructure through government funding, private sector investment, and donor assistance.
- **Enforcing laws:** The mission has enforced laws that prohibit open defecation through awareness campaigns, fines, and other penalties.
- **Involving communities:** The mission has involved communities in the planning and implementation of sanitation programs. This has helped to ensure that the programs are effective and sustainable.

The mission aims to achieve universal sanitation coverage by 2024. Additionally, Bangladesh has also made significant progress in addressing its sanitation crisis in recent years. In 2017, the country achieved open defecation free (ODF) status, meaning that less than 1% of the population practices open defecation. The following are targetted interventions that helped in that regard:

- **The Community Led Total Sanitation (CLTS) program:** This program is a community-based approach to sanitation that focuses on changing attitudes and behaviors. It has been very successful in Bangladesh, and has been replicated in other countries around the world.
- **The National Sanitation Policy:** This policy outlines the government's commitment to providing sanitation to all Bangladeshis. It includes a number of targets, such as increasing access to toilets and improving sanitation infrastructure.
- **The Sanitation Safety Net Program:** This program provides financial assistance to poor households to build toilets. It has been very successful in helping to reduce open defecation.

In addition to the initiatives mentioned above, Bangladesh has also made use of innovative technologies to address its sanitation crisis. For example, the government has partnered with a company called Aquateer to develop a low-cost toilet that can be used in rural areas. The toilet uses a solar-powered system to treat wastewater, making it safe to reuse for irrigation or other purposes.

**Honourable Speaker,
Honourable Members,**

In 2019, the Popular Democratic Movement introduced a range of interventions that it seeks to introduce. Among these is the **'One Family One Toilet'** initiative. We realise that hygiene has a far-reaching, cascading impact. Accordingly, we championed:

- A country where people do not have to defecate or urinate in public through awareness campaigns and by enabling people to build toilets in their homes as well as constructing more toilets in schools and public places.
- The creation of a modern, scientific sewage and waste management system.
- Introduction of sanitation ratings measuring and ranking our cities and towns on 'sanitation'; whilst rewarding the best performers.

Subsequently, this motion recommends that the government consider the PDM's policy and realise the potential of a Namibian society where every family has a toilet. Instead of communal ablution facilities, which are not only a breeding ground for diseases, but are also unsustainable and unsafe. Namibia should move towards providing individual or family-sized toilets. These toilets can be more hygienic and safer, and they can also be more sustainable. The government can also provide financial assistance to people who cannot afford to build or maintain their own toilets.

This motion further recommends that the government considers the construction of low cost dry sanitation facilities such as no-flush toilets as they are a better alternative for areas where water is scarce, and they can also be used in areas with septic systems. It goes without saying that flush toilets would certainly not do well in areas where water is scarce, much less in informal urban areas, where majority of the residents are either un- or underemployed and cannot pay the water costs associated with these types of toilet facilities. In addition to the construction of dry-flush facilities, these facilities must be accompanied by community education. Moreover, this motion recommends that in an effort to combat the ongoing sanitation crisis, the government embarks on a nationwide sanitation and hygiene promotion campaign; which was supposed to happen by 2015 already. Almost fourteen years on and we have not had any indication that

such an initiative is still in the pipeline and that this motion be recommended to the relevant committee.

I so move.