



REPUBLIC OF NAMIBIA

Ministry of Agriculture, Water and Forestry



Namibia

**National Sanitation Strategy
2010/11 – 2014/15**

September 2009

NATIONAL SANITATION STRATEGY 2010 to 2015

Foreword

It is a fact that sanitation plays a pivotal role in economic development of a country because improved sanitation facilities contribute significantly to the health of the population, which in turn drives the nation's economy. Namibia's National Sanitation Strategy for 2010 to 2015 has been developed, setting out a course of actions and activities for the implementation of sanitation in a coordinated manner.

For years, there was no enabling policy environment through which various stakeholders could clearly understand their roles and responsibilities with no adequate coordination mechanism and harmonisation of policies, regulations and guidelines. In response to that, key strategic issues were identified and highlighted in the strategy to counter the challenges and seize development prospects. Water Supply and Sanitation (WATSAN) Sector coordination is regularly facilitated by the new Directorate of Water Supply and Sanitation Coordination (DWSSC). The Water Supply and Sanitation Forum (WSF) is the foundation of the sanitation strategy by creating an enabling environment for management and implementation. The Forum has started the process of building good relations and partnerships in the water supply and sanitation sector through coordination at both national and regional levels.

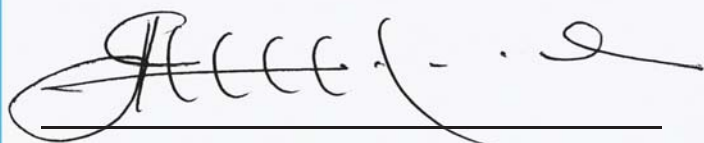
As a starting point, the strategic themes and objectives, targets and responsible institutions are incorporated to form the basis of the National Sanitation Strategy. The strategy is an essential reference document for all relevant stakeholders playing a role in the sanitation sector.

As this strategy was developed through a comprehensive consultation process with various partners and stakeholders, I am delighted to say that, the previous uncoordinated approach to sanitation implementation experienced in the past will now be improved through initiatives that will bring about more consistent and quality approaches in the implementation of sanitation activities. This strategy will be brought about by a major investment in sector capacity building so that delivery of the strategy is assured to work towards achievement of Vision 2030 and the WATSAN Millennium Development Goals.

Thus, let us together assess the viability and appropriateness of sanitation technology options to be used by our people under different physical and social conditions. At an early stage, we will intensify our awareness campaigning to prepare the ground for effective implementation of sanitation programmes through good hygiene practices throughout Namibia.

By embracing the most basic, yet critical, sanitation aspects in our strategy, the recommendations that provide us with the way forward, will be obligatory and supported in a joint approach adopted by Ministries, Regional and Local Authorities, Communities, Private and Non-Government Organisations and Donors to achieve the initiatives set out in the five year sanitation implementation timeframe.

Our slogan is "Sanitation for Improved Quality of Life and Key to Healthy Communities"



John Mutorwa, MP

Minister: Ministry of Agriculture, Water and Forestry

Approved by Cabinet: Decision 18th / 29 • 09 • 09 / 007

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Abbreviations and Acronyms

| | | |
|-------|---|--|
| Acc | - | Accountability (for Objective) |
| AF | - | Action Fiche |
| B | - | Beneficiaries |
| BL | - | Baseline (for Targets) |
| BoQ | - | Bill of Quantities |
| BSC | - | Balanced Scorecard |
| BTC | - | Build Together Committee (for BTP) |
| BTP | - | Build Together Programme (Decentralised Housing Programme) |
| CBHV | - | Community-based Hygiene Volunteer |
| CBM | - | Community-based Management |
| CBO | - | Community-based Organisation |
| CDC | - | Constituency Development Committee |
| CI | - | Continuous Improvement |
| CLIP | - | Community Land Information Programme |
| CLTS | - | Community-Led Total Sanitation |
| C,O,M | - | Construction, Operation and Maintenance |
| Com | - | Community |
| Cons | - | Consultant |
| Cont | - | Contractor |
| Corps | - | Community Own Resource Persons (used by MoHSS) |
| CSF | - | Critical Success Factor(s) |
| CSHV | - | Community Sanitation and Health Volunteer |
| CTQQ | - | Cost, Time, Quantity or Quality |
| DCC | - | District Community Committee (used by MoHSS) |
| DESS | - | Decentralised Sewerage System (Condominial) |
| DRM | - | Directorate of Resource Management |
| DRWS | - | Directorate of Rural Water Supply |
| DWSSC | - | Directorate of Water Supply and Sanitation Coordination |
| EC | - | European Commission |
| EDF | - | European Development Fund |
| EHI | - | Environmental Health Inspector (from MET or Resource Management in MAWF) |
| EHP | - | Environmental Health Practitioner (in MoHSS) |
| EIA | - | Environmental Impact Assessment |
| EMAA | - | Environmental Management and Assessment Act |
| EMIS | - | Education Management Information System |
| EMP | - | Environmental Management Plan |
| EO | - | DWSSC Extension Officer (for Rural Water Supply and Sanitation) |
| EoI | - | Expression of Interest |
| GRN | - | Government of the Republic of Namibia |
| GTZ | - | Deutsche Gesellschaft für Technische Zusammenarbeit |
| HR | - | Human Resource(s) |
| HRD | - | Human Resource Development |
| HRDC | - | Habitat Research and Development Centre |
| HRDP | - | HRD Plan (Training and Development Plan) |
| HRM | - | Human Resource Management |
| H&S | - | Hygiene and Sanitation |
| ICT | - | Information and Communication Technology |
| IEC | - | Information, Education and Communication |

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| | | |
|----------|---|--|
| Insp | - | Inspector |
| ito | - | In terms of |
| I | - | Initiatives |
| JAR | - | Joint Annual Review |
| KAP | - | Knowledge, Awareness and Perception / Knowledge, Attitude and Practice (surveys) |
| KM | - | Knowledge Management |
| LA | - | Local Authority |
| LADC | - | Local Authority Development Committee |
| LC | - | Local Contractor |
| LM | - | Line Ministry |
| MAWF | - | Ministry of Agriculture, Water and Forestry |
| MDG | - | Millennium Development Goal |
| MER | - | Monitoring, Evaluation and Reporting |
| MERRIL | - | Measure, Evaluate, Report, Reward, Improve and Learn (Performance Management) |
| MET | - | Ministry of Environment and Tourism |
| Mgt | - | Management |
| MIS | - | Management Information System |
| MICT | - | Ministry of Information and Communication Technology |
| MoE | - | Ministry of Education |
| MoF | - | Ministry of Finance |
| MoHSS | - | Ministry of Health and Social Services |
| MoJ | - | Ministry of Justice |
| MLRS | - | Ministry of Lands and Resettlement |
| MRLGHRD | - | Ministry of Regional and Local Government, Housing and Rural Development |
| MTEF | - | Medium Term Expenditure Framework (3 years) |
| MTP | - | Medium Term Plan (3 years) |
| MWT | - | Ministry of Works and Transport |
| NA | - | Not applicable |
| NAO | - | National Authorising Officer |
| NamWater | - | Namibian Water Corporation (Parastatal for Bulk Water Supply) |
| NCD | - | Non-communicable Disease |
| NDP3 | - | National Development Plan 3 |
| NGO | - | Non-Governmental Organisation |
| NHAG | - | Namibian Housing Action Group |
| NPC | - | National Planning Commission |
| NQA | - | Namibian Qualifications Authority |
| NR | - | Natural Resource(s) |
| NRCS | - | Namibian Red Cross Society |
| NSS | - | National Sanitation Strategy |
| NTA | - | National Training Authority |
| O | - | Objective |
| ODFS | - | Open Defecation Free Status |
| O&M | - | Operation and Maintenance |
| O/M/A | - | Office/Ministry/Agency |
| OPM | - | Office of the Prime Minister |
| PA | - | Performance Agreement (for an Individual) |
| PEMP | - | Performance and Effectiveness Management Programme |
| PHAST | - | Participatory Hygiene and Sanitation Transformation |

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| | | |
|--------|---|--|
| PI | - | Performance Indicator (same as Measure) |
| PIF | - | Project Identification Form (submitted to NPC) |
| PM | - | Project Management |
| PMS | - | Performance Management System (of Namibia) |
| Pol | - | Police |
| PoN | - | Polytechnic of Namibia |
| PPP | - | Public-Private Partnership |
| Pr | - | Priority |
| PRA | - | Participatory Rural Appraisal |
| Priv | - | Private Sector |
| PS | - | Permanent Secretary |
| P/S | - | Private Sector |
| Q | - | Quarter |
| R | - | Rural |
| RC | - | Regional Council |
| R&D | - | Research and Development |
| RDCC | - | Regional Development Coordination Committee |
| Resp | - | Responsibility (for Initiatives) |
| RPRP | - | Rural Poverty Reduction Programme |
| RSHDP | - | Regional Sanitation and Hygiene Development Plan |
| SADC | - | Southern African Development Community |
| SARAR | - | Self-esteem, Associative Strength, Resourcefulness, Action Planning, Responsibility) |
| SCBP | - | Sector Capacity Building Plan |
| SDFN | - | Shack Dwellers Federation of Namibia |
| SEA | - | Strategic Environmental Assessment |
| S-E-E | - | Socio-Economic-Environmental |
| SFA | - | Strategic Focus Area |
| SH | - | Stakeholder |
| SJO | - | Self/Jointly/Outsource |
| SMART | - | Specific, Measurable, Agreed to, Realistic and Time-bound |
| SME | - | Small and Medium Enterprises |
| SP | - | Strategic Plan |
| SPSP | - | Sector Policy Support Programme |
| SWAp | - | Sector Wide Approach |
| SWAP | - | Sector Wide Approach Programme (the Donor Sector Contribution) |
| SWH | - | Sanitation, Water Supply and Health |
| SWOT | - | Strength-Weakness-Opportunity-Threat |
| TA | - | Traditional Authority |
| Tbd | - | To be determined |
| TCQQ | - | Time, Cost, Quality and/or Quantity |
| TNA | - | Training Needs Assessment |
| TP | - | Training Provider |
| ToR | - | Terms of Reference |
| ToT | - | Training of Trainers |
| U | - | Urban |
| UDS | - | Urine Diversion System |
| UN | - | United Nations |
| UNAM | - | University of Namibia |
| UNICEF | - | United Nations Children Fund |
| V2030 | - | Vision 2030 |

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| | | |
|--------|---|---|
| VDC | - | Village Development Committee |
| VIP | - | Ventilated Improved Pit |
| WASH | - | Water, Sanitation and Hygiene |
| WATSAN | - | Water Supply and Sanitation |
| WASP | - | Water Supply and Sanitation Sector Policy (1993) |
| WBS | - | Water-borne Sewerage System |
| WDF | - | Water Development Forum |
| WHO | - | World Health Organisation |
| WPC | - | Water Point Committee |
| WSASP | - | Water Supply and Sanitation Policy (2008) |
| WSF | - | Water Supply and Sanitation Forum (at Central Level) |
| wsf | - | Water Supply and Sanitation Forum (at Regional Level) |
| WSS | - | Water Supply and Sanitation |
| WWTP | - | Wastewater Treatment Plant |

The NSS was originally prepared in June 2009, with the assistance of ITALTREN, in Consortium with IAK, SOPEX, ADAS, HYDRO R&D, and MacAlister-Elliott and Partners under a finance agreement with the European Commission, under the EC Framework Contract Benef Lot 1 - Letter of Contract N°2008/171537/1 "Development of a Five-year National Strategy for Sanitation in Namibia". In October 2009, the National Sanitation Strategy was approved by Cabinet.

In April 2010, the NSS was reviewed, updated and amended by the Directorate Water Supply and Sanitation Coordination in anticipation of its formal launch by the Minister of Agriculture, Water and Forestry.

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EXECUTIVE SUMMARY

This **strategic plan for the period 2010/11 to 2014/15 (from 1 April 2010)** is a framework that outlines the approaches and activities that the Sanitation Sector intends to take in order to achieve sustainable success in the medium term. This Plan provides an integrated picture of where the Sanitation Sector is going over the next five years and serves as a communication vehicle for conveying its direction. It will be used to demonstrate its focus areas, objectives, projects and allocation of resources in response to its mandate and challenges. This strategic plan defines the Sanitation Sector's strategic focus areas, objectives and initiatives for this period. It was compiled in close collaboration with the role players. Based on the Balanced Scorecard, the strategic plan forms the basis for performance management. The strategy workshops and stakeholder consultations took place during the first half of 2009.

The Sanitation Sector **Mission** is: To provide, with minimal impact on the environment, acceptable, affordable and sustainable sanitation services for Namibian households."

The Sanitation Sector **Vision** is: "A healthy environment and improved quality of life by providing Sanitation services for urban and rural households."

The **Core Values** represent the non-negotiable style in which the Sanitation Sector will provide services. The Sanitation Sector will perform all its activities through the following core values: **Integrity** (comprising honesty, trust and transparency of the service providers); **Commitment** (to a shared responsibility to improve quality of life) and **Collaboration** (and communication at all levels for effective services delivery).

Based on the identified **key strategic issues**, the **strategic response** was developed, including the general approach to sanitation and specific approaches for rural and urban areas. Overall, the strategy is flexible, considering the diversity in Namibia, improving both hygiene and sanitation, together with the communities and other stakeholders.

If the Sanitation Sector wishes to achieve its vision, based on its mandate/mission, it has to perform in **six Themes** (or Strategic Focus Areas), viz.:

Theme A: WATSAN Sector Coordination

Theme B: Institutional Capacity Building

Theme C: Community Education and Participation in Hygiene and Sanitation

Theme D: Construction of Sanitation Systems

Theme E: Operation and Maintenance, Performance Management and Enforcement

Theme F: Socio-Economic-Environmental Outputs and Outcomes

A total of **20 objectives** were identified through the consultation process. The hypothesis is that if the Sanitation Sector follows this path, by achieving these 20 objectives within the six Themes, the Sector will realise its vision.

The Sanitation **Balanced Scorecard** takes the strategy map and gives it more detail. It includes the following:

- The 6 Themes
- The 20 Objectives with their priorities and accountabilities
- Performance Indicators (PIs) and Targets for each Objective
- 186 individual initiatives with their priorities and responsibilities
- Cost estimates of all initiatives (expected total cost over the 5-year period)
- Scheduling of these initiatives over the 5-year period

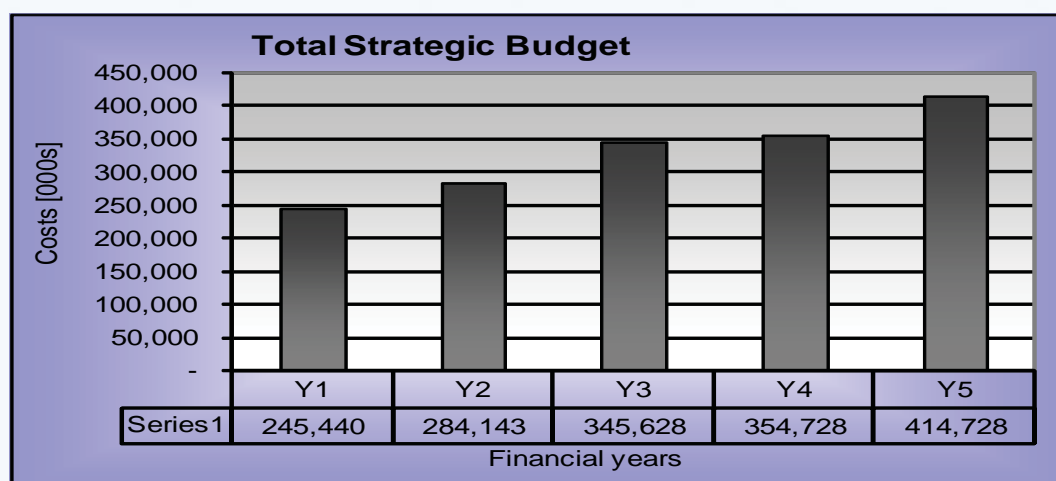
SMART objectives are achieved through **initiatives or projects**. Initiatives are defined as the current and future activities or projects the Sanitation Sector is engaged in to help ensure it meets or exceeds its performance targets, as stated in the PIs and Targets for each Objective. Initiatives drive strategic performance and are the means by which the Sanitation Sector will achieve its defined strategic objectives. The Sanitation Sector should apply its resources towards the highest value projects.

The 186 initiatives supporting the 20 objectives, as described in the Scorecard, require resources – human, structural and financial. To ensure a realistic strategic plan, the required financial resources should be made

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available. Should resources be lacking, initiatives indicated by Priority 1 should receive preference.

The total required budget to implement all initiatives in the sanitation strategic plan is approximately **N\$1.64 billion** over the five-year period, with an average of N\$329 million per annum. Year 1 starts with **N\$245 million** and increases to **N\$415 million** in year 5, when increasing capacity should be able to absorb the increased funding.



| N\$ [000s] | | Y1 | Y2 | Y3 | Y4 | Y5 |
|------------|-------|---------|---------|---------|---------|---------|
| 18,120 | A | 5,490 | 4,658 | 2,658 | 2,658 | 2,658 |
| 147,800 | B | 27,100 | 34,100 | 29,200 | 28,700 | 28,700 |
| 69,450 | C | 14,950 | 14,800 | 13,500 | 13,100 | 13,100 |
| 1,394,545 | D | 194,400 | 227,585 | 297,520 | 307,520 | 367,520 |
| 13,000 | E | 3,150 | 2,650 | 2,400 | 2,400 | 2,400 |
| 1,750 | F | 350 | 350 | 350 | 350 | 350 |
| 1,644,665 | TOTAL | 245,440 | 284,143 | 345,628 | 354,728 | 414,728 |

'Theme D: Construction of Sanitation Facilities' requires **85%** of the funding with the remaining softer/developmental themes requiring the remaining **15%**.

Note that this massive 85% portion for construction/hard aspects is due to the 100% subsidy included in the scorecard and the assumption that the average unit cost/household in urban areas is N\$20,000 and in rural areas N\$6,000.

It is unlikely that Government of the Republic of Namibia (GRN) can afford to pay N\$1.64 billion to achieve this strategic plan. Therefore the Sanitation Vision and Sanitation Millennium Development Goals (MDGs) user/beneficiary contributions, together with development partner support, would be essential.

Critical success factors for successful strategy execution are presented in this Plan. Without these critical building blocks in place, it would be difficult or impossible to successfully implement the strategic plan and achieve the stated vision and sanitation MDG. These CSFs include:

Sector coordination; strong committed leadership at all levels; a proper change management process; capacitated structures; high performance culture based on a proper performance management system; sufficient financial resources for all strategic initiatives; safe hygiene and sanitation awareness campaigns and education programmes leading to behavioural change; community participation and buy-in and the effective communication of this sanitation strategy.

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1. BACKGROUND AND INTRODUCTION

1.1 Background

The need for potable water supplies and basic sanitation services in Namibia was identified at Independence as one of the major basic essential needs of which the Nation especially the people living in communal areas, had been deprived. Access to safe water for the rural population has increased from 43% in 1991 to 80% in 2001. Unfortunately sanitation coverage in rural areas has not progressed according to expectations. In 2009 only 13% of the rural population had access to improved sanitation whilst 61% of the urban population had access to improved sanitation.

The first Water Supply and Sanitation Policy (WASP) was adopted in 1993. The WASP allocated the rural sanitation delivery function to the Ministry of Health and Social Services (MoHSS), with other stakeholders providing supplementary roles. As required according to WASP, the Directorate of Rural Water Supply (DRWS) was also established in the then Ministry of Agriculture, Water and Rural Development (now MAWF) to improve access to safe water for communities in rural, communal areas. The establishment of DRWS laid the foundation for the successful implementation of a dynamic strategy, known as Community Based Management (CBM). This strategy involved extensive user participation in water supply and management in the form of Water Point Associations (WPA), their representative Water Point Committees (WPC) and Local Water Associations (LWA) represented by Local Water Committees (LWC).

The current Water Supply and Sanitation Policy (WSASP) of 2008 replaced the 1993 WASP policy.

This first National Sanitation Strategy is based on this WSASP policy as well as the situational analysis conducted early in 2009. The situational analysis consisted of desk studies, extensive stakeholder consultations and sites visits. The situational analysis with the key strategic issues is presented in a separate report.

The methodology used for strategy development is the Balanced Scorecard (BSC), adopted by the Government of the Republic of Namibia (GRN). The initial strategy workshop was held between 3 and 5 March 2009 with the final stakeholder workshop held on 18 June 2009. The process of preparing this strategic plan for sanitation was consultative with the involvement of the relevant sanitation sector stakeholders.

1.2 Situational Analysis

The Situational Analysis Report forms the basis of this strategic plan. It assessed the current (March 2009) sanitation situation in Namibia. The key findings are summarised below.

The National Demographic Health Survey conducted in Namibia in 2007 shows that **67%** of the Namibian population do not have access to improved sanitation and practice open defecation. This represents **1.4 million people**, mostly living in rural areas and in informal settlements around urban areas. To reach the Millennium Development Goals (MDGs) by 2015, it will be necessary to halve the sanitation gap. This represents **25,000** sanitation household facilities need to be provided annually.

In urban areas (in all municipalities, towns and villages), 57.8% of the population and in rural areas 5.5 % of the population are connected to water-borne sewers. On-site sanitation systems (wet and dry) are not well developed and cover only a small percentage of the population. The majority of current sanitation systems in Namibia are water-borne sanitation. Shared toilets, which are not regarded as improved systems according to the WHO/UNICEF Joint Monitoring Programme definition, are used by 18% of the urban population.

The **budget** allocated to the sanitation sub-sector has been insufficient for the needs of the Namibian population. Most sanitation facilities have been built through housing programmes. NGO involvement in the sub-sector is limited.

The lack of **coordination** was identified as a major reason for the poor performance of the sub-sector. Six Ministries have been involved in sanitation. Large municipalities are mostly working independently and in isolation. The lack of interest in sanitation issues and the poor attendance of some Ministries at key meetings were observed during the preparation of the strategy.

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There is a general lack of **knowledge of sanitation** issues at central, regional and local levels – in both the technical/hardware aspects and the softer/people/education/capacity building aspects. Smaller local authorities experience difficulties to properly manage their sanitation systems/wastewater treatment facilities. On-site sanitation and effluent reuse for irrigation are some of the areas that have not been well developed.

Beneficiary/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, going back to open defecation / bush toilets. Sewer blockages are often observed due to the inappropriate use of toilets, e.g. too low quantities of water used for flushing and various objects thrown into flush toilets and sewer manholes.

Sanitation tariffs vary considerably across the country. Subsidy mechanisms are not always transparent and are not sufficient to cover the costs of sanitation services. The level of subsidies allocated for construction is not harmonised.

The promotion of **safe hygiene practices** is rarely included in sanitation projects. A national participatory approach for the promotion of behaviour change, based on appropriate educational materials and methods, has not been developed. Limited information on population knowledge, attitudes and practices linked to sanitation is available

Regulations and national standards required for the protection of public health and environment are on the way to being finalised and need to be harmonised. Insufficient resources are available for proper enforcement.

1.3 Definitions

- **Sanitation:** Interventions that improve the management (safe disposal or recycling) of human waste (including excreta and grey water), animal wastes and industrial effluent to promote human and environmental health.
- **Human excreta:** human waste which is excreted from the body, such as urine and faeces.
- **Grey water (or sullage):** is the dirty water that comes from washing in bathrooms and the kitchen. It can also be heavily contaminated, e.g. when washing the clothing and nappies of babies.
- **Sanitation System:** Combination of different technical elements to create the best solution for a particular context. These interrelated and interacting components work as a coherent entity. A wide range of sanitation systems exist to properly and safely manage excreta.
- **Sanitation Facility:** Physical visible top structure, including the connecting infrastructure services, space and equipment provided for a specific purpose, such as a toilet or group of toilets (ablution block).
- **Sanitation Cycle:** Time-related process from disposal to effluent treatment, as shown in **Figure 1**. All these systems generally follow the human excreta management cycle, incl.:
 - disposal (user interface and storage)
 - collection
 - treatment (on-site or off-site)
 - transfer and
 - re-use (sludge or treated effluent)
- **Sanitation Option:** The name of a sanitation system, consisting of the different technical elements of a system, e.g. a Ventilated Improved Pit (VIP) latrine, a Dehydration Toilet, an EcoSan Urine Diversion System (UDS) (dry systems) or a Centralised Water-Borne System (See **Figure 11**). Note that in one option such as a Water-Borne System there could be different types.

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Figure 1 is an example of a sanitation cycle in the case of an on-site sanitation pit latrine.

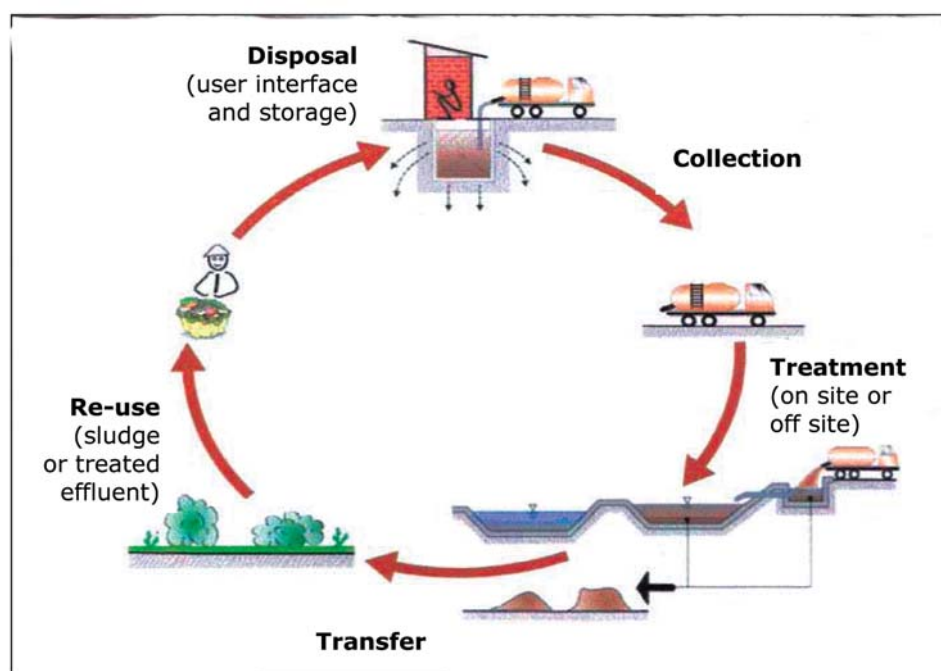


Figure 1: Sanitation cycle

- **Sanitation Package:** Combination of hard/technical elements and soft/non-technical/user elements, such as hygiene and sanitation education, awareness raising, water aspects and construction, operational and maintenance. Sometimes the package is referred to WASH – water, sanitation and hygiene.

Sanitation cannot be managed in isolation from water supply, habitat, housing and the surrounding natural environment (see **Figure 1**). The *sanitation package* in this strategic plan therefore includes water, hygiene, solid and liquid waste the natural environment and the habitat/housing. This package is known as the **Community-Led Total Sanitation Package (CLTS)** see **Figure 2**.

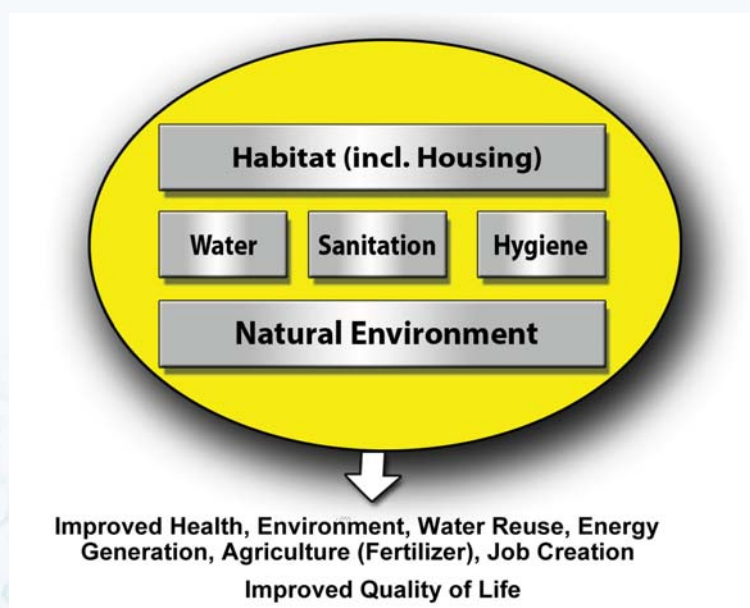


Figure 2: The Community-Led Total Sanitation Package

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- **Adequate Sanitation** (United Nations Children Fund (UNICEF) definition): One improved sanitation facility per household where human excreta is safely separated from human contact. At school facilities adequate sanitation is defined as separate facilities for boys and girls with a maximum of 40-50 learners per toilet. Adequate sanitation in other institutional and public facilities will be defined differently.
- **Hygiene:** Practices which are associated with ensuring good health, cleanliness and promoting quality of life (preventing illness). Key safe hygiene practices include the following:
 - Proper use of improved toilet facilities, stopping open defecation;
 - Hand washing with water and soap after using the toilet;
 - Safe disposal of children's stools and hand washing with soap after handling children stools;
 - Protecting food against flies;
 - Proper storage of water in the home.

The adoption of safe hygiene practices requires individuals to change behaviour. A wide range of participatory approaches and educational tools exist to help make change happen faster and more sustainable.

The F-Diagram (**Figure 3** below) shows how faeces of an infected individual are transmitted to the mouth of a new host through at least 5 major routes. These route should be blocked through primary barriers (e.g. toilet facility) and secondary barriers (e.g. hand washing). Therefore, only through both sanitation facilities and improved hygiene practices can health be improved. It also shows that individuals are only protected when whole communities work together to prevent the spread of infections.

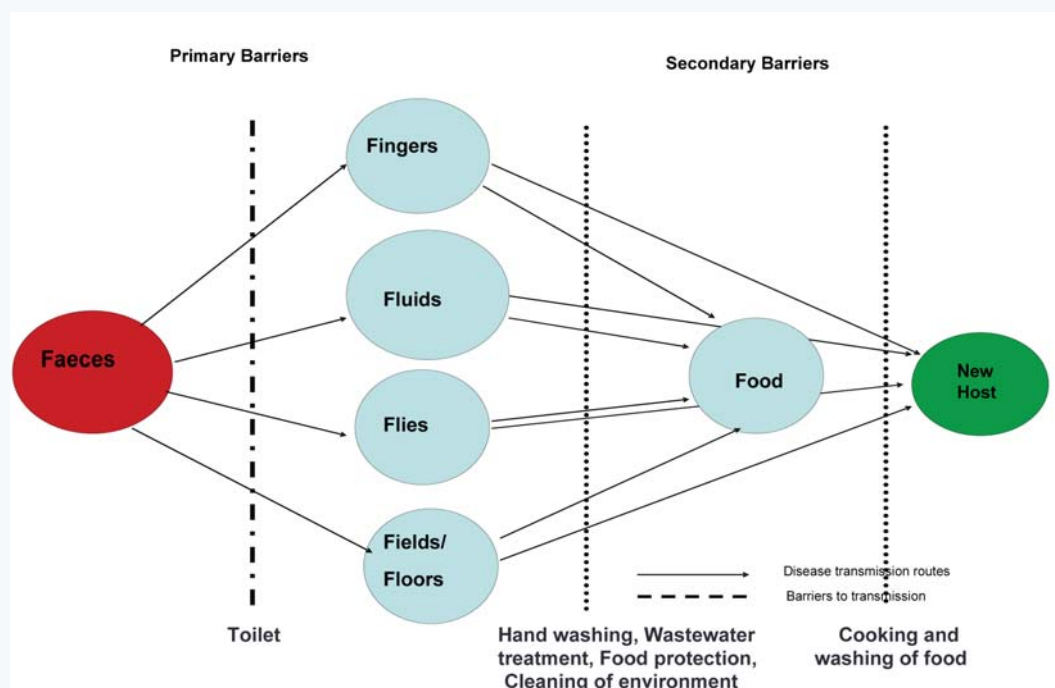


Figure 3: The F-Diagram of disease transmission and control (Wagner and Lanoix)

- **Sanitation Gap / Sanitation Coverage:** Sanitation coverage is the indicator internationally used to measure the progress in achieving the Millennium Development Goals (MDGs). This indicator measures access to sanitation in terms of types of technology and affordability levels.

The GRN uses the definition of the Joint Monitoring Programme for Water and Sanitation (UNICEF/World Health Organisation (WHO) which defines the access to adequate sanitation facilities as the percentage of the population using "improved" sanitation. **Table 1** lists the improved and non-improved sanitation

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systems. Excreta disposal systems are considered adequate if they are private (one per household) and if they separate human excreta from human contact.

| Improved sanitation facilities | Non-improved facilities |
|---|--|
| <ul style="list-style-type: none"> • Flush, pour flush to water-borne sewerage • Flush, pour flush to conservancy/septic tanks • Flush, pour flush to pit latrine • VIP latrines and pit latrine with slab • Composting toilet | <ul style="list-style-type: none"> • Shared toilet (public and shared between households) • Bucket • Pit latrine without slab/open pit • Open defecation |

Table 1: Improved and Non-improved Systems

Sanitation and hygiene improvement are also measured with the proportion of population adopting safe hygiene practices and the reduction of faecal - oral diseases.

1.4 Sanitation and Hygiene Benefits

Improving safe excreta disposal and safe hygiene practices has a great health impact. But sanitation and hygiene is also more than health and environmental protection. Sanitation brings additional benefits such as:

Social benefits: dignity; convenience; privacy; social prestige; security for women (women get assaulted when they go to the bush); increase in school enrolments for girls.

Job creation: construction of individual latrines.

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.

1.5 Water Supply and Sanitation Policy

The current WSASP of 2008 replaces the policy of 1993.

The **WSASP policy principles** can be summarised as follows:

1. Essential water supply and sanitation services should become available to all Namibians, and should be acceptable and accessible at a cost which is affordable to the country as a whole.
2. This equitable improvement of water supply and sanitation services should be achieved by the combined efforts of the government and the beneficiaries, based on community involvement and participation, the acceptance of a mutual responsibility and by outsourcing services where necessary and appropriate, under the control and supervision of government.
3. Communities should have the right, with due regard for environmental needs and the resources and information available, to determine which water and sanitation solutions and service levels are acceptable to them within the boundaries of the national guidelines. Beneficiaries should contribute towards the cost of the water and sanitation services they desire at increasing rates for standards of living exceeding the levels required for providing basic needs.
4. Environmentally sustainable development and efficient utilisation of the water resources of the country and environmentally sustainable development of sanitation services should be pursued in addressing the various needs, and should be strongly supported by information campaigns and continuous educational interventions at all levels.
5. Safe disposal of all human and other wastes, including animal waste and industrial effluent in an environmentally sustainable fashion.

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WSASP recommends the following for strategy development:

- 1 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).
- 2 Technology options should be Accessible, Acceptable (social and cultural), Affordable, Environmentally Sustainable and Appropriate.
- 3 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.
- 4 WSASP transfers the mandate for the **coordination of the sanitation sub-sector** to DWSSC in MAWF. A broad multi-sectoral forum for sector coordination (incl. 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.
- 5 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 (HR) 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 and Local Authorities for implementation of Water Supply and Sanitation (WSS).

1.6 Water Sector Strategy

Two other Strategic Plans (SPs) relate to this Sanitation SP. These are the Water Sector SP and the Ministry of Agriculture, Water and Forestry SP. The SP overlap is with illustrated diagrammatically. Note that various stakeholders such as other Ministries, NamWater, Regional Councils and Local Authorities are involved (jointly and separately accountable and responsible) in sector SPs, but only the MAWF is accountable for its own SP.

These separate strategic plans have to be coordinated to improve efficiencies and create synergies. Structures (e.g. WSF, wsf forums and Regional Development Coordination Committees (RDCCs), physical resources (e.g. offices, transport, equipment and technologies), systems and approaches (e.g. CBM) should be combined to create these benefits.

The five-year Water Sector Strategic Plan for the period 2007/8 to 2011/12 was finalised in April 2007. This period is therefore not the same as for this Sanitation Strategic Plan which is from 2010/11 to 2014/15.

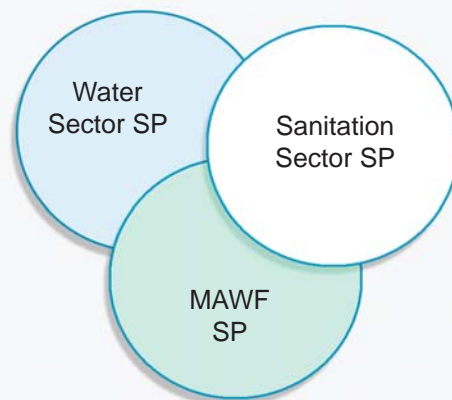
The Water Sector spans various institutions, but falls under the control or authority of MAWF. The Water Development Forum (WDF) was established in 2005 to oversee the development of water in Namibia. For the purpose of this document, the water sector consists of four supply sub-sectors, viz. Irrigation, Rural Water, Urban-Industrial Water and Mining Water.

Vision: "To have achieved equitable access to sufficient, appropriate, safe, sustainable and affordable water for all Namibian users for improved quality of life".

Mission: "To use and jointly manage water in an equitable, efficient and sustainable manner for optimum long term social and economic benefits for all users in Namibia"

Values: "Sustainability (respect for sustainability of resources and institutions), teamwork and communication (we are in it together, for ever) and integrity - honesty, trust and transparency"

The Water Sector strategy consists of seven themes and 34 objectives. The total amount required to realise all initiatives of the strategic plan over the five year period is almost N\$5.5 billion, with an annual funding requirement of approximately N\$1 billion.



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Two of the objectives in the Water Sector Strategic Plan refer to sanitation, viz.

D3. Appropriate sanitation in rural areas (with total cost of initiatives under this objective N\$100 million)

E3. Appropriate sanitation in urban areas (with total cost of initiatives under this objective N\$300 million)

The total cost of N\$400 million therefore belongs in this sanitation strategy. It is envisaged that a combined WATSAN strategy will be developed during 2011.

1.7 Sanitation Stakeholders

The key sanitation stakeholders are depicted in **Figure 4** below.

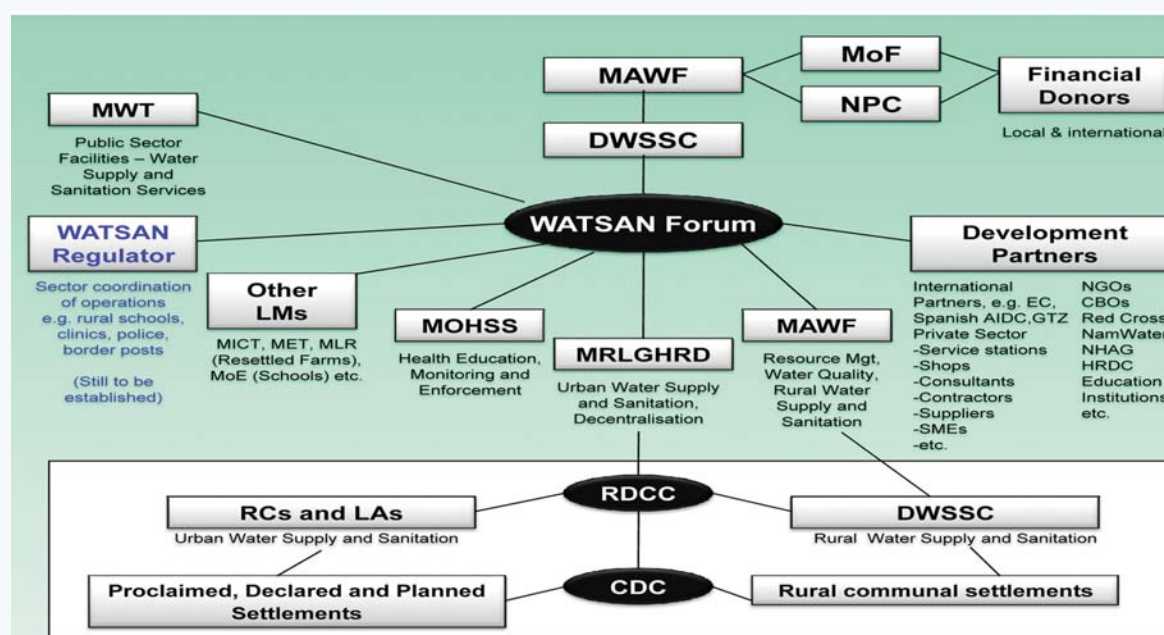


Figure 4: Key Sanitation Stakeholders

The Beneficiaries (Bs) or Users should actually be the main stakeholders and will be primarily responsible for sanitation. In urban areas LAs take the leading role in overall sanitation provision. **Figure 5** below indicates the main stakeholders in Urban and Rural areas with the major contributions by Beneficiaries (B). RCs have overall responsibility for sanitation provision in proclaimed villages within their region.

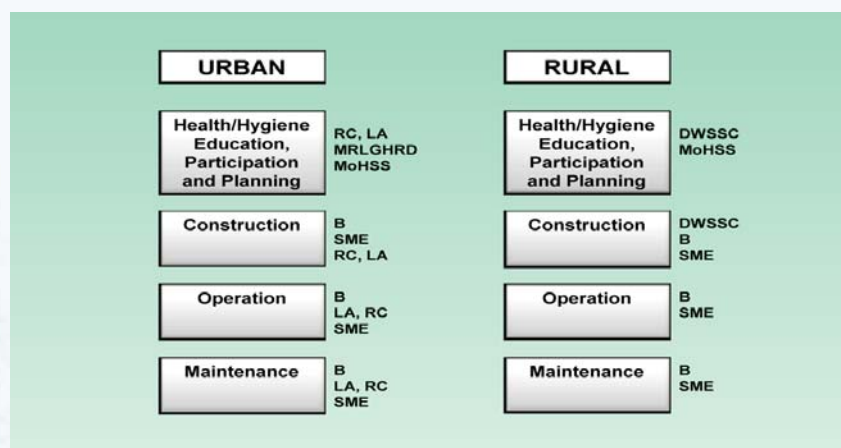


Figure 5: Responsibilities of Key Sanitation Stakeholders

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1.8 Strategic Planning Methodology

Strategic Planning, based on policy guidelines, starts with the present and moves the organisation (the sanitation sector in this case) to the future. Strategy asks four questions:

"Where are we now?" (as done in the Situational Analysis)

"Where do we want to be?" (as formulated in the Policy and Vision)

"How do we want to get there?" (through Objectives and Initiatives)

"How do we monitor our progress?" (based on the Scorecard)

Figure 6 depicts the top down strategy formulation methodology, starting with the vision (considering mission and core values) and moving downwards with more and more detail. To realise the vision, strategic themes are firstly selected, based on the four Balanced Scorecard perspectives. These themes are the broad strategic areas to focus on. Then more detail per theme is added by means of objectives (O). Objectives are the specific desired results required in each theme. Finally, initiatives (I) are the practical activities or projects to be executed to achieve the objective. Details of the objectives and initiatives are presented in the balanced scorecard. The linking of the various objectives is done in a strategy map (or value creation map), a one page summary of the strategy.

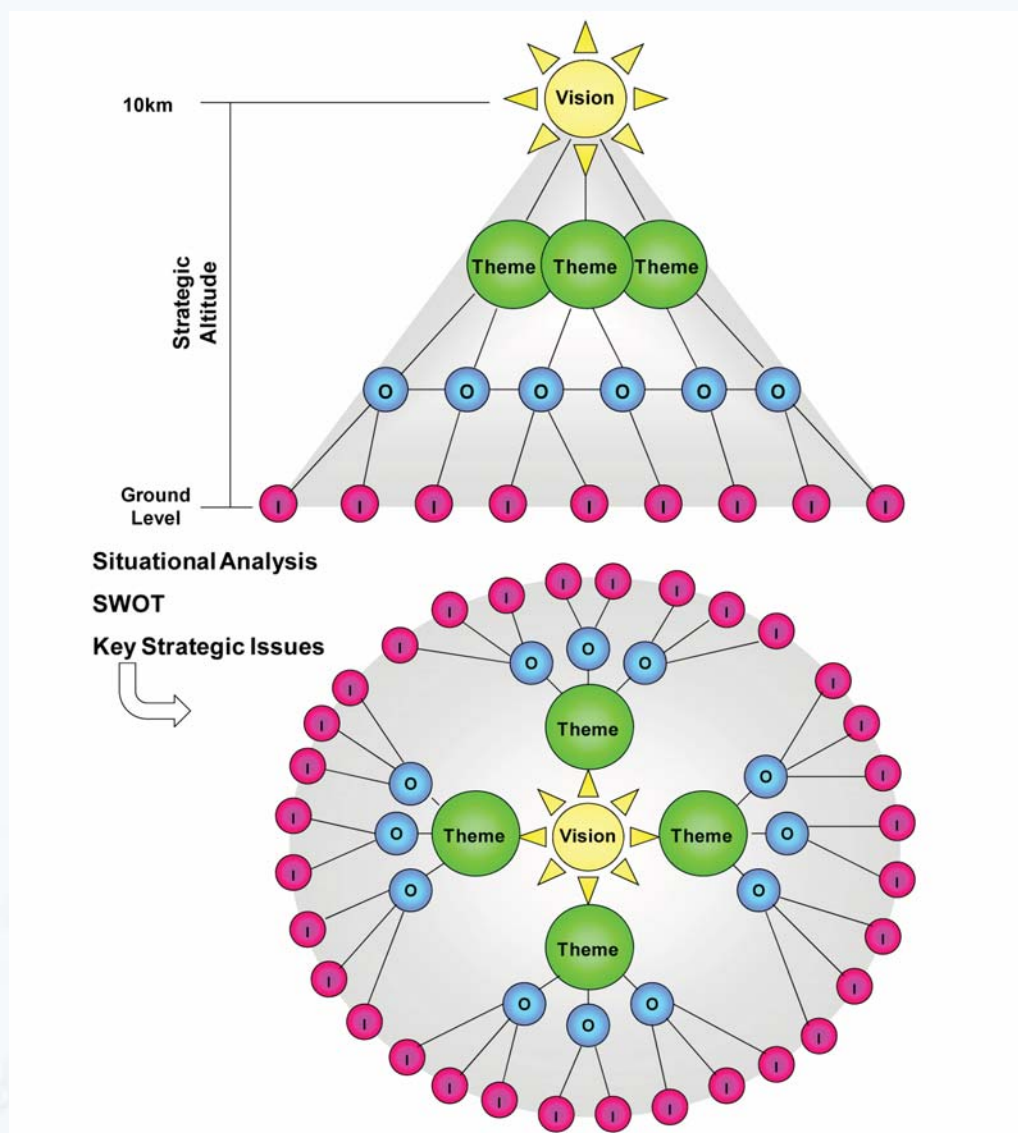


Figure 6: 'Strategy Mind Map'

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1.9 Links with National High Level Statements

Namibian Constitution

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

Vision 2030

Vision 2030 provides a policy framework for long-term national development. The elements that are the essence of Vision 2030 are prosperity, harmony, peace and political stability. The Sanitation Sector has aligned itself with these and is committed to the overall goal of Vision 2030.

Targets: In the Vision 2030 for Namibia, 100% sanitation coverage is foreseen by 2030.

NDP 3

National Development Plan 3 (2007/2008 – 2011/12), with its main theme of Accelerated Economic Growth and Deepening Rural Development, is regarded as the first medium-term strategic implementing tool towards systematic achievement of Vision 2030.

Targets: By 2012, national sanitation coverage should reach 65%, urban coverage: 92.6% and rural coverage: 50%.

Millennium Development Goals (MDGs)

GRN is committed to realising four (4) of the MDGs. These are as follows:

- To eradicate extreme poverty and hunger
- To promote gender equality and empower women
- To ensure environmental sustainability
- To develop a global partnership for development

Targets: MDG target (Goal 7 and Target 7.C) is to halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

SWAPO Party Manifesto

The SWAPO Party Election Manifesto (2004) clearly pledges the SWAPO Party Government's commitment to building a vibrant economy and strengthening the productive sectors. The sanitation sector is associated with initiatives that address poverty reduction, job creation, SME development, civil service efficiency and the decentralisation of rural water and sanitation services.

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2. HIGH LEVEL STATEMENTS

2.1 Vision

"A healthy environment and improved quality of life, by providing Sanitation Services for urban and rural households and the wider community including industrial effluents."

2.2 Mission

To provide, with minimal impact on the environment, acceptable, affordable and sustainable sanitation services for Namibian households.

2.3 Strategy

The implementation of this strategy should be done through sectoral coordination, integrated development and community based management with a Sector-Wide Approach in financial resource allocation.

2.4 Target

To reach 66% of the Namibian population in 2015, by halving the proportion of people without adequate sustainable access to basic sanitation, reaching 57% coverage in rural and 80% in urban areas.

Key indicators and targets

- a) Percentage of total population reached with general awareness and education campaigns = 90% in Year 5
- b) Percentage of communities achieved specific sanitation capacities through training, incl. sanitation system options = 100% in Year 5
- c) Percentage of population practicing safe hygiene behaviours, incl. hand washing and Open Defecation Free Status (ODFS) = to be determined
- d) Number of additional urban households with access to improved sanitation = 52,500 in Year 5; Number of additional rural households with access to improved sanitation = 97,500 in Year 5 (total \pm 150,000 sanitation facilities to be built)
- e) Sanitation coverage in rural areas = from 13% to 57%; Sanitation coverage in urban areas = from 57% to 80%
- f) Percentage of public institutions with adequate sanitation facilities (incl. schools, hostels, border posts, clinics, shops and service stations) = 90% in Year 5
- g) Number of sicknesses and deaths associated with diarrhea, compared to baseline = to be determined
- h) Percentage of households accepting and using the selected sanitation system = 90% (to be verified)
- i) Number of additional jobs created in the sanitation sector = 1400 in Year 5
- j) % of sanitation systems constructed and operated according to environmental standards = 100% in Year 5.

(Note: A harmonised set of WATSAN performance monitoring indicators has subsequently been developed taking account the suggestions above.)

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2.5 Core Values

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

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

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

2.6 Slogan

Sanitation for Improved Quality of Life and Key to Healthy Communities

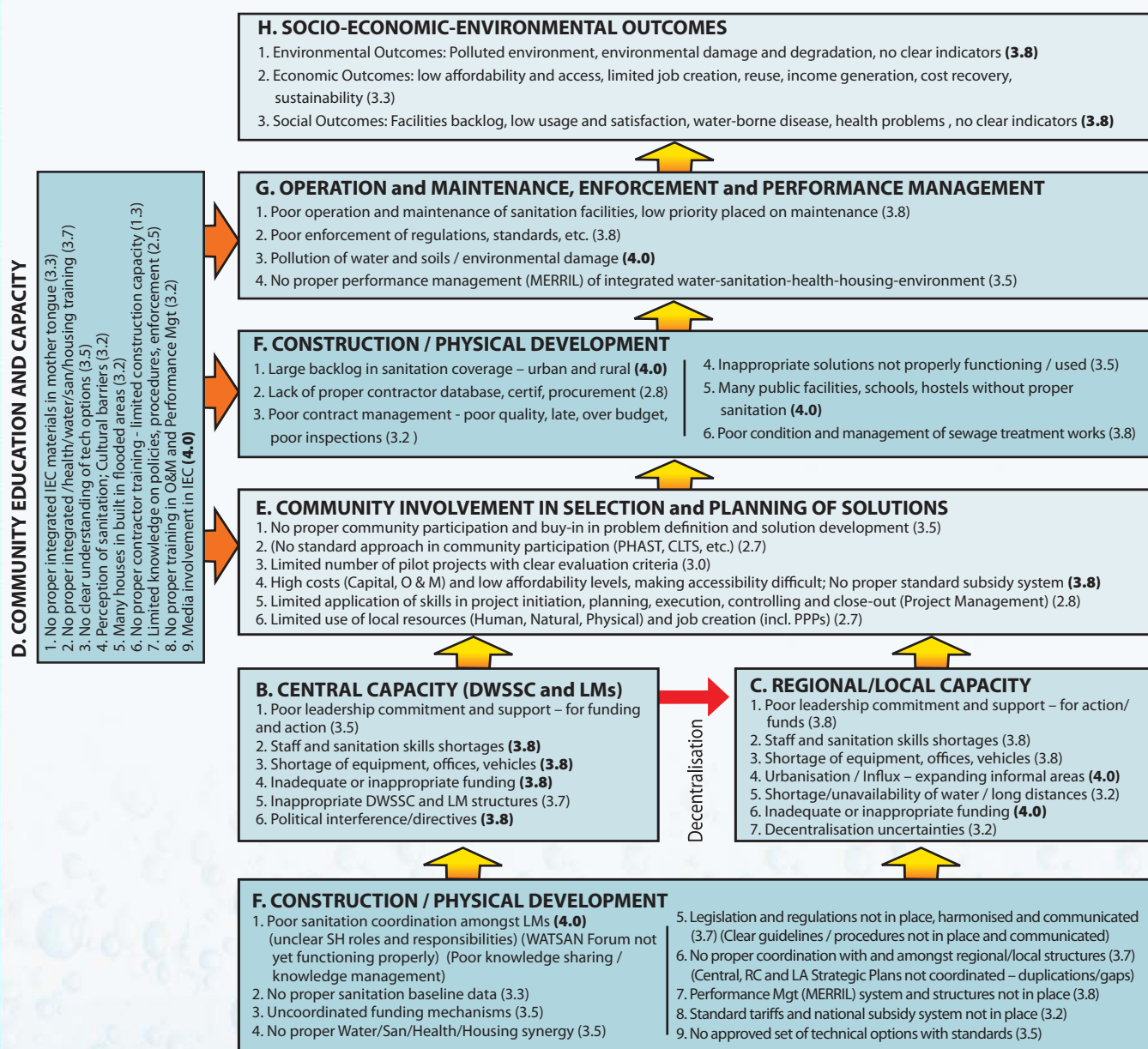
3. KEY STRATEGIC ISSUES

3.1 Key Strategic Issues

The situational analysis (stakeholder analysis, external and internal analysis) revealed the major threats, opportunities, strengths and weaknesses faced by the Sanitation Sector today. From this, the key strategic issues were developed.

These major issues of strategic importance are depicted in **Figure 7** below. The scores in brackets indicate the magnitude of the issues, as agreed upon in the strategy workshop held on March 2009. The most important issue raised within each Theme and with the highest score is in bold. A maximum score of 4 translates as the most important issue.

Figure 7: Summary of Key Strategic Issues



4. STRATEGIC RESPONSE

In response to the identified key strategic issues (as listed in the previous section), the sanitation sector should develop an appropriate strategy to counter the challenges and grasp the development opportunities. Ultimately the sanitation sector should achieve the desired socio-economic and environmental outputs and outcomes if it wants to reach its vision.

The strategic responses are presented in this section. The section includes the general strategic approaches and methodologies to be followed in executing the strategic plan.

4.1 General Strategic Approach

The strategic approach is based on key principles and recommendations developed in the WSASP and also on lessons learnt from successful and unsuccessful sanitation projects in Namibia.

The proposed approach for sanitation improvement in rural and urban communities in Namibia is based on the concept of the **Hygiene Framework** and includes four main components:

1 Enabling Environment

An enabling environment will be obtained with the following:

- adequate coordination mechanisms
- clear roles and responsibilities for stakeholders
- harmonised policies and regulations
- adequate funding
- transparent subsidy mechanism and harmonised tariff structure

2 Sustainable hygiene and sanitation behaviour changes

Sustainable hygiene and behaviour changes will be obtained through strong communication and social mobilisation, associated with community participation in project cycle management and community awareness/education leading to demand creation for sanitation and for safe hygiene practices. National guideline on participatory approaches leading to behaviour changes and IEC materials are to be developed for rural areas and informal urban settlements.

3 A range of Sanitation Systems for all

A set of improved sanitation systems adapted to the environmental and cultural context and affordability level of the beneficiaries will be developed. Beneficiaries should be able to make well informed choices to support the most appropriate sanitation systems matching their needs.

4.2 Delivery Process and Delivery Rate

In the future, projects are implemented largely by RC and LA staff with technical support from Line Ministries, according to Ministerial Strategic Plans, national standards and regulations. Successful and sustainable sanitation projects can only be achieved through a multidisciplinary approach with good collaboration amongst the community/beneficiaries, the community mobiliser, community volunteer, environmental health officer, extension officer, health practitioner, water and sanitation engineer and town planners.

A local structure composed of Rural Water Supply and Sanitation Extension Officers (EOs) will be a key enabler in implementing sanitation projects in rural communities. The number of EOs required will depend on sanitation needs in each Region. Depending on local conditions (e.g. settlement patterns) and available resources (e.g. vehicles) one EO could manage up to 10 projects in rural areas. In urban areas, LAs may need to set up multi-disciplinary teams with a minimum of two persons trained in the harder and softer sanitation issues for project implementation.

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Note that initially a more top down approach will be followed in the identification of projects, but as community capacities and participation improve, more responsibilities will incrementally be given to rural communities. The proposed initial sanitation delivery process is described in **Annexure B** with an illustration of the structure in **Figure 8** below. LAs are more likely to develop a different delivery mechanism to suit the urban and economic development context.

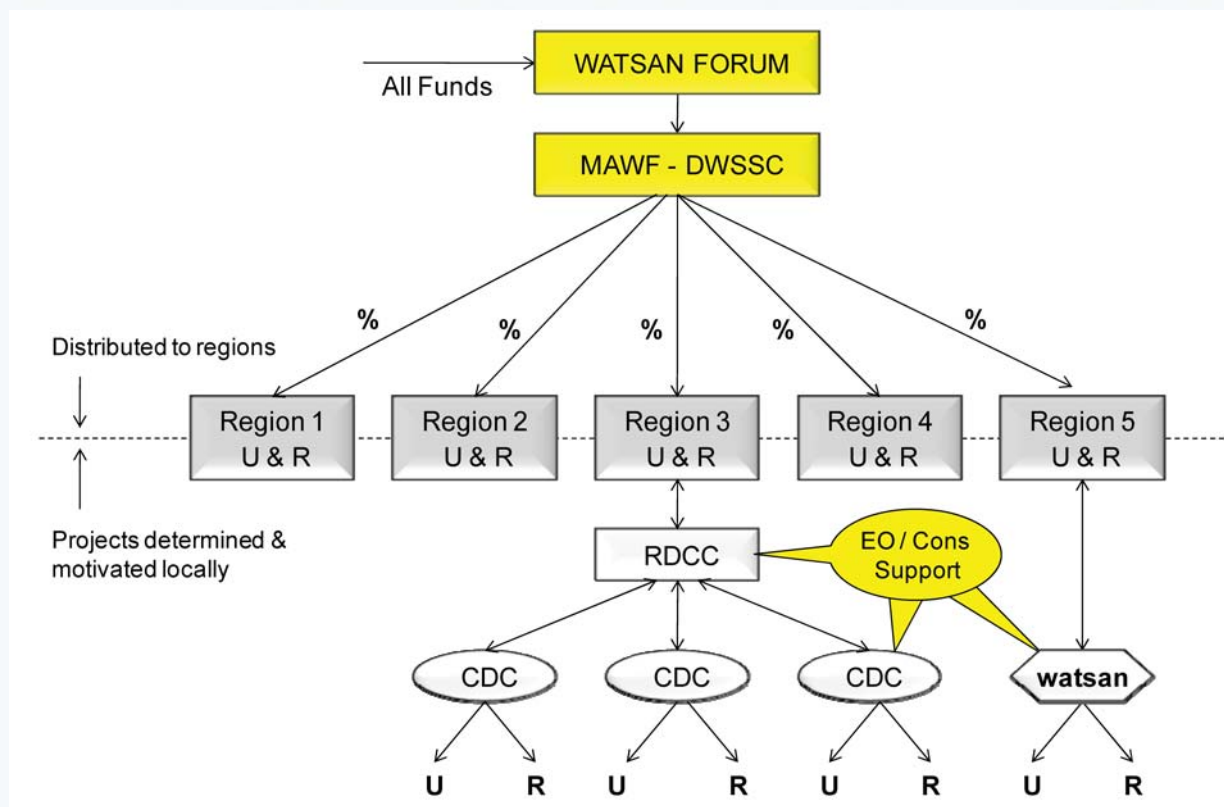


Figure 8: The Vision of a Possible Future Sanitation Delivery Structure

Due to the critical importance of community participation and education together with capacity development within support stakeholder community, physical sanitation delivery/construction is expected to be slow initially but faster in years 4 and 5 of this strategic planning period.

This is illustrated in **Figure 9**.

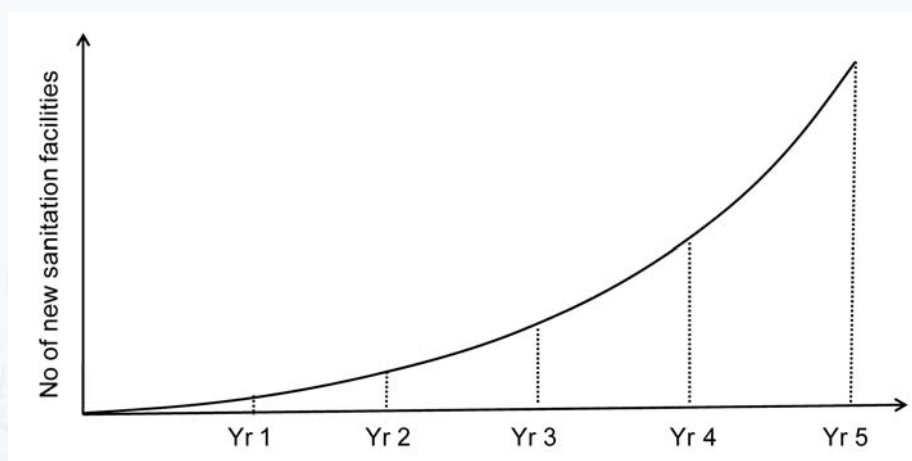


Figure 9: Increasing sanitation delivery

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4.3 Rural Approach

In rural areas, the **CLTS** approach (Community-Led Total Sanitation) could be one of the approaches used in future, but it should first be tested/piloted along with other approaches in Namibia before wider collective adoption by the WATSAN Forum. Testing, monitoring and evaluating the community participation approaches as well as technical options must be built into the operational programmes required for rural and urban areas.

CLTS focuses on igniting a **change in hygiene and sanitation behaviour** rather than constructing toilets. It uses a process of social awakening that is stimulated by facilitators from within or outside the community. This approach may well be adopted in communities practicing open defecation and with no traditional habits of using toilets.

CLTS is an integrated and flexible approach to achieving and sustaining Open Defecation Free Status in communities. **Open Defecation Free Status** can be obtained with or without constructing individual toilets. Sanitation coverage (or number of sanitation facilities built) is therefore not the main performance indicator. The number of Open Defecation Free Status communities and percentage of people having adopted safe hygiene practices will be the most appropriate indicators.

CLTS concentrates on the **whole community** rather than on individual behaviour. Emphasis is placed on the collective benefit from stopping open defecation through community cooperation and solidarity. Together people decide how to end open defecation and create a clean and hygienic environment that improves everyone's health.

CLTS is an **integrated approach**, including the hygienic use of toilets, washing of hands with water and soap before preparing food and eating, after using the toilet, after contact with babies' faeces, or birds and animals, handling of food and water in a hygienic manner and safe disposal of animal and domestic waste to create a clean and safe environment.

CLTS avoids up-front hardware/construction subsidies but may instead provide **rewards** when Open Defecation Free Status is achieved.

Community based hygiene volunteers (CBHV), selected by the community, play a leading role in facilitating and sustaining change over time. After successfully implementing sanitation projects in their own community, these CBHVs could become CLTS external facilitators to neighbouring communities.

4.4 Urban Approach

Local authorities are responsible for the provision of sanitation within their areas of jurisdiction. This includes both urban and rural communities. All proclaimed municipalities, towns and villages within a Region should be part of the development of a **Regional Sanitation and Hygiene Development Plan (RSHDP)**. These plans will prioritise the sanitation strategy for the next 5 years in each region and include formal and informal areas, considering land tenure, general infrastructure and housing developments. The RSHDP consider details such as C,O,M costs, proposed user contributions, tariffs and cost recovery. The process should be participatory and involve key stakeholders (ministries, regional councils, RDCCs, traditional leaders, NGOs, CBOs, Users and the Private Sector). It should include sanitation provision for all types of total waste arisings from households, farms, industries, institutional toilets and hygiene promotion.

This approach should include the following main objectives:

- 1) **Establishment of baseline data** of the existing 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, institutional, social and financial aspects.
- 2) **Development of the most appropriate** (affordable and sustainable) **solutions** through stakeholder

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involvement and mobilisation (especially the users) in the overall planning process for ownership of the selected systems and hygiene promotion interventions. Additional environmental studies (soil characteristics and ground water studies) may be required to define the best appropriate system.

- 3) **Strengthening of implementing organisations capacity** in terms of planning and selection of appropriate sanitation systems and hygiene promotion interventions. The document should include a local capacity enhancement plan to ensure successful implementation.
- 4) **Harmonisation** of sanitation approaches - in formal and informal areas - for better support by regional and local authorities

Projects identified in the RSHDP will be partly financed through the budget of this National Sanitation Strategic Plan.

MRLGHRD supported by DWSSC and the WATSAN Forums will be accountable to ensure the proper development of these RSHDPs. The RSHDP methodology should first be developed and tested in say two local authorities with expertise in strategic planning, sanitation and health/hygiene. Once the methodology has been finalised and approved, the process could be repeated for all LAs.

The CLIP (Community Land Information Programme) is an example of an existing programme which may be explored to implement the sanitation strategy in urban areas once the programme has been fully evaluated. CLIP is a national initiative of the SDFN (Shack Dwellers Federation of Namibia) to gather and report socio-economic information of informal/shack dwellers in all urban areas. These profiles of Namibian informal settlements are valuable in developing these RSHDPs. The established community structures of the SDFN nationwide further provide ideal forums for hygiene and sanitation education and project planning. In this way communities can play active roles in their own development while their own capacities are being built in collaboration with local, regional and national authorities and other support organisations. Communities are in this way involved in establishing/defining their own baselines, including their hygiene and sanitation needs/gaps. CLIP involves the following main activities:

- Complete enumeration/mapping of all informal settlements;
- Determine socio-economic status, including ability to pay for sanitation ;
- Participatory planning with professionals, authorities and communities – based on actual surveyed data; discussing development options based on local conditions such as affordability; physical planning based on socio-economic situation, local resource mobilisation.

Experiences from upgrading projects should be shared for learning. Pilot projects or demonstration units in urban areas should play an integral part of the urban approach. This will promote community education, acceptance and buy-in from the planning stage.

4.5 Sanitation Systems 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”. This responsibility refers primarily to rural communities who will focus particularly on household sanitation. In this case, rural communities will always need to be guided and supported by a team of experts who can help them through the optioneering, decision making process.

A range of sanitation systems should therefore be made available.

The limited range of sanitation systems currently used and available in Namibia does not satisfy the population needs. New sanitation systems are being tested by HDRC, but are not yet promoted and used on a wider scale. **Table 2** below shows the main sanitation systems in use in Namibia (**in bold**), together with some systems being tested by HDRC (*in italics*). Some systems still need to be tested (as indicated by an asterisk *)

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| Sanitation systems | Centralised systems | Group and Individual On-site systems |
|--------------------|---|---|
| Wet systems | <ul style="list-style-type: none"> • Conventional water-borne sewerage system and treatment facilities • Vacuum / small bore sewerage system and treatment facilities • Biogas | <ul style="list-style-type: none"> • Septic tanks and drains system • Conservatory tank • Pour flush toilet* • DESS • Community water supply and sanitation blocks |
| Dry systems | | <ul style="list-style-type: none"> • VIP toilet • Dehydration toilet (Enviroloo, Otjitoilet, UDS) • EcoSan toilet* • Composting toilets • Enviroflush-type system* |

Table 2: Sanitation systems tested or in use in Namibia

In rural areas, waterless sanitation systems would mostly be used. They offer low C,O,M costs but further work is required to give guidance to different target groups.

Options will range from the Cat method (dig and bury) to VIP toilets (that are moved when the pit is full), Dehydration toilets (where dry waste could be buried), EcoSan toilets (where waste and urine can be used as fertilisers and for biogas production).

Superstructures should be constructed with local materials as far as possible (matching the local habitat) by local artisans (Users/SMEs) to reduce construction costs. Product manufacturers are often able to help users to design their own solutions as long as they are safe and separate human excreta from human contact.

In urban areas, both wet systems and waterless systems would be used.

The choice of technology in urban areas is far more complicated often because existing sanitation systems are already in place. However, only when sufficient water (70 l/p/d) is both available and affordable, when electricity is available and reliable with supporting technical skills, then a water-borne centralised system maybe appropriate. In other circumstances, alternative systems should be considered.

Decentralised sewerage or condominium 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 sewer system, and depending on soil conditions, a septic tank with drains is an acceptable step towards a centralised approach. When water is available at household level, but high quantities of water for flushing toilets are unaffordable, a centralised vacuum system could be considered. Vacuum systems rely on a high standard of construction for operational effectiveness. Individual pour flush toilets connected to pits are also possible solutions.

In all cases, proper evaluation of local conditions needs to be conducted to arrive at the most appropriate sanitation system. In many instances, a combination of wet and dry systems will be adopted as a staged approach to a planned development with different service standards offered.

All wet systems produce large quantities of sludge that need to be pumped, transported, treated and safely disposed of. These are characterised by high C,O,M costs.

Waterless systems, such as dehydration toilets (e.g. the Otjitoilet) can also be installed (within or as separate buildings) in urban areas. They are characterised by medium to high capital cost but negligible O&M costs. They are specifically convenient for low income groups with no access to running water or there are

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uncertainties about affordability or long term settlement. The removal of dry waste can be organised by local authorities or by service providers/SMEs. Shared toilets between three to four families is also a solution frequently used in urban areas for next stage low income populations although it is not considered as an improved system (the shared toilet approach should be considered as a transitory option).

VIP toilets are a popular choice used in urban areas particularly in the northern regions of Namibia (e.g. in Oshakati) and pits are emptied on a regular basis. An adequate desludging system must be set up and controlled to avoid indiscriminate sludge disposal and environmental contamination.

For certain informal settlements, the provision of waterless and shared toilets is an appropriate solution, and as a guide the number of people using one toilet should not exceed 20. Reception areas should be equipped with public/shared toilets.

Institutional latrines may be waterless or wet systems - connected or not connected to a centralised system. In all cases, a maintenance system should be set up to ensure toilet cleanliness and reduce the incidence of vandalism. There should also be a system set up to fund the provision for toilet paper, water and soap.

Research and Development

The provision of water supplies and total sanitation facilities and systems should always be considered together. The prevailing scarce water resources in Namibia, poor access to running water in rural areas and the large percentage of the population living in vulnerable conditions in informal settlements requires an *accelerated research and development programme of dry sanitation systems and 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 many aspects of research and development. For example:

- Should publicly accessible water supplies and sanitation systems be constructed together in informal settlements. How should hand washing 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), biogas production, EcoSan 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 (e.g. Enviroflush toilet);
- Household water use to measure changes in water demand behaviours.
- Design of integrated "potable" supply and "grey water" use/disposal systems;
- Integrated hand washing and toilet systems particularly in schools, hostels and health clinics.

Research and development (R&D) should be followed up with the development of technical guidelines, promotional material informing beneficiaries on advantages and disadvantages, O&M requirements (incl. Solid and liquid waste management) and C,O,M costs of each system.

Construction of sanitation facilities – public-private partnership (PPPs)

The involvement of local artisans (Users/SMEs) trained in sanitation facility construction and marketing (e.g. at the Sani Centre where slabs and seats are built by local artisans and sold to households) should be encouraged to rapidly build capacity at community level, to create employment and satisfy demand. Alternative, sustainable systems of developing capacity should be promoted and tried out in different local market conditions.

All systems depend on various factors which need to be evaluated in detail in different Namibian contexts.

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These factors or selection criteria are depicted in **Figure 10**. They may be grouped in 5 categories, viz.

1. Environmental Conditions
2. Affordability
3. Cultural and social aspects
4. Technical appropriateness
5. Income generation

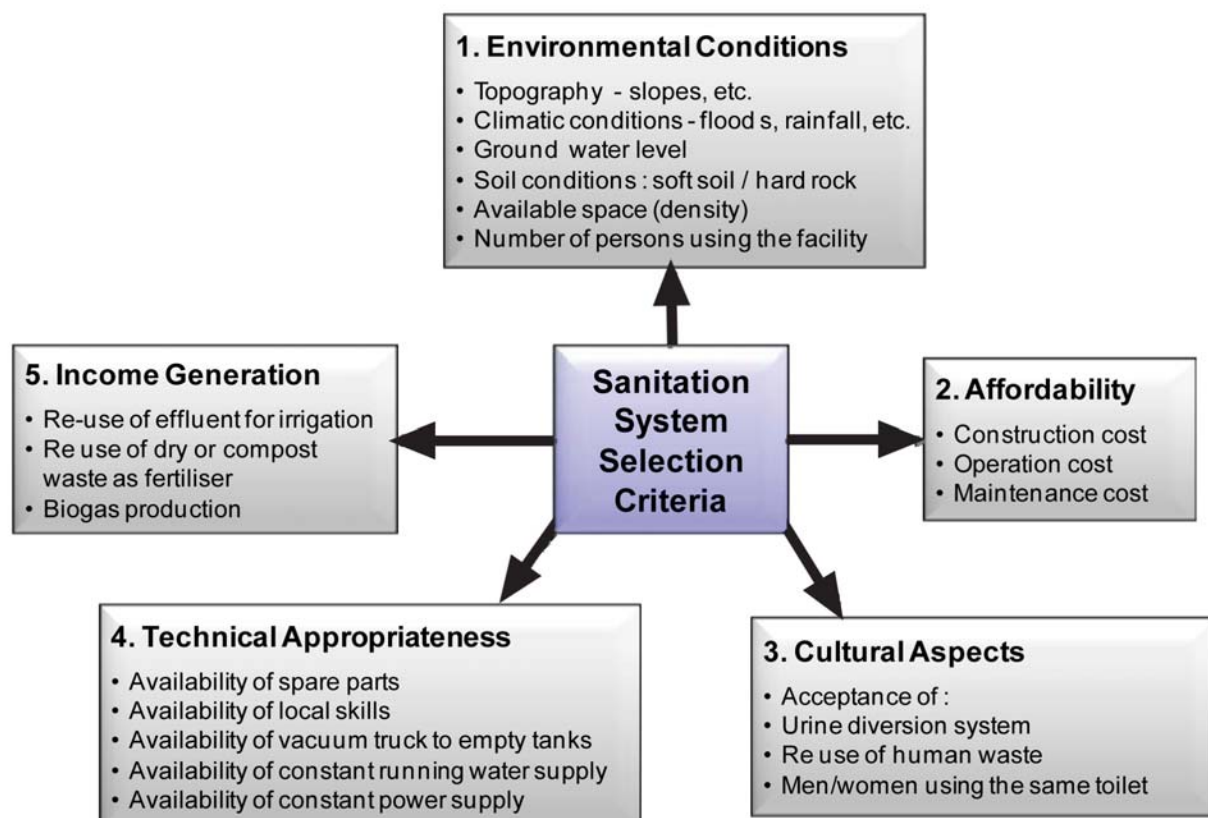
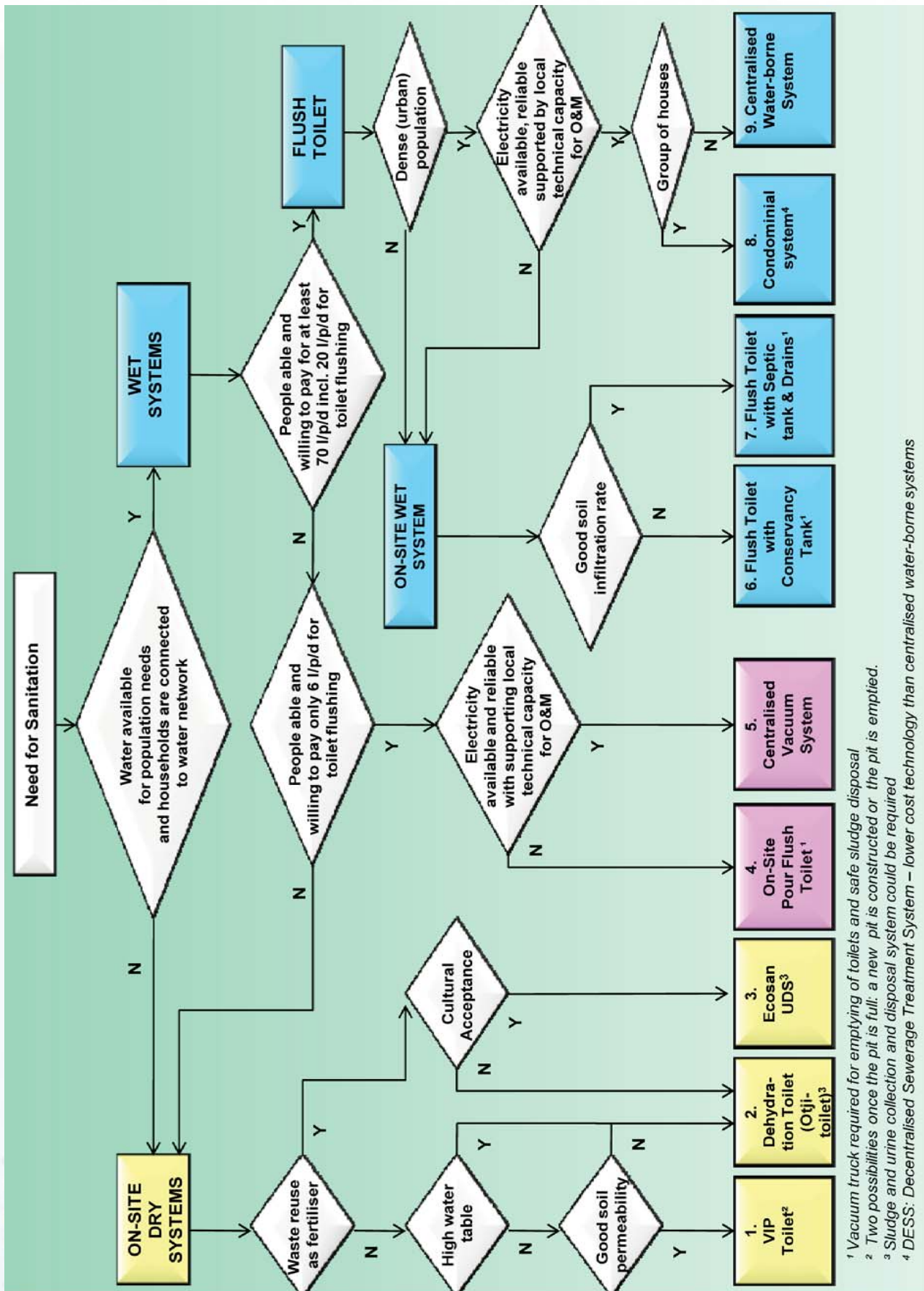


Figure 10: Sanitation System Selection Criteria

Figure 11 serves as a possible rapid guideline for the selection of the most appropriate sanitation option. More environmental criteria, e.g., could be added. These provisional nine options presented will need to be expanded in future. The rapid guideline is not a substitute for a detailed optioneering study that will be necessary particularly in urban areas where investment has already been made in existing water supply and total sanitation facilities through CLTS. In such cases, environmental impact assessments will be required before communities can participate in reaching the preferred option.

All nine of these provisional options could be appropriate in urban and rural areas.

Note that the development of detailed sanitation options and a detailed selection guideline forms part of the strategic initiatives of this strategic plan. It is recommended that a guidance document should be developed (Initiative A3.4) based on the selection criteria based on the incremental approach to service provision that is underway in some areas in Namibia.

NATIONAL SANITATION STRATEGY 2010 to 2015**Figure 11: Guideline to the selection of appropriate sanitation options**

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4.6 Subsidies

Full cost recovery will be regarded as the general rule. In both urban and rural areas users should be able to afford the C,O,M costs of the selected options for sustainability. Water Supply and Total Sanitation subsidies must be considered together. Only capital costs may be subsidised through targeted subsidies from central, regional or local government or through cross-subsidisation amongst users. **Table 3** below presents a possible broad subsidy approach. Urban covers proclaimed, declared and planned settlements. Rural settlements are in comunal areas.

| COSTS | URBAN | | | | RURAL | |
|---|--------------|---------------------------|--------------|---------------------------|--------------|---------------------------|
| | Centralised | | On site | | On site | |
| | Users | MRLGHRD, LAs, RCs | Users | MRLGHRD, LAs, RCs | Users | DWSSC, MLR |
| Capital | Contribution | None or some contribution | Contribution | None or some contribution | Contribution | None or some contribution |
| Operation (water consumption, tariff, service provider) | 100% | 0% | 100% | 0% | 100% | 0% |
| Maintenance (tariff, service provider) | 100% | 0% | 100% | 0% | 100% | 0% |

Table 3: Broad subsidy approach

The implementation of targeted subsidies requires strict beneficiary selection criteria, transparent subsidy allocation, control mechanisms and sufficient budget allocation for the whole implementation period. Subsidies should address a well-defined objective which could be:

- **Option 1:** to encourage low income families to acquire their own toilet facility. Criteria used to identify beneficiary households are related to income level, e.g. the loan criteria in the Build Together Programme (In general this scheme only applies to urban communities).
- **Option 2:** to promote a specific type of sanitation system. Here subsidies are allocated for the construction of dry sanitation systems only. This option is in line with WSASP and addresses the specific need of the low income population in urban and rural areas who do not have access to running water and/or have the ability to pay. Subsidies could be given in the form of physical materials (slabs, seats, bags of cement, etc.) to individuals or to community groups.
- **Option 3:** to support households living in difficult environmental conditions where construction costs are higher than the average "normal" costs. Again clear criteria have to be identified for the allocation of these subsidies.

Subsidies should preferably not be given up-front, but as a reward (e.g. after completion of toilets, for achieving Open Defecation Free Status or being awarded as the prize for the cleanest school).

Alternatives to subsidies are the establishment of appropriate financing services such as the ones already in use in the housing sector in Namibia:

Build Together Programme: The BTP is an established and well functioning decentralised programme for housing provision nationally. MRLGHRD is overseeing the programme managed by RCs and LAs. Subsidised loans are provided to approved beneficiaries earning less than N\$2000/m for the upgrading of infrastructure services (incl. sanitation) and housing. The BTP could become the main subsidy vehicle for urban low income households.

For the urban poor not qualifying for BTP loans, **Group Saving Schemes (e.g. of SDFN)** could be valuable

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to contribute to sanitation facilities, as part of general housing provision.

Individual loans and family/relative support could further enhance access to improved sanitation facilities for low income groups. For those who cannot pay, assistance should be given in a transparent manner by the authority responsible for social services and welfare.

Institutional toilets, public toilets in reception areas and toilets built in emergency situations are normally covered by individual Ministry budgets, serviced by MWT. Unfortunately, facilities are not always designed to meet current standards, nor are they operated and maintained efficiently.

4.7 School Sanitation / Sanitation and Other Public Facilities

Promotion of sanitation facilities and safe hygiene practices should not be limited to households but should also be implemented in schools and school hostels.

According to the 2009 MoE report, 370 new sanitation facilities have to be built to clear the sanitation backlog in schools. The estimated number required by 2015 has still to be assessed.

Improved sanitation at schools is not just about construction of new sanitation facilities. It should consider:

- Rehabilitation of existing facilities;
- Maintaining a clean and safe environment;
- Ensuring boys and girls (and staff) have access to separate toilets;
- Providing hand washing facilities with water and soap in the most appropriate locations;
- Providing toilet paper;
- Ensuring learners comply with all national health and hygiene standards.

In some remote areas, the sustainable provision of water supplies and disposal of liquid and solid waste can be a major challenge.

Teachers, parent-teacher associations and children themselves should be promoting changed behaviours. Hygiene promotion and education are not currently sufficient to achieve the required behavioural change. The development and piloting of initiatives such as a Health Club where learners, teachers and parents are mobilised, is a key component of the sanitation strategy.

Other high priority public institutions and buildings needed similar commitments to be made for safe water supplies and sanitation provision by the relevant line Ministries, for example, Health Clinics.

5. STRATEGIC THEMES AND OBJECTIVES

5.1 Strategic Themes

The Sanitation Sector, in order to achieve its vision, based on its mandate, key strategic issues and strategic response, has to perform in **6 Themes** (or Strategic Focus Areas). **Figure 12** on the following page illustrates the 4 BSC perspectives and 6 Themes.

Strategy maps describe a model of value creation through cause-and-effect linkages among the strategic objectives in the four Balanced Scorecard perspectives (Learning and Growth perspective, Financial perspective, Internal Processes perspective and Customer perspective).

By using strategic themes as the building blocks of strategy maps, organisations can clarify their strategic message and simplify decision making, governance and other strategy execution tasks.

A strategic theme is a subset of the overall strategy consisting of a distinct set of related strategic objectives. Themes provide clarity to the strategy by clustering a strategy map's multiple objectives into a number of value-creating components.

The sanitation sector believes that it will realise its vision when focusing on 6 Themes. These six themes comprise the main components of the balanced 'Sanitation House' as depicted in **Figure 12**. These six themes or building components to be put in place, starting from the bottom, are:

THEME A: WATSAN SECTOR COORDINATION

This communication theme includes the building of good relations and partnerships in the Water Supply and Sanitation Sector and represents the required relational resources. It includes coordination at central/national and regional levels. This theme is part of the BSC perspective of "Learning and Growth" and could be regarded as the foundation of the sanitation strategy.

THEME B: INSTITUTIONAL CAPACITY BUILDING

In this theme capacity is built in central, regional and local government structure to properly manage sanitation. Capacity is built by putting the various resources in place, viz. human, physical, structural and monetary resources. This is part of the BSC perspectives of "Learning and Growth" as well as "Financial". This theme is built on the foundation of Theme A and could be regarded as the floor of the 'Sanitation House'.

THEME C: COMMUNITY EDUCATION and PARTICIPATION IN HYGIENE and SANITATION

This theme is one of three themes in the BSC perspective of "Internal Processes" and build on Themes A and B. Here the local community (in addition to the officials and councillors) is being educated in all hygiene and sanitation related aspects through effective community participation. Based on proper participation and education, well informed and appropriate sanitation choices can be made by local communities and planning can start. This theme could be regarded as the bottom wall of the 'Sanitation House'.

THEME D: CONSTRUCTION OF SANITATION SYSTEMS

In this theme the physical development or construction of sanitation facilities and systems take place with maximum use of local resources (human, physical, etc.). It is also part of the BSC perspective of "Internal Processes". This theme could be regarded as the middle wall of the 'Sanitation House'.

THEME E: OPERATION and MAINTENANCE, PERFORMANCE MANAGEMENT and ENFORCEMENT

Built on Theme D, this is also part of the BSC perspective of "Internal Processes" and covers the proper operation and maintenance of sanitation facilities and systems as well as performance management and enforcement of all policies, legislation, regulations, standards, procedures and other requirements. This theme could be regarded as the top wall of the 'Sanitation House'.

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THEME F: SOCIO-ECONOMIC-ENVIRONMENTAL OUTPUTS & OUTCOMES

This last strategic theme reflects the desired hygiene and sanitation outputs and outcomes. These are achieved as a result of performance in the foundation, floor and walls of the 'Sanitation House'. This "Customer or Citizen Perspective" includes the desired social, economic and environmental outputs and outcomes/impacts the sanitation sector needs to make towards achieving its vision. This theme could be regarded as the roof of the 'Sanitation House'.

So the 'Sanitation House' consists of a foundation (Theme A), floor (Theme B), lower wall (Theme C), middle wall (Theme D), top wall (Theme E) and roof (Theme F). The hypothesis is that if these themes or house components are put in place, from bottom up, the 'Sanitation House' will be successful and sustainable, reaching the vision (sun). The relation between these six themes and the four traditional Balanced Scorecard (BSC) perspectives are shown on the left of the 'House'.

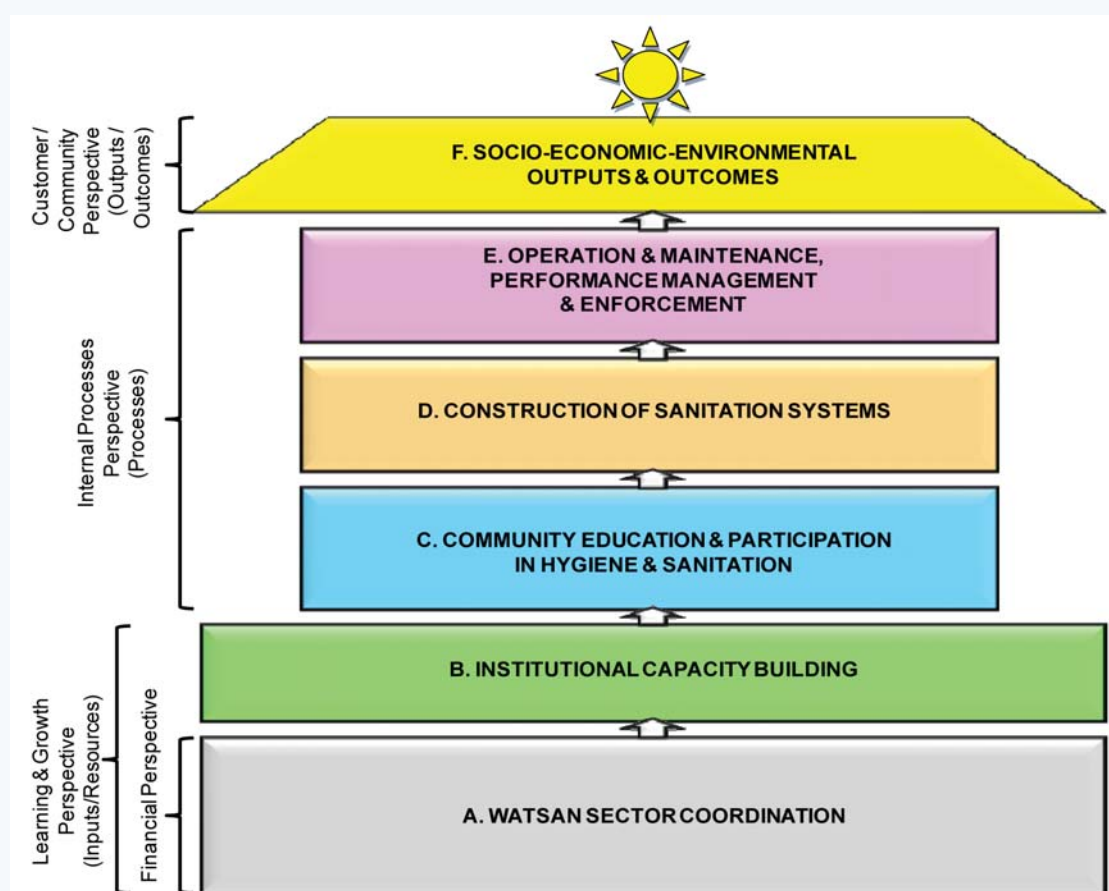


Figure 12: The 6 Strategic Focus Areas and 4 BSC Perspectives

5.2 Strategic Objectives per Theme

The strategic objectives are the essential building blocks or value creators in the six Themes. Where the Themes represented the main building components of the 'Sanitation House', the objectives can be regarded as the building blocks/bricks in each component or Theme. Objectives are often referred to as value drivers and are arranged in a lead-lag relationship in **Figure 13**, called the strategy map.

The twenty (20) strategic objectives selected in the national stakeholder workshop and follow-up consultations are listed below. It is believed that all 20 building blocks are required and need to be put in place in the five year period to achieve a successful and sustainable 'Sanitation House' reaching its vision ('sun').

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(Note that these objectives are made 'SMART' (Specific, Measurable, Agreed to, Realistic and Time-bound) in the scorecards through measures and targets.)

THEME A: WATSAN SECTOR COORDINATION

- A1.** Improved Coordination amongst all Sanitation Stakeholders at Central, Regional and Local Levels – including horizontal cooperation and coordination of all LMs at central level through the WSF, horizontal cooperation and coordination of all stakeholders on regional and local level, as well as the vertical coordination between national, regional and local levels.
- A2.** Legislative and Regulatory Frameworks Developed, Harmonised and Communicated – all laws and regulations related to sanitation (incl. water, health, environment and hygiene) and decentralisation, based on gap analysis; regulations related to health and environmental protection are harmonised, and developed, and a transparent and equitable sanitation tariff and subsidy system is established, harmonised with equivalent water supply systems.
- A3.** Developed Set of Technical Sanitation Guidelines, incl. Options with BoQs, Specifications, Standards, Application Areas and C,O,M Costs - the range of acceptable sanitation systems (say 8-10 options), from VIPs to WBSs. New improved sanitation systems are explored and a large range of options including grey water disposal facilities and hand washing facilities that match population needs and affordability is developed. Technical guidelines and comprehensive information documents are made available
- A4.** Appropriate Performance Management System and Structures in Place, based on Proper Baselines – a PMS based on this sanitation strategic plan (especially the scorecard), including all MERRIL elements (Measure, Evaluate, Report, Reward, Improve and Learn) and taking account of the PMSs already in place.

THEME B: INSTITUTIONAL CAPACITY BUILDING

- B1.** Strong Leadership Commitment and Support at Central, Regional and Local Levels – committed political and executive leaders are required, with solid knowledge of hygiene and sanitation, approving and allocating required resources to the sector, acting as project champions and sponsors. Leaders are mobilised on sanitation issues through advocacy and effective information and communication.
- B2.** Sufficient and Competent Staff in Place at Central, Regional and Local Levels – sufficient staff are appointed at all levels (based on a proper sanitation staffing needs assessment) and trained according to training needs assessments and HR development plans, specifically at DWSSC, MoHSS, MRLGHRD, RCs and LAs; competency defined as skills, experience and attitude. Required skills will be determined by a labour supply and demand forecast, qualifications and training needs assessment and should include both hard and soft aspects.
- B3.** Sufficient Physical Resources Provided at Central, Regional and Local Levels – including vehicles, offices, furniture, equipment, tools and materials, at all levels, based on needs assessments.
- B4.** Sufficient Sanitation Sector Funding – sufficient and available funding for the execution of all initiatives in this sanitation strategic plan. Project proposals are developed, funding sources identified and funding allocated according to strict criteria

THEME C: COMMUNITY EDUCATION and PARTICIPATION IN HYGIENE and SANITATION

- C1.** Behavioural Change through Effective and Integrated Community Awareness, Education and Training in Sanitation – this is the first building block in the *Internal Processes* perspective. Here the general public as well as project communities are educated and trained from basic to more detailed aspects of hygiene and sanitation. IEC materials are developed and community trained on sanitation and management issues. Change in behaviour comes from assessing and learning from local conditions and perceiving the gaps/needs in hygiene and sanitation.
- C2.** Effective Community Participation and Buy-in - participatory methods for hygiene behaviour changes are developed and implemented. Beneficiaries are involved in project cycle management, from defining of needs to developing of sanitation solutions. This goes hand in hand with the previous objective. Community structures are consulted on a regular basis to reach agreement on the nature and extent of the sanitation gap and on the most appropriate sanitation solution(s) for each project

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area. Pilot projects enhance learning and participation. Signed project contracts between the RCs/LAs and communities should demonstrate the required buy-in and commitment for action.

- C3.** Local Practical Skills in Construction, Operation and Maintenance of all Sanitation Facilities – training is targeted on the local project communities to transfer practical skills required during the whole project lifecycle. The focus is on the beneficiaries, with support to local contractors/artisans. Local capacity development should be encouraged to rapidly build capacity at community level, to create employment and satisfy demand. Alternative, sustainable systems of developing capacity should be promoted and tried out in different local market conditions.

THEME D: CONSTRUCTION OF SANITATION SYSTEMS

- D1.** Maximum Use of Local Resources – building on Theme C, the locally identified resources (labour, contractors, suppliers, materials, etc.) can be maximised by planning and designing them into the projects.
- D2.** Improved Sanitation Coverage – the construction or physical development of sanitation facilities / systems countrywide in rural and urban areas - at residential, educational, health, commercial and other public sites, according to national standards and guidelines promoted through the WSF.
- D3.** Improved Functioning of water-borne Sanitation Systems – for the many WBSs not properly functioning in the urban areas, improving the operation and maintenance of sewerage systems and treatment works with their oxidation ponds. LA capacity for the selection, construction and proper management of water-borne sewerage and treatment works are strengthened.

THEME E: OPERATION and MAINTENANCE, PERFORMANCE MANAGEMENT AND ENFORCEMENT

- E1.** Efficient Operation and Maintenance of all Sanitation Facilities, based on clear guidelines – new and existing sanitation systems need to be well operated and maintained, firstly by the beneficiaries and secondly by the RC/LA with contractor support.
- E2.** Functional Performance Management (MERRIL) – Measurement, Evaluation, Reporting, Rewarding, Improvement and Learning taking place on a continued basis, but formalised at least quarterly through the WSF, enabling the WSF to know the progress it is making towards achieving each objective and its overall vision.
- E3.** Enforcement of Standards and Regulations for Compliance – legislation, regulations and required standards formulated and communicated are now enforced through regular and proper inspections. Resources are available to conduct these required inspections and to enforce compliance. All LMs, RCs and LAs have roles to play in monitoring and enforcement.

THEME F: SOCIO-ECONOMIC-ENVIRONMENTAL OUTPUTS AND OUTCOMES

Indicators are collected on regular basis to assess projects outputs and outcomes.

- F1.** Social Improvements – improved health and quality of life due to improved hygiene and sanitation
- F2.** Economic Improvements – improved job creation, income generation and cost recovery due to improved and expanded sanitation
- F3.** Environmental Improvements – protection and improvement of the natural environment due to improved hygiene and sanitation and conformance to environmental standards.

5.3 Strategy Map

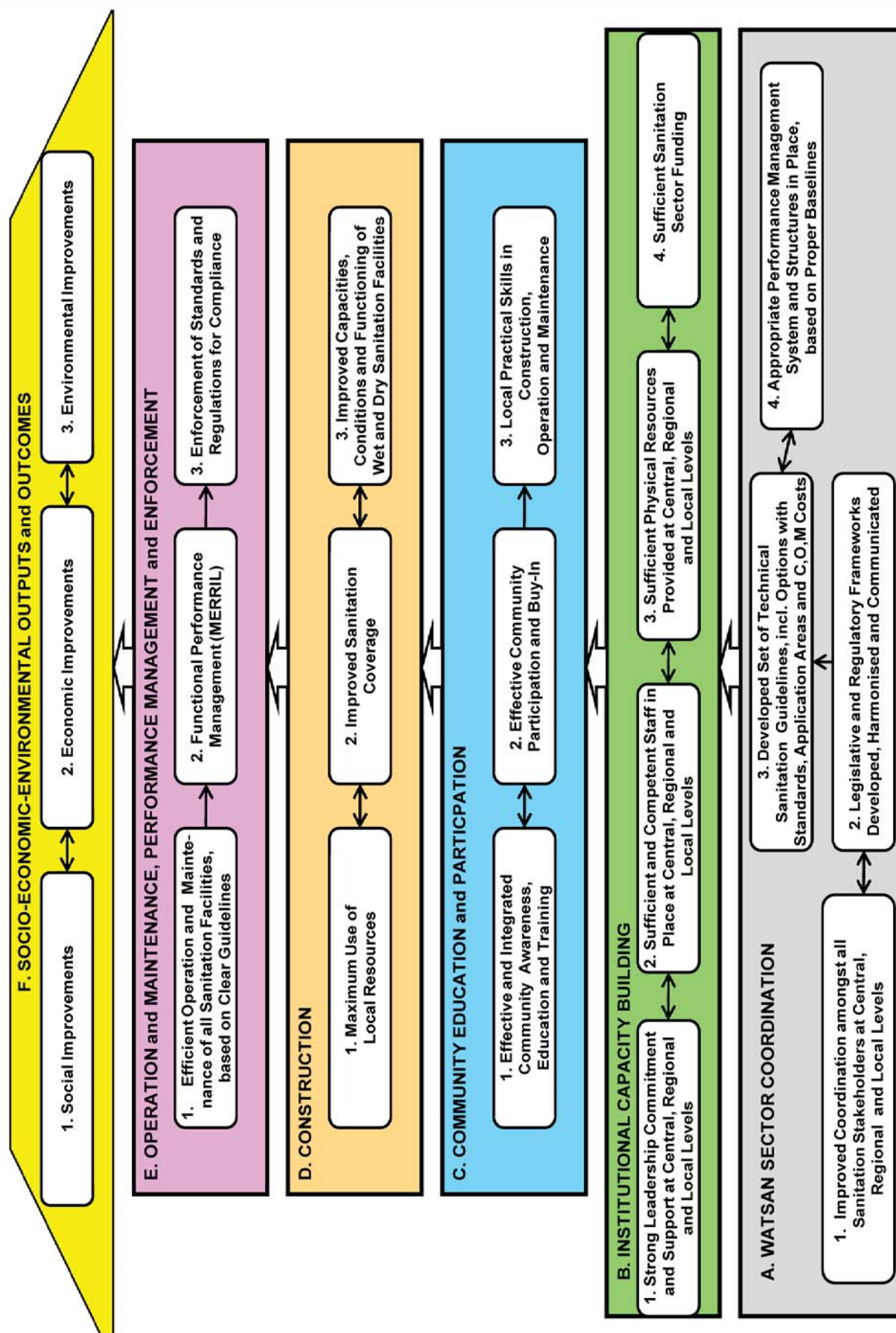
The strategy map is a one page summary of the strategy, linking all objectives in the different themes. The Themes and Objectives are linked towards achieving the national sanitation vision as illustrated in **Figure 13**. The strategy map shows how the 20 objectives (or essential building blocks) are dependent on one another (leading and lagging value drivers and indicators) over the six different themes. This chain of causes and effects is created that is believed to lead to the desired outcome (a hypothesis). The strategy map is sometimes called a 'value creation map' or 'success map'.

Figure 14 depicts the key accountabilities and responsibilities per objective.

Table 4 clarifies the roles and responsibilities of only the main sanitation stakeholders with relation to the strategic themes and objectives. R refers to Rural and U to Urban.

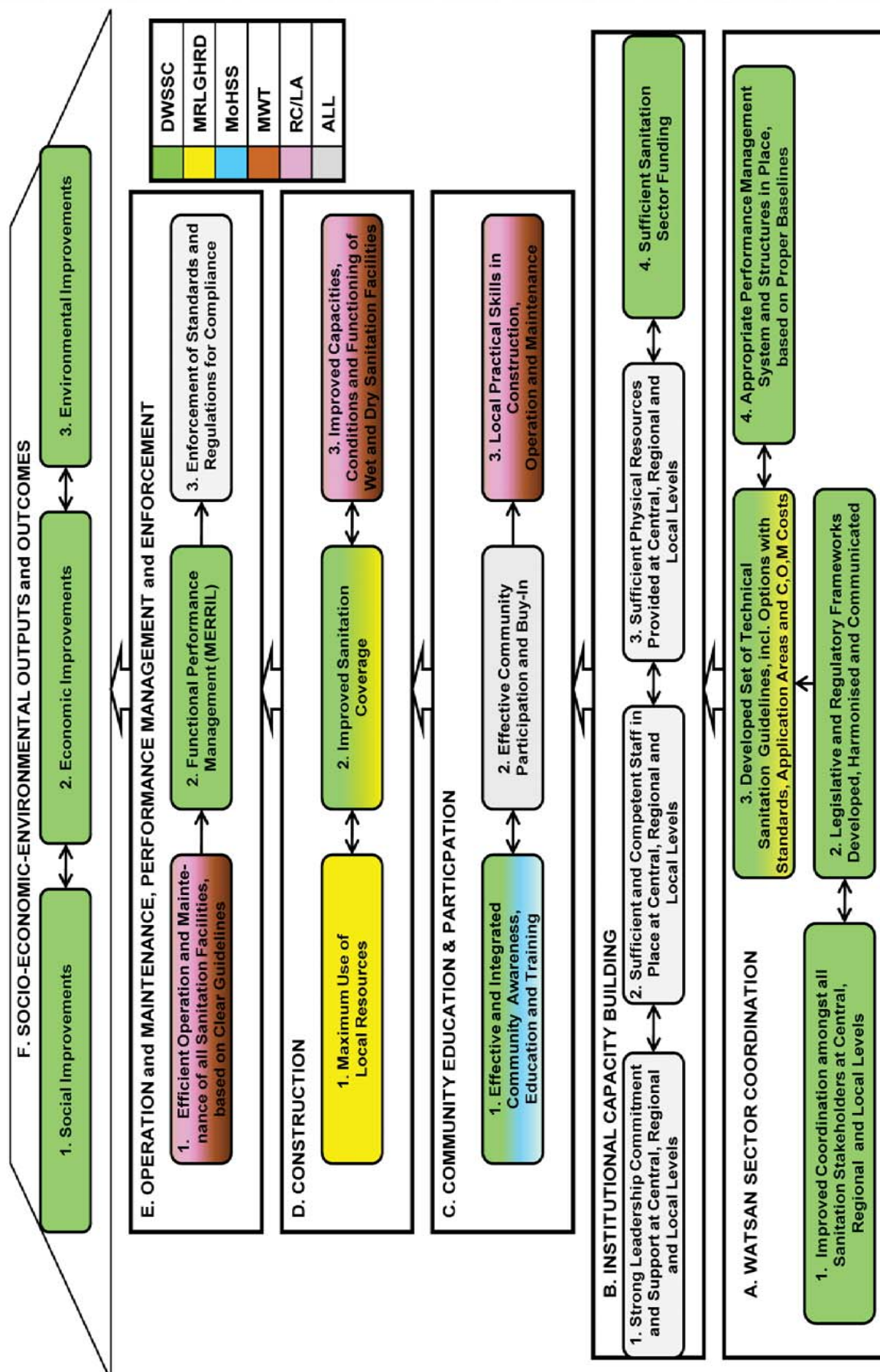
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Figure 13: Sanitation strategy map



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Figure 14: Key accountabilities and responsibilities per objective



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| TABLE 4: RESPONSIBILITIES OF KEY SANITATION STAKEHOLDERS | | | | | RESPONSIBILITIES | | | | COMMENTS ON GENERAL ROLES and RESPONSIBILITIES |
|--|--|--|--|--|------------------|-------|---------|-------|---|
| | | | | | DWSSC | MoHSS | MRLGHRD | RC/LA | |
| SEE Outputs | F1. Social Improvements | | | | RU | | | | DWSSC: Maximise sector SEE Outputs and Impacts through optimum contributions from all sector stakeholders |
| | F2. Economic Improvements | | | | RU | | | | |
| | F3. Environmental Improvements | | | | RU | | | | |
| O&M, Perf Mgt, Enforcement | E1. Efficient Operation and Maintenance of all Sanitation Facilities, based on clear guidelines | | | | | | RU | | DWSSC: Overall Performance Management - directly R, overall R&U MoHSS and DRM: Regulation and enforcement of health and water quality requirements MRLGHRD: U WatSan Performance Management MoHSS: Ensure O&M according to health requirements - R&U areas RCs/LAs: Ensuring O&M of WatSan facilities |
| | E2. Functional Performance Management (MERRIL). | | | | RU | | | | |
| | E3. Enforcement of Standards and Regulations for Compliance. | | | | R | RU | U | RU | |
| Construction | D1. Maximum Use of Local Resources in C,O,M | | | | R | | | RU | DWSSC: Facilitate rural WatSan construction; Coordinate R&U Construction; give advice MRLGHRD: Facilitate U WatSan construction MoHSS: Ensure construction according to health requirements - R&U RCs/LAs: Construct WatSan facilities |
| | D2. Accelerated Construction of Adequate Sanitation Systems | | | | R | RU | U | RU | |
| | D3. Improved Functioning of Water-borne Sanitation Systems | | | | | | U | | |
| Com Educ & Participation | C1. Behavioural Change through Effective and Integrated Community Awareness, Education and Training in Sanitation. | | | | RU | RU | | | DWSSC: R WatSan education and participation MRLGHRD: U WatSan education and participation MoHSS: R & U WatSan education and participation, mainly on public health issues RCs/LAs: Participating in community education and participation |
| | C2. Effective Community Participation and Buy-in. | | | | R | | U | RU | |
| | C3. Local Practical Skills in C,O,M of all Sanitation Facilities. | | | | | | | RU | |
| Institutional Cap Bidg | B1. Strong Leadership Commitment and Support at Central, Regional and Local Levels | | | | R | RU | U | RU | DWSSC: R WatSan capacities at all levels; overall support and coordination MRLGHRD: U WatSan capacities at all levels MoHSS: Public health capacities at all levels RCs/LAs: RC & LA WatSan capacities |
| | B2. Sufficient and Competent Staff in Place at Central, Regional and Local Levels | | | | R | RU | U | RU | |
| | B3. Sufficient Physical Resources Provided at Central, Regional and Local Levels. | | | | R | RU | U | RU | |
| | B4. Sufficient Sanitation Sector Funding | | | | R | RU | U | RU | |
| WATSAN Sector Coordination | A1. Improved Coordination amongst all Sanitation Stakeholders at Central, Regional and Local Levels | | | | RU | | | | DWSSC: Overall sector coordination and management, promoting dialogue, knowledge management, cooperation and synergy; sector secretariat, offering sector guidance; driving strategy planning and execution All others: Full commitment, knowledge sharing, support and participation |
| | A2. Legislative and Regulatory Frameworks Developed, Harmonised and Communicated | | | | RU | RU | | | |
| | A3. Developed Set of Technical Sanitation Guidelines | | | | R | | U | | |
| | A4. Appropriate PMS and Structures in Place | | | | RU | | | | |

6. THE BALANCED SCORECARD

6.1 Balanced Scorecard Components

Whilst the strategy map summarises the strategy, the scorecard takes the strategy map and gives it more detail. The scorecard (or balanced scorecard, as it contains all four perspectives) is therefore the detailed strategy. The Sanitation Scorecard includes the following:

- The 6 SFAs/Themes
- The 20 Objectives with their priorities and accountabilities
- Measures and Targets for each objective
- 186 initiatives (projects) with their priorities and responsibilities
- Cost estimates of all initiatives (expected total cost over the 5-year period)
- Scheduling of these initiatives over the 5-year period (Note that Year 1 is 2010/11)

6.2 Performance Indicators and Targets

Performance indicators (PIs) will reflect progress against objectives. The PI and its target should be regarded as part of the objective, making it specific and measurable. The agreed indicators will be used to determine progress made, or the lack thereof, towards achieving each objective. PIs make objectives **SMART** – **S**pecific, **M**easurable, **A**greed to, **R**ealistic and **T**ime-bound. Measures could be classified in terms of **TCQQ** – **T**ime (date/duration/frequency), **C**ost (N\$), **Q**uality (Satisfaction index or %) and/or **Q**uantity (number or %).

A target is a quantifiable standard for each PI. Performance targets are the expected levels or standards of performance to be reached within specific timeframes for each objective. Targets have to be challenging and be raised over time, but remain achievable. Initially targets may be estimated guesses, but over time these targets have to conform to best practices by comparing what are the benchmark targets in the industry. Industry refers to similar types of services offered by others in the region or globally.

It should be noted that many PIs and targets in this strategic plan should be regarded as provisional, due to the limited information available at this stage.

PIs and targets should be revised and finalised during the first year of implementation. In the scorecard the baseline (BL) reflects the current situation in June 2009. Yr1, e.g., is the target at the end of Year 1.

6.3 Initiatives and Project Management

Objectives are achieved through initiatives. Initiatives are defined as current and future projects or activities to be executed to meet or exceed the performance targets, as stated in the measures and targets for each objective. Initiatives drive strategic performance. Initiatives are not ends in themselves, but means by which the Sanitation Sector will achieve its defined strategic objectives. Initiatives are where the action is and require resources: financial, human, structural, physical, etc.

An initiative is normally regarded as a project – a unique endeavour with a specific start and end date to create a specific benefit / to achieve a specific objective. Initiatives / projects need to be managed by means of **project management** principles, tools and techniques. Refer to the Project Management Body of Knowledge (PMBOK) from the Project Management Institute www.pmi.org.

Initiatives included in this 5-year strategic plan are only the major key projects of strategic importance. The challenge was to **select** the right projects or best projects to achieve the strategic objectives. Initiatives are **prioritised**, because the Sanitation Sector, with its given capacity at any stage, can physically only handle so many projects at a time due to limited resources and the inter-dependencies of projects. The Sanitation Sector should apply its resources towards the highest value projects. A well-defined process for project selection and prioritisation is required to maximise the chances of projects contributing to the

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achievement of these strategic objectives. Criteria include strategic importance and project urgency.

Note that projects / initiatives are only identified / initiated in the scorecard / strategic plan. **Detailed project plans** have to be developed for many of these initiatives before they should be implemented. Business plans differ from project plans due to its income generation potential. Note that many related initiatives / projects could be combined in programmes – normally in the same objective and theme.

In the scorecard that follows, each initiative is being described in terms of:

- Its **priority** (1= very important and very urgent; 2= less important and could be delayed).
- Whether it is a **current / approved** (Yes) or **new** (No) project
- **Responsibility** – who is taking responsibility (Resp) to execute the project as project manager and what significant individuals / organisations need to support (Supp) the project manager. Note the distinction between objective 'accountability' and project 'responsibility'.
- How the project will be executed and whether **procurement** of services and/or products is involved. S= Done by Self; J= Done Jointly with external party; O= Outsourced. Thus, the selection of S/J/O may directly influence project budgets and costings.
- **Total estimated cost** per initiative. These are estimated project costs and are indicated in N\$'000s. The cost estimates will have to be verified in future when project plans are developed. Note that some initiatives show zero costs in the total cost estimate column. This does not mean that a project is less important or without funding, but that an initiative is probably done internally (by 'Self') and that the operational budget should be sufficient to allow implementation. Note also that the initiatives in Theme F are mostly to measure and evaluate the results from actions / initiatives in the preceding Themes. This is why the costs of strategic initiatives in SFAs are minimal.

(Currently the Namibian public sector uses the operational/recurrent budget, capital budget and NDP budget approach. A new **strategic budget** or strategy expenditure is introduced in this document. The strategic budget is defined as follows:

The cost of the portfolio of all strategic initiatives (projects and programmes) in the strategic plan on top of the operational budget. *It is separate to and excludes operational/recurrent costs, such as salaries and expenses to keep the business running, to maintain the status quo.*

The strategic budget is to fund strategic initiatives which will lift an organisation to a higher performance level towards its vision. There is a close relation, but no overlap or duplication between the strategic and operational budgets. Normal salaries, e.g., should only appear in the operational budget. Additional human resources (for projects) could appear in the strategic budget. The strategic budget is the cost of all strategic initiatives, independent of the source of possible funding. Strategic initiatives could be funded by own sources, from GRN sources or external loans or grants. The strategic budget serves as reality check, to make the strategic plan realistic and implementable. Strategic Budget = Capital Budget + Non-capital strategic initiatives. Strategic initiatives are all of strategic importance to take the Sanitation Sector to a higher level. These initiatives can include infrastructure development, HR development (training) and improvement in business processes. With this definition some strategic projects/ initiatives could have a zero cost, should it be done internally in the Ministry/RC/LA, as salaries are not included in the strategic budget, but only under the operational budget.

- Project **timing and duration** – The crosses indicate the financial year(s) in which the projects should be executed. The first year starts on 1 April 2010.

The Sanitation Balanced Scorecard:

THEME A: WATSAN SECTOR COORDINATION

| Objective | Pr | Acc | PI (SMART ito CTQQ) | Target | Initiative | Pr | Y/N | Resp | Supp | SJO | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 | |
|--|----|-------|---|---|---|---|--|---|---|---|--|--|---|---|---|---|---|
| A1. Improve Coordination amongst all Sanitation Stakeholders at all Levels based on clear roles and responsibilities at all levels based on good knowledge management incl. supporting organisational structures in DWSSC, LMs, RCs, LAs, etc. incl. central coordinated funding mechanism | 1 | DWSSC | a) Attendance at Qtrly WATSAN Forums based on % of SHs required represented at meetings - WATSAN - watsans b) % of institutions actively participating in WATSAN & regional watsan forums - WATSAN - watsans c) Effective collaboration as demonstrated by willingness, respect, trust, support, open communication, and frequent information sharing and knowledge team building as measured by quarterly questionnaire d) Date SWAP / Sector MTEF sanitation funding mechanism in place and functional e) % of WATSAN resolutions implemented within the timeframe | BL = NA Yr1 = 80% Yr2 = 100% Yr 3 = 100% Yr 4 = 100% Yr 5 = 100% BL = 10 Yr1 = 15 Yr2 = 20 Yr 3 = 20 Yr 4 = 20 Yr 5 = 20 BL = NA Yr1 = 70% Yr2 = 80% Yr 3 = 90% Yr 4 = 90% Yr 5 = 90% April 2010 BL =TBD Yr1 =80% Yr2 =90% Yr 3 =100% Yr 4 =100% Yr 5 =100% | 1. Develop and adopt a ToR for WATSAN Forum - clear roles/responsibilities 2. Set up and manage a WATSAN secretariat and helpdesk 3. Properly prepare and manage WATSAN meetings (incl. agendas, minutes, schedule of meetings, follow up decisions, submission of reports) 4. Strengthen RDCCs, Regional watsan Committees and CDCs to have regular effective watsan meetings with good communication with WATSAN 5. Set up and manage supporting ICT and knowledge management system for good knowledge sharing and learning – horizontal and vertical (up and down between WATSAN Forum and RDCC/ communities), incl. standard reporting formats 6. Make RDCC sanitation functions mandatory by including it in Decentralisation Enabling Act 7. Provide effective vertical links between central WATSAN and regional watsan committees through a standardised communication and reporting system 8. Develop and maintain a sanitation website 9. Develop a Sanitation Sector MTEF funding mechanism based on the Sector-Wide Approach (SWAP) – coordinating sector wide funding from GRN, Donors, Private Sector and Civil Society and resource allocation 10. Train SHs in proper use of new central coordinated funding mechanism | 1 1 2 1 1 1 2 1 2 | Y N N N N N N N | DWSSC DWSSC DWSSC MRLGHRD DWSSC MRLGHRD WSF OPM DWSSC | WSF WSF WSF RC LA OPM WSF DWSSC DWSSC NPC DWSSC | S J S J S J O J J | 20 500 250 1000 0 0 1000 500 100 | X X X X X X X X | X X X X X X X | X X X X X X X | X X X X X X X | X X X X X X X | X X X X X X X |

| Objective | Pr | Acc | PI (SMART ito CTQQ) | Target | Initiative | Pr | Y/N | Resp | Supp | S/Os | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 |
|---|----|-------|--|--|---|----|-----|-------|-----------------------------|------|-----------------------|----|----|----|----|----|
| A2. Legislative and Regulatory Frameworks Developed, Harmonised and Communicated standards, tariffs, procedures national subsidy system | 1 | DWSSC | a) No of legislation amended / harmonised | BL= TBD Y1= 2 Y2= 4 Y3= 8 Y4= 10 Y5= 12 | 1. Identify and analyse laws, policies, etc. that are relevant to sanitation and determine aspects / gaps to be harmonised / improved by means of working group and workshop | 1 | N | DWSSC | MoHSS MRLGHRD MoJ | J | 400 | X | X | | | |
| | | | b) No of regulations developed / amended | BL= TBD Y1= 2 Y2= 4 Y3= 8 Y4= 10 Y5= 12 | 2. Make improvements according to identified needs in policies | 1 | Y | DWSSC | All | J | 800 | X | X | X | X | X |
| | | | c) No of legislation and regulations communicated through awareness campaigns and other means of information dissemination in all regions | BL= TBD Y1= 10 Y2= 20 Y3= 40 Y4= 80 Y5= 100 | 3. Make improvements according to identified needs in legislation , e.g. Public Health Act. Incorporate sanitation into the Water Resource Management Act, and rename it if need be (Alternatively develop a new Sanitation Act) | 1 | Y | DWSSC | MoJ | J | 800 | X | X | X | X | X |
| | | | d) Date subsidy system approved and operational | Nov 2010 | 4. Make improvements according to identified needs in regulations , incl. regulations based on Water Act 2004 and improved Public Health Act | 1 | Y | DWSSC | MRLGHRD RC LA | J | 1000 | X | X | X | X | X |
| | | | | | 5. Make improvements according to identified needs in guidelines/ manuals/ procedures | 1 | N | DWSSC | All | J | 1000 | X | X | X | X | X |
| | | | | | 6. Enact EMAA and put in place implementation instruments and structures | 1 | N | MET | MoJ | | 200 | X | X | | | |
| | | | | | 7. Develop an appropriate subsidy and tariff policy and system for sanitation | 1 | N | WSF | All | J | 800 | X | X | | | |
| | | | | | 8. Determine appropriate communication media (radio, TV, leaflets, etc.), plan communication campaigns and conduct awareness campaigns on legislation, regulations, procedures and subsidy system, incl. one day information sessions with all RCs and LAs on policies, legislation and procedures | 2 | N | WSF | MRLGHRD RC LA MICT | S | 1000 | X | X | X | X | X |

| Objective | Pr | Acc | PI (SMART ito CTQQ) | Target | Initiative | Pr | Y/N | Resp | Supp | SJOs | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 | |
|---|----|-------|---|--|---|----|-----|------|------------|------|-----------------------|----|----|----|----|----|--|
| A3. Develop Set of Technical Sanitation Guidelines Manual incl. options with BoQ, standards, specifications, application areas, C,O,M costs and benefits with selection criteria Nine initial options to be developed | 1 | DWSSC | a) No of technical options developed with detailed illustrations/ drawings, and descriptions of Construction, O & M, Application areas, Costs, Benefits, Selection Criteria, etc. b) No of guidelines developed on technical options | BL= 0 Y1= 9 Y2= 10 Y3= 11 Y4= 12 Y5= 13 BL= 0 Y1= 3 Y2= 4 Y3= 5 Y4= 5 Y5= 5 | 1. Investigate appropriate 'improved' sanitation technologies through site visits, PoN, web sites and available literature. Prepare a 5-year R&D plan 2. Do research and development according to the approved 5-year R&D Plan, incl. community demonstrations and testing 3. Advertise / invite suppliers and contractors to express their interests for participating in providing sanitation products / systems 4. Develop and distribute user friendly manual with clear guidelines (for RCs, LAs, Communities) on selected appropriate technologies / options, incl. BoQ, specifications, minimum standards, application areas, construction, operation and maintenance consideration, costs and benefits, based on affordability levels and subsidy system; with clear criteria for the selection of these sanitation systems / options. 5. Develop guidelines for the construction of sanitation facilities in difficult circumstances 6. Develop code of practices for dry sanitation systems for professionals (similar to the ones developed by DRM) 7. Print and disseminate manuals/ guidelines to all stakeholders 8. Get regular feedback from all stakeholders and improve regularly 9. Test new technologies (at HRDC and in communities) proposed by manufacturers and give approval for use in country | 1 | N | WSF | DWSSC Cons | J | 300 | X | | | | | |
| | | | | | | 1 | N | WSF | DWSSC Cons | J | 1000 | | X | X | X | X | |
| | | | | | | 2 | N | WSF | DWSSC | S | 200 | X | | | | | |
| | | | | | | 1 | N | WSF | DWSSC Cons | O | 1200 | X | X | | | | |
| | | | | | | 1 | N | WSF | DWSSC Cons | O | 400 | X | X | | | | |
| | | | | | | 1 | N | WSF | All | J | 100 | X | | | | | |
| | | | | | | 2 | N | WSF | All | S | 500 | X | X | X | X | X | |
| | | | | | | 2 | N | WSF | All | S | 50 | | X | X | X | X | |
| | | | | | | 1 | Y | WSF | All | J | 500 | X | X | X | X | X | |

| Objective | Pr | Acc | PI (SMART ito CTQQ) | Target | Initiative | Pr | Y/N | Resp | Supd | SJS | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 |
|--|----|-------|---|--|--|----|-----|---------------------------|------------------------|-----|-----------------------|----|----|----|----|----|
| A4. Appropriate Performance Management System and Structures in Place for sanitation strategy execution based on proper baselines PMS incl. Measure, Evaluate, Report, Reward, Improve and Learn (MERRIL) | 1 | DWSSC | a) % of Baselines (BLs) accurately determined b) Date Sanitation PMS/MERRIL System approved and launched c) Percentage of MERRIL System competent people in all structures | BL= TBD Y1= 75% Y2= 85% Y3= 100% Y4= 100% Y5= 100% Nov 2010 BL= TBD Y1= 60% Y2= 80% Y3= 100% Y4= 100% Y5= 100% | 1. Determine / Improve all baselines in this strategic plan; Improve measures and targets, based on baseline surveys , starting in three regions 2. Define method of calculating NDP3 indicators and collect them through national census and surveys 3. Harmonise EMIS (education statistics) indicators 4. Harmonise Health Information Systems 5. Appoint CLIP representatives in all key Ministries for improved knowledge management; Use CLIP information as baseline information 6. Agree on performance management system to be used in execution of this sanitation strategic plan 7. Develop and approve an appropriate sanitation PMS (MERRIL) system; incl. updating of the strategic plan when needed (Objectives, Measures, Targets, Initiatives, Responsibilities, etc.). 8. Put structures, systems and people in place to implement the Sanitation PMS; Ensure dedicated staff and time available for the inspections, monitoring, reporting, capturing and updating of the scorecards and completion of the monthly objective Reports; put in place enforcement structures and systems 9. Train people in all structures to implement the Sanitation PMS. Include aspects of attitude and behavioral change / change management | 1 | N | DWSSC | EC | J | 500 | X | X | | | |
| | 2 | | | | | 2 | Y | NPC | DWSSC | J | 0 | X | X | X | X | X |
| | 2 | | | | | 2 | N | MoE | DWSSC | S | 0 | X | | | | |
| | 2 | | | | | 2 | N | MoHSS | DWSSC | S | 0 | X | | | | |
| | 1 | | | | | 1 | N | MRLGHRD MoHSS DWSSC | SDFN | J | 0 | X | X | X | X | X |
| | 1 | | | | | 1 | N | DWSSC | All | J | 0 | X | | | | |
| | 1 | | | | | 1 | N | WSF | DWSSC Cons | J | 500 | X | X | | | |
| | 1 | | | | | 1 | N | DWSSC | LM RC LA Cons | J | 1000 | X | X | X | X | X |
| | 1 | | | | | 1 | N | DWSSC | LM RC LA Cons | J | 1500 | X | X | X | X | X |

THEME B: INSTITUTIONAL CAPACITY BUILDING

| Objective | P | Acc | PI (SMART ito CTQQ) | Target | Initiative | Pr | Y/N | Resp | Supp | ORS | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 |
|---|---|-------|--|--|--|----|-----|---------|-----------------------|-----|-----------------------|----|----|----|----|----|
| B1. Strong Leadership Commitment and Support as shown by available resources and action at Central, Regional and Local Levels | 1 | DWSSC | a) No of national/ regional/ local seminars / meetings/ workshops focusing on sanitation | BL= NA Y1= 13 Y2= 26 Y3= 39 Y4= 52 Y5= 65 | 1. Organise 1 national and 12 regional sanitation strategy launching seminars/workshops | 1 | N | DWSSC | MRLGHRD RCs LAs | J | 500 | X | | | | |
| | | | b) Percentage of RCs & LAs regularly submitting sanitation progress reports | BL=TBD Y1= 75% Y2= 90% Y3= 100% Y4= 100% Y5= 100% | 2. Organise one-day sanitation sensitisation workshops for regional leaders/LAs, communicating the sanitation strategy | 1 | N | DWSSC | MRLGHRD RCs LAs | S | 400 | | X | X | X | X |
| | | | c) Percentage of RCs and LAs where sanitation activities or projects are undertaken | BL= NA Y1=50% Y2=60% Y3=70% Y4=80% Y5=90% | 3. Train TAs, RC and LA leaders in technical, administrative, financial, health aspects, sanitation performance management, participating and communicating with CDCs and RDCCs | 2 | N | MRLGHRD | RCs LAs Cons | J | 2000 | X | X | X | X | X |
| | | | d) Attendance of Joint Annual WATSAN Review (JAR) meeting in June every year - attended by all leaders | BL= 10% Y1= 70% Y2= 90% Y3= 90% Y4=100% Y5=100% | 4. Develop RSHDPs (Regional Sanitation and Hygiene Development Plans Incl. aspects such as security of tenure and the possibility of settlement upgrading | 1 | N | LA | MRLGHRD NHAG | J | 7000 | X | X | | | |
| | | | | | 5. Train TAs, RC and LA leaders in Project Management and Performance Management | 1 | Y | MRLGHRD | Cons | O | 1000 | X | X | X | X | X |
| | | | | | 6. Do mid-term review to assess sanitation status at all RCs and LAs, incl. hard and soft issues. | 2 | N | DWSSC | MRLGHRD RCs LAs | J | 500 | | | X | | |

| Objective | Pr | Acc | PI (SMART ito CTQQ) | Target | Initiative | Pr | Y/N | Resp | Supp | ORS | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 |
|--|----|-------|--|--|---|----|-----|----------|--------------------------------|-----|-----------------------|----|----|----|----|----|
| B2. Sufficient and Competent Staff at all Levels skilled in sanitation related areas at central, regional and local levels incl. technical, financial, administration, project management (incl. contract mgt) and PMS | 1 | DWSSC | a) Percentage of sanitation positions filled at all levels and all regions MAWF MRLGHRD MoHSS RCs LAs etc b) Percentage of all institution staff appropriately trained in sanitation, according to HRDP, incl. extension and maintenance staff MAWF MRLGHRD MoHSS RCs LAs etc | BL= 60% Y1= 60% Y2= 80% Y3= 90% Y4= 100% Y5= 100% | 1. Undertake sanitation staffing and training needs assessment (TNA) at central, regional and local levels | 1 | N | DWSSC | All | J | 500 | X | | | | |
| | | | | | 2. Develop a Sector Capacity Building Plan , based on operational plans etc for central, regional and local levels (and based on new DWSSC structure) | 1 | N | DWSSC | EC | O | 500 | X | | | | |
| | | | | | 3. Assess capacities of the private and third sector to offer support in health, hygiene and sanitation; prepare inventory | 2 | N | DWSSC | EC | O | 200 | X | | | | |
| | | | | | 4. Appoint DWSSC staff (Mgt, sanitation experts and EOs) according to staffing plan (part of operational budget) | 1 | N | DWSSC | All | S | 0 | X | X | X | X | X |
| | | | | | 5. Provide technical assistance (TA) for DWSSC | 1 | N | EC | | O | 1500 | X | X | | | |
| | | | | | 6. Appoint MoHSS staff (Mgt, sanitation experts and EHPs) according to staffing plan – say average 8 EHPs per region (part of operational budget) | 1 | N | MoHSS | All | S | 0 | X | X | X | X | X |
| | | | | | 7. Appoint MET staff (Mgt and EHPs) according to staffing plan (part of operational budget) | 1 | N | MET | All | S | 0 | X | X | X | X | X |
| | | | | | 8. Appoint MRLGHRD staff (Mgt, sanitation experts and EHPs) according to staffing plan (part of operational budget) | 1 | N | MRLGHRD | All | S | 0 | X | X | X | X | X |
| | | | | | 9. Appoint RC and LA health/sanitation staff according to staffing plan (part of operational budget) | 1 | N | RC LA | All | S | 0 | X | X | X | X | X |
| | | | | | 10. Develop a sanitation curriculum / training programmes based on developed options; covering hygiene, participatory approaches, C.O.M, technical, chemical, biological, financial and admin aspects - for central, regional and local levels – basic and advanced; obtain NQA certification of courses | 1 | N | DWSSC | MoHSS MRLGHRD MET MoE | O | 2000 | X | X | | | |

+

| | | | | | | | | | | | | | |
|-----|---|---|---|-------------|---------------------|---|-------|---|---|---|---|---|---|
| 11. | Appoint trainers from e.g. existing training institutions and consultants to train staff according to the sanitation curriculum (link with proposed MRLGHRD Skills Development Centres) | 2 | N | WSF | DWSSC NTA | J | 200 | X | X | | | | |
| 12. | Identify informal training institutions by integrating sanitation training with internal training sections in LMs; also based on the developed curriculum | 2 | N | WSF | DWSSC | J | 100 | X | X | | | | |
| 13. | Train Mgt and EOs in MAWF/DWSSC in sanitation and hygiene related matters, according to the SCBP plan | 1 | N | DWSSC | TP Cons | J | 20000 | X | X | X | X | X | X |
| 14. | Train Mgt and staff in MRLGHRD in sanitation and hygiene related matters, according to the SCBP plan | 1 | N | MRLGHRD | TP Cons | J | 5000 | X | X | X | X | X | X |
| 15. | Train Mgt and EHPs in MoHSS in sanitation and hygiene related matters, according to the SCBP plan | 1 | N | MoHSS | TP Cons | J | 25000 | X | X | X | X | X | X |
| 16. | Train Mgt and EHPs in MET on sanitation aspects, according to SCBP | 1 | N | MET | TP Cons | J | 5000 | X | X | X | X | X | X |
| 17. | Train Mgt and staff at RCs and LAs on sanitation and hygiene aspects, according to the SCBP plan | 1 | N | RCs and LAs | TP Cons | J | 25000 | X | X | X | X | X | X |
| 18. | Educate and train School principals and teachers on hygiene and sanitation – to enable them to educate learners | 1 | N | MoE | TP Cons | J | 1000 | X | X | X | X | X | X |
| 19. | Train Trainers (ToT) to train at regional training centres | 1 | N | All | NTA DWSSC | J | 1000 | X | X | X | X | X | X |
| 20. | Offer scholarships / bursaries for formal studies regionally and abroad (incl. B and M degree levels) using normal Government procedures | 2 | N | WSF | DWSSC MoHSS MRLGHRD | S | 1000 | X | X | X | X | X | X |
| 21. | Liaise with donors / development partners (e.g. GTZ) for training | 2 | N | WSF | DWSSC | S | 0 | X | X | X | X | X | X |
| 22. | Train RC and LA staff in project management and performance management (PMS / MERRIL) | 1 | N | DWSSC | OPM Cons | O | 1000 | X | X | X | X | X | X |
| 23. | Develop individual performance agreements (PA s) and do bi-annual performance assessments according to the GRN PMS (part of normal management duties, supported by OPM) | 2 | N | LMs | OPM Cons | J | 0 | | X | X | X | X | X |

| Objective | P | Acc | PI (SMART ito CTQQ) | Target | Initiative | Pt | Y/N | Resp | Supp | ors | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 |
|--|---|-------|---|---|---|----|-----|---------------|----------|-----|-----------------------|----|----|----|----|----|
| B3. Sufficient Physical Resources at all Levels sanitation related equipment, materials, vehicles, etc at central, regional and local levels | 1 | DWSSC | a) Percentage of offices / staff equipped (tools, Materials, equipment) according to plan – at central, regional and local levels b) Percentage of offices / staff with sufficient transport – at central, regional and local levels | BL = 0 Y1=70% Y2=90% Y3=100% Y4=100% Y5=100% | 1. Do needs assessment of equipment, materials and vehicles, etc at central, regional and local levels for proper sanitation service delivery (considering both water and sanitation) | 1 | N | WSF | All Cons | O | 500 | X | | | | |
| | | | | | 2. Reach agreement with LMs, RCs and LAs to assist / provide / share vehicles, plant, equipment, tools.; assist with bulk purchases of sheets, steel, cement, etc. | 2 | N | RC LA | MRLGHRD | J | 0 | X | X | X | X | X |
| | | | | | 3. Assess institutions (public and private) doing water and sanitation tests, e.g. UNAM, Neudam & NamWater where pathogens are tested; develop a plan for laboratory use – locally and in RSA | 1 | N | DWSSC | Cons | J | 200 | X | | | | |
| | | | | | 4. Develop / equip local laboratories | 2 | N | DWSSC | WSF | J | 1600 | | X | X | X | X |
| | | | | | 5. Prepare physical resources procurement plan | 1 | N | DWSSC | WSF | O | 400 | X | | | | |
| | | | | | 6. Prepare physical resources maintenance plans | 1 | N | DWSSC | WSF | O | 200 | X | | | | |
| | | | | | 7. Procure ICT Hardware, software and networks at all levels, incl. CDCs, RDCs and capture KAP and other relevant data (integrated with water) | 2 | N | DWSSC MRLGHRD | WSF | O | 5000 | | X | X | X | X |
| | | | | | 8. Procure physical resources according to plan, incl. offices, furniture, notice boards, graphic tables and ICT for EOs and EHPs, jack hammers, generators, sampling equipment, spades, wheel barrows, hose pipes, cements and bricks) (coordinated with water) | 2 | N | DWSSC | LM RC LA | J | 25000 | | X | X | X | X |
| | | | | | 9. Ensure office equipment fully functional with proper operation a & maintenance | 2 | N | | WSF Wsf | J | 1000 | | X | X | X | X |
| | | | | | 10. Ensure sufficient vehicles available & fully operational for EOs and other staff (fleets in all regions) | 2 | N | LM | WSF | J | 7000 | | X | X | X | X |

| Objective | P | Acc | PI (SMART to CTQQ) | Target | Initiative | P | Y/N | Resp | ddng | Srs | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 |
|--|---|-------|---|---|--|---|-----|-------|------------------------|-----|-----------------------|----|----|----|----|----|
| B4. Sufficient Sanitation Sector Funding linked to NPC, NDPs | 1 | DWSSC | a) Percentage of funding availability compared to strategic budget requirements | BL = TBD Y1= 70% Y2= 80% Y3= 90% Y4= 90% Y5= 90% | 1. Ensure proper hygiene and sanitation project plans are developed and presented for all sanitation projects in this strategic plan (also according to RSHDPs). | 1 | N | DWSSC | LM RC LA Cons | J | 6000 | X | X | X | X | X |
| | | | b) Sufficiency of O&M budget allocation in terms of % (O&M) / C on all types of sanitation systems | BL: TBD Y1= 40% Y2= 40% Y3= 40% Y4= 40% Y5= 40% | 2. Obtain & manage funding for strategic initiatives through Sanitation Sector MTEF funding mechanism | 1 | Y | WSF | All | J | 500 | X | X | X | X | X |
| | | | c) Percentage of national GRN funds and Donor/ Development Partner funds allocated to the sanitation sector | BL = 0 Y1= 10% Y2= 10% Y3= 10% Y4= 10% Y5= 10% | 3. WATSAN forum allocates the funds according to clear evaluation and selection criteria to the regions | 1 | N | WSF | | J | 0 | X | X | X | X | X |
| | | | d) Percentage of national GRN funds and Donor/ Development Partner funds correctly spent in sanitation sector according to plan | BL = TBD Y1= 90% Y2= 90% Y3= 90% Y4= 90% Y5= 90% | 4. Regions allocate funds to projects in region; technical committees could be established in RDCCs dealing with (water and) sanitation projects | 1 | N | RC | RDCC | J | 0 | X | X | X | X | X |
| | | | | | 5. Monitor, control and report on expenditure of all funds | 2 | N | WSF | All | J | 0 | X | X | X | X | X |

THEME C: COMMUNITY EDUCATION & PARTICIPATION

| Objective | Pr | Acc | PI (SMART icto CTQQ) | Target | Initiative | Pr | Y/N | Resp | Sup | SJS | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 | | | |
|--|----|-------|---|--|--|----|-----|----------------|---------------------|-----|-----------------------|----|----|----|----|----|---|--|--|
| C1. Behavioural Change through Effective and Integrated Awareness, Education and Training Based on sanitation IEC materials in local languages General hygiene / health / sanitation / environment / habitat awareness and education for behavioural change as well as project specific training, covering legal, policy, technical and financial and management aspects | 1 | DWSSC | a) No. of new IEC materials (incl. Hygiene & Sanitation) developed or existing materials updated / reviewed and disseminated b) Percentage of total population reached with general awareness and education campaigns in home languages c) Percentage of project communities reached with project specific sanitation training, incl. sanitation system options d) Percentage of population practicing safe hygiene, incl. hand washing and ODFS – based on surveys | BL= TBD Y1= 70% Y2= 80% Y3= 85% Y4= 90% Y5= 90% BL= NA Y1= 70% Y2= 75% Y3= 80% Y4= 85% Y5= 90% BL= NA Y1= 80% Y2= 100% Y3= 100% Y4= 100% Y5= 100% BL= TBD Y1= 70% Y2= 80% Y3= 85% Y4= 90% Y5= 90% | 1. Develop Communication Strategy - Agree IEC approach and methodology (incl. communication channels and venues); agree on themes and content (risk practices) for all types of awareness and education campaigns, use wide stakeholder / community consultations, incl. media 2. Develop general IEC materials, incl. all media, e.g. pamphlets, posters, radio, TV programmes, booklets and manuals (tech and health); Translate IEC materials into local languages (considering illiterate communities); incl. materials for schools 3. Develop project specific technical IEC materials, incl. drawings, pamphlets, booklets and step-by-step manuals on C.O.M (combined or separate with technical and health) based on options developed in Objective A3; translate IEC materials in local languages; incl. adaption of existing manuals 4. Develop evaluation criteria for all awareness and education campaigns 5. Pilot IEC materials in say two regions and test using agreed evaluation criteria 6. Disseminate and launch IEC materials nationwide 7. Undertake performance assessments to improve IEC materials as needed (costs included in other initiatives) 8. EOs and EHPs train community mobilisers/CSHVs in local communities for training of local communities in hygiene and sanitation (ToT) 9. Train RDCCs and CDCs in Sanitation and participatory approaches 10. Plan and conduct awareness and education campaigns in health and hygiene – can be national and/or focused in specific regions, schools and health centres. 11. Do Hygiene and sanitation education at schools , incl. special school events on hygiene and sanitation promotion, competitions and special presentations | 1 | N | WSF | MoHSS DWSSC | J | 500 | X | | | | | | | |
| | | | | | | 1 | N | MoHSS MoE | DWSSC Cons | J | 10000 | X | X | X | X | X | | | |
| | | | | | | 1 | N | DWSSC | MoHSS Cons | J | 1000 | X | | | | | | | |
| | | | | | | 1 | N | DWSSC | WSF | J | 0 | X | | | | | | | |
| | | | | | | 1 | N | DWSSC | MoHSS | J | 500 | | X | | | | | | |
| | | | | | | 1 | N | DWSSC | MoHSS | J | 200 | | X | | | | | | |
| | | | | | | 2 | N | DWSSC | MoHSS | | 0 | | X | X | X | X | X | | |
| | | | | | | 1 | N | DWSSC MoHSS | RC LA | J | 5000 | X | X | X | X | X | X | | |
| | | | | | | 1 | N | DWSSC | MRLGHRD RC LA | J | 5000 | X | X | X | X | X | X | | |
| | | | | | | 1 | N | HSS MICT | DWSSC RC LA | J | 15000 | X | X | X | X | X | X | | |
| | | | | | | 1 | Y | MoE | | S | 5000 | X | X | X | X | X | X | | |

[illegible]

| Objective | Pr | Acc | PI (SMART ito CTQQ) | Target | Initiative | Pr | Y/N | Resp | ddns | Ors | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 |
|--|----|-------|---|--|--|----|-----|------------------|-------------|-----|-----------------------|----|----|----|----|----|
| C2. Effective Community Participation and Buy-in based on an agreed upon standard community participation approach for participation in problem definition, solution selection and planning to reach agreements on affordable and community accepted sanitation systems based on local tariffs and national subsidy system | 1 | DWSSC | a) Extent to which at least 2 people per community (man and woman) in all target communities are trained in the participatory methodology | BL= NA Y1= 70% Y2= 85% Y3= 100% Y4= 100% Y5= 100% | 1. Assess existing participatory approaches used in Namibia for hygiene behavioral changes; agree on a common approach, considering socio-economic and KAP information. | 1 | | DWSSC | MoHSS Cons | J | 400 | X | | | | |
| | | | | | 2. Pilot new approach for Namibia in Rural and Urban areas (e.g. CLTS or PHAST already used) and test the set of participatory tools | 2 | | DWSSC | MoHSS Cons | J | 800 | X | | X | | |
| | | | | | 3. Develop and provide participatory guidelines and IEC tools for rural and urban areas (design and languages for local context) | 1 | | DWSSC | MoHSS Cons | O | 2000 | | X | X | X | X |
| | | | | | 4. Community discusses Socio-Economic (CLIP) and KAP data surveyed and agree on needs/gaps in hygiene and sanitation | 1 | | DWSSC SDFN | MoHSS Cons | O | 0 | X | X | X | X | X |
| | | | b) Percentage representation at regional / local watsan meetings / CDCs / RDCCs | BL= NA Y1= 100% Y2= 100% Y3= 100% Y4= 100% Y5= 100% | 5. Communities select CSHVs based on clear selection criteria (one man and one woman) as Community Hygiene Volunteers to spread messages and to act as a relay with EO; Support CHVs with transport and administration (say N\$100/m) | 1 | | Com EO | RC LA | S | 0 | X | X | X | X | X |
| | | | c) Percentage community representation at project meetings | BL= TBD Y1= 70% Y2= 80% Y3= 90% Y4= 90% Y5= 90% | 6. Train local community leaders/members in participation approaches; train CHV on baseline data, health and hygiene participatory tools, progress monitoring | 1 | | MoHSS | DWSSC | J | 2000 | X | X | X | X | X |
| | | | d) Number of project contracts signed | BL= TBD Y1= 5 Y2= 10 Y3= 20 Y4= 40 Y5= 60 | 7. Urban: Set up/strengthen community structures, train community volunteers, hold regular and participating project meetings and implement projects in Urban areas - according to guidelines; work with SDFN, BTC and other local structures | 1 | | MRLGHRD | LA EO EHP | J | 1000 | X | X | X | X | X |
| | | | | | 8. Rural: Set up/strengthen community structures, train community volunteers, hold regular and participating project meetings and implement projects in Rural areas - according to guidelines | 1 | | MRLGHRD | RC EO EHP | J | 1000 | X | X | X | X | X |
| | | | | | 9. Conduct surveys in the local communities to establish local coverage, KAP, environmental and socio-economic baselines and report/present survey results to all stakeholders - demographics, affordability levels, perceptions, preferences, etc.; consult CLIP data and SDFN structures in urban areas. | 1 | N | SDFN DWSSC | RC LA | J | 1000 | X | X | X | X | X |
| | | | e) Percentage of projects complying to all selection criteria for the selected sanitation system (incl. affordability) | BL= NA Y1= 70% Y2= 80% Y3= 90% Y4= 90% Y5= 90% | 10. Regularly meet with project communities/committees to reach agreement on the sanitation gap and local sanitation issues and discuss various technical options/solutions with the help of supporting IEC materials; use criteria to evaluate all options/systems | 1 | N | Com RC LA EO EHP | DWSSC Cons | J | 0 | X | X | X | X | X |
| | | | | | 11. Design pro forma project contract documents to be amended and used for all sanitation projects | | N | WSF | MoJ Cons | | 150 | X | | | | |
| | | | | | 12. Reach agreement on the most appropriate local sanitation system; assist communities wisely select the most appropriate sanitation system/option, based on clearly understood selection criteria | 1 | N | Com EO | DWSSC | J | 0 | X | X | X | X | X |
| | | | | | 13. Sign project contracts – RC/LA and project committee agree and sign contract in which the project scope, time, cost and responsibilities are clearly described | 1 | N | Com EO | DWSSC RC LA | J | 500 | X | X | X | X | X |

| Objective | Pr | Acc | PI (SMART into CTQQ) | Target | Initiative | Pr | Y/N | Resp | Sup | ORS | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 |
|--|----|-------|--|--|--|----|-----|------------|---------------|-----|-----------------------|----|----|----|----|----|
| C3. Local Practical Skills in Construction, Operation and Maintenance of all Sanitation Facilities Mostly in rural areas Good community and contractor understanding of various technical options and their Construction, Operation and Maintenance (C,O,M) | 1 | DWSSC | a) Availability of local skills (C,O,M) amongst communities compared to required skills (community members and contractors) b) No of local (indigenous) SMEs trained in C,O,M aspects of sanitation | BL= TBD Y1= 70% Y2= 80% Y3= 90% Y4= 100% Y5= 100% | 1. Identify all local entrepreneurs/SMEs who could get involved in sanitation projects: develop local skills registers per region and LA of all contractors in Sanitation C,O,M categories 2. Identify all institutions doing related training in C,O,M in Namibia; approach them and sign partnerships 3. Equip / train (ToT) local staff and/or community members in C,O,M skills to train local contractors – step by step C,O,M 4. Pilot the selected option(s) locally for practical measurement, evaluation, learning, improvement and final selection 5. Local trainers train contractors (incl. beneficiaries) in C,O,M, incl. marketing, financial and administrative aspects; Test, monitor and evaluate contractor knowledge and skills before and after training – step by step C,O,M 6. Annually test, monitor and evaluate national sanitation C,O,M training material, methods and share lessons learnt and improve continuously | 1 | N | DWSSC RDCC | CDC EO RC LA | J | 0 | X | X | X | X | X |
| | | | | | | 1 | N | WSF | DWSSC MRLGHRD | O | 200 | X | | | | |
| | | | | BL= TBD Y1= Y2= Y3= Y4= Y5= | | 1 | N | RC LA | Cons | J | 2000 | X | X | X | X | X |
| | | | | | | 2 | N | RC LA | DWSSC | J | 500 | X | X | X | X | X |
| | | | | | | 1 | N | RC LA | Cons | J | 2000 | X | X | X | X | X |
| | | | | | | 2 | N | WSF | DWSSC MRLGHRD | J | 500 | X | X | X | X | X |

THEME D: CONSTRUCTION / PHYSICAL DEVELOPMENT

| Objective | P | Acc | PI (SMART ito CTQQ) | Target | Initiative | Pr | Y/N | Resp | Supp | SJO | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 | | |
|---|---|-------|---|--|---|----|-------------|------------|------------|------|-----------------------|----|----|----|----|----|---|---|
| D1. Maximum Use of Local Resources in Construction, Operation and Maintenance Expertise, Manufacturers, Contractors, Labourers, Materials, Tools, etc. | 1 | DWSSC | a) No of local contractors/ entrepreneurs used in C.O.M | BL= TBD Y1= 70% Y2= 70% Y3= 70% Y4= 70% Y5= 70% BL= TBD Y1= 70% Y2= 70% Y3= 70% Y4= 70% Y5= 70% BL= TBD Y1= 50% Y2= 50% Y3= 50% Y4= 50% Y5= 50% BL= TBD Y1= 10% Y2= 20% Y3= 30% Y4= 40% Y5= 50% | 1. Do physical survey of project environment and assess all locally available natural resources for appropriateness, based on project scope and requirements | 1 | N | RC LA | DWSSC Cons | J | 1000 | X | X | X | X | X | | |
| | | | 2. Assess use of local resources in water management to see/learn where it could be expanded and applied to sanitation | | 1 | N | DWSSC | All | S | 0 | X | | | | | | | |
| | | | 3. Develop and regularly update registers of local contractors in all RCs and LAs; coordinate with register for BTP | | 1 | N | DWSSC RC LA | MRLGHRD | J | 0 | X | X | X | X | X | X | X | |
| | | | 4. Based on contractor registers, consult and evaluate all contractors for appropriateness, based on project scope and requirements, considering skills, plant, equipment and demonstrated quality | | 1 | N | RC LA | DWSSC Cons | J | 0 | X | X | X | X | X | X | X | |
| | | | 5. Present findings of locally available resources to the local structures (RC/LA/RDCC/CDC) and reach agreement on procurement of local resources | | 1 | N | RC LA | DWSSC Cons | J | 0 | X | X | X | X | X | X | X | |
| | | | 6. Train RC / LA / TA / Communities in optimal use of local resources and self-help approaches | | 1 | N | Cons Cont | WSF TAs | J | 1000 | X | X | X | X | X | X | X | X |
| | | | 7. Define and identify sanitation BEEs and SMEs ; develop procurement criteria and clear procedures for appointing contractors for C.O.M – incl. admin, financial and management aspects. | | 1 | N | DWSSC | All | O | 500 | X | | | | | | | |
| | | | 8. Include selected local resources in the project plan | | 1 | N | RC LA | DWSSC Cons | J | 0 | X | X | X | X | X | X | X | X |
| | | | 9. Put systems/measures in place to ensure efficient use of local resources | | 1 | N | RC LA | DWSSC Cons | J | 0 | X | X | X | X | X | X | X | X |

| Objective | Pr | Acc | PI (SMART ito CTQQ) | Target | Initiative | Pr | Y/N | Resp | Supps | SJOs | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 | | | |
|---|----|-------|---|---|--|----|-----|---------------|----------------|------|-----------------------|----|----|----|----|----|---|---|---|
| D2. Accelerated Construction of Adequate Sanitation Systems Appropriate and selected sanitation systems are constructed to achieve sanitation MDGs Incl. residential households and public institutions and facilities, e.g. schools | 1 | DWSSC | a) Number of additional urban households with access to improved sanitation (urban access 71.1% in 2012) b) Number of additional rural households with access to improved sanitation (rural access 35% in 2012) c) Percentage of public institutions with proper sanitation facilities (incl. schools, border posts, clinics, shops and service stations) MDG Urban: With cost per unit = N\$20,000, the cost for 52,500 units = N\$1,05b (assuming 100% subsidy) MDG Rural: With cost per unit = N\$6,000, the cost for 97,500 units = N\$585m (assuming 100% subsidy) | BL= 0 Yr1=4000 Yr2=10000 Yr3=19000 Yr4=33000 Yr5=52500 BL= 0 Yr1= 8000 Yr2= 20000 Yr3= 38000 Yr4= 62000 Yr5= 97500 BL= TBD Yr1= 50% Yr2= 60% Yr3= 70% Yr4= 80% Yr5= 90% | 1. Carry out feasibility and viability studies on the selected sanitation system(s) for urban and rural areas 2. Undertake local demand analysis: Regional (Urban and Rural) - Technological; Population Density; Individual Spot Analysis 3. Undertake EIAs and develop Environmental Management Plans before project implementation – for improved decision making and better management of natural resources 4. Assist RCs and LAs with procurement/ tender process 5. MoHSS educational pilot project – waterless sanitation technology, based on Botswana sanitation: construction, evaluation and reporting of 25 units in Omaheke, Oshana, Caprivi, Kunene and Omusati (rural areas) 6. MRLGHRD educational pilot project – VIPs in 5 regions (rural areas) 7. Develop rural sanitation facilities (various projects to be determined by RCs) 8. Service plots (sanitation component) in urban areas (based on RSzHDPs): Bukalo, Katima Mulilo, Omaruru, Rehoboth, Assenkehr, Tses, Bethanie, Koes, Divundu, Kamanjab, Otuzemba, Eenhana, Okongo, Okahao, Eheke, Uukwangula, Omuthiyagwipundi, etc. 9. Construct sewerage systems at: Karasburg, Ariamsvei, Aus, Warmbad, Noordoewer, Keetmanshoop, Outjo informal, Fransfontein, Okangwati, Omitara, Okalongo, Onesi, etc. based on RSHDPs 10. Remove bucket systems in urban areas: Gibeon, Kalkrand, Aroab, Berseba 11. Construct 6000 VIP's with hand washing facilities at schools and clinics in rural areas (single @ N\$2000 and block of 6 @ N\$80,000) 12. Construct new/improved sanitation facilities at schools in urban areas | 1 | N | DWSSC | All | J | 100 | X | X | X | X | X | X | X | X |
| | | | | | 2. Undertake local demand analysis: Regional (Urban and Rural) - Technological; Population Density; Individual Spot Analysis | 2 | N | RC LA | DWSSC LM | J | 260 | X | | | | | | | |
| | | | | | 3. Undertake EIAs and develop Environmental Management Plans before project implementation – for improved decision making and better management of natural resources | 1 | Y | DWSSC MRLGHRD | MET DRM | J | 0 | X | X | X | X | X | X | | |
| | | | | | 4. Assist RCs and LAs with procurement/ tender process | 1 | N | MRLGHRD | DWSSC | S | 0 | X | X | X | X | X | X | | |
| | | | | | 5. MoHSS educational pilot project – waterless sanitation technology, based on Botswana sanitation: construction, evaluation and reporting of 25 units in Omaheke, Oshana, Caprivi, Kunene and Omusati (rural areas) | 1 | Y | HSS | RCs | J | 1000 | X | | | | | | | |
| | | | | | 6. MRLGHRD educational pilot project – VIPs in 5 regions (rural areas) | 1 | Y | MRLGHRD | RCs | J | 165 | X | X | | | | | | |
| | | | | | 7. Develop rural sanitation facilities (various projects to be determined by RCs) | 1 | Y | DWSSC | RCs NGOs | J | 550000 | X | X | X | X | X | X | X | |
| | | | | | 8. Service plots (sanitation component) in urban areas (based on RSzHDPs): Bukalo, Katima Mulilo, Omaruru, Rehoboth, Assenkehr, Tses, Bethanie, Koes, Divundu, Kamanjab, Otuzemba, Eenhana, Okongo, Okahao, Eheke, Uukwangula, Omuthiyagwipundi, etc. | 1 | Y | MRLGHRD | LAs | J | 430000 | X | X | X | X | X | X | | |
| | | | | | 9. Construct sewerage systems at: Karasburg, Ariamsvei, Aus, Warmbad, Noordoewer, Keetmanshoop, Outjo informal, Fransfontein, Okangwati, Omitara, Okalongo, Onesi, etc. based on RSHDPs | 1 | Y | MRLGHRD | Las | J | 375000 | X | X | X | X | X | X | | |
| | | | | | 10. Remove bucket systems in urban areas: Gibeon, Kalkrand, Aroab, Berseba | 1 | Y | MRLGHRD | RCs Las | J | 20 | X | | | | | | | |
| | | | | | 11. Construct 6000 VIP's with hand washing facilities at schools and clinics in rural areas (single @ N\$2000 and block of 6 @ N\$80,000) | 1 | Y | MoHSS MoE | MWT Unicef WSF | J | 5000 | X | X | X | X | X | X | X | |
| | | | | | 12. Construct new/improved sanitation facilities at schools in urban areas | 1 | Y | MoE | MWT WSF | J | 5000 | X | X | X | X | X | X | X | |

| | | | | | | | | | | | | |
|---|---|---|--------------|-----------------------------------|---|------|---|---|---|---|---|---|
| 13. Construct new/improved sanitation systems/units at clinics/hospitals | 1 | Y | MoHSS | MWT WSF | J | 5000 | X | X | X | X | X | X |
| 14. Construct new/improved sanitation systems/units at border posts | 1 | Y | LM | MWT WSF | J | 5000 | X | X | X | X | X | X |
| 15. Construct new/improved sanitation systems/units at other public GRN facilities | 1 | Y | LMs | MWT WSF | J | 5000 | X | X | X | X | X | X |
| 16. Improved sanitation facilities at all National Parks | 1 | Y | MET | MWT WSF | J | 5000 | X | X | X | X | X | X |
| 17. Ensure construction of new/improved sanitation systems/units at public institutions | 1 | Y | LMs | RCs LAs | J | 500 | X | X | X | X | X | X |
| 18. Ensure construction of new/improved sanitation systems/units at private facilities , e.g. shops, service stations and shebeens/cuca shops | 1 | Y | LMs | RCs LAs | J | 500 | X | X | X | X | X | X |
| 19. Ensure good project/contract management through proper and regular inspections, quality control and financial management; incl. proper commissioning/handover and after sales service | 2 | Y | RC LA | MRLGHRD DWSSC | J | 500 | X | X | X | X | X | X |
| 20. Enforce construction of adequate sanitation systems at all public institutions and facilities , according to the health act (incl. schools, clinics, shops, banks, restaurants, shebeens, taxi ranks) | 1 | N | LAs MoHSS | RC LAs | J | 0 | X | X | X | X | X | X |
| 21. Construct emergency sanitation facilities where people are displaced due to floods, wars, epidemics or other disasters. | 2 | N | EMU | MoHSS MRLGHRD DWSSC NGOs | J | 0 | X | X | X | X | X | X |

| Objective | Pr | Acc | PI (SMART ito CTQQ) | Target | Initiative | Pr | Y/N | Resp | Supp | ORS | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 |
|--|----|-------|--|---|--|----|-----|-----------------|----------------|-----|-----------------------|----|----|----|----|----|
| D3. Improved Functioning of Water-borne Sanitation Systems Mostly oxidation ponds as part of water-borne systems in urban areas (excl. construction of new WBSs - included in D2) | 1 | DWSSC | a) No of new WBS projects completed b) Percentage of all WBSs functioning properly according to minimum standards | BL= TBD Yr1= 5 Yr2=10 Yr3= 15 Yr4= 20 Yr5= 25 BL=TBD Yr1=20% Yr2=35% Yr3=45% Yr4=60% Yr5=70% | 1. Assess the Capacities, Conditions and Functioning of all Water-borne Sewerage Systems in the country 2. Develop and agree on minimum standards for all types and components of WBS systems; Communicate the minimum standards for all types and components of WBS systems to all RCs and Las 3. Do EIAs where required for Wet and Dry Sewerage Systems 4. Train/capacitate LAS to properly operate and maintain water-borne sewerage systems 5. Train small contractors and Communities in Operation and Maintenance of WBS systems 6. Offer support with applying for permits and to comply with conditions 7. Ensure good project/contract management through proper and regular inspections, quality control and financial management, incl. proper commissioning/handover | 1 | N | MRLGHRD | DWSSC DRM | J | 1000 | X | X | X | X | X |
| | | | | | | 1 | N | MRLGHRD | DWSSC DRM | J | 500 | X | X | X | X | X |
| | | | | | | 2 | Y | MET | LAs | J | 0 | X | X | X | X | X |
| | | | | | | 1 | N | DWSSC | NGOs Cons Cont | J | 1000 | X | X | X | X | X |
| | | | | | | 1 | N | DWSSC | NGOs | J | 1000 | X | X | X | X | X |
| | | | | | | 1 | N | DWSSC | MET MoHSS | S | 0 | X | X | X | X | X |
| | | | | | | 2 | N | MRLGHRD RCs Las | DWSSC DRM | J | 500 | X | X | X | X | X |

THEME E: OPERATION & MAINTENANCE, PERFORMANCE MANAGEMENT & ENFORCEMENT

| Objective | Pr | Acc | PI (SMART ito CTQQ) | Target | Initiative | Pr | Y/N | Resp | Supp | Srs | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 | |
|---|----|-------|--|---|--|----|-----|--------------------------------|------------------------------|-----|-----------------------|----|----|----|----|----|--|
| E1. Efficient Operation and Maintenance of all Sanitation Facilities Based on clear O&M guidelines With prime responsibility lying with beneficiaries | 1 | DWSSC | a) No of all residential sanitation facilities well operated and maintained b) Percentage of all Public sanitation facilities fully functional and in use (WBS and Dry) Schools Border Clinics Shops Service stations c) Number of complaints per year (blockages, pipe breaks, other complaints – for WBS and Dry systems) | BL= TBD Y1= 70% Y2= 80% Y3= 90% Y4= 100% Y5= 100% BL= TBD Y1= 80% Y2= 90% Y3= 100% Y4= 100% Y5= 100% BL= TBD Y1= 100 Y2= 80 Y3= 60 Y4= 40 Y5= 30 | 1. Establish O&M baselines for proper performance management 2. Develop and agree on minimum standards, plans and manuals for O&M; Communicate these to all RCs and LAs (for all options/systems) 3. Secure sufficient budgetary provision for O&M in all LMs, RCs and LAs 4. Strengthen link between public institutions (e.g. schools) and MWT 5. Establish and manage maintenance teams in schools, clinics and other LMs 6. Develop an appropriate inspection / monitoring system including procedures for reporting (incl. schools) 7. Train local O&M Teams on Wet and Dry Sanitation Systems (either LA staff or selected Community Members through cooperation with Local DC or CDC or outsourced to local contractors) 8. Train users in proper O&M and payment for sanitation – in rural and urban areas, incl. communal areas and where all services belong to GRN 9. Set up help desks at all RCs and LAs with customer service line and proper complaints handling system; with database, incl. GIS) 10. Regularly inspect and report on O&M effectiveness, efficiencies and costs of all sanitation systems 11. Recover costs for sustainability – based on standards, approved tariffs etc | 1 | N | DWSSC MRLGHRD | MWT RCs LAs | J | 500 | X | | | | | |
| | | | | | | 1 | N | DWSSC MRLGHRD | MWT RCs LAs | O | 500 | X | X | | | | |
| | | | | | | 1 | Y | LMs MRLGHRD | All | J | 0 | X | X | X | X | X | |
| | | | | | | 2 | N | WSF wsf | LMs MWT | J | 0 | X | X | X | X | X | |
| | | | | | | 1 | N | LMs | MWT | J | 0 | X | X | X | X | X | |
| | | | | | | 1 | N | WSF LMs | MWT | J | 0 | X | X | X | X | X | |
| | | | | | | 1 | N | WSF DWSSC MRLGHRD wsf | LA RC Cont | J | 1000 | X | X | X | X | X | |
| | | | | | | 1 | Y | WSF DWSSC MRLGHRD | LA RC | J | 2000 | X | X | X | X | X | |
| | | | | | | 2 | N | WSF wsf | LA RC | J | 1000 | X | X | X | X | X | |
| | | | | | | 1 | Y | WSF wsf | LA RC | J | 1000 | X | X | X | X | X | |
| | | | | | | 1 | Y | WSF wsf | DWSSC MRLGHRD LA RC | J | 0 | X | X | X | X | X | |

| Objective | Pr | Acc | PI (SMART ito CTQQ) | Target | Initiative | Pr | Y/N | Resp | Supp | SJO | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 |
|--|----|-------|--|--|---|----|-----|---------|----------------|-----|-----------------------|----|----|----|----|----|
| E2. Functional Performance Management Measure, Evaluate, Report, Reward, Improve and Learn (MERRIL) | 1 | DWSSC | a) Quarterly performance reports submitted by LAs, RCs and LMs to WATSAN Forum with quality information | BL= NA Y1= 70% Y2= 80% Y3= 90% Y4= Y5= | 1. Measure performance of all PIs and Initiatives (in terms of S,T,C,Q,H,C,R,P) as indicated in the latest updated strategic plan at WATSAN Forum meetings | 1 | N | WSF | All | J | 0 | X | X | X | X | X |
| | | | b) Percentage of performance measure targets achieved as included in this Strategic Plan; measured quarterly | BL= NA Y1= 10% Y2= 25% Y3= 40% Y4= 75% Y5= 100% | 2. Evaluate performance of all measured PIs and Initiatives and report progress on PIs and all current initiatives to the quarterly WATSAN Forum meetings | 1 | N | WSF | All | J | 1000 | X | X | X | X | X |
| | | | | | 3. Build a culture of continuous dialogue amongst team members to openly and informally discuss performance on a day to day basis and formally on a quarterly basis | 1 | N | WSF wsf | All | J | 500 | X | X | X | X | X |
| | | | | | 4. Prepare and hold annual JAR workshops in June and send performance reports to Donors | 2 | Y | WSF | DWSSC | J | 500 | X | X | X | X | X |
| | | | c) Mid-term expenditure framework (MTEF) in place within over/ under-spending range | BL= 2% Y1= 2% Y2= 2% Y3= Y4= Y5= | 5. Bi-annually reward/penalise good/poor performance according to quarterly performance reports and bi-annual individual performance assessments (part of PMS/MERRIL) | 1 | N | WSF wsf | LM RC LA | J | 500 | X | X | X | X | X |
| | | | | | 6. Improve performance / take corrective measures based on reported PIs and Initiatives through strategic plan reviews; also see how the whole PMS could be improved (costs part of new strategic plan/scorecard) | 1 | N | WSF | All | J | 0 | X | X | X | X | X |
| | | | | | 7. Update strategic plan as and when required, generally quarterly – based on MERRIL | 1 | N | WSF | All | J | 1000 | X | X | X | X | X |

| Objective | Pr | Acc | PI (SMART ito CTQQ) | Target | Initiative | Pr | Y/N | Resp | Supps | SJO | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 |
|---|----|-------|--|---|--|----|-----|----------------|---------------------|-----|-----------------------|----|----|----|----|----|
| E3. Enforcement of Standards and Regulations for Compliance | 1 | DWSSC | a) Percentage of the total number of developed policies, regulations and legislation that are properly communicated and enforced b) Compliance to sanitation standards and legal requirements (compliance of effluent with quality standards; compliance of sanitation facilities with technical and health standards c) Reported cases of violation of standards and regulations d) Total amount of fines recuperated by RCs and LAs | BL= TBD Y1= 50% Y2= 60% Y3= 70% Y4= 80% Y5= 90% BL= TBD Y1= 60% Y2= 70% Y3= 80% Y4= 90% Y5= 100% BL= TBD Y1= N\$ Y2= N\$ Y3= N\$ Y4= N\$ Y5= N\$ | 1. Ensure all standards, legal and payment requirements are well understood by all stakeholders through good communication | 1 | Y | WSF | LMs RC LA | J | 0 | X | X | X | X | X |
| | | | | | 2. Put in place coordinated structures with authority - sufficient and competent inspectors for monitoring, evaluation and reporting | 1 | N | WSF | LMs RC LA | J | 0 | X | X | X | X | X |
| | | | | | 3. Do regular inspections and effluent quality sampling and testing (incl. industry, mines, lodges, shops, service stations, SMEs, schools, clinics, border posts and lodges) according to Acts | 1 | N | MAWF MoHSS | RC LA | J | 1000 | X | X | X | X | X |
| | | | | | 4. Ensure all public facilities such as schools, service stations and shops have proper sanitation facilities at all times – through approval of building plans by EHPs and others and regular inspections | 1 | Y | All | LMs | J | 1000 | X | X | X | X | X |
| | | | | | 5. Inspect schools on a regular basis to check for diseases | 1 | Y | MoHSS | MoE | J | 500 | X | X | X | X | X |
| | | | | | 6. Investigate disease outbreaks and take corrective action | 2 | Y | MoHSS | | J | 500 | X | X | X | X | X |
| | | | | | 7. Enforce compliance of health and other standards by means of fines, penalties, withdrawal of licenses and forced improvements | 2 | Y | LM RC LA | POL MoHSS All | J | 0 | X | X | X | X | X |
| | | | | | 8. Disconnect services , according to local regulations, in cases of non-payment | 2 | Y | RC LA | | S | 0 | X | X | X | X | X |
| | | | | | 9. Prosecute violators | 1 | Y | DRM | MoHSS | J | 500 | X | X | X | X | X |
| | | | | | 10. Prepare annual reports on % compliance | 2 | N | WSF | All | J | 0 | X | X | X | X | X |

THEME F: S-E-E OUTCOMES

| Objective | Pr | Acc | PI (SMART ito CTQQ) | Target | Initiative | Pr | Y/N | Resp | Supp | S/Os | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 |
|--|----|-------|---|--|--|----|-----|------|----------------|------|-----------------------|----|----|----|----|----|
| F1. Social Outputs and Outcomes Improved social conditions Improved knowledge, health, reduced diseases, user satisfaction | 1 | DWSSC | a) No of total diarrhea incidences reported | BL= 15000 Y1= 5000 Y2= 3000 Y3= 2000 Y4= 1000 Y5= 500 | 1. Measure, evaluate and report on statistics annually; Conduct customer use and satisfaction surveys | 2 | N | WSF | LM RC LA | J | 1000 | X | X | X | X | X |
| | | | b) Percentage of total diarrhea incidences reported with children <5 yrs | BL= 29% Y1= 27% Y2= 25% Y3= 20% Y4= 15% Y5= 10% | | | | | | | | | | | | |
| | | | c) No of cholera cases reported | BL= 200 Y1= 50 Y2= 25 Y3= 15 Y4= 0 Y5= 0 | | | | | | | | | | | | |
| | | | d) No of deaths associated with diarrhea and cholera, compared to BL | BL= TBD Y1= -10% Y2= -20% Y3= -30% Y4= -40% Y5= -50% | | | | | | | | | | | | |
| | | | e) Percentage of households accepting & using the selected sanitation system (based on annual surveys | BL= TBD Y1= 70% Y2= 80% Y3= 90% Y4= 90% Y5= 90% | | | | | | | | | | | | |
| | | | | | 2. Plan improvement measures based on results; revise strategic plan | 2 | N | WSF | LM RC LA | J | 0 | X | X | X | X | X |

| Objective | P | Acc | PI (SMART ito CTQQ) | Target | Initiative | Pr | Y/N | Resp | Supp | SJo | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 |
|--|---|-------|--|--|---|----|-----|------|----------------|-----|-----------------------|----|----|----|----|----|
| F2. Economic Outputs and Outcomes Improved economic conditions – job creation, re-creation, additional income generation, cost recovery and sustainability | 1 | DWSSC | a) No of new jobs created in the sanitation sector | BL= TBD Yr1= 200 Yr2= 400 Yr3= 600 Yr4= 1000 Yr5= 1400 | 1. Measure, evaluate and report on statistics annually; Conduct annual economic surveys (combined) | 2 | N | WSF | LM RC LA | J | 250 | X | X | X | X | X |
| | | | b) Percentage of households re-using effluent/sanitation products (or areas in ha irrigated with recycled water) | BL= TBD Y1=BL+10% Y2= BL+20% Y3= BL+30% Y4= BL+40% Y5= BL+50% | | | | | | | | | | | | |
| | | | c) Percentage Cost Recovery on all sanitation O&M (indication of affordability as well) | BL= TBD Y1=BL+10% Y2= BL+20% Y3= BL+30% Y4= BL+40% Y5= BL+50% | | | | | | | | | | | | |

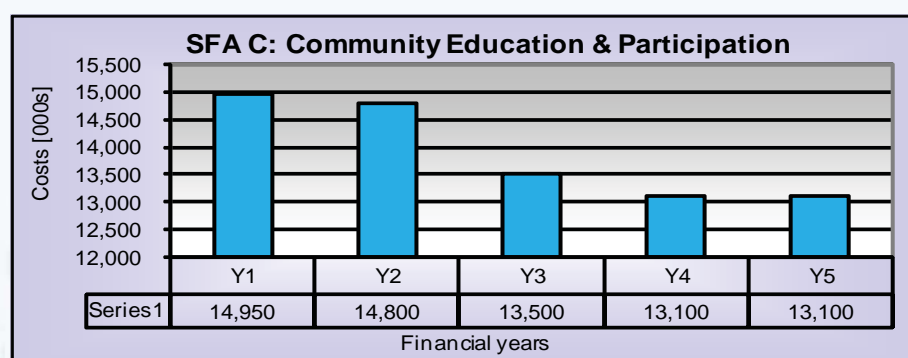
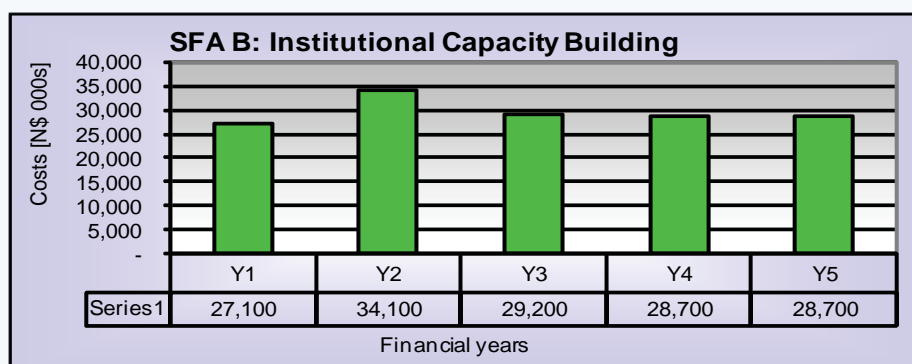
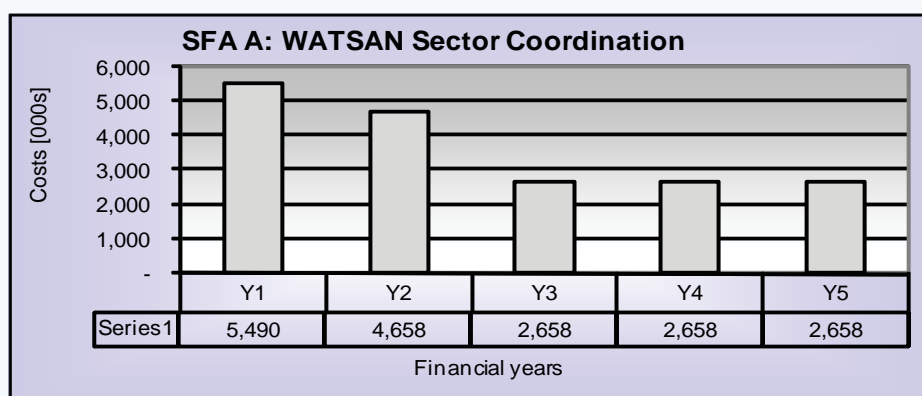
| Objective | P | Acc | PI (SMART ito CTQQ) | Target | Initiative | Pr | Y/N | Resp | Supp | SJo | Total Est Cost (000s) | Y1 | Y2 | Y3 | Y4 | Y5 |
|---|---|-------|--|---|---|----|-----|------|----------------|-----|-----------------------|----|----|----|----|----|
| F3. Environmental Outputs and Outcomes Improved environmental conditions – less pollution, improved environmental health, mitigated damages | 1 | DWSSC | a) Percentage of Sanitation facilities constructed, operated & maintained according to required environmental standards & guidelines | BL= TBD Y1= 65% Y2= 70% Y3= 80% Y4= 90% Y5= 100% | 1. Measure, evaluate and report on statistics annually; Conduct annual environmental surveys, incl. environmental costs/damages & benefits/ improvements | 2 | N | WSF | LM RC LA | J | 500 | X | X | X | X | X |
| | | | b) No of cases of pollution recorded | BL= TBD Y1= -10% Y2= -20% Y3= -30% Y4= -40% Y5= -50% | | | | | | | | | | | | |
| | | | c) Compliance with effluent quality and wastewater disposal permit conditions (as measured annually) | BL= TBD Y1= 15% Y2= 23% Y3= 30% Y4= 35% Y5= 40% | | | | | | | | | | | | |
| | | | d) Compliance to Natural Resources policies and legislation | BL= TBD Y1= 90% Y2= 100% Y3= 100% Y4= 100% Y5= 100% | 2. Plan improvement measures based on results; revise strategic plan | 2 | N | WSF | LM RC LA | J | 0 | X | X | X | X | X |

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7. COSTING AND BUDGETING

The 186 initiatives supporting the 20 objectives, as described in the Scorecard, require financial resources. The financial implications for all initiatives (Priority 1 and 2) are presented below. Note that the financial year starts on 1 April 2010. To ensure a realistic strategic plan, these financial resources should be made available. Should resources be lacking, initiatives indicated by Priority 1 should receive preference.

The strategic budget or estimated strategy expenditure (STRATEX) is presented below. **Figure 15** presents the required budgets for each of the six strategic themes. Themes A, B and C are front loaded and Theme D back loaded as expected.



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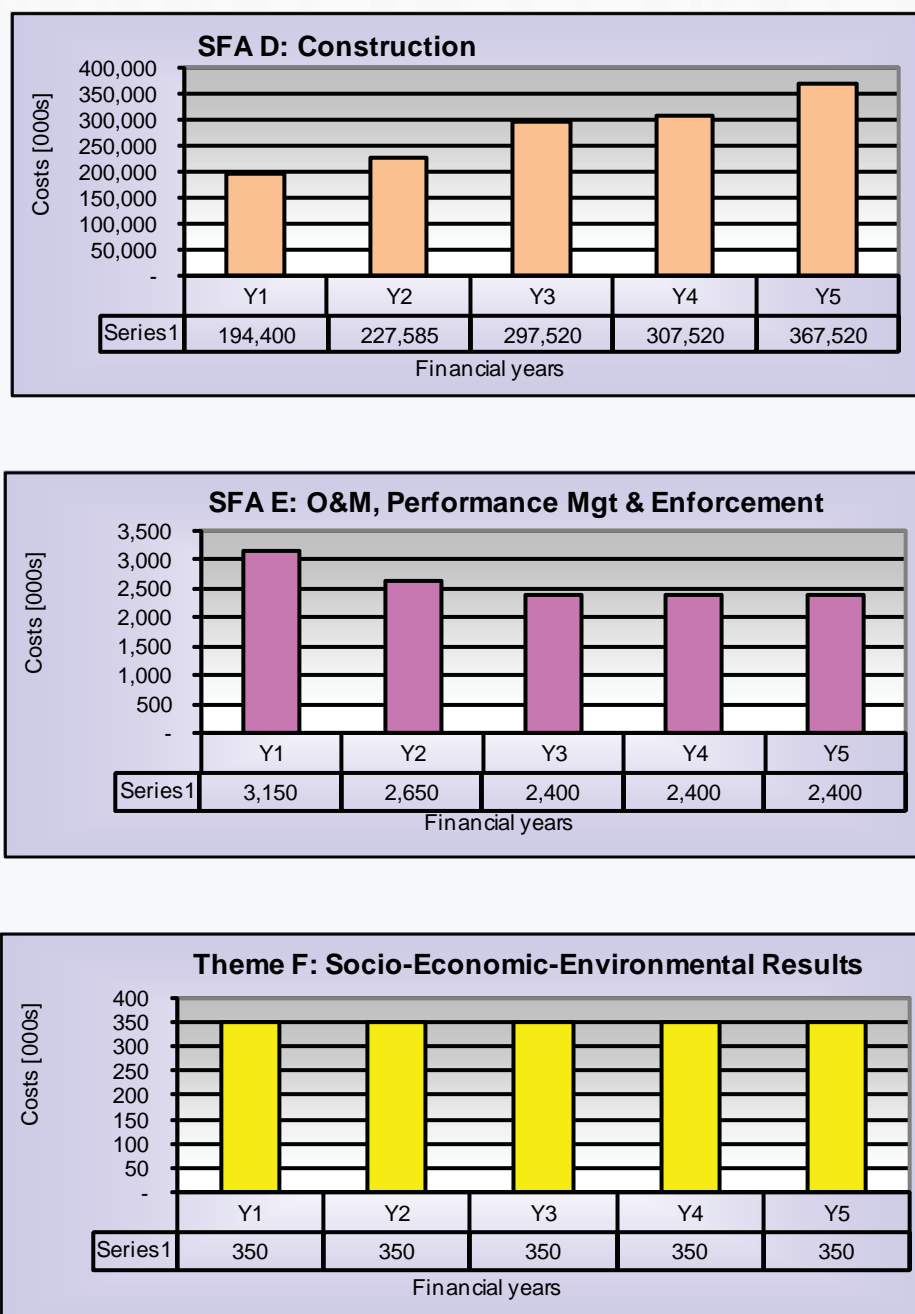
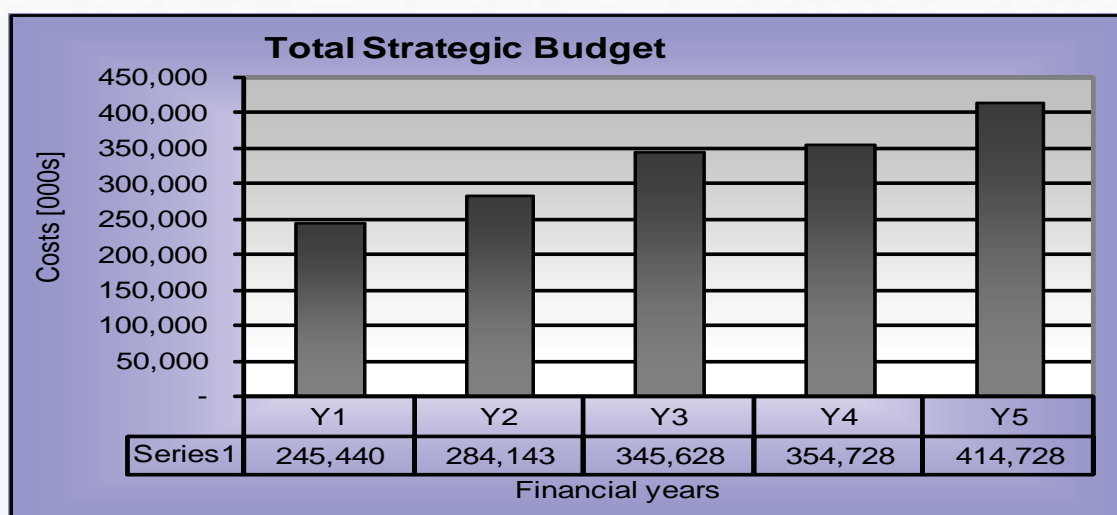


Figure 15: Budgets per strategic theme

The total required budget to implement all initiatives in the sanitation strategic plan is shown below in **Figure 16**. The total strategic budget is approximately **N\$1.64 billion** over the five-year period, with an average of N\$329 million per annum. Year 1 starts with **N\$245 million** and increases to **N\$415 million** in year 5, when increasing capacity should be able to absorb the increased funding.

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| N\$ [000s] | Theme | Y1 | Y2 | Y3 | Y4 | Y5 |
|------------|-------|---------|---------|---------|---------|---------|
| 18,120 | A | 5,490 | 4,658 | 2,658 | 2,658 | 2,658 |
| 147,800 | B | 27,100 | 34,100 | 29,200 | 28,700 | 28,700 |
| 69,450 | C | 14,950 | 14,800 | 13,500 | 13,100 | 13,100 |
| 1,394,545 | D | 194,400 | 227,585 | 297,520 | 307,520 | 367,520 |
| 13,000 | E | 3,150 | 2,650 | 2,400 | 2,400 | 2,400 |
| 1,750 | F | 350 | 350 | 350 | 350 | 350 |
| 1,644,665 | TOTAL | 245,440 | 284,143 | 345,628 | 354,728 | 414,728 |

Figure 16: Total Strategic Budget

The distribution of required funding per year is shown in **Figure 17**. **Figure 18** depicts the distribution of funding over the six themes during the strategic planning period. 'Theme D: Construction' requires **85%** of the funding with the softer remaining themes requiring the remaining **15%**. However, the effect and impact of Theme D expenditure can only be achieved if there is full commitment to expenditure in Themes A, B and C in particular.

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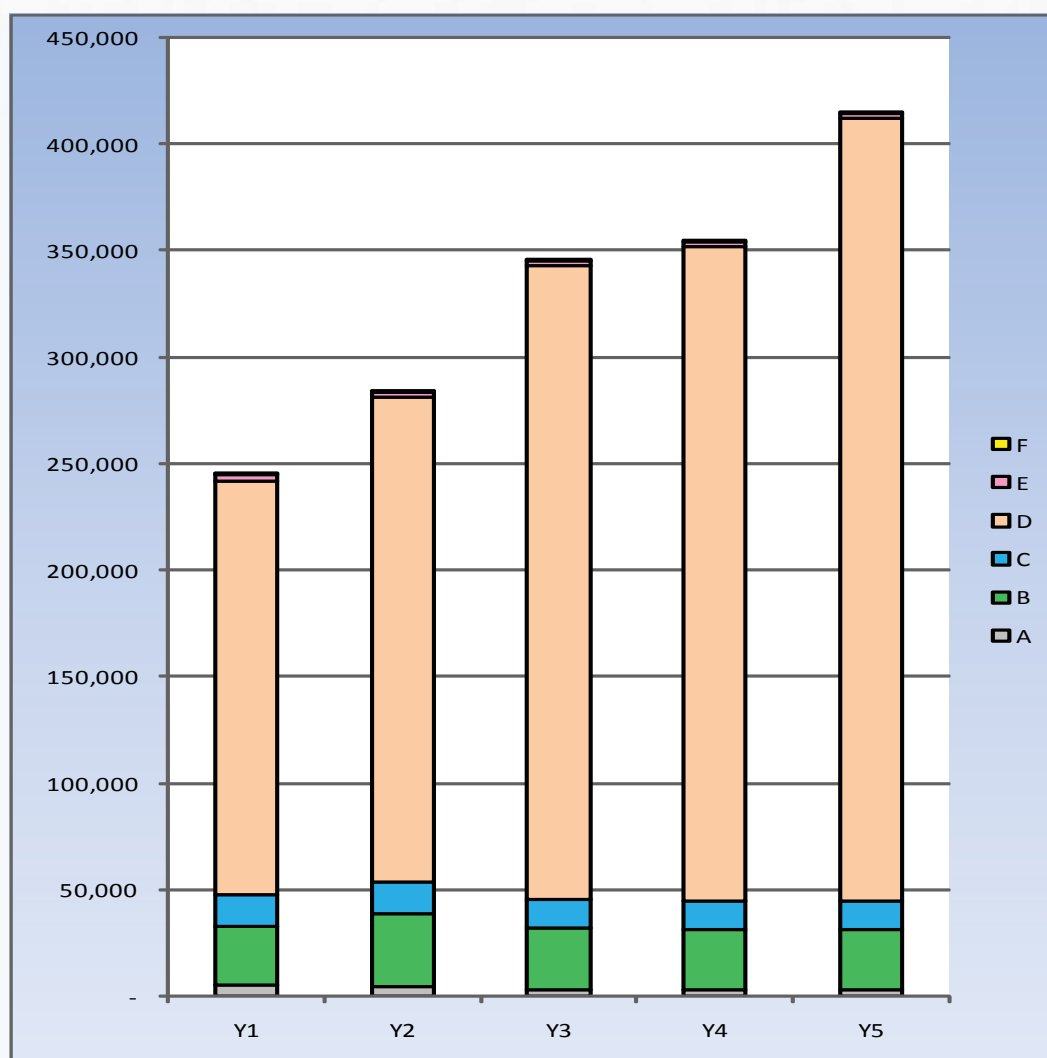
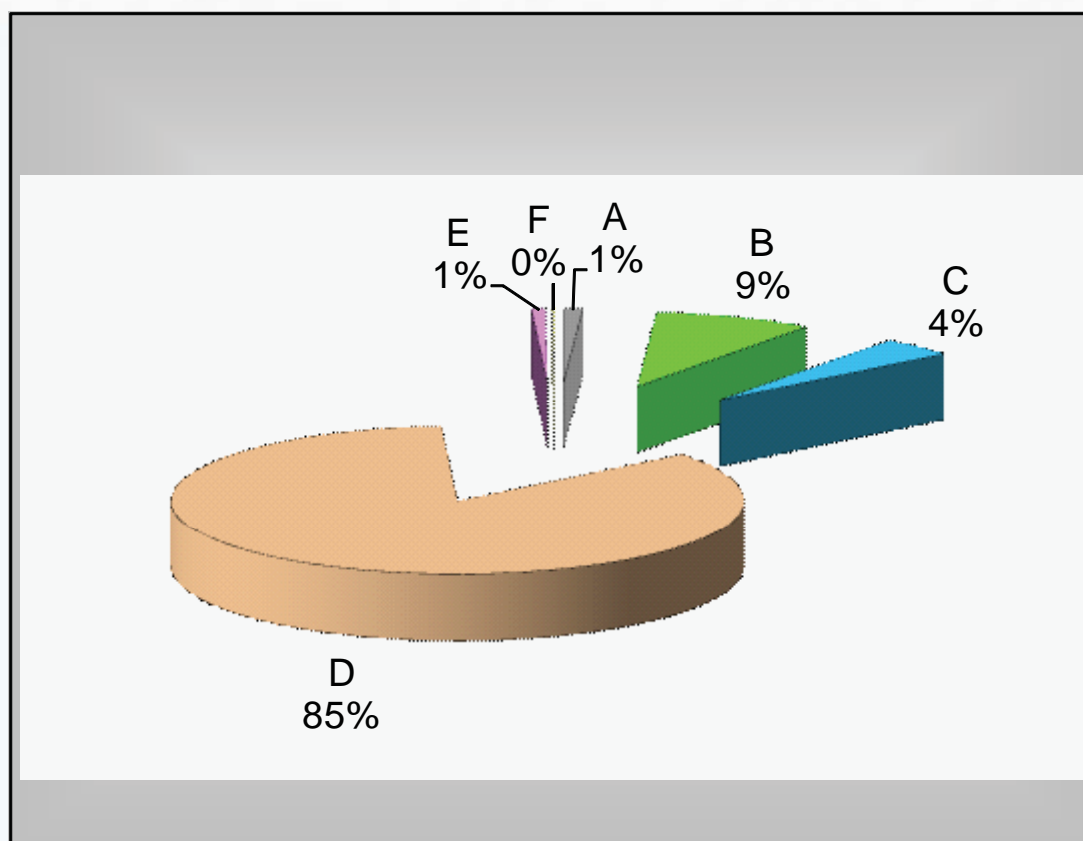


Figure: 17: Distribution of required funding per year

NATIONAL SANITATION STRATEGY 2010 to 2015**Figure: 18: Distribution of funding over the six themes**

Note that this massive 85% portion for construction/hard sanitation components is due to the 100% subsidy (zero user contribution) included in the scorecard and the assumption that the average unit cost/household in urban areas is N\$20,000 and in rural areas N\$6,000.

The Government of Namibia will not afford this total of N\$1.64 billion required to implement this sanitation strategic plan. User/beneficiary contributions, together with development partner support would therefore be essential.

The amount and types of user contribution should be determined through the development of a subsidy policy and system (one of the strategic initiatives in this strategy).

User contribution could be in the form of funds, materials and/or labour. The construction costs in Theme D could rather be regarded as the **total value of required sanitation systems**. The actual financial payments from government (any level) will thus be the remainder after all user contributions have been deducted from the total construction value.

It should be noted that certain benefits that are difficult to quantify have been excluded from these cost calculations. For example, these benefits will include savings on medical expenses due to improved hygiene and sanitation and savings on environmental damages.

8. STRATEGY IMPLEMENTATION CONSIDERATIONS

8.1 Use of Local Structures for planning and coordination

RDCCs and CDCs are planning and coordinating structures in the Regions but they are not implementing structures.

The use of local structures remains an issue. As indicated in this strategic plan, the regional and local structures to be used for sanitation development are the RDCCs and CDCs. The RDCC is the right forum to discuss all sanitation matters. However, most of these RDCCs are not functioning as they should. The exceptions are in the Erongo, Kavango and Ohangwena regions, where they are functioning fairly well (according to the Directorate of Decentralisation, MRLGHRD). According to the decentralisation policy, RDCCs exist for effective regional development planning and coordination. In the same way, LADCs exist for effective development planning and coordination in local authorities and CDCs for effective development planning and coordination in the Regions on Constituency levels. The Permanent Secretary of MRLGHRD and more specifically, the Directorate of Decentralisation is accountable for the effective functioning of all these regional and local committees.

The RDCCs should consist of the Regional Officer (as chairperson), heads of departments of line ministries in the Region, representatives from traditional authorities, local authorities, NGOs and CBOs. They are supposed to meet at least 4 times per annum, but currently it is not mandatory, as the functioning of the RDCC is not yet included in the Decentralisation Enabling Act.

The **RDCC functions** according to the decentralisation policy include:

- Preparation and evaluation of development proposals/plans for the Region for approval by the Regional Council
- Monitoring and evaluation of implementation of projects approved/undertaken by the RC, NGOs, CBOs or central government
- Offering guidance to CDCs
- Coordination of development planning of the Region and integration of development proposals from CDCs
- Establishment and management of a sound regional MIS.

The **CDC functions** according to the decentralisation policy include:

- Identification and assessment of community needs/problems
- Preparation and evaluation of development proposals/plans for the Constituency for submission to the Regional Council
- Initiation, encouragement, support and participation in community self-help projects and mobilisation of people, material, financial and technical assistance in relation thereto
- Coordination, monitoring and evaluation of implementation of projects approved / undertaken by the RC, central government, CBOs or NGOs in the area
- Serve as the communication channel (two-way) between the RC and the people in the constituency
- Coordination of development planning of the Region and integration of development proposals from CDCs
- Establishment and management of a community based MIS in the area.

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It is therefore recommended to use these structures, as they can effectively address all sanitation related issues but only if they are fully functional and if the members are trained, equipped and financed to implement this important strategy. Should these structures (RDCC and CDC) not be functional yet, a temporary **watsan forum** could be established to specifically address water and sanitation issues in the Regions. The membership of such temporary regional watsan forums will have to be discussed and agreed upon on local level. In the meantime MRLGHRD will continue building capacity in these structures.

8.2 Critical Success Factors

This section highlights the critical success 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. These critical success factors are:

1. Sector coordination;
2. Strong committed leadership at all levels;
3. A proper change management process should be put in place to ensure successful strategy implementation. **Figure 19** offers a checklist of elements to be addressed. This Strategic Plan will alter the way in which all sanitation related matters will be addressed;
4. Capacitated Structures, especially DWSSC, RCs and LAs (with competencies as the combination of skills, knowledge, experience and attitude);
5. High performance culture, based on a proper performance management system;
6. Sufficient financial resources - for all strategic initiatives;
7. Hygiene and Sanitation Education – leading to behavioural change;
8. Community participation and buy-in;
9. Effective communication of this sanitation strategy.



Figure 19: Elements of Strategy Execution and Change Management

NATIONAL SANITATION STRATEGY 2010 to 2015**ANNEXURE A: ROLES AND RESPONSIBILITIES OF MAIN STAKEHOLDERS**

This Annexure describes the roles and responsibilities for sanitation delivery in urban and rural areas which are listed below. Functions to be decentralised such as water supply and sanitation, primary education, primary health care are still implemented by LMs in collaboration with RCs. In urban areas, special attention will be given to informal settlements.

MAWF - (DWSSC overall sector coordination and provision of rural sanitation services)

- (DRM enforcement of standards, compliance and issue of permits)

National level

- ensure that financial resources are allocated according to plans for the provision of sanitation in urban and rural areas
- ensure that a transparent subsidy mechanism is in place
- ensure that human resources have been recruited and trained as planned (national, RC and LA levels for the implementation of rural and urban sanitation)
- ensure that transportation means are available at regional level for extension officers
- ensure that a national approach for hygiene education and education tools have been developed for informal settlements
- ensure that national approach for community hygiene education and education tools have been developed
- ensure that appropriate technology options have been developed, as well as guidelines and training manuals
- organise at national level awareness campaign and social mobilisation with stakeholders
- enforce standards, compliance and issue of permits in accordance with Water Resource Management regulations

Regional level

- identify projects and prepare project proposals
- coordinate with stakeholders the implementation of sanitation in the selected community
- ensure stakeholder mobilisation
- in collaboration with stakeholders, adapt/select among the range of improved sanitation systems the most appropriate to local context
- identify contractors, local artisans, service providers
- organise tendering process
- organise and implement/contract out
- quality control of sanitation facilities construction
- organise and implement/contract the training of communities on operation and maintenance
- with the support of influential stakeholders mobilise community, develop community management structures and sign agreements
- with MET, identify areas for the safe disposal of sludge
- monitor progress

(with decentralisation, certain regional level tasks will be transferred to RCs over a period of time)

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MoHSS (hygiene education, enforcement and monitoring health and hygiene data)

National level

- develop with stakeholders a national Namibian approach for hygiene education and develop education materials adapted to rural areas and informal settlements.
- develop guideline and training material and train staff at national, regional and LA levels
- support MOE for the development of sanitation and hygiene approach in schools, health clubs, etc.
- develop guidelines for conducting KAP surveys
- measure, evaluate and report on health and hygiene
- ensure that financial resources are available to conduct hygiene education in rural areas and informal settlements
- ensure that staff at regional and local levels have adequate resources to implement projects in rural and informal areas

Regional level

- organise with stakeholders awareness/education campaigns and events at regional and LA levels
- adapt with stakeholders education material to local context
- organise and implement/contract training of Community Hygiene and Sanitation Volunteers
- contract consultant/NGO/contractor for conducting baseline and KAP surveys and implementing hygiene education approach in communities
- monitor progress
- monitor health and hygiene data
- inspect hygiene and sanitation situation in schools, health structures, households

MoE

National level

- develop a national approach for sanitation and hygiene in schools and hostels (health clubs, healthy schools)
- develop curriculum
- monitor sanitation and hygiene sanitation in schools
- ensure that funds are available at regional level for hygiene and sanitation improvement in schools and hostels

Regional level

- implement with the support of Health staff, sanitation and hygiene in schools and hostels
- monitor sanitation and hygiene in schools
- responsible for the construction and maintenance of sanitation facilities

MET

National level

- development of environmental impact assessment policies, procedures and methodologies
- enforce standards, compliance and issue of acceptance of EIAs in accordance with Environmental Management regulations

Regional level

- monitor compliance of environmental management regulations

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MRLGHRD

National level

- strengthen RDCCs and CDCs
- develop housing policy
- set technical, financial and cost benefit standards to plan, design and implement urban (formal and informal settlements) sanitation systems and in newly proclaimed settlements
- provide support for the implementation of housing programmes
- provide technical support on sanitation issues to LAs on request
- Subsidise LAs to support local sanitation service provision

Regional level

- strengthen RDCCs and CDCs

MWT

National level

- develop standards, methodologies and procedures to develop new build and manage existing LMs facilities and offices. Includes services such as facilities and office water supplies, sanitation systems and on-site wastewater disposal and treatment
- project manage major new build of LMs facilities and offices using consultants, contractors and suppliers

Regional level

- manage operation and maintenance of LMs facilities and offices. Includes providing LMs with advice on how to repair and maintain water supplies, sanitation systems and on-site wastewater disposal and treatment facilities and office. Contract manage contractors and suppliers to repair, replace and comply with regulations

RCs (elected members and executive staff)

Regional level

- plan and coordinate actions with stakeholders
- facilitate social mobilisation
- when decentralisation is effective: budget management and project implementation
- provide technical support to LAs if required

LAs

- responsible for sanitation (hardware and software) in LAs – request support from MWT if required
- ensure stakeholder coordination around sanitation activities in LAs
- mobilise communities
- monitor and enforce

Development Committees (RDCCs, LADCs and CDCs)

Regional level

When trained and capable

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- submit and evaluate project proposals
- monitor and evaluate project approved
- facilitate project implementation in communities
- coordinate project implementation

Traditional Authorities

In accordance with the Traditional Authorities Act, the Traditional Authorities will be expected to

- assist and cooperate with Government, Regional Councils and Local Authorities in the execution of their policies
- keep their traditional community informed of developmental projects in their areas and encourage participation by all members of the community
- ensure that the members of their traditional communities use the natural resources on a sustainable basis, conserve the environment and maintain the ecosystems

NGOs and Private Sector

- Supply of goods, equipment and services to support the planning, design, implementation, operation and maintenance of sanitation services

Other activities that are currently provided in partnership between the public sector and private sector organisations and/or NGOs and could be extended further:

- training
- hygiene education in communities and schools
- construction of sanitation facilities
- collection and safe disposal of sludge
- awareness campaign
- micro credit, saving schemes

Beneficiaries / Local Communities

- participate in all phases of project cycle management
- elect Community Sanitation and Hygiene Volunteers
- agree on sanitation gap and most appropriate local sanitation solution
- sign project contract with LA/RC
- contribute to construction of sanitation facilities
- responsible for good operation and maintenance of facilities
- pay for services as agreed

NATIONAL SANITATION STRATEGY 2010 to 2015**ANNEXURE B: SANITATION DELIVERY PROCESS**

The vision for the sanitation delivery process is described below.

| Activities | Responsible Organisation or Body |
|---|--|
| 1. Sector funding coordination: Sector MTEF sanitation funding mechanism (based on the Sector-Wide Approach) coordinates sector wide funding from GRN, Donors, Private Sector and Civil Society. All sanitation funds are channelled through DWSSC to the RCs and LAs. DWSSC annually determines national and regional sanitation gaps (for urban and rural areas in each region) and present it to the WSF. | DWSSC |
| 2. Annual funding allocations: Based on available funding and identified sanitation gaps per region, the WSF annually recommends funding allocations to the 13 Regions (for urban and rural sanitation). This annual funding allocation per region includes any subsidy amount, if applicable. | DWSSC WSF |
| 3. Project identification and planning: LMs, EOs and/or consultants assist Regions (RCs and their LAs) to identify areas with the greatest sanitation gaps and to prepare project plans and applications. (Initially, to speed up the delivery process.) Projects can be a combination of sanitation and hygiene or only health and hygiene education where infrastructure is already in place. In future EOs and/or consultants can also assist CDCs/RDCCs/regional watsan structures (with RCs/LAs) to identify, plan and apply for sanitation projects. | LM RC/LA EO CONS RDCC CDC |
| 4. Project application and approval: RCs (with LA contributions) then submit their project applications to the WSF (via DWSSC) for approval. Consultants can assist where needed. The timing and frequency of applications have to be determined by the WSF. WSF approves projects submitted through DWSSC on their recommendations. | RC LA DWSSC CONS WSF |
| 5. Strengthening of institutional structures (parallel to Activity 4): MRLGHRD, with the support of the EOs, EHPs and/or consultants mobilise / capacitate CDC/RDCC / regional watsan structures to include hygiene and sanitation on their agendas - to raise awareness on sanitation and hygiene and to increasingly getting involved in project identification, planning, execution and control. | MRLGHRD |
| 6. General hygiene and sanitation awareness: MoHSS with the support of DWSSC and other stakeholders raise awareness on general hygiene and sanitation on national and regional levels. | MoHSS DWSSC |
| 7. Community mobilisation: RC/LA mobilises communities where hygiene / sanitation projects have been approved by WSF. The proposed projects are explained to project communities, incl. roles and responsibilities of the community and the LAs/RCs. A project committee is established. Existing structures, e.g. Water Point Committees, are used and expanded to included sanitation. EOs and Consultants give support where required. | RC LA |
| 8. Selection of community volunteers (or local SMEs): The project communities (e.g. the expanded Water Point Committees) select two local sanitation and health volunteers (CSHVs) per project - one man and one woman to be trained in hygiene and sanitation. Agreement is reached on appropriate incentives. | COM |

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| | |
|--|-----------------------|
| 9. Training funding transfer: DWSSC (with WSF approval) physically transfers funds for hygiene and sanitation training purposes to the RC/LA for specific projects in each region. | DWSSC |
| 10. Training of volunteers/SMEs: DWSSC/RCs/LAs (with support from EHPs, EOs and/or consultants) train these volunteers/local SMEs in base line surveys, demand creation, hygiene and sanitation – both hard and soft elements of sanitation. | DWSSC RC/LA |
| 11. Baseline surveys: Baseline surveys are conducted in the community (incl. sanitation coverage, KAP and willingness to pay) by DWSSC/RC/LA. Risk practices and barriers (social, cultural, economic) are identified. Consultants, EOs and other help where needed. | DWSSC RC/LA |
| 12. Project specific training: DWSSC/RCs/LAs (with support from EOs, EHPs and/or consultants) provide sanitation education and training to the specific project communities, presenting the available technology options with their respective application areas, C,O,M costs, advantages and disadvantages. The activity is achieved when communities understand the importance of sanitation and safe hygiene practices and are ready for action | DWSSC RC/LA |
| 13. Community agreement: DWSSC/RCs/LAs (with support from EOs, EHPs, CSHVs and/or consultants) regularly meet with community/project committee to discuss the gap and possible solutions, testing the options with the given selection criteria (incl. the local environmental situation). Project feasibility and viability are also determined. The project committee reach agreement on the best solution and select the most appropriate option(s). | DWSSC RC/LA COM |
| 14. Signing of project contracts: The project committee signs the project contract with the DWSSC/RC/LA, witnessed by the Headman/Headwoman/traditional leadership, as appropriate. The contract specifies the project scope, subsidies if applicable, payment, roles and responsibilities) | DWSSC RC/LA COM |
| 15. Project plan and tender document development: The DWSSC/RC/LA (with the support of consultants) develop detailed project plans and tender documents. | DWSSC RC/LA |
| 16. Contractor training: If skilled local contractors are not available, local artisans have to be identified and trained on toilet construction - to strengthen local capacity, creating employment and making sure that skilled artisans are available in close proximity of the project area (for proper maintenance of the installations). Training should include marketing and tendering – how to prepare and submit technical and financial proposals. After successful training the DWSSC/RC/LA validate the ability of the contractor. | DWSSC RC/LA |
| 17. Tendering and award: DWSSC/RCs/LAs invite, evaluate, negotiate, select and appoint competent local contractor(s) in an open and transparent process. WSF is informed of all contract awards. DWSSC/RCs/LAs can also appoint local artisans through an approved procurement system to assist specific households/owners. | DWSSC RC/LA |
| 18. Construction funding transfer: DWSSC (with WSF approval) physically transfers funds to the DWSSC/RC/LA for specific projects in each region, according to the tender documents and quarterly progress reports (up to the maximum allocated amounts per project and region). | DWSSC |

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| | |
|--|--|
| <p>19. Project implementation: The project is implemented according to national guidelines, regulations and technical manuals. Construction is conducted by contractor or trained local artisans. When using trained local artisans, the cost of the infrastructure may be discussed directly between the owner of the household and the artisan and communicated to DWSSC. The DWSSC/RC/LA (with DWSSC and MoHSS approvals) controls the quality of construction of each toilet facility built by the artisan.</p> | <p>DWSSC CONT RC/LA</p> |
| <p>20. O&M training: DWSSC/RCs / Service providers / Community members are trained on how to use the chosen sanitation facilities for proper operation and maintenance (e.g. sludge management). Sludge management should be conducted by a service provider or the RCs. Community members pay for these services. The safe disposal of sludge is controlled by MET and/or MAWF (Water Resource Management).</p> | <p>DWSSC RC/LA MET MAWF</p> |
| <p>21. Continued hygiene education and training: DWSSC/RCs/LAs continue with ongoing hygiene education (supported by Community Sanitation and Hygiene Volunteers, EHPs and EOs) to ensure sustainable changes in attitudes and behaviour.</p> | <p>DWSSC RC/LA</p> |
| <p>22. Performance management: RCs/LAs (with support from CSHVs, EOs and EHPs) report progress (as part of sanitation performance management system – Objective A4). EOs, EHPs and EHIs do routine visits to communities and projects to measure progress and to determine where more support is required. RCs/LAs send quarterly reports via DWSSC to WSF. WSF evaluates project performance based on quarterly reports and site visits. Reports include technical progress, behaviour changes and use of toilets.</p> | <p>RC/LA DWSSC WSF MRLGHRD</p> |

NATIONAL SANITATION STRATEGY 2010 to 2015**ANNEXURE C: SANITATION PROJECT SELECTION CRITERIA**

The Demographic and Health Survey (2007) indicates large differences in sanitation coverage across the Regions in Namibia. The allocation of funds and resources should be linked to sanitation needs in each Region.

In each region, DWSSC (or LA) should annually identify hygiene and sanitation improvement projects for possible funding from the annual WATSAN Forum allocation. This Annexure offers a possible selection method that could be used by DWSSC/ RC/LA and the WATSAN Forum.

The selection process may be conducted in two phases:

Phase 1: A rapid appraisal is conducted in all rural and urban areas. The objective is to rank communities according to sanitation needs. Information collected may include population figures, sanitation coverage, sanitation and hygiene related disease prevalence and specific problems (e.g. flooding). At this stage, in-depth surveys (e.g. KAP surveys) are not required.

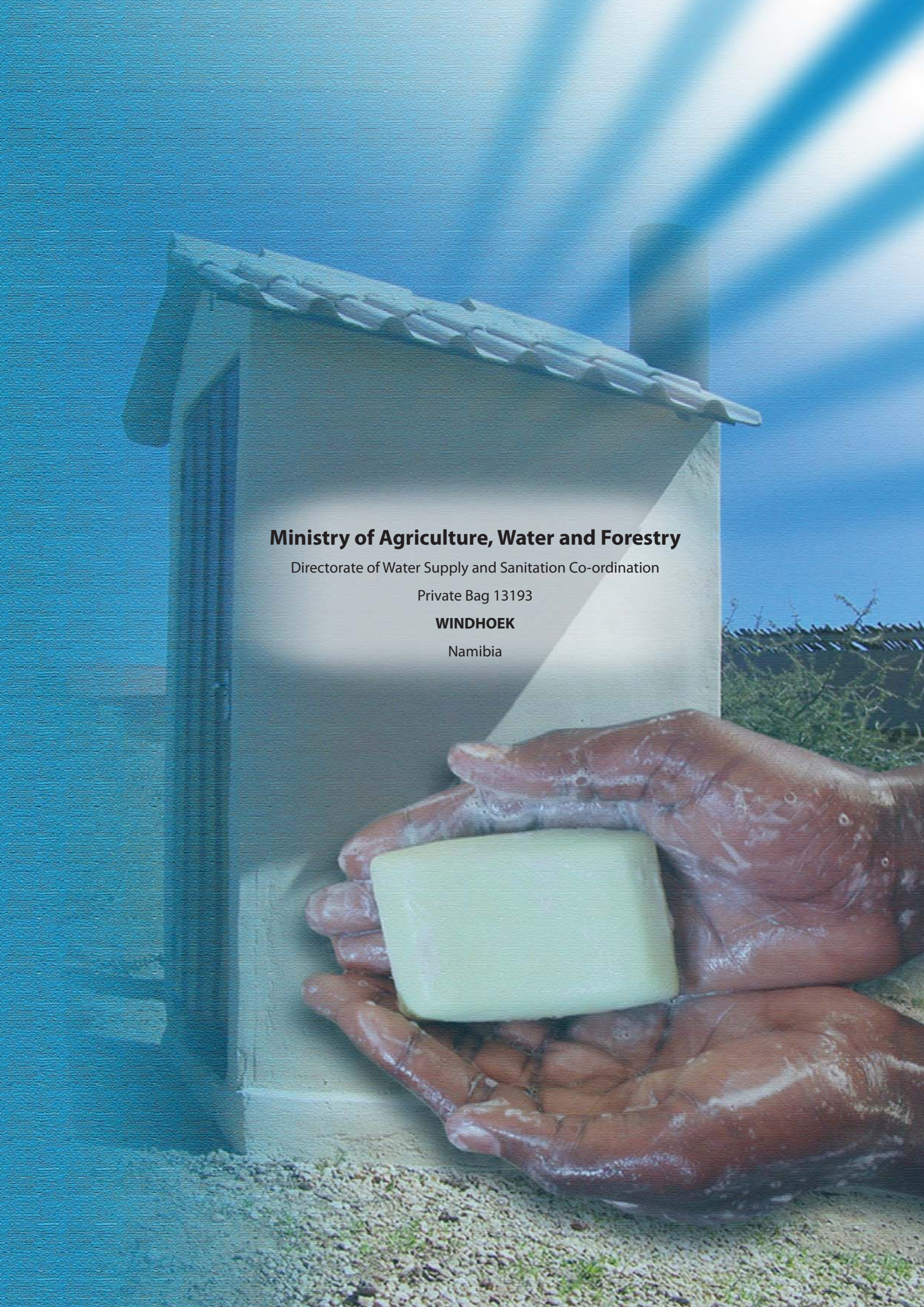
Phase 2: From the list of communities with the largest needs, a number of communities (or projects) are selected, based on an agreed set of selection criteria.

The selection should be a demand driven approach giving preference to communities with the largest needs. It should further favour communities demonstrating interest in improving both hygiene and sanitation.

It should be made compulsory for MRLGHRD, other ministries, RCs/LAs and NGOs to register all their hygiene and sanitation projects – both current and applications - centrally at DWSSC. DWSSC will also register the Rural sanitation projects in communal areas. Only registered sanitation projects should be considered for funding/co-funding. The WATSAN Forum evaluates and finally decides on allocations.

The table below is a possible format that could be used by the RC/LA/RDCC/WATSAN Forum for scoring/evaluating each project application. The projects with the highest totals should then be selected (within the allocated amount).

| Project Selection Criteria | Weight | Score | Total |
|--|--------|-------|-------|
| 1. Extent of the Sanitation Gap/Community Need (population size and density) | 25% | | |
| 2. Total Lifecycle Cost and Affordability (C,O,M) | 25% | | |
| 3. Income generation (re-use of effluent for irrigation; re-use of dry or compost waste as fertiliser and biogas production) and potential for local job creation (use of local resources) | 15% | | |
| 4. Community Initiative, Participation and Approval (demand from community and willingness to participate on all levels, cultural considerations, e.g. no. of people using the facility, re-use of human waste, men/women using the same toilet and literacy and educational level) | 15% | | |
| 5. Environmental Suitability (suited to topography, flood resistant, ground water level, soil conditions and available space around toilet (density) | 10% | | |

A photograph of a person's hands holding a bar of soap in front of a public toilet structure. The hands are dark-skinned and have white soap suds on them. The bar of soap is light green and rectangular. The background shows a white toilet structure with a corrugated metal roof, set against a clear blue sky. The ground is dry and dusty.

Ministry of Agriculture, Water and Forestry

Directorate of Water Supply and Sanitation Co-ordination

Private Bag 13193

WINDHOEK

Namibia