



RESEARCH REPORT

Sanitation Issues in Namibia



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Abbreviations

CLIP	Community Land Information Programme
DWSSC	Directorate of Water Supply and Sanitation Coordination
HRDC	Habitat Research and Development Committee
MAWF	Ministry of Agriculture, Water and Forestry
MET	Ministry of the Environment and Tourism
MDG	Millennium Development Goals
MLR	Ministry of Land and Resettlement
MoE	Ministry of Education
MoHSS	Ministry of Health and Social Services
MRLGHRD	Ministry of Regional and Local Government, Housing and Rural Development
NHAG	Namibia Housing Action Group
RDC	Rural Development Committee
SDFN	Shack Dwellers Federation of Namibia
SDI	Shack/Slum Dwellers International
SMART	Specific, Measurable, Agreed to, Realistic and Time Bound
VIP	Ventilated Improved Pit Latrine
WATSAN	Water Supply and Sanitation
WSASAP	Water Supply and Sanitation Policy

Introduction

The importance of securing adequate and sustainable sanitation provision for many of those living in the towns and cities of the Global South is widely recognised. The Millennium Development Goals for Namibia highlighted this need with the ambition that half of those lacking adequate sanitation would be reached by 2015.¹ Namibia also developed a National Sanitation Strategy (2009) with the mission “to provide, with minimal impact on the environment, acceptable affordable and sustainable sanitation services for Namibian households.” The vision statement is “a healthy environment and improved quality of life by providing sanitation services for urban and rural households.”

Needs are particularly acute in the urban context where high population density make a lack of adequate sanitation particularly unpleasant and unsafe. Namibia also experienced an outbreak of Polio for the first time, within the Okahandja Park informal settlements in Windhoek in 2006 where the community were not using any sanitation facilities. The majority of the cases occur in these settlements. In countries in where the urban population is growing due to migration and/or population dynamics, there is extra pressure on families seeking adequate and affordable accommodation. In the absence of adequate infrastructure and provision for waste management, healthy options for sanitation are lacking. In this urban setting people are often compelled to find a solution for their own sanitation needs.

The context in urban Namibia is one of considerable poverty manifested by the lack of access to adequate housing, security of tenure and unemployment. In recent years, poverty declined by 24% in urban areas, less than a decline of 44% in urban areas (Namibia Statistic Agency, Nov 2012). There is also significant inequality in Namibia, with the latest Gini Coefficient of 0.597 with higher and increasing inequality in urban areas when comparing with rural areas (from 2003/2004 to 2009/2010). The Gini coefficient measures the scale of income inequality. Urbanisation is increasing rapidly: the urban population in 2011 was 42% of the total population, up from 33% recorded in 2001 (National Planning Commission, April 2012). Approximately 61% of the urban population in Namibia live in informal settlements in areas with urban characteristics², according to the estimates of the SDFN informal settlement profiles (SDFN et al, 2009). The increase in urban population since independence in 1990 has been concentrated in the capital, Windhoek. A study in 1995 estimates that 600 people were moving into Windhoek every month with 58% of these migrants settling in the northern and north-western suburbs in informal settlements extending from Katatura Township (City of Windhoek, 2004). In 1995, the municipality reported that 85% of the households living in Windhoek’s informal settlements had incomes below primary household subsistence level (Christensen with Werner and Hojgaard, 1999). The national unemployment level is 31% with rates higher amongst urban young people and women. Poverty in Namibia has been exacerbated by high rates of HIV/AIDS infections. At the peak of the epidemic between 2003 and 2007, approximately 20% of the adult population was infected.

This report draws on information collected by the Shack Dwellers Federation of Namibia (SDFN) to understand issues related to sanitation in Namibia. The Federation, supported by a collaborating NGO, the Namibia Housing Action Group (NHAG), is collecting information about socio-economic and living conditions in informal settlements across the country. This has included details of sanitation options that are being used, and the development needs that are prioritised by the community living in informal settlements themselves. This

¹ 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.

² These estimates are significant higher than the 40% identified by the 2001 census and included information from 95 declared and 15 non-declared urban areas.

information collection exercise is a part of a participatory planning process that enables organised communities to engage with their local authorities to prepare for informal settlement upgrading. The Federation is aware that many members, and others in their local neighbourhoods, do much to improve their sanitation, but their efforts to secure affordable sanitation are rarely acknowledged or supported by the state. Working within a collective of organised communities empowers Federation members to become visible, while the information collection and prioritisation process enables interventions to be meaningful in offering material improvements to people's lives.

The objective of this report is to contribute to the discourse around sanitation in three agencies:

1. For SHARE, a consortium of research and knowledge agencies seeking to improve access to sanitation and hygiene, it is a report that illustrates the capacity of communities to produce information about the sanitation situation and enables differences between gender, generation and income groups to be considered and reviewed.
2. Secondly, this report seeks to direct attention to the inequality of access to improved and adequate sanitation for many Namibians, an issue that has garnered new interest at the national level over the last few years.
3. For SDFN and NHAG, the development of exchanges among members of the Federation has ushered in a new commitment to the aim of healthy and sustainable sanitation systems.

Lastly, the report, and the processes through which it has been generated, is of interest to Shack/Slum Dwellers International (SDI), the trans-national network of homeless and landless federations to which the SDFN is affiliated. SDI federations work primarily in urban areas with members located in towns and cities across the Global South. Adequate sanitation is an acute need for many of these households.

Sanitation Definitions Used in Namibia

Adequate sanitation: One improved sanitation facility per household when human waste is safely separated from human contact.

Bush is the common term used for open ground usually with vegetation, or a dry river bed. Bush, when used as a toilet, is when individuals squat in the bush to relieve themselves when nature calls.

Flush toilet is a toilet that disposes of human waste by using water to flush it through a drainpipe to another location.

Grey water is the dirty water that comes from washing in bathrooms and in the kitchen. It can also be heavily contaminated, e.g. when washing clothing and nappies of babies.

Open defecation is the term referring to anyone using open land/bush for defecation.

This paper has three sections following the introduction. The '*background to sanitation in Namibia*' summarizes the policy and programme context in the country and reviews recent

policy changes. This discussion highlights the increasing awareness given to sanitation by the government of Namibia. However, this interest is hard to realise as responsibilities are shared across a number of ministries. The section entitled '*CLIP and Sanitation in Namibia*' reports on the household surveys collected by the Federation and community members in ten informal settlements across Namibia: Greenwell Matongo C and Mix Camp (Windhoek), Squatters and Oabatere in Otavi, Oshike Shetu Eta in Henties Bay, Blikkiesdorp in Leonardville, Saamstaan in Otjiwarongo, DRC in Swakopmund and in Witvlei and Kalkrand. While the sanitation situation in each settlement varies, the information demonstrates the high number of households who use the bush in the absence of acceptable alternative sanitation options. Separate tables break down this data by gender, generation and income group. Finally this section reports on the development priorities of those communities who are participating in the survey. The section entitled '*SDFN and Sanitation*' reports on information exchanges between communities in order to share experiences related to sanitation provision. The Federation has an extensive programme of community exchanges designed to build the capacity of members, extending their capabilities to understand development needs and intervene to improve their local situations. To date, relatively few exchanges have focussed specifically on sanitation and this SHARE-supported activity provided an opportunity for the Namibian Federation to explore these issues with several community groups.

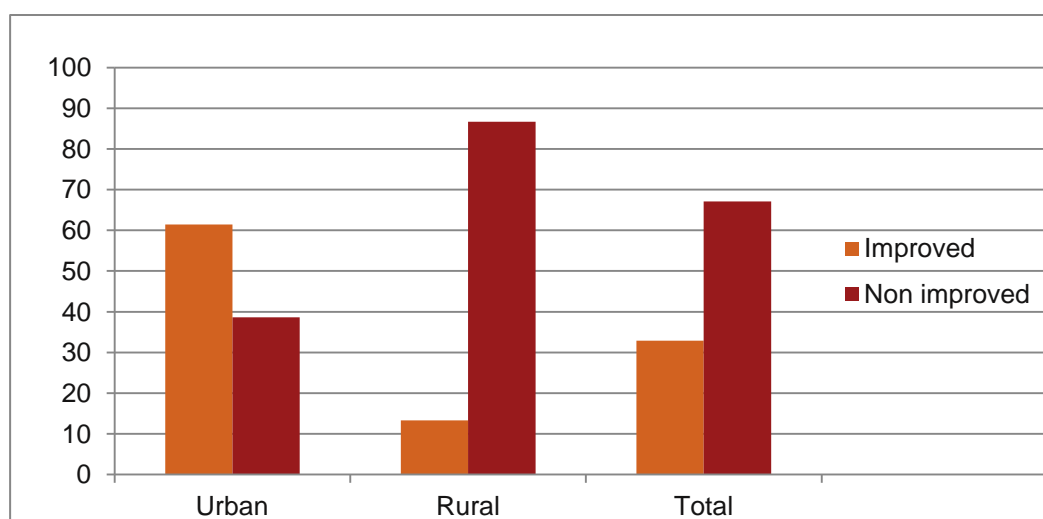
Background to sanitation in Namibia

In 2007, the National Demographic Health Survey indicated that 67% of the population in the country lacked access to decent sanitation and practiced open defecation (Figure 1). This amounts to some 1,411,000 people who are living mainly in rural areas and informal settlements that are peripheral to urban areas. This group is also amongst the lowest-income sector of the Namibian population.

The Namibia Sanitation Situational Report of 2009 indicated that those with access to sanitation facilities are primarily served with water-borne sewage. Sewage connections are estimated to be available to 58% of the urban population and 13% of the rural population (see Figure 1). Generally, on-site sanitation, both wet and dry systems, is poorly developed and serves a small minority. Although this sub-sector has received a portion of the government budget, it was still inadequate to meet people's needs. Furthermore most sanitation facilities constructed up to this stage were the product of housing programmes or sanitation specific projects with the support of the government and limited support of donors. Between 2003 and 2009, the percentage of people connected to waterborne sewage increased by 10% in the urban areas and 7% in rural areas. The actual number of toilet facilities constructed per annum is only a few thousand. To reach the MDG target for the year 2015, the number constructed will need to increase to 25,000 toilets each year. The National Sanitation Strategy of 2009 estimated that the average toilet unit cost per household in urban areas is N\$20,000, while in rural areas it would be N\$6,000. The government is unlikely to be able to afford this and the Strategy recognises the need for beneficiaries and development partners to work together to achieve the MDG goal.

Figure 1: Sanitation coverage in Namibia (percentage)

Source: DHS, 2006-2007; MAWF 2009: 20.



One of the primary reasons for such low achievement in the construction of toilets is perceived to be weak coordination between stakeholders. There are six ministries which belong to the regular national stakeholder forum on water and sanitation: the Ministry of Agriculture; Water and Forestry (MAWF); Ministry of Regional and Local Government; Housing and Rural Development (MRLGHRD); Ministry of Health and Social Services

(MoHSS); Ministry of Land and Resettlement (MLR); Ministry of the Environment and Tourism (MET); and The Ministry of Education (MoE). The apparent lack of interest and poor attendance of some ministries at key meetings were observed during the preparation of the National Sanitation Strategy (MAWF, 2009). Many of the projects relating to sanitation were initially donor driven and tended to follow individual donor philosophy. The current situation is that there are a decreasing number of donors in this sector. In addition, regional and larger local authorities in Namibia tend to work in isolation following their own approaches of what constitutes appropriate sanitation for their area of jurisdiction. Within smaller local authorities, a lack of knowledge and support in areas such as sewerage maintenance, effluent reuse and management as well as information about dry technologies, often results in sanitation systems being improperly managed and/or unsustainable.

From the human perspective, beneficiaries are seldom involved in the choice of sanitation system or management cycle for sanitation systems. The range of options and level of affordability or sustainability for users is not fully understood, and therefore more often than not an unsustainable option (for example a flush toilet) is installed. As a result the facilities are often poorly utilised and maintained, with grey water being used and inappropriate effluent such as newspaper discarded into the toilet and then into the sewage system. There are also instances where the household acquires a flush toilet but does not have a water connection and has to carry the water from a communal standpipe in order to flush. Some local authority staff has noted that many beneficiaries who do have sewer connections are unable to pay for the water required for flushing the latrine which and therefore risk having their water disconnected. This means that these beneficiaries still elect to practise open defecation.

Figure 2: Improved urban and rural sanitation coverage in Namibia (percentage)

Source: DHS, 2006-2007; MAWF, 2009: 21.

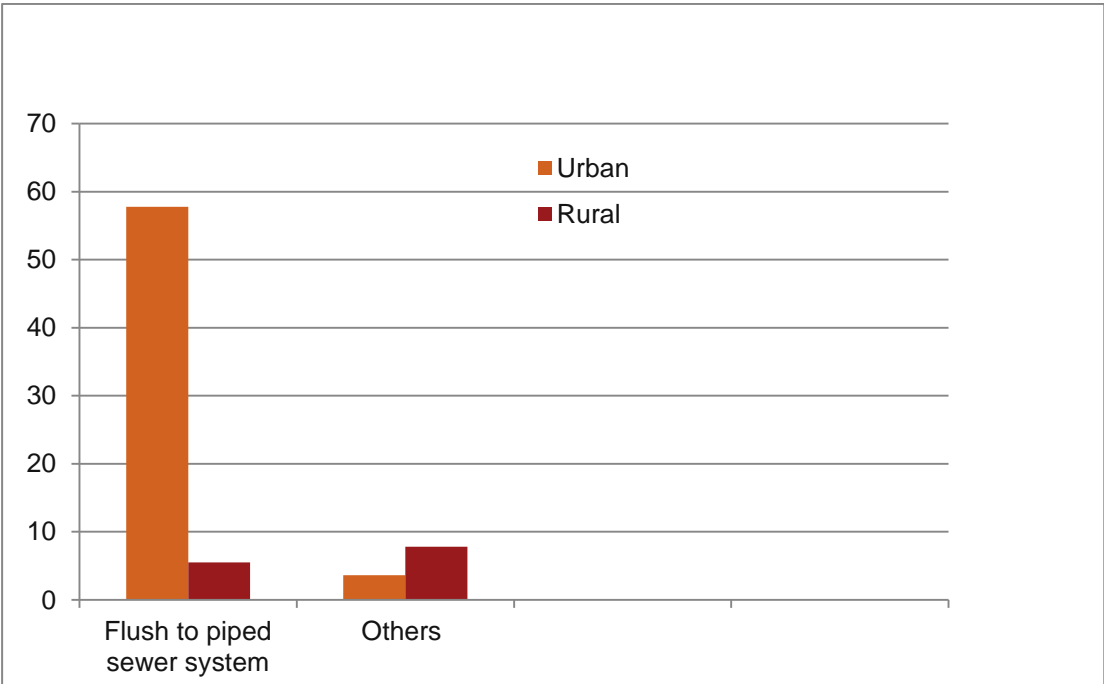
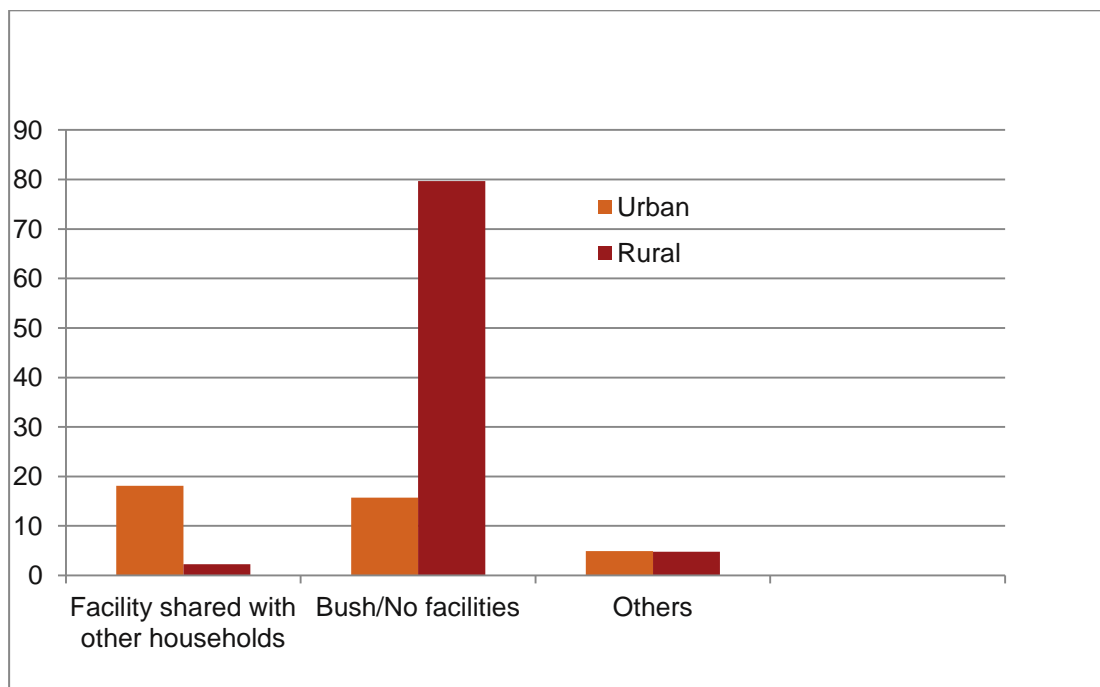


Figure 3: Non improved urban and rural sanitation coverage in Namibia (percentage)

Source: DHS, 2006-2007; MAWF, 2009: 21.



According to the National Strategy (2009) toilet facilities are considered adequate when they are private, which is defined as one ‘improved’ toilet per household.

Table 1: Improved and Non-improved Toilet Systems

Source: National Sanitation Strategy (2009)

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

There is no single national participatory approach or educational material for promoting the proper use and/or maintenance of flush toilets. In addition, sanitation projects seldom appear to address the promotion of safe hygiene with regard to using toilets. There is a move towards establishing national standards and regulations; however there are inadequate

resources to either providing training or raising awareness in basic safe hygiene for using flush toilets.

The Water Supply and Sanitation Policy (WSASP) (MAWF 2008: 6-7 quoted below) sets out principles that will enable improvements in sanitation:

1. Essential sanitation services should become available to all Namibians, and be acceptable and accessible at a cost affordable to the country as a whole.
2. This equitable improvement of 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 supply and sanitation solution and service levels are acceptable to them within the boundaries of the national guidelines.
4. Beneficiaries should contribute towards the cost of the sanitation services they desire at increasing rates for standards of living exceeding the levels required for providing basic needs.
5. 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.
6. Safe disposal of all human and other wastes in an environmentally sustainable fashion.

From the Policy, a National Water Development and Sanitation Strategy and Action Plan was established with the objective to form an appropriate sanitation and management plan implemented and managed by the Directorate of Water Supply and Sanitation Coordination (DWSSC) of the Ministry of Agriculture, Water and Forestry. The plan is based upon the adage that sanitation capacity building is a means for increasing people's quality of life, water resource conservation, water recycling and essential stakeholder services. It is intended that the DWSSC will facilitate planning and implementation of appropriate sanitation technologies at all levels, setting targets based on the National Development Plans with the Habitat Research and Development Centre (HRDC) providing training and capacity building for rural sanitation.

The success indicators and targets of success quoted from the National Sanitation Strategy (MAWF 2009: 20), to include:

1. Percentage of total population reached with general awareness and education campaigns to equal 90% in year 5.
2. Percentage of communities achieved special sanitation capacities through training, including system options to equal 100% in year 5.
3. Percentage of population practising safe hygiene behaviours, including hand washing and open defecation free status is to be determined.
4. Number of additional urban households with access to improved sanitation to equal 52,500 in year 5; number of additional urban households with access to improved sanitation to equal 97,000 in year 5 (with an estimated 150,000 sanitation facilities to be built)
5. Sanitation coverage in rural areas to equal between 13 and 57%. Sanitation coverage in urban areas to equal between 57% and 80%.

6. Percentage of households accepting and using the selected sanitation system to equal 90% (to be verified)
7. Percentage of sanitation systems constructed and operated according to environmental standards to equal 100% in year 5.

In 2008, the Water and Sanitation Policy of 1993 was reviewed to include a much stronger base of stakeholder participation and involvement at all levels (MAWF, 2008). It reiterates the policy principles quoted above by stating that all Namibians should have affordable and sustainable basic water and sanitation services acceptable to individuals as well as affordable for the nation as a whole. To reach an equitable improvement of these services, the report again emphasised that:

- It needs to work in cooperation with beneficiaries through community involvement and participation.
- All stakeholders must accept their responsibilities.
- Communities have the right to decide which services for water and sanitation services are acceptable to them, as long as this is within the confines of the national guidelines.
- Beneficiaries should contribute towards the cost of desired services, especially where the standard required is above the level to meet basic needs.

Information campaigns and on-going education were be used to promote efficient utilisation of water resources and environmentally sustainable development of sanitation services (MAWF, 2008).

Five of Namibia's regions were initially selected to pilot the MRLGHRD's Guidelines for the Provision of the Sanitation Facilities for Rural and Settlement Area. The guidelines arose from the Mission and Vision of the Sanitation Strategy as contained in the National Water Supply and Sanitation Policy (MAWF, 2008). The pilot project was expanded nationally and by January 2011 the Directorate of Rural Development stated that seven regions were involved in rural sanitation with a total cost of N\$20 million per region.

Programmes implemented in Namibia are usually individual actions that vary without due regard to a national or regional approach. One such example is the programme implemented by the Rural Development Committee (RDC) of Okashana during 2008–09. The community outreach programme was established by the RDC with support from MoHSS. The emphasis, based on a community needs assessment, was for the provision of VIP latrines. Several small villages in the RDC area participated in the pilot programme. The shortfalls of the programme included a local perception that payment was needed for participation in training; disinterest or apathy in training and a failure to learn or apply the exact specifications during construction, the poor-quality slabs that were cast, and an inability of households to pay a proportion of the installation cost. (Community Outreach Program: 2010 as presented at a workshop at Okashana RDC, 26 May 2010).

Due to the absence of programmes implementing the sanitation policy in the past and insufficient sanitation facilities in rural and informal settlements residents are compelled to defecate in the '*bush*' as there are no alternatives. The result of this action has caused contamination of *veld*, and water sources such as wells, ponds and oshanas (ill-defined stream channels in northern Namibia). These water sources are also used for fishing, swimming and as a source for domestic consumption for the household and livestock. Contamination could lead to possible spread of diseases although no research in Namibia is available to either prove or disprove this.

The government has acknowledged the need for both a rural and urban strategy to address sanitation in Namibia. The rural strategy acknowledges the importance of what is termed Community Led Total Sanitation (CLTS) along with significant principles of changes in hygiene and sanitation behaviour as well as an open defecation free status, with whole community input in contrast to the formal emphasis on individual behaviour. This is an integrated approach which promotes community based hygiene volunteers.

The urban strategy requires that all local authorities in the country establish a five year plan which prioritises the sanitation requirements of each local authority. In order to reach this goal, full stakeholder participation is needed, along with baseline data, and a recognition for the development of the most appropriate (including affordable) solution according to local context. Organisational capacity will also be strengthened. In practice this means that the authorities take a leading role in providing sanitation and the private sector becomes involved in the construction contracts through a tendering process. Although various private companies market alternative sanitation models, this has not reached a commercial scale.

Individual households take the responsibility of providing their own sanitation in urban areas as part of their house construction, but this process excludes the informal settlement inhabitants where the owner of an informal structure does not have secure or legal tenure; which is a prerequisite for a house loan or an encouragement for owners' investment. However, it is clearly demonstrated in Namibia that where there has been a formalisation of tenure people have built their own permanent houses. This is encouraged by the assistance of the Build Together Programme (a government programme offering low-interest rate loans for housing development) that can be accessed through both local authorities and the loan fund of the SDFN, the Twahangana Fund. Along with secure tenure comes a stronger feeling of permanence and ownership and sanitation is becoming the responsibility of the owners.

In this regard, the SDFN and NHAG have been actively involved to improve the sanitation as part of an incremental development process since the early 1990s, and the challenge is how to utilise what the SDFN has pioneered to meet the basic sanitation needs of the rural and urban community.

Regarding the situation in informal settlements, the SDFN has already completed a baseline study nationwide to determine the scope of and living conditions in these areas. They did this by conducting a nationwide settlement profiling exercise from 2007 to 2008, followed by a second phase of socio-economic survey which is currently still being conducted on a door to door basis. This exercise is referred to as the Community Land Information Programme (CLIP). This is a community-driven and community-owned programme which was initiated by the SDFN themselves. It is supported by NHAG, in partnership with MRLGHRD. The survey aims to facilitate a process whereby the local authorities are informed about the circumstances within informal settlements including living conditions, the affordability levels of residents, and development priority needs of the community. This project has established platforms for the urban poor to participate in their own development by giving them a greater voice to demonstrate and discuss their needs. This in turn enables local authorities and central government to make decisions, budget, and plan sustainable solutions for standard housing, tenure security, and services according to real community needs.

CLIP Phase I features profiling low-income groups living in rural and urban informal settlements and in backyards throughout Namibia and jointly gathered information about their living conditions. The purpose of this profiling is to create an information base to assist with upgrading settlements and securing land tenure in urban and urbanising areas of the country. The information is also contributing to the national data base for policy strategy and financial support. A total of 235 settlements were profiled in 110 areas which encompassed

both legally declared urban areas as well as those that were undeclared (SDFN 2009). According to the CLIP profile, an estimated 541,000 people reside in informal settlements in Namibia, accounting for 25% of the entire population.

During profiling, information was also collected on services and the major finding was the lack of adequate sanitation: one third of the estimated population live in settlements with no facilities and people used the bush.

The population living in the informal settlements has actively participated in the data collection and analysis of the profiles that are a part of CLIP (Community Land Information Program). The data is collected and aggregated by local residents at the settlement level and aggregated by the residents with the support of other Federation members. SDFN experience has shown when the data is discussed in smaller groups people begin thinking differently about their personal and settlement needs. Once the data is made available at the settlement level, residents relate to the information and articulate their development needs. One resident stated: "*We did not know that such detailed information about our block 13 in Kanaan Gobabis was available to us and this can help us address our priorities*". Their case study followed the next section on the data analysis. This information is analysed manually in small unites of 30 households and shared locally before it is entered into the national data base which provided the statistical information as used in this paper.

CLIP and Sanitation in Namibia

The CLIP profiling of informal settlements in Namibia was followed up by CLIP Phase II which asked more detailed questions to residents in informal settlements in selected towns and cities where the local authority expressed a willingness to participate in a shared development process. By the end of April 2011, additional information comprising from 2,757 households in ten informal settlements (Greenwell Matongo C and Mix Camp in Windhoek, Squatters and Oabatere in Otavi, Oshike Shetu Eta in Henties Bay, Blikkiesdorp in Leonardville, Saamstaan in Otjiwarongo, DRC in Swakopmund and in Witvlei and Kalkrand) was entered into the national database. However, at the same time an additional 10,000 households were also drawn into local CLIP surveys, giving information and taking part in settlement discussions about both priorities and further activities for improving their individual settlements. The households participating in the survey have a mean monthly income of N\$930 and a medium of N\$700, and with these low incomes they will not be able to afford to access formally developed land and shelter. Table 1 show that in 38% of the households that females are responsible for the household as referring to as the head of household.

The data is presented on the gender of the heads of household, the type of sanitation being used, development needs and income. These are also analysed according to gender, income groups and types of toilet usage.

Table 2: Gender (Head of Household)

Source: Clip database

Gender	Number	Percentage
Male	1705	62
Female	1052	38
TOTAL	2757	100

According to the findings in Table 3 below, the majority of residents (57%) used public toilets, while 39% practised open defecation, which is slightly more than the one third indicated in the CLIP profile document of 2009. Only 2% of the households are actually having access to private toilets.

Table 3: Sanitation practices in informal settlements

Source: CLIP database

Sanitation Type	Public	Private	Open Defecation	No Answer	Total	percentage
Open Defecation	0	0	1069	0	1069	39
Dry Toilet	1343	49		0	1392	50
Flush Toilet	215	7		0	222	8
No Answer	0	0	0	74	74	3
Total	1558	56	1069	74	2757	
percentage	57%	2%	39%	3%	100%	

Table 4 reports on the main sanitation option based on the gender of the head of household. The data only indicates the head of household's answer to this question (male or female). Although in theory different members of the family can access different types of toilets, this will only be the case if in practice different options are available. According to the responses, there is only a small difference between male and female responses: a higher proportion of female respondents accessing flush and dry toilets, while a higher proportion of men use open defecation.

Table 4: Main type of sanitation used by gender of Head of Household

Source: CLIP database

Type of Sanitation	Male Head of household		Female Head of Household	
	Number	Percentage	Number	Percentage
Open Defecation	689	40	380	36
Flush	122	7	100	9
Dry	879	50	545	52
No answer	47	3	27	3
Total	1705	100	1052	100

Tables 5 and 6 differentiate the responses of male and female according to toilet usage by age. The largest proportion of the key respondents is within the 36-60 age category, while the smallest proportion is in over 61 category. In both the male and female categories, larger proportions of the younger population (18-35) use open defecation as well as the age group of over 61 years of age. On the other hand higher proportions of the age group 36-60 in both the gender groups are using dry and flush toilets, with a higher proportion of males using flush toilets and a higher proportion of females using dry toilets.

Table 5: Male age groups and sanitation use (percentage)

Source: CLIP database

Age groups	Bush/Desert	Dry	Flush	No answer	Total %
18-35	40.3	32.6	19.7	34.0	35
36-60	43.3	56.9	63.1	63.8	52
61+	12.3	9.6	16.4	0	11
No answer	4.9	0.9	0.8	2.1	3
Total %	100	100	100	100	100

Table 6: Female age groups and sanitation use (percentage)

Source: CLIP database

Age groups	Bush/Desert	Dry	Flush	No answer	Total
18-35	44.7	24	21	40.7	32
36-60	37.1	59.3	56	55.6	51
60+	15.0	13.2	22.0	0	14
No answer	3.2	3.5	1	3.7	3
Total	100	100	100	100	100

The survey figures were analysed according to income levels to determine whether income and toilet usage had any direct bearing.

Table 7: Income groups

Source: CLIP database

Monthly income	Total	Percentage %
0	370	13
1-600	924	34
601-1200	781	28
1200+	682	25
Total	2757	100

Table 8: Mail type of toilet usage according to monthly income brackets

Source: CLIP database

Income bracket	Bush/Desert		Dry toilet		Flush toilet		No answer		Total	
0	314	84.9	45	12.2	8	2.2	3	0.8	370	100
1-600	234	25.3	582	63	69	7.5	39	4.2	924	100
601-1200	218	27.9	457	58.5	76	9.7	30	3.8	781	100
1200+	303	44.4	308	45.2	69	10.1	2	0.3	682	100
Total	1,069	38.8%	1,392	50.5%	222	8.1%	74	2.7%	2,757	100%

Table 8 breaks down the income data by type of sanitation use. In general, the assumptions can be made that the higher income groups are less likely to use the bush and more likely to use either the pit latrine and/or public toilet. The lowest income group are the ones most likely to use the bush and tend to have little access to public toilets. The data shows that a significant proportion of those without any income are using the bush, but the general assumptions for higher income groups are not applying as a higher percentage of the highest earners are still using the bush. Two conditions are influencing this situation: firstly the majority of the toilets are public with the majority of dry toilets in the town of Henties Bay where job opportunities are limited, and secondly households will not be inclined to invest when their tenure is not secured.

Development needs identified as part of the CLIP survey gives communities the opportunity to share and discuss their needs with other stakeholders, of which the Local Authorities are the most significant. Table 9 reports on the development priorities of those using the bush. There is relatively little difference between men and women in the priorities of those using the bush. These figures obtain a different meaning with discussions at the settlement level in a number of places. These are elaborated at the end of this section presenting the meeting for a recent survey in Block 12 Kanaan, Gobabis. The case study presents the perspectives shared by community members. The most likely explanatory factor is that there are multiple reasons for selecting particular priorities related to needs, resources, facilities and local specificities of both the place and the household.

Table 9: Development needs identified by those who use the bush (percentage)

Source: CLIP database

Development needs	Male	Female
Electricity	31	25
Houses	19	24
Water taps	17	15
Land	10	13
Toilets	10	9
Clinic/Hospital	5	3
*Others	9	9

**e.g. schools, shops, police station, job opportunities, street lights or better streets.*

It may help us understand the figures above when considering the development priorities identified by all residents, not just those using the bush. By comparing Tables 9 and 10, women who use the bush are more likely to identify housing, water and toilets as priorities when compared to the complete population of women surveyed (i.e. those using all sources of sanitation). They are less likely to identify land, and slightly less likely to identify electricity. It may be the case that those using the bush tend to live in shack settlements in significantly worse condition and they are looking for a “package” of improvements. Those who are not using the bush may be in somewhat better accommodation (perhaps because they are renting) and for them secure tenure is a more needed improvement rather than housing. The figures for men in Tables 7 and 8 show similar differences between those using the bush and those using all forms of sanitation. Men using the bush are more likely to prioritise water and toilets and less likely to prioritise electricity and land.

Table 10: Development needs disaggregated by gender (percentage)

Source: CLIP database

Development need	Male	Female
Electricity	35	27
Houses	19	22
Water taps	14	14
Toilets	7	7
Land	13	17
Clinic/Hospital	4	3
Shops		1
Others	8	10

Table 11 analyses the priority development need by income group. Overall, toilets are the fourth most important priority intervention. The most important is electricity, followed by housing. However, toilets are the third most important priority for the lowest income group

with very little difference between the significance of electricity (in second place) and toilets. The importance of different improvements appears to be related to income groups. Higher income groups value electricity while lower income groups value housing and toilets. There is no strong pattern for water, although it is of less significance for the lowest income group; this is likely to be because they are satisfied with communal standpipes. Land is less important for the lowest income groups and similarly important for all three of the higher income categories.

Table 11: Development needs from income groups (percentage)

Source: CLIP database

Monthly income in Namibian \$	Electricity	Houses	Water taps	Toilets	Land	Shops	Clinics and hospitals	Others
0	12.10	36.40	3.40	11.20	3.40	5.80	3.90	23.80
1 - 600	29.20	20.80	14.40	5.70	17.70	1.10	3.80	7.30
601 - 1200	36	17.70	13.70	8.10	15.70	0.10	3.10	5.60
1200 +	39.70	16.70	13.60	7	14.20	0	2.60	6.10
No answer	18.30	22.60	26.80	6.10	4.30	1.20	9.10	11.60
Total	31.80	20.20	13.90	7.10	14.40	0.90	3.60	8.00

The sanitation situation in each informal settlement differ, but the opportunity to share this information and discuss development options like in the case of Kanaan, presented below also provide the relevant local authority the opportunity to better respond to the local needs. Angolan groups learning about SDI methodologies and members from Oshana and Omusati in the north of Namibia all participated in the CLIP Feedback meeting in Gobabis as part of a national and international exchange.

Case Study of Block 13 in Kanaan, Gobabis also participated in their own socio-economic survey as part of CLIP. Fifty-four families were interviewed in the course of the survey. They shared their information with each other during a feedback meeting in the location. In this case, all household heads are working with an average monthly household income of N\$1,372 (US\$ 170) and family size of 4.6. Twenty-three household heads are women and the rest men. All families are living in shacks and using the bush for sanitation. The majority of women household heads indicated that their first development option is toilets. One woman said: “We are not safe when we want to help ourselves because sometimes when we are busy going to the toilet some man is walking nearby. We are scared about being raped”. Another woman elaborated: “We women in this area, we make sure that we go to the bush during the day only because during the night it’s not safe to go to the bush because there are snakes and also men that use drugs who might attack us...as a result some women end up using the open space around the block so the municipality should consider our safety by building toilets within our blocks”. From a total of 54 households, just under half prioritised water (22) and an equal number prioritised sanitation (22). Six household heads believe that electricity is their priority need. (Shikoyeni, 2011).

SDFN and Sanitation

Decent, affordable and sustainable sanitation options in informal settlements are vital for residents' good health and well-being. This subject is, however, seldom addressed by communities on their own initiative. One of the ways to highlight this concern is through the use of local exchanges with SDFN members. Horizontal exchange programs is the SDFN's main learning strategy whereby community to community visits give the poor opportunities to learn from each other's experiences, encourage each other to solve problems and finding ways to meet their needs. Local authorities and central government officials within Namibia and the Southern African region have also participated in exchanges with their communities to become exposed to pro-poor practices in the region.

In contrast to other development approaches, this process privileges the knowledge and experience of the poor themselves³. Through community networks the poor can build collective capacity in various ways, including: improve their economic and living conditions, build financial resources, secure rights and to negotiate for affordable land and resources. SDFN and NHAG have facilitated community exchanges around several areas of interest, including those of sanitation, and other basic services.

As part of this case study members from five communities visited one another to share issues, experiences and challenges, and to learn from the experiences.⁴ The communities participated in the exchanges include three members from the Hatago Saving Group from Gobabis (in the east of Namibia) who join a team from the Windhoek groups including members from the Greenwell Matongo C informal settlement; the Nguundja saving group from Goreangab, People's Square from Wambo Location in central Katatura and the Tunombili group from Otjomuise. This team visited each of the groups who shared their experiences. Gobabis members also share their experiences with the groups. During the exchanges members relate their history, the progress they made with developing their sanitation, the role of men and women in maintaining their facilities, and particular achievements and challenges. The visitors also made contributions and share their experiences. The fieldworker from NHAG form part of the team visiting each of the communities and recorded the case studies of the groups during the visits. A total of 284 community members participated in the group meetings, of which 75% were women. Women were the majority in all the group meetings, with the exception of Greenwell Matongo C. Greenwell Matongo C is an upgrading project in an informal settlement, and 75% of the members are men as they were the original occupiers of the informal settlements. The summaries below explain the outcome of the exchanges.

During the closing feedback meeting the team was asked to reflect on the findings of their visits, what their learning experiences was, the role of the women and men in the sanitation issues as well as any plans of actions which emerged from the groups. The conclusions from the feedback meeting are also presented.

Nguundja savings scheme from Goreangab began as a small group in 2002 with 15 households, 14 of which were female-headed. All the households originated from Windhoek.

³ "This has an important implication. The capacity to share experiences, options and solutions suitable for the poor is necessarily restricted to those who have had such experiences, which excludes the middle-class professional. This methodology relegates professionals to the role of facilitators of processes rather than implementers of solutions. Because the solutions are organic and experiential, training by outsiders cannot diffuse them successfully." Empowering Squatter Citizen: Local Government, Civil Society and Urban Poverty Reduction. Ted Baumann, Joel Bolnick, and Diana Mitlin.

⁴ , Men lead the original occupation of the informal settlement in the early 1990s in Windhoek when the overcrowded single quarters were upgraded and the relocation of occupants did not assist all the additional family members living in the single quarters.

They had squatted on insecure land and were living in shacks, often in the backyards of other houses. The group was able to purchase a plot of land from the city of Windhoek, which they cleared themselves, and divided the land into 15 portions, one for each household.

Before they took occupation, the City of Windhoek assisted them with the installation of bulk sewerage pipes to the plot boundaries. At the same time, they built their own communal toilet at the edge of the plot. This was a proposal initiated by the women who felt that a decent toilet provided a means to dignity. They felt it was safer than walking to the bush, even though the toilet was not inside the houses. Each household contributed as they were able: some gave second hand parts, such as a toilet seat or corrugated iron sheets, while some gave money and/or labour. The toilet cost approximately N\$800 (US \$120) and included a padlock to prevent the public from making use of the group's shared toilet. Even though the toilet's appearance was unattractive (being assembled from old corrugated iron sheets) the group was pleased to have access to their own sanitation facility. The women drew up a cleaning roster and the single male household was allocated the responsibility for maintaining the toilet technically.

The group agreed that: *"We had a family spirit, and there were never arguments around our toilet. It was always clean"*.

In 2008, some households qualified for low-income house and services loans from the government Build Together housing scheme, and brick houses with internal toilets were built. To date, six female and one male-headed household have a private toilet inside their house. Six households built toilets in their yards by using available pipes to extend the infrastructure. Any additional materials that were required, they bought themselves. Two families are still using the communal toilet.

However, the toilet is no longer clean due to the recent establishment of a shebeen (informal bar) near the toilet. Customers from the shebeen, often drunks, break the padlock and use the toilet. They leave it in a filthy condition, and discard used newspapers on the floor. The two female-headed families who still need to use the toilet said that they continue to clean it before they use it and they do not see the bush as a solution. It is proposed by the group that the toilet should be moved deeper into the block and placed within one member's yard. This will make it more difficult for public access as well as improving the two families' dignity, safety and security.

Tunombili groups from Otjomuise settlement in Windhoek recognised that sanitation is an important issue in Windhoek particularly as there is so little decent sanitation in the informal settlements. Members suggest that communities are eager to improve their sanitation problems but insecure tenure, limited resources and finance for sanitation provision remain significant challenges.

Before they bought land from the city of Windhoek, these members rented rooms or occupied backyard shacks in different settlements such as Havana, One Nation, Babylon and Okahandja Park on the outskirts of Katatura (the black 'township' established by the government in Windhoek during the years of apartheid). The sanitation situation there was really unpleasant. Many different sanitation options were used, but none were that satisfactory. Eventually, after a long time and hard work to save the money, these families occupied their own plot of land. When settled they were fortunate enough to have sanitation services already installed on the land. The two flush toilets shared by the groups were adequate in relation to the few people living on the land. The community regard themselves as fortunate to be relocated on serviced land with basic provision, including communal toilets

and a public tap. They have not started building houses as the agreement allowing permanent structures has not yet been signed with the municipality.

The basic services are for the 20 households now on the site, including 12 female-headed and eight male-headed households. During the first year, the toilets were well maintained and correctly used before all the plots were fully occupied. After the plots were occupied and more people came, including others who moved seeking accommodation from friends and family, the number of people using the toilets increased. Now with more persons where there are still only two toilets, they are being misused.

In 2010 the sanitation situation deteriorated when the toilets stopped being maintained due to misunderstanding and poor cooperation amongst the members. For example, people were using newspaper as an alternative to toilet paper and this resulted in blockages of the system. Others were simply excreting on the floor without regard for other users, and a door was vandalised and no longer closes. Communication broke down amongst the group after an argument arose between the owner of the site where the toilet is located and the users of the toilet. The communal toilets are built within a member's yard. The member complains that she is living in an unpleasant and unhygienic situation due to the smell and noise when people enter her fenced yard especially at night. Her ownership and enjoyment of the property is reduced and inconvenienced.

Notwithstanding the condition of the toilets, most members still use them. However, two women indicated their preference to use the open space even though this makes them vulnerable to harassment and assault. The overall unsanitary condition is disturbing as it threatens residents' health and can lead to diseases. It spoils the amenity of the plot and livelihoods with the unsightly mess and odour, and children are exposed to this when playing.

The breakdown in cleaning toilets occurs when there is a failure in communication with the new users who do not appreciate the system of maintenance or use. In some instances it is also attributed to apathy. Strong leadership and the importance of working together make a big difference for cleanliness.

People Square Group (Wambo Location) Central Katatura was formed in 1989 by 45 women and five men. This was in the colonial time and people lived in overcrowded shacks, some staying in Brakwater just north of Katatura, while some rented small rooms where the entire family lived in very overcrowded conditions. The housing situation was unpleasant so some decided to come together with the aim of improving housing and living conditions.

In 1989 the group tried to negotiate with the city of Windhoek. They explained their housing needs but there was no positive response. After independence in 1990 they finally succeeded in obtaining a block of land and house loan from the Build Together programme. Prior to settling on the land they waited for the municipality to move the residents who were squatting on the land. They were given two weeks to move. It was a violent situation in the settlement, with people fighting day and night; women lived in fear of the violence.

Once the land was open for settlement, the block was subdivided into individual plots with the help of NHAG. In the same year the main sewage system in the block was installed. There were no toilets, and people had to use the bush or the rubbish dump site adjacent to the block. Since most of the residents were domestic workers, they used the toilets at work. At night they used plastic bags which were discarded on the way to work. Sometimes, however, risks were necessary to relieve oneself at night even though it was regarded as unsafe. There were no reports of any violence or injury when this occurred.

But the women could not continue with this unsatisfactory arrangement. The idea of building a communal toilet was discussed. Money was saved to build the toilet although members are unable to recall the cost. Traditional belief is that Namibian women are responsible for all domestic activities including sanitation, and maintaining a hygienic home environment. The toilet was cleaned by the women and girls. A list was drawn up for women to clean the toilet and the men were responsible for maintenance. The group monitored the cleanliness of the toilet and kept a record of who was responsible for cleaning. Children were only allowed to use the toilet in the presence of an elder person who cleaned up after them. The group had three sets of toilet keys and the toilet was always locked.

The houses were built with individual toilets either in the yard or in the house (as household choice). In 1996, the communal toilet was moved to the central yard of People's Square where there is a community centre. This arrangement caters for the people coming to the centre, and the three lodgers staying temporarily while they look for a long-term solution to their lack of housing. The toilet is now old and the toilet pot is broken, the toilet does not lock anymore and it is in a filthy condition. The cleaning and maintenance is no longer a group responsibility but instead the responsibility of lodgers, but they are unwilling. The group once approached the three families to request them to combine their resources and repair the toilet but they argued that they found the toilet in this condition when they moved there, which has created a standstill. Another complaint from a woman of People's Square is that the bulk sewer often bursts and the effluent comes out of the manhole into her yard.

Greenwell Matongo C is an informal settlement located between Eveline Street and Goreangab Dam on the north-western outskirts of Windhoek. This settlement was established in 1993 and comprises ten federation groups (savings schemes). It has an estimated population of 1,377 of which 605 are females and 772 males, with a total of 299 households.

The residents are there because they needed a place to stay near to Windhoek. In 1992, they saw vacant land which they decided to clear collectively and then erected shacks. Soon after, many other urban poor residents came to the area and now it has grown considerably. There were no toilets so residents practiced open defecation in the bush. There were a few households which dug pit latrines, but these temporary toilets were not a long-term solution because during the rainy season runoff and sewage water mixed and seeped into the shacks of other households.

In 1998 the residents joined the Shack Dwellers' Federation of Namibia with the hope of accessing affordable shelter and improvement of housing and living conditions. Ten member groups in Greenwell Matongo C started working together. In 2006 they demarcated the settlements into nine blocks with the assistance of Polytechnic of Namibia land surveying students and NHAG support. The members excavated the trenches and installed the bulk sewer pipes in groups, with the help from the City of Windhoek and NHAG. The City allocated paid jobs to members of the community to carry out solid waste management in the settlement. These residents collect the garbage regularly.

In 2009 the Community Land Information Program (CLIP) survey in the settlement was undertaken. Earlier in 2010 the members completed the enumeration of all households. The project gave members a platform to discuss the sanitation needs at group and settlement level. According to the socio-economic survey, it was indicated that the first priority is better housing and improved sanitation and members are working towards achieving these.

The settlement has three communal toilets serving 1,377 individuals. The women cleaned the toilets, and the toilets were always locked. But the situation deteriorated as members of

the general public broke and removed the locks and used them without any regard for ownership. The toilets are situated near the busy Eveline Street. Women complain the toilets are built with doors facing directly onto the busy street. This causes discomfort and embarrassment especially when doors do not close properly.

With this number of people using so few toilets, the situation has deteriorated rapidly. The toilets are filthy, do not have locks, the doors are unable to close properly. The reality is that the men should maintain the toilets while women keep them clean and usable, but the male-headed households are not playing their part. As a result, very few people make use of the toilets. The toilets are leaking water and that makes the floors wet and dirty. In addition many who do use the toilets either do not know how to use them correctly, or do not care sufficiently. Often the sewer is blocked due to pieces of newspaper that are thrown into the flush toilets. The leakage also inflates the group water bills, but the general community do not appear to be worried perhaps because water is still available at prepaid water taps. The collective water bill for the settlement has run into arrears, and the municipal bill has not been paid. Residents now practise open defecation because the available toilet facilities are inadequate in relation to the number of people who need to use them.

Residents are unhappy with open defecation or with using filthy toilets facilities and both these options pose risks to women in particular. Their safety is endangered when going to defecate in the open after dark as they sometimes fall victim to rape and assault in the bush. The use of the toilet facilities located near Eveline Street are equally dangerous as there are many shebeens (informal bars) that are unsafe due to the unpredictable behaviour of drunken people and criminals. Social norms also impact upon sanitation behaviour. Women have pride in their bodies and value dignity, privacy and social reputation. Exposing their bodies affects their sense of self-worth. A child or young person should culturally and morally not see an elder person defecating in the community. This often causes women to wait until dark to defecate, thereby experiencing discomfort and sometimes illness as a result.

Good sanitation is crucial. Children are vulnerable to becoming sick and risk infection with waterborne diseases that could be prevented if proper sanitation was in place. Children always play in the dirty runoff water from self-made bathing units and dump sites. This situation worsens during the rainy season as the mixture of rain water and human faeces leaves behind an unbearable smell, especially for households living alongside the riverbed where open defecation occurs.

The increasing rainfall during the winter season causes an overgrowth of grass, putting women at risk of rape and increasing the risk of harm by wildlife. As such, residents fear to go to the bush and now some people are excreting anywhere possible, even along the streets and near other households.

An added discomfort in the settlement is the lack of household private bathing units. Washing and bathing is difficult and can cause serious embarrassment for women without guaranteed privacy in make-shift structures. Besides, the unhygienic water that runs off from the units is problematic. It is often stagnant and attracts flies. Living in such unpleasant circumstances remains a threat to the well-being of residents. The water runoff washes away all human waste into the riverbed that leads into Goreangab Dam down from the settlement. This suggests that the water in the dam may be contaminated and unfit for human consumption or any other use. Traditionally, men are the breadwinners and some fish at the dam. Until now we have not heard of any residents who got sick from eating these fish, even though fishing in the dam is prohibited due to a perceived risk to health. The children enjoy swimming in the contaminated dam. Some members are aware that fish and the contaminated water can be hazardous to health but other members of the community appear unconcerned.

The perception of the consequences of poor sanitation is more closely linked to safety, the environment and social reputation. Initially, members were concerned about the safety of the entire community making use of the bush after dark. In this rainy season, however, snakes have become the biggest danger, as they cannot be easily seen in the tall grass.

The community has now started addressing the problem through exchanges.

Hatago Group from Gobabis resided in shacks on the outskirts of Gobabis townlands in an informal settlement. The group comprises 54 households, 14 of which are male-headed and 40 female-headed. In 2002 they bought a plot of land from the town council. It was a vacant plot, so they cleared the bush and shrubs themselves prior to settling there.

The plot had a main sewer installed but unfortunately there were no toilet facilities. The group initially used the bush, but it was difficult for the women to go to the bush which was very far from the new block of land, mostly surrounded by developed plots. Over time members obtained housing loans to buy building materials to construct their homes. The building supply shop gave members a discount for housing materials. The cash returned back from the discount was used to buy materials to build one toilet and some individual households also contributed material. The construction of the toilet was carried out by members with the support from the town council to extend the sewer connections. This toilet cost approximately N\$2,000 (US\$250).

When the group moved onto the block they used the toilet they had constructed. This toilet serves 54 households adequately. Members have never experienced any unhygienic situations or displeasure about using the toilet. The women and children's duty is to ensure the toilet is clean and usable. The group do not keep a cleaning list or have rules or monitors but it was the responsibility of all women to keep the toilet neat. Toilet cleaning became part of women's daily routine, just like other household activities such as cooking.

Following the acquisition of housing loans and subsequent construction, 50 households already live in brick houses with internal toilets. Four residents have not yet qualified for house loans because their savings and group participation were weak and they are still in shacks. But the group lets them use their own private toilets, although sometimes they are forced to go the bush. Upon construction of the houses, the general public started using the communal toilet and it was vandalised.

The Hatago group still regards itself as a single family and continues working together, especially to help members who have not yet built brick houses. Members encourage daily savings to ensure that the four households still living in shacks eventually also qualify for house loans. They recognise the need to continue saving to ensure that they can supplement basic needs in event of future problems arising.

Experiences learnt by members from the exchange

Members of SDFN found the exchange to be very worthwhile and many things were learnt from sharing with so many groups and individual members. The following conclusions were reached during the feedback meeting.

1. Toilets built by the group have a better chance of being maintained in the condition that they are supposed to be in. When toilets are constructed by the local authority, they are more likely to be vandalised. When the public starts to use toilets constructed by group members, they are also likely to be vandalised.

2. People believe that the poor sanitation situation is worsened by the lack of ownership, or participation in the process of finding permanent solutions to their concerns.
3. Greenwell C groups could sign land agreements with the City of Windhoek when the outstanding water debts were settled, and commence building their houses as well as their own private toilet.
4. Culturally, women are the cleaners of domestic matters, and thus clean the toilets. Men are expected to maintain the toilets.
5. When the toilets are owned by a group, a cleaning roster and a monitoring committee assist in maintaining the standard for clean toilets. If toilets are privately owned, maintaining cleanliness is not an issue.
6. Smaller groups seem to manage toilets more successfully than larger groups in the Federation.
7. The Tunombili group has divided members into smaller groups and allocated each group to a toilet. This helps to make responsibilities clear. This activity was an outcome from sharing during the exchange visits.
8. Toilets built on private land are better respected by the public than toilets built on open space in communal land.
9. Less mature Federation groups tend to have the greatest miscommunication and lack of cohesion.
10. It is essential for local authorities to involve the resident community at the initial stage of service provision, and for the community to take ownership. Facilities such as communal toilets and taps provided by local authorities are often not cared for.
11. The exchange over sanitation matters has improved awareness and cleanliness.
12. In some instances some women have wanted to continue to clean while others have argued that it should be paid work. When women stopped cleaning in Otjomuise, the men took over the task and after a few days the women returned to cleaning.

The way forward according to residents of Greenwell Matongo C is for the households to qualify for individual loans to construct individual water-borne latrines. Discussions were held to start housing construction incrementally with a foundation and a toilet, allowing more members to access this basic service. Following a feedback meeting SDFN and NHAG regard this as a strategy to scale up the improvement of the living conditions for more households; the recommendation is for a small starter unit, which can be incrementally developed. This strategy will also help to build activities as once one group has demonstrated the process, more people will be encouraged to become active to begin and then improve their housing over time.

Conclusion

The conclusions reflect on the objectives of this report as well as some practical issues for the community and other stakeholders in addressing the sanitation issue on a national scale.

Concerning the first objective of this paper to illustrate the capacity of communities to produce information, it was possible to present the findings from information collected by communities giving insights into their sanitation situation.

The analysis identifies that 38% of the community are not using any sanitation facilities and indicates that all different categories within gender, generation and income are impacted. The absence of adequate sanitation affects everyone. Even a high percentage in the highest income group still practices open defecation.

Additionally the Kanaan case study further highlights how the community use their own information to start a discourse on their own needs amongst themselves and with their local authority. In comparison the research results of professionally managed socio-economic surveys, are generally not shared with the people providing the information and the community members started to recognise the power of information when they share their information.

Furthermore sharing the findings also gives an opportunity to the community members to answer questions rising from the findings. For example the results might indicate that the community's priority is electricity and during the meeting the people will explain their reasons for why this is their priority development need. On the other hand the Local Authority will also have the opportunity to interact with the community concerning awareness on development options, as well as health and affordability.

This process provides an opportunity for bottom-up planning and involving the community more actively in implementation, but it is currently difficult to implement as the sanitation in Namibia is mainly addressed with a top down decision making and planning approach.

The information also highlights the issue of inequality of access to adequate sanitation according to the second objective of the paper.

The background section to sanitation in Namibia refers to the government's strategy identifying adequate sanitation as individual household facilities. The results of the community information indicate that only 2% of the population in the ten informal settlements have access to private toilets, leaving 98% with public facilities and open defecation as sanitation options.

Even though the population in informal settlements lack adequate sanitation according to the definition of the National Sanitation Strategy, it is not reflected as the first priority need of the household according to the combined data from the ten informal settlements. The majority of the households do not perceive improving their sanitation situation as their first development need, which will have implication for the implementation of the National Sanitation Strategy. One can argue that this might firstly impact the willingness of individual households to put either human or financial resources into acquiring and maintaining sanitation, thereby leaving the state with the responsibility to provide sanitation and secondly that the implementation of the sanitation strategy has to consider how the issue is addressed within a broader development agenda to address the needs of the low-income community.

Considering the scale of unequal access, Namibia is unlikely to achieve the MDG target of adequate sanitation by 2015. Adequate sanitation for all Namibians might be more achievable when the stakeholders of which the community is an key role player, can be provided with opportunities to increase their role. To enable a larger input by the community themselves, they needed the recognition as a key stakeholder and the information collection activity can play a key role in facilitate their participation in the process. Space needs to be created within the current practices of development and implementation for this process to occur.

The exchange methodology addressing the third objective of the document took the sharing of information during community meetings a step further in that the members of the SDFN used the opportunity to reflect on their sanitation practices and experiences which resulted in changes in practices like identifying and piloting the individual sanitation option as well as securing commitment to improve community- managed sanitation.

This process empowers the low-income community to drive their own development agenda as it is identified amongst community members, considering their limited resources available. This approach demonstrates how communities in Namibia, through learning from each other take ownership of their own development.

Although finding solutions to their problem can have immediate benefits to the community, the larger scale impact by increasing the role of the community on household level as well as organised group level require other stakeholders' commitments to work in partnership with the community and to unlock the issue of development rights for individual households in informal settlements.

An example of this is the Greenwell Matongo C group whose opportunity to improve their sanitation situation is locked under current land development practices. The households are restricted in implementing their own initiatives, due to the fact that they have no rights to developed or any measure of security of tenure to safeguard their development. Currently no permanent construction is embarked upon when the community or household lack secured tenure. This process is being delayed and buried under a legislative land delivery process to enable land and housing functioning within the market. This land delivery cannot cope with the demand created by rapid urbanisation, resulting in leaving thousands of households without development opportunities to develop their own sanitation. Therefore most of the sanitation facilities are those constructed by public funds, increasing the dependency on government agency to supply and maintain sanitation.

Additionally the National Sanitation Strategy, adopting the UNICEF standard of one toilet unit per household, is not taking into account the value that can be gained by incremental development of toilets.

The two activities covered in this study, focussing on community's information collection and community sharing and learning from each other, demonstrate the capacity of the community to be involved in various aspects of their own development. Households with low income are able to generate their own information on their socio-economic conditions and needs, as well as finding solutions concerning their sanitation needs, but to succeed in practical action a commitment to open space for them as a partner is required. Although one can argue that the right to sanitation is fundamental, leaving the government agencies responsible for supplying it might not necessarily have the envisaged results. The community efforts can only be scaled up nationally if there is a clear progressive partnership approach, which will include the households as co-actors and not as beneficiaries.

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