38th WEDC International Conference, Loughborough University, UK, 2015

WATER, SANITATION AND HYGIENE SERVICES BEYOND 2015:
IMPROVING ACCESS AND SUSTAINABILITY

Taking rural sanitation and hygiene to scale in Nigeria

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BRIEFING PAPER 2230

Access to sanitation in rural communities in Nigeria is very low (28%). Little public attention or government funding, non-inclusion of sanitation and hygiene in programmes financed by governments, weak political commitment and poor allocation of appropriate resources, unclear roles and responsibilities of various stakeholders at all levels, low awareness amongst the rural population on disease associated with poor sanitation and unhygienic conditions and practices are all contributing factors. The Government of Nigeria and Global Sanitation Fund (GSF) through Rural Sanitation and Hygiene Promotion in Nigeria (RUSHPIN) aims to address these issues systematically and put the country back on track by increasing sanitation access and improving hygiene behaviour of people in two pilot states. This paper gives account of the Executing Agency facilitation of Sub Grantees at various levels of Government and Civil Society Organisations (CSOs) implementing CLTS and the results of 237 ODF communities recorded after 2 years of implementation.

Background

Nigeria being the most populous country in Africa, according to 2006 census, with a population of approximately 140 million, only about 12.37 million people in the country gained access to improved sanitation between 1990 and 2008. Nevertheless, Nigeria is off target on the 2015 Millennium Development Goals (MDG) for sanitation with more than 100 million people still without access to improved sanitation, and a large portion of the population practice open defecation. To avoid water and sanitation related diseases, hygiene promotion is crucial if people are to use facilities properly. Families can reduce diarrhoeal diseases in children by 44% if they adopt basic hygiene practices such as hand washing at critical times.

Table 1. Status and targets for key MDG indicators

Indicator	Status	MDG 7 Target for 2015
Population with access to safe drinking water	47% (2008) 58% (2010)	75%
Population with access to improved sanitation	30% (2006) 32% (2010)	63%

Source: UNCEF fact sheet, updated October 2009

Furthermore, it is observed that when water and sanitation are combine in development programmes, more attention is given to the water component than the sanitation and hygiene component .This may be one of the reasons that contributes to the low access to sanitation and hygiene as shown in table 2 below which further disaggregated statistics on access to water and sanitation in Nigeria as well as between urban and rural areas of the country.

Table 2. Showing data on access to water and sanitation in Nigeria		
Sanitation facilities, Nigeria	**Urban %**	**Rural %**
Total Improved	36	28
Shared	38	14
Unimproved	14	27
Open defecation	12	31
Total	100	100
Drinking Water sources, Nigeria	**Urban %**	**Rural %**
Piped	11	2
Other improved	64	40
Total improved	75	42
Unimproved	25	58
Total	100	100

Source: JMP –WHO/UNICEF 2012

Challenges of implementing sanitation projects in Nigeria

Government funding and public attention to sanitation and hygiene in previous years has been little compared to other sectors and the benefits of better sanitation facilities and hygiene practices are often appreciated by communities only after the intervention - not before. Underinvestment, weak institutional accountability and disjointed coordination of hygiene and sanitation in various ministries and departments are all contributing factors. There is also inadequate understanding of the importance of sanitation and hygiene to public health, the economy and protection of the environment at all levels. Appropriate strategies for social mobilization, advocacy, demand generation and behaviour change are grossly inadequate

There is poor allocation of appropriate resources and weak political commitment for sanitation and hygiene. Most of the programmes financed by the federal and state governments either do not include a sanitation or hygiene component or the components are underdeveloped.

Despite initiatives in the last twenty years in the sector access to safe water and sanitation remains low because most of the programmes and projects (except for the joint Federal Government and UNICEF – United Nations Children's Fund, WASH – Water Sanitation and Hygiene Programme) have been interventionist, short-lived, pilot or demonstrative.

Lastly, there is weak capacity among staff of government agencies with statutory responsibility for planning, management and service delivery of sanitation in rural areas. Demand for sanitation is low in rural areas and extensive mobilization and capacity building efforts are required to increase the construction and use of latrines. There is low capacity of state and local governments for sanitation with staff mostly on secondment from other agencies and departments. Another challenge related to coordination and harmonization is the weak documentation, monitoring and evaluation of sanitation interventions in Nigeria.

Therefore, meeting the sanitation MDG in Nigeria will involve a long-term sustained effort towards the improvement of sanitation coverage. It will require partnerships among stakeholders in the sector and the widespread use of sanitation models such as the Community Led Total Sanitation (CLTS) approach (that focuses on behaviour change), school sanitation, sanitation marketing and capacity building in a systematic and innovative way.

The global sanitation fund programme in Nigeria: Rural Sanitation and Hygiene Promotion in Nigeria (RUSHPIN)

In response to the sanitation and hygiene challenges of the country and the issues around funding, capacity and coordination of efforts in the sector, the Programme Coordinating Mechanism (PCM) - a body which is comprised of representatives from the Federal Government, Development Partners and Civil Society in Nigeria submitted a proposal to the Global Sanitation Fund (GSF) to implement a USD 5 million programme that would run for five year (April 2012 to March 2017).

The GSF funded programme offers a unique and strategic opportunity for the scaling-up of innovative and existing sanitation and hygiene models in a coordinated manner. In so doing, the proposed programme's overall goal is to contribute directly towards the possible achievement of the MDGs on sanitation in Nigeria, but it also looks beyond the 2015 targets and the achievement of sanitation for all people in the country.

The programme seeks to significantly increase sanitation coverage and attain a positive and sustained hygiene behavioural change in six Local Government Areas (LGAs), three in each of the two participating states (Cross River and Benue). These six LGAs will be funded directly through the Water Supply and Sanitation Collaborative Council's (WSSCC's) Global Sanitation Fund. In addition, the Government has committed to i) at the federal level, match the funds for construction of public and institutional sanitation facilities in the targeted LGAs, and ii) at the State and LGA level match the funds to cover an additional three LGAs in each state. This will present a model towards state wide coverage for sanitation that can be marketed and replicated in other states. It is expected that the Federal Government will hence be enabled to continue to fund coordination and promote programme expansion in other States.

The objectives of the programme are as follows:

A.) Achieve increased improved sanitation coverage and hygiene behaviour through a demand-led process, empowering local communities to improve their sanitation and hygiene practices;

B.) Strengthen political commitment at all three tiers of government to improve allocation of appropriate resources for sanitation and hygiene;

More specifically, the programme objectives will be achieved through:

1. Roll out of demand-led cum supply responsive approaches such as CLTS and sanitation Marketing to achieve full sanitation coverage in all targeted areas;
2. Targeted hygiene awareness interventions aiming at changed and sustained hygiene behaviour at household level;
3. Increased institutional capacity and deepened understanding of sanitation and hygiene issues in general, among those responsible for implementing this programme and those responsible for sustaining the results;
4. Targeted advocacy activities aiming at i) increasing human and financial resources for sanitation in Nigeria in general and in the targeted areas in particular and ii) demonstrating results from the GSF supported programme to trigger replication throughout the country;
5. Continuous learning and sharing of best practices, successful approaches and lessons learnt with the GSF family and with the wider sector partners to accelerate sanitation and hygiene improvements in Nigeria as a whole.

In addition, the programme will aim to stimulate improved coordination and clarification of roles and responsibilities of sanitation stakeholders at all levels including; partners (UNICEF, WaterAid, NEWSAN etc), Water Sanitation and Hygiene Committee (WASHCOM) and different tiers of government, Federal Government (relevant ministries, departments and agencies with responsibility for sanitation), State (Rural Water Supply and Sanitation Agencies -RUWASSA), LGA (WASH Department).

Key players

Executing Agency: Like other GSF programmes the world over, the management of sub grantees is the responsibility of the Executing Agency (EA) in the case of Nigeria, Concern Universal (CU). Concern Universal is a charity organisation based in the UK with one of its 9 country office in Nigeria. Concern Universal Nigeria or the Facilitating Agency (as we prefer to be called) of the GSF programme in Nigeria, manages activities and funds of Sub Grantees in the country programme.

Sub Grantees (SG) – Implementing Agencies: The RUSHPIN programme has the two benefitting states Rural Water and Sanitation Agencies as Sub Grantees, six Local Government Areas (Abi, Bekwarra and Obanliku in Cross River State as well as Agatu, Gwer East and Logo in Benue State). At LGA level, the programme will be implemented through Water, Sanitation and Hygiene (WASH) units and 12 Civil Society

Organisations (CSOs) – two in each LGA. The programme is also designed to engage private consultants through direct procurements for development of communication and advocacy strategy, baseline study, Knowledge Attitude and Practise (KAP) studies, mid-term and final evaluations.

Programme implementation

The following key activities have been carried out since inception of the RUSHPIN programme:

- Inception Workshop
- Planning meeting with stakeholders (federal, state and local government), GSF and other NGOs
- Programme set up, recruitment and posting of technical officers to the respective Sub Grantees
- Capacity needs assessment and development of capacity building plan for Sub Grantees
- Pre-baseline, baseline and KAP study
- Training of Sub Grantees on CLTS facilitation, M&E and financial management
- Resourcing of WASH units to enable them support field activities and report progress
- Triggering and follow up of communities using a very mechanical approach
- Review of CLTS implementation process by Kamal Kar and retraining of CLTS facilitators
- Identification of master trainers from the Kamal's workshop to support in CLTS training
- Step down of CLTS to LGA WASH units
- Resume triggering and follow up of communities maintaining a 40% triggered ODF ratio
- Engage and train local CSOs
- Training of Local Task Group on Sanitation (LTGS) on Open Defecation Free (ODF) protocol
- WASH clinics at LGA and State level to promote learning and sharing

Results

After two years of implementing the RUSHPIN programme, 705 communities have been triggered. 99,918 people (31%) in 237 villages now claim to be living ODF environments. 111,870 people now wash their hands with soap or ash and 163,270 (49%) of 326,481 people in 705 triggered communities now having access to safe sanitation. There are emerging innovations on types of toilets, hand washing stations, latrine covers (fly proof) and even types of latrine with households moving up the sanitation ladder. Communities have enacted several laws/penalties to check open defecation within the community. Family relations, NL, youth groups champions the construction of latrines, latrine drop-hole covers (fly proof) and hand washing stations for disable and disadvantage households (HH). The M&E system put in place now ensures that accurate and streamlined data on sanitation and hygiene from the household get to federal through the state and LGA in a sustainable way.

Table 1. Programme results as at January 2015

	13/14	2014								2015
	Oct – April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
No of Communities Triggered	23	150	300	321	321	350	466	549	650	705
No of ODF Claims	0	1	1	9	46	97	129	140	194	237
No of persons trained	174	303	303	303	482	718	718	1046	1046	1046

Reason for results

The RUSHPIN programme is a complex one because it involves facilitating: 1.) Officials at the federal, state and local government levels to streamline and perform their roles and responsibility in a timely manner. For instance getting the PCM (federal) to coordinate the programme in the country and the State RUWASSAs to carryout CLTS trainings for implementing agencies (i.e LGA WASH and CSO staffs) can be very difficult. 2.) CSOs to work alongside local government officials in a complimentary arrangement that promote a healthy competition that produces result.

In view of the above, four observed factors are said to have contributed to the result recorded by the RUSHPIN programme.

1. Use of an international NGO as an EA, which has reduced the numerous government bureaucratic processes, delays in implementation as well as supported the building of institutional capacity of government officials. This novel idea ensured adequate controls and systems were put in place to achieve desired result.
2. Introduction of Programme Technical Officers in LGA WASH units to mentor and provide hands-on support to the sub-grantees on Programme planning, implementation, M&E implementation reporting and financial management. All the SG especially the government (from Federal, state to LGAs) now perform their statutory responsibility of responding to the sanitation and hygiene needs of the people they are meant to serve in the programme area.
3. Careful and systematic implementation of WASH programme activities at community, State, Federal and Global levels.
4. Buy in and engagement of traditional and religious stakeholders - Local Task Group on Sanitation (LTGS) to support communities achieves and sustains ODF status, an arrangement that had formerly existed on paper.

Key lessons and recommendations

Minimise bureaucracy during triggering*:* Avoid too much documentation during triggering and if possible formation of WASHCOM, as this distracts community attention and reduces the energy created during triggering. Community data can be obtained before and after triggering activities.

Quality of facilitation is crucial: An interdisciplinary, interagency team of trainers must be built in order to sustain quality training at LGA level to ensure high quality CLTS facilitation in the long run. The diverse experience and skills of LGA staff should be utilized in post-triggering facilitation to highlight health gains from communities sustaining ODF.

Urgency & Clarity: Energy generated from triggering should be maximized and urge communities to agree an action plan that is time-bound and exigent. Within 3 days of triggering post-triggering visit must be made to maintain community energy. ODF criteria must be emphasized on follow-up visits to 'raise the bar' and ensure sustainability.

Natural Leaders: Engaging Natural Leaders (NL) is vital for ODF sustainability as it reduces the chances of communities slipping back. Identifying and utilising Natural leaders, Community Consultants, local artisans in the communities to have clear roles in supporting scale up.

LGA-wide buy-in: It is crucial to identify CLTS champions at all levels (LGA, State and Federal) to support collective ODF drive, especially to secure involvement of State representatives when engaging LG and ward level stakeholders.

Roll-out must be flexible and responsive: CLTS is about behaviour change, not counting toilets constructed. Avoid promoting one model or solution, instead pass messages on and allow communities to find their solution. Keep an equal balance of triggering to follow-up visits and maintain a 40% efficient ratio of triggered to ODF claims.

Acknowledgements

The author/s would like to extend thanks to Mr Nanpet Chuktu, Programme Manager of the RUSHPIN programme in Nigeria, Tim Kellow the Country Director and Mr. Yusuf Tariya for their contributions.

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