

FEDERAL REPUBLIC OF NIGERIA



FEDERAL MINISTRY OF WATER RESOURCES

NATIONAL WATER SANITATION POLICY

Department of Water
Supply and Quality Control

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NATIONAL WATER SANITATION POLICY
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SECTION I: BACKGROUND

1.1 INTRODUCTION

The mortality rate due to poor sanitation is alarming (approx 5-20%), resulting from diseases such as diarrhoea, cholera, typhoid, para-typhoid, guinea worm, bilharzia, etc. Several administrations of the three tiers of Government in Nigeria, from colonial times, have paid less attention to sanitation improvement than water supply. This may be due to the popular notion that sanitation is a private household affair and should therefore be left to each individual household to handle as it deems fit. The truth, however, is that an integrated approach for good sanitation, effective hygiene practices and potable water are needed to promote the good health and quality of life of all Nigerians.

The improvement of health and quality of life is an important aspect of good governance in a developing economy like Nigeria, with a population in excess of 120 million people. Poor sanitation negates any positive gain made through improved supply of potable water. Contaminated water and insanitary conditions are the cause of prevalent water and sanitation related preventable diseases such as cholera, typhoid, diarrhoea, dracunculiasis (guinea worm) and schistosomiasis. Studies have shown that the prevalence of diarrhoea and cholera outbreaks are common occurrences in schools and communities. An estimated 150,000 to 200,000 diarrhoea-related deaths occur among children below the age of 5 each year. A total number of 719,138 diarrhoea cases were reported in 2002, giving a national incidence rate of 584.50 against 442.00 in 1994 (32.24% increase).

Cholera has continued to plague Nigerian communities. From a low incidence rate of 2.02 in 1999, the Nation recorded a 19.02 incidence rate in 2002 (841.58% increase). Typhoid and Paratyphoid cases have risen from a reported incidence rate of 22.38 in 1994 to 77.48 in 2002.

Dracunculiasis (Guinea worm) now on the decline from 653,620 cases in 1987/88 to 1,460 cases in 2003, still exists in 16 states and remains an important concern with multiple adverse effects on health, education and economic activities especially in the rural areas².

According to Nigeria Demographic Health Survey (NDHS) 2004, half of the Nigerian population has at least one episode of malaria annually. Malaria negatively impacts on the social and economic development of communities in Nigeria, it is responsible for school absenteeism and low productivity at work places and on farms³.

The first case of HIV infection in Nigeria was recorded in 1986. Since then the rate of infection has been on the increase with a National prevalence rate of 5.0% in 2003⁴. Good sanitation and hygiene enhance the life

prospects of people living with HIV by reducing their vulnerability and exposure to secondary infection.

The poor sanitation coverage in the different Nigerian settlement types namely: Urban, Semi-Urban (Small Towns) and Rural Areas is attributed to a number of factors including lack of awareness, poverty, poor planning, poor funding, poor implementation of hygiene and sanitation programmes by different agencies and above all the absence of clear cut Policies on Sanitation.

The Federal Government of Nigeria approved a National Water Supply and Sanitation Policy in 2000. Although some mention is made of sanitation in the Policy Paper, the subject is not addressed in sufficient depth. For instance, the Institutional roles of relevant Government Agencies involved with sanitation at the three tiers of Government, the Private Sector, NGOs and Development Partners need to be defined. The roles and responsibilities of communities and individuals and the Financing Mechanism should be specified. Hygiene education and capacity building for operators responsible for improving the status quo need to be addressed. These and other gaps have necessitated the call for this National Water Sanitation Policy to provide a framework for the sustainable development and management of appropriate sanitation services and hygiene education at all levels.

1.2 DEFINITION OF WATER SANITATION

Water sanitation for the purpose of this Policy, shall be defined as effective hygiene practice, handling and disposal of excreta, liquid (sewerage, sullage and storm water) and leachates from dump sites (solid wastes) in so far as it affects water sources. Sanitation, wherever mentioned in this policy shall refer to water sanitation.

Other components of sanitation, including wastes from industries are covered by Federal Environmental Protection Agency (FEPA) Decree 58 of 1988 as amended by Decree 59 of 1992 and the recent comprehensive National Environmental Sanitation Policy 2004, of the Federal Ministry of Environment.

1.3 DEFINITION OF TERMS

Adequate: An adequate sanitation facility must meet social, cultural, technology, user satisfaction and environment friendly criteria. Adequate sanitation means access to safe excreta disposal facilities, services to households, public facilities, and disposal of liquid and solid waste without contamination of water sources, health hazards to people or deterioration of the environment.

Improved: Upgrading traditional latrines to reduce flies and odour, and provide superstructures; provision of water flush system (septic tank/soakaway) and sewerage system; and provision of hand washing facilities after use.

Access: All households and public places have sanitation facilities, which are used appropriately at all times.

Household: The average household size in Nigeria is 5 persons. The household size is slightly higher in rural areas than in urban areas (5.1 verses 4.7). It is also higher in the North than South. For the purpose of this policy a family unit shall be 8 persons living in the same compound.

Affordable: The ability of households to own, operate and maintain sanitation facilities, without a major disruption in their expenditure pattern.

Sustainable: The ability of a sanitation delivery facility or system to continuously ensure user satisfaction at all times without jeopardizing the ability of future use.

Systems: All methods of sanitation delivery.

1.4 HISTORICAL PERSPECTIVE

Before the colonial administration, most communities had basic sanitation tradition of cleaning their surroundings. However, the recorded history of sanitation in Nigeria is interwoven with the growth and expansion of early settlements especially Lagos Island. As early as 1862, the colonial government had observed that the streets of Lagos need straightening, widening, draining and clearing.

In 1873 a gazette by the Acting Colonial Surveyor specified that: *“Households and owners of unoccupied lands throughout the town are requested to keep the streets clean around their premises, by sweeping them at least once a week as well as cutting and clearing away bush and grass and removing other sources of nuisance...”* In 1877, an Inspector of Nuisance was appointed (the first Sanitary Inspector), to ensure among others that garbage was collected and streets swept.

Introduction of night soil collection around 1899 to reduce ground water pollution was based on the discovery that 202 out of 203 wells tested were polluted. The Lagos Ladies' League was founded to administer quinine to children and combat infant mortality and spread the knowledge of elements of hygiene in the community. Between 1899 and 1904 a Sanitary Board of Health was established to give advice on many township improvement schemes. Later on, Local Boards of Health were established for European Reservation Areas in Northern Nigeria.

In 1917, Township Ordinance (No. 17 of 1917) established a structure of cities with Lagos as a First Class city having a Town Council with wide range of functions including sanitation. However, the provisions of the Ordinance did not extend to the native towns, hence there were no improvements in these areas until the bubonic plague of the late 1920s.

In 1927, the Town Planning Committees established in 1924 to consider planning schemes, were dissolved and replaced by Health Boards.

Over the years, sanitation in Nigeria has developed due largely to individual efforts of households and several non-governmental organisations. The Federal, State and Local Governments, and the Development Partners have in the past intervened in sanitation matters in one way or the other, for example, the compulsory monthly national environmental sanitation exercise from 1983 to 1999. The Agencies of Government that have been involved in sanitation include: Federal Ministry of Health, defunct Directorate for Food, Roads and Rural Infrastructure (DFFRI), Federal Ministry of Water Resources, Federal Ministry of Works, Federal Ministry of Agriculture, Federal Ministry of Environment (formerly FEPA), State Environmental Protection Agency, State Water Agencies, Rural Water Supply and Sanitation Agencies and the Local Governments. The efforts of the various Agencies were not guided by a clear-cut sanitation policy for Nigeria.

WHO, UNDP, UNICEF, World Bank, other Development Partners and civil societies have also made some impact in the provision of sanitation in Nigeria. These efforts were limited by several factors including absence of policies on sanitation, inadequate health and hygiene education, weak political will, poor financing and implementation programme, and the very strong notion in Nigeria that sanitation is a household affair.

1.5 PRESENT SITUATION

Due to the absence of a clear cut policies on sanitation, the development of sanitation programmes have not made significant impact. The Presidential Water Initiative Workshop proceeding of August 2003 (Federal Ministry of Water Resources) gives national water supply coverage of 57% made up of 67% for State capitals, 60% for urban areas, 50% for semi urban areas and 55% as coverage for the rural areas. The role of the Development Partners like UNICEF, EU, World Bank, DFID, JICA, ADB, KFW, UNDP, WHO, WaterAid etc., in raising public awareness of the problems of poor sanitation and the extent they have supported water and sanitation programmes in some rural communities and small towns in the country is acknowledged.

The nation faces serious health threats from the inadequate sanitary facilities. According to the 2004 NDHS, 15 percent of households use flush toilet, 57 percent use traditional pit latrines and 28 percent have no facility. Urban households are more than four times as likely to have a

modern flush toilet as households in rural areas (29 and 7 percent respectively). However, KAP studies in 1999 indicate that most traditional pit latrines in use were unsafe.

Majority of the rural dwellers still use insanitary methods of human waste disposal system such as open defecation or directly into water courses in many parts of the country. Sullage control and disposal is poor not only in the urban areas but also in some semi-urban and rural areas. Crude dumping is the popular method of solid waste disposal compared to the more scientifically accepted sanitary landfill (controlled tipping) method. Health and hygiene education is not adequately addressed. There is very limited budgetary provision by all tiers of Government for hygiene and sanitation. In most cases there is no budgetary provision at all.

From a survey conducted by UNICEF in 1999 for rural households to prioritize their needs, lack of potable water was identified as their greatest problem while lack of latrine was the least of their problems⁵. This is mainly due to lack of understanding of benefits of improved sanitation such as reduction of diarrhoea and other water related disease. This also partly explains why there is low prioritization of sanitation at all government levels.

1.6 NEED FOR POLICY

The inadequacies identified earlier, clearly define the need for a well-articulated and acceptable National Water Sanitation Policy. As indicated earlier, the National Water Supply and Sanitation Policy approved by the Federal Government of Nigeria in 2000 only mentions sanitation without addressing such issues as health and hygiene education, relevant operational research, efficient and affordable sanitation systems, roles of government and all other stakeholders including funding arrangement and relevant legislation.

SECTION 2: POLICY OBJECTIVE, TARGETS AND GUIDING PRINCIPLES.

2.1 OBJECTIVE

The objective is for all Nigerians to have access to adequate, affordable and sustainable sanitation through the active participation of Federal, State and Local Governments, NGOs, Development Partners, Private sector, communities, households and individuals.

2.2 TARGETS

In order to achieve the objective of this policy, all tiers of government shall henceforth appropriate and release a separate vote for water sanitation of an amount equivalent to not less than 15% of their annual appropriation for water supply to implement sanitation programmes for sanitation and achieve the following targets:

- a. Review and improve coverage of sanitation to 60% of the population by 2007.
- b. Extension of sanitation coverage to 65% by 2010.
- c. Extension of sanitation coverage to 80% by 2015.
- d. Extension of Sanitation coverage to 90% by 2020.
- e. Achieve 100% Sanitation coverage by 2025.
- f. Sustain 100% Sanitation coverage beyond 2025.

2.2.1 Service Level

Rural: Each household in rural areas (community of population of less than 5,000) must own and have access to safe sanitary facility with at least minor improvements that would reduce flies, odour, etc (at least upgraded pit latrine).

Semi-urban: Each household in semi-urban areas (population of 5,000 to 20,000) must own and have access to safe sanitary facility that is easily adaptable to existing traditional pit latrine and uses superstructures which blends with very well with other buildings within the community (at least sanplat latrine).

Urban: Each household in urban areas (population above 20,000) must own and have access to safe sanitary facility that uses suitable and affordable water conveyance systems (at least pour-flush toilet).

2.3 GUIDING PRINCIPLES

The under listed key principles form the overall framework upon which this water sanitation policy is developed:

2.3.1 Sanitation as a Priority

Access to and appropriate usage of adequate basic sanitation facilities will improve human health and reduce infant mortality. The relationship between good sanitation and safe drinking water is clearly evident in the reduction of sanitation related preventable diseases as well as promoting health and livelihoods especially of women and children. Sanitation requires priority attention to enhance healthy living and over all development of the nation.

2.3.2 Hygiene Practices

Experience has shown that availability of sanitation facilities does not guarantee proper usage. Positive behavioral change through effective hygiene education and promotion is required to achieve the target of 100% sanitation coverage by 2025.

2.3.3 Political Will

Increased and sustained political will is required at all levels to generate commitment and interest in sanitation activities for improved coverage.

2.3.4 Environmental Impact of Sanitation Facilities

A paramount consideration in the choice of any sanitation system is its long-term environmental impact, especially on the degradation of the quality of water sources. Identifying, predicting and evaluating the likely changes in health risk of individuals and community is therefore essential for effective planning and management of facilities.

2.3.5 Integrated Approach

Sanitation development is essentially multi-sectoral. An integrated approach combining safe sanitation, hygiene education and promotion and safe water supply ensures improved health and livelihood. The successful promotion and implementation of a sanitation programme require that all stakeholders shall be involved from the pre-planning stage, through implementation to monitoring and evaluation stages.

2.3.6 Gender Responsiveness

The disease burden on households, especially children, as a result of poor hygiene and lack of facilities has direct impact on women. The planning of, investment in, and promotion of sanitation facilities must therefore address the special needs, interest and priorities of women with due consideration for men and children to ensure adequate access, usage and maintenance.

2.3.7 Equity and Poverty Reduction

The poor suffer most from lack of access to basic facilities and services. Access to sanitation for the poorest and most facility-deprived segments of the population shall be ensured as a means of improving socio-economic status.

2.3.8 Sustainable, Appropriate and Affordable Options

Sanitation development is desirable. Perhaps more desirable is the ability of the individuals and communities to afford, operate and maintain such facilities or systems and for these facilities or systems to be environment friendly. A variety of affordable and appropriate sanitation systems must be available to all users.

2.3.9 Private Sector Participation

The activities of the private sector are usually run on a sustainable basis using sound business principles. Enabling environment shall be created for the promotion of different technology options and management for private sector participation in sanitation service delivery.

2.3.10 NGO Participation

Non-governmental organizations have shown strong technical and community development skills that could be transferred and expanded for the benefit of the water and sanitation sector. Enabling environment shall be created for the effective organisational and institutional support to communities and government by the civil society, particularly NGOs, to increase their participation in water and sanitation sector.

2.3.11 Demand Responsiveness

People will invest in providing sanitation facilities for themselves if they understand the benefits and can afford the cost. The choice of the type of sanitation facilities, preceded by health and hygiene education, must depend on the capability of the benefiting individual or community to pay for operation, maintenance and replacement, as at when necessary. Through awareness creation and promotion of hygiene practices, communities shall be empowered to demand for improved sanitation.

2.3.12 Legislation

Appropriate legislation for the enhancement of sanitation delivery at all levels shall be enacted based on the existing Public Health Law, other sanitation related laws and bye-laws, and the National Environmental Sanitation Policy 2004. Sanitation enforcement and other law enforcement agencies shall be empowered to deal with offenders of sanitation laws.

2.3.13 Ownership and Responsibilities

Although it is accepted that sanitation is a basic household activity, specific institutional structures have to be in place to guide these activities and strengthen the sector. These structures include Federal, State, and Local Government Agencies responsible for sanitation, hygiene education, water supply as well as relevant civil society organizations and ESAs. The ownership of the facilities and the responsibility for operation and maintenance shall be that of the households and the communities.

2.3.14 Social Acceptance

Several policies have remained unpopular with individuals and communities because of perceived cultural conflicts. However, the endorsement and promotion of such policies by respected members of the communities have engendered wide acceptance.

2.3.15 Building on Existing Practices

Holistic approach to sanitation development shall be adopted, building on existing safe practices, religious beliefs and socio-cultural norms of the people that are not in conflict with hygiene practices.

2.3.16 Funding

It shall be obligatory for Federal, State and Local Governments to make yearly budgetary provision with timely release for the promotion of sanitation activities. Funds shall be sourced from ESAs for the promotion of hygiene education and sanitation in Nigeria. The private sector, communities and individuals will also contribute towards funding hygiene and sanitation programmes.

2.3.17 Monitoring and Evaluation

Effective monitoring and evaluation system shall be put in place at all levels to ensure coordinated and sustained development of the sanitation sub sector.

2.3.18 Research and Development

The advancement and upgrading of technologies and participatory hygiene methods through research and development of appropriate and affordable technologies and management systems shall be pursued.

SECTION 3: POLICY STRATEGIES

In order to achieve the objective of the National Water Sanitation Policy, which is further elaborated by the Policy Principles, the following Policy strategies shall be adopted.

3.1 Advocacy

- a. Intensive and sustained social marketing shall be carried out as a means of stimulating the demand for the installation, use and maintenance of safe and appropriate sanitation facilities in households, communities and institutions in urban, semi urban and rural areas of Nigeria.
- b. All stakeholders shall prioritize sanitation activities through effective promotion in order to make up for the poor sanitation coverage in the country.
- c. Increased and sustained political will is required at all levels through persistent advocacy and mobilization.
- d. To ensure acceptability and funding of sanitation, strategies shall be developed to engage all leaders (political, traditional, religious, opinion, etc) in the prioritization of sanitation.
- e. Access to sanitation for the poorest and most facility-deprived segments of the population shall be ensured in States Economic Empowerment and Development Strategy (SEEDS) and in the National Economic Empowerment and Development Strategy (NEEDS).

3.2 Mobilization

- a. Schools shall be used as focal points for promotion and empowering of children/youth to be agents of hygiene behaviour change. This will include establishment of Health and Hygiene Clubs in schools and empowering Parent Teachers Associations (PTAs) to promote sanitation and hygiene education.
- b. Promotion of health education to ensure hygiene practices by users of public latrines/toilets in markets, motor parks, and recreation sites.
- c. Sanitation programmes should take a gender sensitive approach by addressing the needs, preferences and behaviours of children, women and men.
- d. Sanitation programmes shall take into consideration approaches that would improve the representation and voice of the poor and disadvantaged in policy discussions.

- e. Sanitation programmes shall direct effort at setting up better communication and understanding for tackling the structural causes of poverty. Civil society organisations shall build networks and alliances that seek to promote awareness and enforcement of the basic rights, which entitle poor people to a fair share of society's resources.

3.3 Capacity Building

- a. Training (manpower development) for relevant personnel shall be conducted through workshops, seminars, short and long courses, etc.
- b. Intensive health and hygiene education shall commence with a strategy for adequately reaching all parts of the country.
- c. Ministries of Education throughout the Federation shall introduce or promote health and hygiene education as a compulsory subject in school curricula from the formative stage of life, from nursery schools, through primary and secondary schools to tertiary institutions especially teacher training institutions. Other informal school instructors shall be trained in basic health and hygiene education.
- d. Health and hygiene education shall be an integral part of all community water supply and sanitation projects. The education shall address such basic subjects as personal hygiene, hand washing at critical times, safe disposal of excreta, household water security, cleanliness of kitchen and food hygiene, domestic solid and liquid waste disposal and, community storm-water discharge.
- e. Ministries of Health, Education, Environment, Water Resources, Agriculture, Housing and Urban Development, Works, Women Affairs and Youth Development and Urban Development Boards at all levels shall make provision for health and hygiene education in all projects that will have direct impact on the community.

3.4 Community Ownership and Management

- a. It shall be the responsibility of the Communities to decide on sanitation after appropriate sanitation awareness programmes have been carried out.
- b. Promote the participation of people at household and community levels in the planning, provision, ownership and management of sanitation facilities.
- c. Major stakeholders shall support initiatives that help the poor and the disadvantaged people at household and community levels to address their basic and immediate sanitation needs.

3.5 Funding Mechanism

- a. Arrangement for funding sanitation projects in rural, semi-urban (small towns) and urban areas shall be clearly and equitably spelt out.
- b. All tiers of Government shall appropriate with timely release of a separate vote for water sanitation of an amount, which is equivalent to not less than 15% of their annual appropriation for water supply to implement sanitation programmes.
- c. A policy on tarrification that will be affordable, fair, and sustainable while ensuring continuity and expansion of sanitation facilities shall be incorporated. Subsidies, where they exist, shall be transparent, effective and equitably applied.
- d. Funds shall be sourced from Development Partners to promote implementation of hygiene and sanitation programmes.
- e. Capital investment for sewerage, storm water, on-site sanitation systems in public places and institutions shall involve cost sharing at all levels as contained in the National Water Supply and Sanitation Policy as follows:

Cost Sharing for Capital Investment

Agency	Rural Water Sanitation	Small Town Water Sanitation	Urban Water Sanitation
Fed. Govt	50%	50%	30%
State Govt	25%	30%	60%
Local Govt	20%	15%	10%
Community	5%	5%	nil

- f. Government shall create an enabling environment for private sector, NGOs, households and communities to participate in water sanitation programmes.

3.6 Service Delivery

- a. States and Local Governments shall reinforce the functions of well-trained and motivated Environmental Health Officers at community level to inspect and apply necessary sanctions to sanitation defaulters on a regular basis.
- b. Future sanitation interventions shall be directed at achieving equitable distribution, while balancing economic and social considerations.
- c. Adequate and regular supply of water shall be ensured before introducing water borne systems like septic tanks and sewerage.

- d. Government shall provide an enabling environment for effective partnerships with private sector to enhance local capacity and business opportunities towards sustainable sanitation development.
- e. Sanitation improvement shall be approached incrementally based on safe local beliefs and practices. Wholesale introduction of new systems shall be adopted where appropriate.
- f. Implementing agencies shall ensure safe citing of sanitary facilities to prevent the contamination of water sources.
- g. Due consideration shall be taken while choosing Sanitation Systems to avoid negative impacts on the environment, e.g. sanitary land fill sites, large scale construction of ventilated improved pit (VIP) latrines and discharge of sewage effluent.
- h. Government at all levels shall regularly present a list of technology options to satisfy demands of communities and individuals, based on their capability to pay for operation, maintenance and replacement, as at when necessary. Such feasible technological options for the different sanitation requirements include:

Table I: Technology Options

S/N	TYPE	REMARKS
1.	Upgraded Traditional Pit Latrine	For reasons of cultural acceptability, affordability, especially in rural areas, minor improvements that will reduce flies, odours etc. may be accepted as interim measures. Examples of such improvements include provision of super structures, covering of the pit opening/squat hole with a suitable cover, plastering of the latrine floor with cement and introduction of a vent pipe to improve the hygiene conditions of the latrine.
2.	Sanplat latrine	Relatively cheaper than VIP latrines and easily adaptable to existing traditional pit latrines. For example, super structures like mud walls with thatched roof can house a sanplat latrine upon the installation of the sanplat (slab) and vent. Such structures blend very well with other buildings in the community.
3.	Ventilated Improved Pit (VIP) latrine	Have advantages over traditional pit latrines by preventing flies and odour. However, it is not yet popular because of its relatively high capital cost for individuals and communities.
4.	Pour Flush Toilets	Similar to the Septic Tank/Soakaway system in concept except that regular water supply is not envisaged.

		Waste-water could be used for flushing purposes. The toilet could be squatting or sitting type.
5.	Septic Tank/ Soak-away system	Already popular in Nigeria's urban/semi-urban settlements. Has the potential of contaminating ground water where the water table is high. Requires regular water supply and soakaway evacuation for efficient performance.
6.	Conventional sewerage system	Most advanced method of treating human wastes, requires regular water supply, reticulation and treatment works. It is suitable for large cities and estates where there is regular water supply and the beneficiaries can afford to pay for its operation and maintenance.
7.	Sullage disposal system	Requires properly designed outlets from households to soakaway pits and from communities to a properly designed network of covered road drains.
8.	Storm Water disposal system	A properly designed network of tertiary, secondary and primary drains associated with existing roads is adequate for handling storm water.

Research and development shall be conducted to ensure availability of other options e.g. Aqua-privy and Ecosan (Dry toilet).

3.7 Participatory Approach

- a. Sanitation improvements cannot be effected in isolation, therefore, it is essential that substantial linkages with other programmes in related sectors be ensured.
- b. Promotion of sanitation shall be based on demand responsiveness of communities and individuals facilitated by effective social marketing.
- c. Promotion of sanitation facilities shall be based on affordability and willingness to pay for the sustenance of the appropriate option.
- d. Private sector involvement in implementation of sanitation programmes shall be promoted in such areas as hygiene education and promotion, construction and maintenance of sanitation facilities, etc.
- e. Cost sharing shall also apply to operation and maintenance of public facilities, capacity building, research and development as well as monitoring and evaluation

3.8 Monitoring and Evaluation

- a. The three tiers of government and communities shall make financial contributions to and be engaged in the monitoring and evaluation of sanitation programmes within their areas of jurisdiction.
- b. All stakeholders shall regularly monitor the environmental impact of an adopted sanitation system e.g. VIP latrines or sanitary landfill system for disposal of solid wastes.

3.9 Legislation

- a. All tiers of government shall review existing laws and by-laws which relate to sanitation.
- b. The Federal and State Governments shall enact laws that will promote sustainable sanitation activities in their areas of jurisdiction.
- c. Local Governments shall formulate and pass bye-laws to regulate sanitation in their areas of jurisdiction.

3.10 Research and Development

- a. Government shall encourage research by relevant agencies to address a wide range of sanitation issues and propose solution for addressing them.
- b. Key stakeholders shall conduct operational researches to establish effective and sustainable sanitation systems in the country.
- c. Recycling and other waste minimization methods shall be given first consideration in adopting any waste management approach.
- d. Risks modelling shall be carried out before the introduction of a sanitary system.

SECTION 4: INSTITUTIONAL FRAMEWORK, ROLES AND RESPONSIBILITIES

The successful promotion of a sanitation programme requires that all stakeholders be involved at an early stage, starting with the pre-planning, through implementation, to monitoring and evaluation. The roles and responsibilities of all stakeholders in the promotion of sanitation shall be clearly defined.

4.1 INSTITUTIONAL FRAMEWORK

4.1.1 Federal Government

- a. There shall be a National Steering Committee on Water Sanitation with representatives from Federal Ministry of Water Resources, Federal Ministry of Health, Federal Ministry of Environment, Federal Ministry of Education, Federal Ministry of Housing and Urban Development, Federal Ministry of Women Affairs, Federal Ministry of Information and National Orientation, Federal Ministry of Inter-governmental Affairs, National Planning Commission, NAFDAC, National Primary Health Care Authority, External Support Agencies and Civil Society Organizations to coordinate and monitor implementation of the Policy. The Federal Ministry of Water Resources shall be the lead-coordinating Agency.
- b. Establishment of a Water Sanitation Division within the Department of Water Supply and Quality Control in the Federal Ministry of Water Resources to coordinate and facilitate the implementation of the National Water Sanitation Policy by collaborating with other key line Ministries at the Federal and State levels and the Local Government.

4.1.2 State Government

- a. There shall be State Steering Committee on Water Sanitation with representatives from Ministry of Water Resources, Ministry of Environment (or SEPA), Ministry of Health, Ministry of Education, Ministry of Works and Housing, Ministry of Urban Development, Ministry of Finance, Ministry of Women Affairs, Ministry of Local Government and Chieftancy Affairs, State Water Supply and Sanitation Agencies, State Planning Commission, External Support Agencies and Civil Society Organizations to coordinate and monitor implementation of the 100% total sanitation programme at the state and Local Government level. The Ministry of Water Resources shall be the lead-coordinating Agency.
- b. Establishment of a Water Sanitation Division within the Department of Water Supply in the Ministry of Water Resources to coordinate and facilitate the implementation of the National Water Sanitation Policy by collaborating with other key line departments in the State level and Local Government.

4.1.3 Local Government

- a. There shall be Local Government Steering Committee on water sanitation with membership of all departmental heads and representatives of religious leaders, traditional leaders, civil societies, women groups, youth groups etc.
- b. Establishment of a Sanitation Unit within the Water and Sanitation Department by each Local Government to co-ordinate and facilitate the planning, implementation and management of sanitation and collaborate with the State Steering Committee on Water Sanitation to actualize the 100% total sanitation programme at the Local Government level.

4.2 ROLES AND RESPONSIBILITIES

4.2.1 Federal Government

- a. Shall take the lead in developing policies on sanitation for Nigeria upon adequate consultation with all stakeholders.
- b. Shall establish and appropriately fund the Water Sanitation Division of the Federal Ministry of Water Resources, charged with the responsibility of actualizing the policy objective of 100% sanitation by 2025 in the Federation in collaboration with the National Steering Committee on water sanitation
- c. Shall facilitate the development of sanitation programmes for the Federal Capital Territory and urban areas in consultation with all stakeholders.
- d. Shall source funds from internal and external sources for the promotion of sanitation programmes.
- e. Shall ensure separate appropriation and timely release of funds for sanitation activities annually.
- f. Shall enact appropriate laws on sanitation.
- g. Shall develop implementation strategies and guidelines for this policy.
- h. Shall promote health and hygiene education as part of the curricular at nursery, primary and secondary school levels, tertiary institutions particularly teacher training institutions, and informal institutions.
- i. Shall provide technical assistance to State and Local Governments for the promotion of sanitation activities.

- j. Shall be engaged in the monitoring and evaluation of sanitation improvement.
- k. Shall ensure that all funds from internal and external sources for sanitation development are properly utilized.
- l. Shall ensure the training and development of the requisite skills for all government personnel to be involved in sanitation at the Federal level including environmental health officers, monitors, enforcers and administrators.
- m. Shall coordinate Development Partners' activities in the sector.
- n. Shall ensure the provision of appropriate and adequate sanitation facilities in all public institutions.
- o. Shall adopt appropriate advocacy strategy to enlighten the populace on the need for good sanitation.

4.2.2 State Government

- a. Shall establish by appropriate legislation, a State Government Agency responsible for sanitation (where such agencies do not exist) charged with the responsibility of actualizing the policy objective of 100% Sanitation by 2025 at the State level.
- b. Shall develop sanitation programmes for State Capitals and major cities in the states in consultation with all stakeholders.
- c. Shall ensure separate appropriation and timely release of funds for sanitation activities annually.
- d. Shall ensure that all funds from internal and external sources for sanitation promotion are properly utilized.
- e. Shall promote health and hygiene education as part of the curricular at nursery, primary and secondary school levels, tertiary institutions particularly teacher training institutions and informal institutions.
- f. Shall engage in monitoring and evaluation of sanitation activities at the State and Local government levels.
- g. Shall engage in the training and capacity building of government personnel and civil society organizations (NGOS) to be involved in sanitation at the State level including environmental health officers, monitors, enforcers and administrators.

- h. Shall ensure the provision of appropriate and adequate sanitation facilities in all public institutions.

4.2.3 Local Government

- a. Shall ensure separate appropriation and timely release of funds for sanitation activities annually.
- b. Shall make appropriate bye-laws to support the planning, implementation and monitoring of hygiene and sanitation programmes.
- c. Shall source funds from internal and external sources for the promotion of sanitation programmes.
- d. Shall develop hygiene and sanitation programmes for the Local Government headquarters and communities in their area in consultation with all stakeholders.
- e. Shall establish a viable Sanitation Unit within the Water and Environmental Sanitation Department charged with the responsibility of actualizing the policy objective of 100% Sanitation by 2025 at the LG level.
- f. Shall provide support to communities and households for sanitation development.
- g. Shall ensure that all funds from internal and external sources for sanitation development are properly utilized.
- h. Shall provide technical assistance to households for the upgrading of on-site sanitation facilities e.g. traditional pit latrines and evacuation of septic tanks.
- i. Shall set sanitation tariff where applicable considering affordability and willingness to pay for services by the household.
- j. Shall engage in the training and capacity building of government personnel (environmental health officers, monitors, enforcers and administrators) and community artisans to be involved in water sanitation at the Local government and community levels.

4.2.4 Communities

- a. Communities shall participate at every stage of the decision making process of any sanitation programme. Such decisions shall include affordability and willingness to pay for the preferred sanitation option.

- b. Social and cultural factors peculiar to each community shall be taken into consideration in arriving at a sanitation option preferred for the community.
- c. Women shall be involved at all levels of decision-making and execution of sanitation programmes.
- d. Promoters of sanitation shall persevere until the entire community accept the sanitation concept, as partial implementation of the accepted option will not yield the desired result.
- e. If a public area is accepted for disposal of solid waste or public toilet, then all members of the community must observe and implement the community decision.
- f. The community shall, with the aid of sanitation promoters, establish sanitation norms that must be accepted by all members.
- g. The community shall sanction members that do not observe the accepted sanitation norms. Most communities have their own law enforcing methods and sanctions that can be applied.
- h. The community while considering their norms shall establish structures and systems for self-monitoring and self-appraisal to ensure that agreed targets, and goals of hygiene and sanitation are achieved.

4.2.5 Household/Individual

- a. Each household/individual shall be available for health and hygiene education.
- b. Each household/individual shall take full responsibility for cleaning his immediate environment and ensuring proper disposal of the wastes thereof.
- c. Each household shall be responsible for owning, appropriate use and maintenance of a sanitation facility for the disposal of human waste.
- d. Individuals must recognise the dangers of breeding disease vectors in their environment and shall ensure prevention of such situation.
- e. Children and women shall be part of the health and hygiene education programme.
- f. Every household/individual shall observe accepted sanitation norms and sanctions for defaulting.

4.2.6 Non-Governmental Organizations

NGOs shall make use of their presence and acceptability in the community to supplement government efforts in promoting sanitation programmes especially health and hygiene education. In particular, the NGOs shall be involved but not limited to the following:

- a. Advocacy and mobilization
- b. Health, hygiene education and sanitation promotion in the community.
- c. Development of community sanitation programme.
- d. Training and capacity building of the community.
- e. Developing communication materials that are easily understood and accepted by the community.
- f. Sourcing and providing necessary finance for projects.
- g. Bridging existing gaps between government and communities.
- h. Shall work with lead government agencies to ensure generation and consolidation of relevant data.

4.2.7 Private Sector Participation

Activities of the private sector are usually run on a sustainable basis using sound business principles. The attributes of the private sector shall be incorporated in the development of sanitation programmes. In specific terms, the private sector shall participate in the provision of the following services amongst others:

- a. Planning, design and contract supervision
- b. Large and small-scale construction.
- c. Operation and maintenance of all sanitation facilities.
- d. Supply of equipment and materials.
- e. Provision of finance
- f. Training and capacity building particularly skills development.
- g. Monitoring and evaluation of sanitation programmes.

4.2.8 Development Partners

The role of the Development Partners in raising public awareness of the problems of poor sanitation is noted. Their assistance in the development and implementation of functional sanitation policies for Nigeria shall include but not limited to the following:

- a. Promotion of sanitation programmes through health and hygiene education.
- b. Operational research in sanitation issues.
- c. Funding and technical assistance.
- d. Capacity building.
- e. Monitoring and Evaluation of water sanitation projects and programmes.

SECTION 5: WAY FORWARD

In practical terms, prioritizing sanitation will involve:

- a. Development of Strategic plans following approval of the Policy to achieve 60% sanitation coverage by 2007 and attain 100% coverage by 2025.
- b. Carry out baseline survey
- c. Facilitate enactment of relevant laws and by-laws at the three tiers of government to ensure full implementation of this policy
- d. Review and make Institutional adjustments at the three tiers of government
- e. Promote the adoption of the Water Sanitation Policy by the States
- f. Develop universal programmes at the National, State and the Local Governments using the Policy stipulations.
- g. Annual direct interventions by all tiers of Government appropriating and ensuring timely release of a separate vote for water sanitation of an amount which is equivalent to not less than 15% of their annual appropriation for water supply, to implement sanitation programmes:
 - i) for achievement of medium term targets, leading to realization of NEEDS
 - ii) for achievement of medium term targets, leading to realization of World Summit on Sustainable Development (WSSD)
 - iii) for achievement of medium term targets, leading to realization of the World vision
- h. Organization of Investment Mobilization conferences to generate support and funding for sanitation promotion.
- i. All stakeholders effectively playing the roles defined in this policy.
- j. Commitment and strong political will by all tiers of government for realization of this policy

As with other policy papers, this document shall be subject to periodic review to keep pace with all relevant developments in the nation and internationally and with the status of sanitation in Nigeria.

PREFERENCES

1. World Health Organisation – 1999
2. United Nations Children Fund – 2004: Report of guinea worm
3. National Demographic Health Survey – 2004
4. Federal Ministry of Health (HIV Sentinel Survey Report – 2003)