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**AGRICULTURE AND
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**MAKING EKITI STATE
OPEN DEFECATION FREE
BY 2022
A ROADMAP**

2020



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Ekiti Ko Egbin Sile

Making Ekiti State Open Defecation Free by 2022: A Roadmap

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ABBREVIATION AND ACRONYMS

BOQ	Bill of Quantities
CCD	Community Content Driver
CCT	Community Content Team
CSO	Civil Society Organization
DPR&S	Department of Planning , Research and Statistics
EHC	Environmental Health Clubs
ESAs	External Support Agencies
EKWC	Ekiti State Water Corporation
EKRUWASSA	Ekiti State Rural Water Supply and Sanitation Agency
EU	European Union
FMWR	Federal Ministry of Water Resources
KAP	Knowledge, Attitude and Practice
IEC	Information, Education and Communication
LGA	Local Government Area
MoBEP	Ministry of Budget and Economic Planning
MICS	Multiple Indicator Cluster Survey
MDAs	Ministries, Departments and Agencies
MIPU	Ministry of Infrastructure and Public Utilities
M & E	Monitoring and Evaluation
NDHS	National Demographic and Health Survey
OD	Open Defecation
ODF	Open Defecation Free
PPP	Public Private Partnership

PTO	Public Toilet Operator
PWD	Persons With Disabilities
SBS	State Bureau of Statistics
SDGs	Sustainable Development Goals
STOWASSA	Small Towns Water Supply and Sanitation Agency
STOWASSU	Small Towns Water Supply and Sanitation Unit
TAT	Technical Assistance Team
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WASHCOMs	Water, Sanitation and Hygiene Committees
WASHIMS	Water, Sanitation and Hygiene Information Management System
WCA	Water Consumers Association
WSS	Water Supply and Sanitation
WSSSRP	Water Supply and Sanitation Sector Reform Programme
WB	World Bank
WRS	Water Resources Sector

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FOREWORD



It is an honour for me, as Governor of Ekiti State, to unveil the Roadmap for Making Ekiti State Open Defecation Free by 2022. This document seeks to provide a guide towards achieving an open defecation free Ekiti State, using different approaches. My administration is committed to put Ekiti back to her original value and move from being the second highest state in Nigeria in Open Defecation to the first state in Nigeria to be declared ODF. To this end, in line with the directive of the Federal Government and my commitment to this course, I declared a State of Emergency in WASH sector on 27th December, 2018.

Therefore, this roadmap is to establish a multi-sectoral partnership between Governments, development partners, civil society organizations, communities and the private sector. The aim is to create an enabling environment and coordination mechanism that contribute to increased access to improved sanitation facilities, thereby achieving state-wide open-defecation-free communities by 2022.

I am aware that extensive insight has been drawn from the National Road Map to make Nigeria Open Defecation Free by 2025, National Action Plan for the Revitalization of WASH Sector and other International and Local Survey Reports

This roadmap shall be translated into action by the development of the legislative framework necessary in this reform process for the allocation of rights, duties and obligations in the pursuit of an effective and efficient sanitation sector. "Ekiti Ko Egbin Sile Campaign Programme" (which in line with the Clean Nigeria Programme of the

Federal Government) will be the driver in the implementation of the State Roadmap to Open Defecation Free by year 2022. The State Government will increase budgetary allocation to the sanitation sector in the next four years in order to achieve the ambitious target of ODF state by 2022.

I wish to extend a special word of appreciation to European Union supported Water Supply and Sanitation Sector Reform Programme Phase III (EU-WSSSRP III), UNICEF, Civil Society Organizations and other sector stakeholders in the sanitation sector for their inputs to the development of this roadmap.

It is now pertinent for all stakeholders to join hands to embrace the change that has come to the Water and Sanitation Sector and play our parts in addressing the challenges of access to improved sanitation in Ekiti State, thus improving the quality of lives of our people now, while also laying a foundation for a better life for the generations coming after us.

Dr. Kayode Fayemi
Executive Governor
Ekiti State

EXECUTIVE SUMMARY

Ekiti State is made up of 16 LGAs with a total population of 3,225,365 (2015 projected population from 2006 census) with annual growth rate of 3.2 %. This population is spread across a total of 1,147 communities (85 urban, 150 semi urban and 912 rural). The State covers a land area of 5,805,843 square Km, and is politically divided into 16 LGAs, 177 wards, 26 State constituencies, 6 Federal Constituencies and 3 Senatorial Districts.

Ekiti State has the second highest rate of open defecation in the South West Nigeria. The prevalence in the South West is higher than the national average of 23.5%. The 2017 MICS/UNICEF report indicates that only half (about 50.5%) households in the state have access to any form of improved sanitation facilities while about 10.3% have access to unimproved sanitation facilities. About 39% (4 in 10 households) of the population practice open defecation. On handwashing among households at critical times data indicate that 95% of households do not practice hand washing with soap and water. The rate of open defecation has a greater negative effect on water bodies. The implication of this is that, Ekiti State with one of the highest OD load in Nigeria is contributing more to the contamination of the water bodies.

Out of about 458,225 households currently in the state, 61% have access to toilet facilities, with a gap of 39%, the resultant effect is that open defecation across the state is quite alarming. Over 178,708 households are still without sanitation facilities with Ado and Ijero LGAs ranking highest in terms of number of households without access to sanitation facilities. The present status shows that around 1.4 million people defecate in the open in the state with this figure likely to increase to 1.6 million by year 2022. This brings the target to 1.6 million people (203,306 households) to be reached. There are over 905 gap in institutional latrines in the state of which 233 are in Public schools (primary and secondary), 90 in Public Health facilities, 123 in Market places, 78 in Motor Parks and 381 in other government owned institutions. These gaps require attention if the state is to be declared ODF and achieve the SDG 6.2 target.

This Roadmap provides a guide towards achieving an open defecation free Ekiti State using different approaches. The roadmap aims to establish a multi-sectoral partnership between governments, development partners and the private sector, creating an enabling environment and functional coordination mechanism that will ensure that all people in the state have access to and use a latrine, which will make Ekiti State open-defecation-free by 2022. The vision of the

state on sanitation is to make every Ekiti citizen have access to safely managed sanitation and hygiene facilities in cities, small towns and rural communities by year 2022.

The implementation of this ambitious vision will require about N9,976,841,250 financing in the sanitation sector over the next 4 years in the State. This amount comprises of N5,082,650,000 contributions from the 203,306 households for household latrine construction in the 16 LGAs. The sum of N2,765,000,000 is required in the construction of institutional latrines in places such as public schools, health facilities, markets, motor parks and other public institutions and government offices. The construction and management of institutional latrines in market places and motor parks will be through state and local government efforts and PPP modalities. The state is also expected to commit the sum of N2,129,191,250 to support services such as capacity building of State and LGAs Officials, Advocacy and Campaigns, Monitoring and Evaluation, CLTS activities, Revolving loans for poor households for latrine construction and production of IEC materials.

Ekiti Ko Egbin Sile Campaign Programme will be a driver in the implementation of the State Roadmap to Open Defecation Free by year 2022. Efforts to reach the SDG 6.2 target would focus more on improving and sustaining existing sanitation services in addition to constructing new facilities at public places and institutions.

The Ministry of Infrastructure and Public Utilities and other sanitation sector players (such as the State Task Group on Sanitation, LGA WASH Departments, EK-RUWASSA, STOWASSU, Ministry of Environment, Waste Management, Donor Agencies, and Non-Governmental Organizations would address the challenges of improving access to sanitation by working in tandem with the affected households towards implementing the mentioned suggestions.

The State Government ambitious target of the elimination of open defecation in all the communities and public/private institutions by year 2022 would engender the attainment of SDG 6.2 target. Improving access to sanitation could ultimately help the poor to channel their incomes, time and savings into other productive activities.

CHAPTER ONE

1.0 Introduction

1.1 Description of Ekiti State

Ekiti state was carved out of the old Ondo State on the 1st of October 1996. It has three senatorial districts which are Ekiti Central, Ekiti North and Ekiti South. It is located between longitude 40-45' and 50 45'N East of the Greenwich meridian and latitudes 7015' and 805' North of the Equator, which implies that the State lies within the Tropics. It is bounded in the North West by Kwara State, in the North East by Kogi State, in the South by Ondo State and in the West by Osun State.

The State enjoys a tropical climate with two distinct seasons, the rainy season (April- October) and the dry season (November- March) with slight variations of between 1,400cm and 1,500cm preapitiation per annum with relatively high humidity. The vegetation is tropical forest in the South and Guinea Savanna in the Northern part of the State. The major rivers in the State are Ureje, Ero, Little Ose (Egbe), Ele (Itapaji) and Ogbese.

Ekiti state is made up of 16 LGAs with a total population of 3,225,365 (2015 projected population from 2006 census) with an annual growth rate of 3.2%. This population is spread across a total of 1,147 communities (85 urban, 150 semi urban and 912 rural). The State covers a land area of 5,805,843 square Km, and is politically divided into 16 LGAs, 177 wards, 26 State constituencies, 6 Federal Constituencies and 3 Senatorial Districts. The people of the State are predominantly Yoruba's with the same dialectical tone but with slight variation in accents. They are known as Ekiti and share the same cultural value. They are homogenous and hardworking with farming as their major occupation.

Ekiti State is underlain by metamorphic rocks of the Pre-Cambrian basement complex, the great majority of which is very ancient in age and gave rise to the name Ekiti (which mean hilly/rocky terrains). These basement complex rocks show great variations in grain size and in mineral composition. The rocks are quartz gneisses and schist consisting essentially of quartz with small amounts of white micaceous minerals.

1.2 Global Current Sanitation Situation

The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene presented the the updated global, regional and national estimates for water, sanitation and hygiene (WASH) in households in its 2019 update report, Progress on Household Drinking Water, Sanitation and Hygiene 2000–2017: Special focus on inequalities. The report shows that in 2017, 45% of the global population (3.4 billion people) used a safely managed sanitation service and 31% of the global population (2.4 billion people) used private sanitation facilities connected to sewers from which wastewater was treated. The report also revealed that 14% of the global population (1.0 billion people) used toilets or latrines where excreta was disposed of in-situ and 74% of the world's population (5.5 billion people) used at least a basic sanitation service. Despite all efforts to eradicate open defecation, two billion people do not have basic sanitation facilities such as toilets or latrines and of these, 673 million still defecate in the open, for example in street gutters, behind bushes or into open bodies of water.

Poor sanitation is linked to transmission of diseases such as cholera, diarrhoea, dysentery, hepatitis A, typhoid polio and exacerbates stunting. Inadequate sanitation is estimated to cause 432,000 diarrhoea deaths annually (WHO fact sheet on Sanitation, 2019) and is a major factor in several neglected tropical diseases, including intestinal worms, schistosomiasis and trachoma. Poor sanitation also contributes to malnutrition.

In 2010, the UN General Assembly recognized access to safe and clean drinking water and sanitation as a human right and called for international efforts to help countries to provide safe, clean, accessible and affordable drinking water and sanitation.

The Sustainable Development Goal target 6.2 calls for adequate and equitable sanitation for all. The target is tracked with the indicator of “safely managed sanitation services” i.e use of an improved type of sanitation facility that is not shared with other households from which the excreta produced are either safely treated in-situ, or transported and treated off-site.

1.3 Sanitation Situation in Nigeria

Nigeria is faced with critical challenges in its Water, Sanitation and Hygiene (WASH) sector. While the country made significant progress in national access to improved water sources from 40% in 1990 to 69% in 2015, there was a great decline in access to piped water on premises from 32% in 1990 to 3% in 2015 in urban areas (JMP, 2015). The national access to basic sanitation stands at an alarming level of 33% with an estimated 47 million persons practicing open defecation, the second highest globally behind India (JMP, 2017). Around 60,000 children under the age of five reportedly die from diseases caused by the nation's poor levels of access to WASH. The Nigerian Government in 2016 through the Federal Ministry of Water Resources launched a National Roadmap for the elimination of Open Defecation by 2025, which has been domesticated but not fully implemented at the sub-national level.

The Federal Government of Nigeria through the Federal Ministry of Water Resources, in an effort to address the sanitation situation has mobilized stakeholders in developing a National Action Plan for the revitalization of the WASH sector. The five components of the Action Plan include Governance, Sustainability, Sanitation, Funding/Financing and Monitoring and Evaluation, and it proposes an 18-months Emergency Phase, 5 years Recovery Phase and a 13 years Revitalization Strategy for the WASH Sector. It also proposes the establishment of a National WASH Fund to incentivize reform and infrastructure revitalization. The National Action Plan was approved by the Federal Executive Council in April 2018 with the declaration of a state of emergency in the sector, which was followed by a Presidential launch of the Action Plan on 8th November 2018. A strategic plan for the operationalization of the National ODF Roadmap was also launched by the Honorable Minister of Water Resources during the meeting of the National Council on Water Resources in November, 2018.

Achieving Sustainable Development Goal 6 by 2030 requires extraordinary efforts. Based on World Bank estimates, Nigeria will be required to triple its budget or at least allocate 1.7 per cent of the current Gross Domestic Product to WASH. The ambition is highest for rural sanitation where the gap for improved services is 64.1 per cent. Funding for the sub-sector is weak, and significant household contribution is needed to eliminate open defecation despite low family incomes.

1.4 Sanitation Situation in the State

Ekiti State has the second highest rate of open defecation in the South West Nigeria. The prevalence in the South West is higher than the national average of 23.5%. The 2017 MICS/UNICEF report indicates that only half (about 50.5%) households in the state have access to any form of improved sanitation facilities while about 10.3% have access to unimproved sanitation facilities. About 39% (4 in 10 households) of the population practice open defecation. The hand washing among households at critical period shows that 95% of households do not practice hand washing with soap and water at critical times. The rate of open defecation has a greater negative effect on water bodies. The implication of this is that, Ekiti state is contributing higher percentage of open defecation to the national statistics and water bodies.

The report further reveals that access to improved sources of drinking water by households in the state is about 84.4% however majority of the safe drinking water sources have been contaminated by E. Coli as a result of unsafe human practices such as open defecation. The MICS 2017 report indicates that 86.8% of households have their drinking water contaminated at the source while 91.8% households have their drinking water contaminated from the source or during handling.

The State Government is therefore committed in the elimination of open defecation practice among households and at public places in order to achieve SDG 6.2 target.

1.5 Definition of Sanitation Terms

1.5.1 Sanitation generally refers to the provision of facilities and services for the safe disposal of human urine and faeces. For the context of this document, sanitation is seen as “the collection, transport, treatment and disposal of refuse or human excreta, domestic wastewater and associated hygiene promotion”

1.5.2 Hygiene refers to behaviours related to the safe management of human excreta, such as hand washing with soap or the safe disposal of children's faeces. Hygiene thus determines how much impact water and sanitation infrastructure can have upon health, because it reflects not on the construction, but the use, of such facilities.

1.5.3 Community-Led Total Sanitation (CLTS) is an innovative approach for mobilizing communities to completely eliminate open defecation (OD). Communities are facilitated to conduct their own appraisal and analysis of open defecation and take their own action to become ODF (open defecation free).

1.5.4 Household consists of a person or a group of persons living together under the same roof or in the same building/compound who eat from the same pot and recognize themselves as a unit.

1.5.5 Unimproved sanitation facilities are facilities that do not ensure hygienic separation of human excreta from human contact. Unimproved facilities include pit latrines without a slab or platform, hanging latrines and bucket latrines.

1.5.6 Shared sanitation facilities are facilities of an otherwise acceptable type shared between two or more households. Shared facilities include public toilets.

1.5.7 Improved sanitation facilities are facilities that ensure hygienic separation of human excreta from human contact. They include:

- Flush or pour-flush toilet/latrine to: - piped sewer system - septic tank - pit latrine
- Ventilated improved pit (VIP) latrine
- Pit latrine with slab
- Composting toilet.

1.5.8 Open Defecation refers to the practice whereby people go out in fields, bushes, forests, open bodies of water, or other open spaces rather than using the toilet to defecate. Open defecation is the last recourse for those without any form of sanitation – those at the bottom of the sanitation ladder who must endure the daily indignity of defecating in open, often publicly accessible spaces. Open defecation is of fundamental importance to development because of the health hazard it poses to anyone living nearby. If some members of a community continue to defecate in the open, then the whole community is at greater risk of diarrhoea diseases, worm infestations and hepatitis than people living in communities where open defecation is not practised.

1.5.9 Open Defecation Free (ODF) is the termination of faecal-oral transmission, defined by (a) no visible faeces found in the environment/village; and (b) every household as well as public/community institutions using safe technology option for disposal of faeces. According to the Protocol on Certification and Verification of ODF in Nigeria, ODF is a condition where no faeces are openly exposed to environment. This means using any form of latrines that prevent exposure of faeces to the environment and flies.

CHAPTER TWO

2.0 Sanitation Governance and Approach in Ekiti State

2.1 Sanitation Governance

Sanitation governance comprises a broad range of political, social, environmental, economic, and administrative systems that are in place to regulate the development and management of sanitation and the provision of sanitation services. More specifically, sanitation governance relates to the processes by which decisions are made and implemented, and is the result of interactions, relationships, and networks between different sectors (government, public sector, private sector and civil society) involved in sanitation service delivery. It involves decisions, negotiations and different power relations between stakeholders to determine who gets what, when, and how.

Sanitation governance refers to the rules, roles and relations that make sanitation systems work or not to work, at what cost and for whom. Rural and urban sanitation systems differ, as well as those in high- and low-income areas. The appropriate governance structure ensures that the selected technology and all parts of the system work sustainably in the given setting. It should be noted that despite the investments by State Agencies or external support Agencies; the bulk of the resources that go into sanitation are invested by households. It is paramount to understand and respond to households' aspirations and demands, including in the choice of technology

In Ekiti State, there are many stakeholders who play major roles in sanitation sector including government and non-governmental agencies. These stakeholders include household sanitation facilities users themselves, Ministry of Infrastructure and Public Utilities, Ministry of Environment, Waste Management, Local Government Authority, Ekiti State Rural Water and Sanitation Agency, State Environmental Protection Agency, NGOs, WASH Media Network, Donors (WaterAid, EU and UNICEF) and civil society organizations.

However, coordination among these sector players has been poor and this has, largely contributed to implementation of diverse approaches and poor sanitation coverage in the state. Responsibilities in sanitation are fragmented between different sectors and line ministries and agencies. This increases the complexity in governance and the risk of administrative struggles

Coordination is difficult, even when formal mechanisms are established, though responsibilities often overlap, the tendency has been for sanitation to fall between the cracks. Decentralization of responsibilities, especially at the local government level, is important. Local by-laws and the support of local government councils are critical for sanitation systems to function. However, capacities at the local government level are grossly insufficient, and the resources allocated rarely match the devolved responsibilities. This mismatch and insufficiency need to be addressed as policies place increasing responsibilities at the local level. There is therefore the need to establish a dedicated WASH department at the LGA level for easy and efficient water and sanitation programming activities. There is also a great need for better enforcement of sanitary regulations and by-laws.

Efforts on sanitation in the state have been donor driven as budgetary allocation and funding the sanitation sector have been relegated by the government in the past. There has been no appropriate governance structure that ensures that the selected technology and all parts of the system work sustainably in the past. The state government is embarking on a holistic approach in the WASH sector and ensuring the sanitation sub-sector is not relegated both in coordination and funding.

The financing of sanitation has been neglected by governments both at the state and LGA levels. Despite sanitation policies put in place in the state, there had been no sanitation plan that was fully funded and implemented. Financing of sanitation investments makes economic sense as recent estimates find that global economic return on sanitation spending is USD 5.5 to every dollar invested. Most economic gains to society are realized by way of avoiding premature deaths, primarily among children.

2.2 Government Efforts to Promote Sanitation

There exist various policies, legislation and institutions that governs sanitation sector in the State. These include:

- Ekiti State Environmental Health and Sanitation Law 2004
- Ekiti State Environmental Health and Sanitation Regulation 2009
- Ekiti State Water Supply and Sanitation Policy (2012)
- Ekiti State Water and Sanitation Law (2013)

- Waste Management Law (2000)
- Ekiti State Water Resources and Sanitation Policy 2017 (Draft)
- Ekiti State Water Resources Bill 2018 (Draft)
- Ekiti State Rural Water Supply and Sanitation Agency (EK-RUWASSA) started as WATSAN project was transformed into a full-fledged Agency in 2010 through the enactment of the state house of assembly No. 11 of 2010.
- Existence of LGA WASH Department: The enactment of the House of the Assembly No. 11 of 2010 also established WASH departments in all the 16 local governments. However, this is yet to be implemented by the State Government

The Ekiti State Water Supply and Sanitation Policy was approved in May 2012. The policy outlines how the State plans to develop the Water Supply and Sanitation sector with the support of state and local government agencies, communities, private sector, development partners and non-governmental organisations. The policy also represents the effort of the State to address the challenge of a lack of specific policy on water supply and sanitation sector which has resulted in lack of coordination in the implementation of sectoral projects, weak institutional capacity, undefined roles for the private sector, development partners, non-state actors, and community organisations, hence, poor water supply and sanitation service delivery. However, the policy is yet to be fully implemented while sanitation sub-sector was not given required attention in this policy. The policy also failed to address the Government Agency responsible for the small towns in the state. It should be noted that Ekiti State has many small towns and there is the need to create an agency that will be responsible for Small Towns Water Supply and Sanitation.

The State Government has established the State Task Group on Sanitation (STGS) as stipulated in WSS Policy (2012). The issue of sanitation is multi-sectoral which the WSS sector alone cannot handle. It needs the support of other relevant MDAs for the impact to be fully realized. This policy therefore recommends the setting up of a Task Group on Sanitation that will advocate for good and safe sanitation practices throughout the State and ensure that environmental sanitation laws and regulations are enforced. The Task Group shall also relate with the Inter-Ministerial Committee on Water Resources on matters of environmental sanitation as it relates to water resources management. However, the STGS operations have been skeletal over the years due to inadequate funding and administrative capacity. The Task Group activities have been mainly funded by the donors in the State (European Union Water Supply and Sanitation Sector Reform

Programme, Phase III). Adequate funding should be provided by the State Government for effective and efficient operations of the STGS. Ekiti West and Gbonyin LGAs have been supported by EU-WSSSRP III in the establishment and training of LGA Task Group on Sanitation (LTGS). The State Government should ensure that the Task Group is replicated in the other 14 LGAs.

The Ekiti State Water Supply and Sanitation Law, 2013, No 8 of 2013 was enacted by the State House of Assembly and assented to on the 14th August 2013 by the Executive Governor of the State. However, adequate attention was not given to sanitation sub sector in the law. The responsible agency for small towns' sanitation was not spelt out in the law. This short coming is being addressed in the draft 2017 Water Resources and Sanitation Policy and the draft 2018 Water Resources Bill.

2.3 Development Partners Efforts

The Ekiti State Government through the collaborative efforts of development partners such as World Bank, European Union, UNICEF and WaterAid had been working on the reformation to improve water supply and sanitation situation in the State. All the rural communities in Ekiti West and Gbonyin LGAs have been certified open defecation free through the support of the WSSSRP III Rural component.

2.4 Sanitation approach (es) in the state

Subsidy: Is an approach whereby assistance is provided to households in order to gain access to basic sanitation services. This approach has not been successful because it was not community driven and the citizen were not triggered towards the effect of open defecation. The approach was piloted in the state between 2004 and 2006 through the support of WaterAid and UNICEF in Ikole, Ekiti South West and Ilejemeje LGAs.

Community Led Total Sanitation (CLTS): This is an integrated approach to achieving and sustaining open defecation free status. CLTS entails the facilitation of the community's analysis of their sanitation profile, their practices of defecation and the consequences, leading to a collective action to become ODF. CLTS processes can precede and lead on to, or occur simultaneously with improvement of latrine design; the adoption and improvement of hygienic

practices; solid waste management; waste water disposal; maintenance of drinking water sources; and other environmental measures from human activities. This approach is currently being practiced in the state.

Community Led Total Sanitation plus (CLTS+): This is an extension of Community Led Total Sanitation where other strategies are also implemented alongside. For example:

- **Sanitation marketing:** This is an emerging field that combines social and commercial marketing approach to scale up demand and supply of improved sanitation facilities. It has been promoted in 6 LGAs of Moba, Ido Osi, Ikole, Ekiti South West, Ilejemeje and Irepodun/Ifelodun under WaterAid intervention between 2005 to 2017 while it is currently being promoted in Ekiti West and Gbonyin LGAs under the EU-UNICEF supported WSSSRP III.
- **Sanitation revolving fund:** This is a fund which will be set aside to assist the indigent citizen to have access to sanitation facilities and will be payable within a stipulated time.

Sustainable Total Sanitation: Is an approach that considers sanitation holistically. It recognises that human excreta and waste water are not waste product but a valuable resource. The awareness is being created to utilize this approach but it has not been experimented.

Enforcement: Is an approach that is being used by Environmental Health officers in Urban, Small Towns and Rural areas which consider the use of Law to prosecute sanitary offenders.

2.5 Challenges in the Sanitation Sector

There have been many obstacles in the past that hindered the accelerated progress irrespective of the approach or strategy used in the sanitation sector. These problems include among others: inappropriate technology options to suit varying geo-physical conditions/people's preference; lack of appropriate tools and methodologies for social mobilization, advocacy, demand generation and behaviour change; inadequate skilled facilitators for effective scaling-up of CLTS; weak institutional arrangement and limited technical knowhow; inadequate staff and funding; lack of an effective delivery mechanism; low private sector participation in service delivery; low involvement of NGOs/CBOs; low political and financial commitments; lack of harmonization among various policies and guidelines; absence of suitable credit mechanism;

inadequate follow up due to fund constraint; lack of clear cut guidelines for semi-urban and urban areas; slow progress in promoting sanitation in schools, health centres, market places, motor parks, highway eateries etc. and poor documentation and reporting.

The challenges highlighted above require adequate attention both from the government and all the sector players if total sanitation is to be achieved and the state to achieve ODF.

CHAPTER THREE

3.0. Sanitation Gaps in Ekiti State

3.1 Households Gaps

The table below presents the population, households, access to sanitation facilities and 2019 gaps for each of the 16 LGAs in the state. The table gives a glance of the situation across the state presently, identifying progress per LGA compared to 2015 access to sanitation facilities across the LGAs. The growth rate of Ado Ekiti is 3.85% while for other LGAs is 3.1% per annum. The underlying assumption is that we have an average of 8 members per household in the state.

Table 1: Households Sanitation Gaps in Ekiti State

S/N	LGA	Projected 2019 Population	2022 Projected Population GR 3.1 and 3.85 Ado)(SBS)	Estimated Household as at 2019	Projected Household for 2022	Household access as at 2019	Projected Household access as at 2022	Gap 2019	Gap 2022
1	ADO	521,323	584,220	65,165	73,028	39,751	73,028	25,414	33,277
2	EFON	131,473	144,287	16,434	18,036	10,025	18,036	6,409	8,011
3	EKITI EAST	208,610	228,941	26,076	28,618	15,906	28,618	10,170	12,712
4	EKITI SOUTH WEST	248,943	273,205	31,118	34,151	18,982	34,151	12,136	15,169
5	EKITI WEST	270,828	297,223	33,854	37,153	33,049	37,153	805	4,104
6	EMURE	142,145	155,999	17,768	19,500	10,838	19,500	6,930	8,662
7	GBONYIN	223,175	244,926	27,897	30,616	26,192	30,616	1,705	4,424
8	IDO –OSI	241,273	264,788	30,159	33,099	18,397	33,099	11,762	14,702
9	IJERO	334,573	367,181	41,822	45,898	25,511	45,898	16,311	20,387
10	IKERE	224,018	245,851	28,002	30,731	17,081	30,731	10,921	13,650
11	IKOLE	256,976	282,021	32,122	35,253	19,594	35,253	12,528	15,659
12	ILEJEMEJE	65,534	71,921	8,192	8,990	4,997	8,990	3,195	3,993
13	IREPODUN/IFELODUN	198,039	217,340	24,755	27,168	15,101	27,168	9,654	12,067
14	ISE/ORUN	171,832	188,579	21,479	23,572	13,102	23,572	8,377	10,470
15	MOBA	219,268	240,638	27,409	30,080	16,719	30,080	10,690	13,361
16	OYE	207,789	228,041	25,974	28,505	15,844	28,505	10,130	12,661
	TOTAL	3,665,799	4,035,161	458,225	504,395	301,089	504,395	157,136	203,306

Source: SBS, 2019 & FMWR WASH Survey, 2015

Compared to the situation in 2015, sanitation access across the state improved to 61% from the initial 52.6%. Out of a total **458,226** households currently in the state, 61% have access to toilet facilities, with a gap of 39%, the resultant effect is that open defecation across the state is still alarming. Over 178,708 households are still without sanitation facilities with Ado and Ijero LGAs ranking highest in terms of number of households without access to sanitation facilities.

3.2 Institutional Sanitation Gaps

The table below presents the status of access to sanitation facilities in public institutions in the state.

Table 2: Institutional Sanitation Gaps in Ekiti State

S/N	LGA	Public Schools			Public Health Facilities			Market Places			Motor Parks			Government Offices		
		Num ber	Acc ess	GAP	Num ber	Acc ess	GAP	Num ber	Acc ess	GAP	Num ber	Acc ess	GAP	Num ber	Acc ess	GAP
1	ADO	114	94	20	31	23	8	16	9	7	10	0	10	34	3	31
2	EFON	37	32	5	19	16	3	2	1	1	1	0	1	10	0	10
3	EKITI EAST	69	42	27	18	13	5	24	6	18	9	3	6	25	2	23
4	EKITI SOUTH WEST	73	59	14	23	17	6	12	4	8	18	3	15	28	0	28
5	EKITI WEST	84	47	37	31	16	15	4	2	2	2	1	1	30	1	29
6	EMURE	45	41	4	15	12	3	15	9	6	2	1	1	33	0	33
7	GBONYIN	66	47	19	21	12	9	27	10	17	8	3	5	44	5	39

S/N	LGA	Public Schools			Public Health Facilities			Market Places			Motor Parks			Government Offices		
		Num ber	Acc ess	GAP	Num ber	Acc ess	GAP	Num ber	Acc ess	GAP	Num ber	Acc ess	GAP	Num ber	Acc ess	GAP
8	IDO –OSI	66	46	20	19	8	11	19	8	11	6	1	5	37	0	37
9	IJERO	102	82	20	30	28	2	19	15	4	2	1	1	39	11	28
10	IKERE	58	46	12	25	20	5	10	2	8	5	3	2	12	0	12
11	IKOLE	100	74	26	26	21	5	19	11	8	11	0	11	34	4	30
12	ILEJEMEJE	62	61	1	13	11	2	7	3	4	2	1	1	17	1	16
13	IREPODUN/ IFELODUN	35	31	4	20	15	5	13	0	13	11	0	11	17	4	13
14	ISE/ORUN	55	50	5	17	16	1	9	3	6	1	0	1	10	1	9
15	MOBA	49	40	9	18	15	3	12	11	1	11	6	5	26	2	24
16	OYE	83	73	10	23	16	7	27	18	9	7	5	2	19	0	19
	TOTAL	1098	865	233	349	259	90	235	112	123	106	28	78	415	34	381

Source: State Bureau of Statistics, 2019.

The table indicates that there are over 905 gap in institutional latrines in the state. The table shows a gap of 233 in Public schools (primary and secondary, 90 in Public Health facilities, 123 in Market places, 78 in Motor Parks and 381 in other government owned institutions. These gaps require attention if the state is to be declared ODF by 2022.

CHAPTER FOUR

4.0 Need for Open Defecation Free Roadmap in Ekiti State

Although significant progress was made between 2015 and 2018 in some donor supported LGAs, Ekiti State may not reach 100 % open-defecation-free status by 2022 without a change in strategy. The economic loss to Ekiti State due to the present state of open defecation is enormous. Based on the sanitation gaps identified that places Ekiti state in the second position in the South West on open defecation prevalence, there is the need to develop a roadmap that will accelerate the state wide open defecation free status by 2022. The State Ministry of Infrastructure and Public Utilities has developed a programme tagged “Ekiti Ko Egbin Sile” to fast track the implementation of this roadmap.

In summary, the need for developing a road map for making the State open-defecation-free by 2022 emanates from the following key factors:

- The economic, health, education and social benefits that the State is losing every day due to a large number of people defecating in the open.
- Apprehension on meeting the SDG's goal on sanitation by 2030 and an open-defecation-free State by 2022.

4.1 Summary of the Benefits of Improved Sanitation.

The multi-faceted benefits of sanitation are now well publicized through various studies/reports and review of documents.

The Health Perspective: The impact of inadequate sanitation on the health of people in general and children in particular is well known. Diarrhoea is the second largest killer of children below 5 years in Nigeria, next to pneumonia. According to WHO, 88% of diarrhea cases are attributable to factors essentially originating from poor management of human excreta. According to a World Bank Report (2012), approximately 121,800 Nigerians, including 87,000 children under 5 years die annually from diarrhoea – nearly 90% is directly attributed to water, sanitation and hygiene. For instance, hookworm, that enters the body through unprotected feet, has a direct link with open defecation.

The Nutrition Perspective: Children weakened by frequent diarrhoeal episodes are more vulnerable to malnutrition and opportunistic infections such as pneumonia. According to the NDHS (2013), 37% of Nigerian children below 5 years were stunted (height for age). Similar figures for wasted (weight for height) and under-weight (weight for age) were 18% and 29% respectively.

Iron deficiency anemia (IDA) among adolescent girls is to a great extent linked to worm infestation for which the major culprit is open defecation. An anaemic mother, most likely, delivers a low-birth-weight baby thereby not only endangering life of the new born baby but also can become a victim herself due to poor health conditions.

The Learning-Outcome Perspective: It is a known fact that a healthy child (physically fit and mentally alert) is expected to do well in learning than a sick child. Tests have shown that a stunted child is less intelligent than their peers who are better nourished. Recent studies have shown that it is not only diet but the adverse impact of poor sanitation and hygiene that contribute to stunting. Children with heavy worm burdens are likely to be absent for a greater proportion of the time than those who are lightly infected or free from worms. Adolescent girls are especially vulnerable to dropping out, as many of them feel reluctant to go to school where there is no toilet for their privacy.

The Social Perspective: Open defecation is a social stigma. The dignity of women and girls is compromised without a latrine at home as they have to wait for the night or early hours to relieve themselves, lest seeing by others. The violence against young girls and even young married women in rural areas points at the social evil that is seen more and more in recent years.

The Economic Perspective: Some studies indicate that for every US \$ spent on sanitation, the return varies from US \$ 9 to over US\$ 40.

A desk study on the Economic Impact of Poor Sanitation in Nigeria, undertaken by the World Bank and published in 2012, estimated that Nigeria loses NGN 455 billion or US\$ 3.6 billion annually due to poor sanitation. This amounts to US\$ 20 per person in Nigeria per year or 1.3% of the national GDP.

The Marketing Perspective: Presently in Nigeria, 50 million people (or 10 million households) defecate in the open. If we assume a very conservative cost estimate of a pit latrine with slab to be NGN 25,000, the total market potential for material and labour will be worth NGN 1.25 trillion. If up-grading of the existing latrines and construction of institutional toilets are taken into account, the figure will shoot up further. According to the World Bank estimates, the annual growth of global sanitation market will be from US\$ 6 billion in 2007 to US\$ 14 billion in 2020. This can create a huge potential for employment both in production and service.

CHAPTER FIVE

5.0. Sanitation Targets

The present status shows that around 1.4 million people defecate in the open in the state. This figure is likely to increase to 2.1 million by year 2022. This brings the target to 2.1 million people (258,215 households) that need to have access to a latrine and use it in order to make Ekiti State open-defecation-free by 2022. Therefore, the mission and vision of the state on sanitation are:

Vision on sanitation

By 2022, every household in Ekiti will have access to safely managed sanitation and hygiene facilities in cities, small towns and rural communities.

Milestone for sanitation

- a. Eradicate open defecation by 2022.
- b. Attain 100% coverage of improved sanitation by 2022

5.1 Household Sanitation Targets for 2022

The goal of Ekiti State ODF roadmap is to achieve Open Defecation Free State by 2022 without leaving anyone behind. To achieve this, the roadmap realistically set goals for each LGA and the state in general to incrementally address the household sanitation gaps between 2019 and 2022.

Table 3: Households Sanitation Targets by LGAs

S/N	LGA	GAP 2022	2019 Target 20%	2020 Target 60%	2021 Target 15%	2022 Target 5%
1	ADO	33,277	6,655	19,966	4,991	1,664
2	EFON	8,011	1,602	4,807	1,202	401
3	EKITI EAST	12,712	2,542	7,627	1,907	636
4	EKITI SOUTH WEST	15,169	3,034	9,101	2,275	758
5	EKITI WEST	4,104	821	2,462	616	205

S/N	LGA	GAP 2022	2019 Target 20%	2020 Target 60%	2021 Target 15%	2022 Target 5%
6	EMURE	8,662	1,732	5,197	1,299	433
7	GBONYIN	4,424	885	2,654	664	221
8	IDO –OSI	14,702	2,940	8,821	2,205	735
9	IJERO	20,387	4,077	12,232	3,058	1,019
10	IKERE	13,650	2,730	8,190	2,048	683
11	IKOLE	15,659	3,132	9,395	2,349	783
12	ILEJEMEJE	3,993	799	2,396	599	200
13	IREPODUN/IFELODUN	12,067	2,413	7,240	1,810	603
14	ISE/ORUN	10,470	2,094	6,282	1,571	524
15	MOBA	13,361	2,672	8,016	2,004	668
16	OYE	12,661	2,532	7,597	1,899	633
	TOTAL	203,306	40,661	121,984	30,496	10,165

Source: MIPU, 2019

Achieving this however, requires concerted efforts and collaboration across board. The State government through the Ministry of Infrastructure & Public Utilities and Ministry of Environment (For Urban areas) will have to work together in coordinating this effort. Other Agencies such as RUWASSA, Small Towns Water Supply and Sanitation Unit/Agency, and Waste Management Authority will have to double efforts in ensuring inter-agency collaboration and partnership. Each local government WASH department should be empowered to drive the process of achieving ODF at the LGA level while Non-Governmental Organizations will work with as well as build community institution capacities for effective programming and sustainability.

5.2 Institution Sanitation Targets for 2022

Table 4: Institutional Sanitation Targets by LGAs

S/N	LGA	Public Schools				Public Health Facilities				Market Places				Motor Parks				Other Public Places/ Government Offices			
		GAP	Yearly Target			GAP	Yearly Target			GAP	Yearly Target			GAP	Yearly Target			GAP	Yearly Target		
			2019	2020	2021		2019	2020	2021		2019	2020	2021		2019	2020	2021		2019	2020	2021
1	ADO	20	2	12	6	8	1	5	2	7	1	4	2	10	1	6	3	31	3	19	9
2	EFON	5	1	3	2	3	0	2	1	1	0	1	0	1	0	1	0	10	1	6	3
3	EKITI EAST	27	3	16	8	5	1	3	2	18	2	11	5	6	1	4	2	23	2	14	7
4	EKITI SOUTH WEST	14	1	8	4	6	1	4	2	8	1	5	2	15	2	9	5	28	3	17	8
5	EKITI WEST	37	4	22	11	15	2	9	5	2	0	1	1	1	0	1	0	29	3	17	9
6	EMURE	4	0	2	1	3	0	2	1	6	1	4	2	1	0	1	0	33	3	20	10
7	GBONYIN	19	2	11	6	9	1	5	3	17	2	10	5	5	1	3	2	39	4	23	12
8	IDO -OSI	20	2	12	6	11	1	7	3	11	1	7	3	5	1	3	2	37	4	22	11
9	IJERO	20	2	12	6	2	0	1	1	4	0	2	1	1	0	1	0	28	3	17	8
10	IKERE	12	1	7	4	5	1	3	2	8	1	5	2	2	0	1	1	12	1	7	4
11	IKOLE	26	3	16	8	5	1	3	2	8	1	5	2	11	1	7	3	30	3	18	9
12	ILEJEMEJE	1	0	1	0	2	0	1	1	4	0	2	1	1	0	1	0	16	2	10	5
13	IREPODUN/ IFELODUN	4	0	2	1	5	1	3	2	13	1	8	4	11	1	7	3	13	1	8	4
14	ISE/ORUN	5	1	3	2	1	0	1	0	6	1	4	2	1	0	1	0	9	1	5	3
15	MOBA	9	1	5	3	3	0	2	1	1	0	1	0	5	1	3	2	24	2	14	7
16	OYE	10	1	6	3	7	1	4	2	9	1	5	3	2	0	1	1	19	2	11	6
	TOTAL	233	23	140	70	90	9	54	27	123	12	74	37	78	8	47	23	381	38	229	114

Source: MIPU, 2019

CHAPTER SIX

6.0 Suggested Strategies to Achieve Roadmap to Open Defecation Free

Making Ekiti State Open Defecation Free by 2022 calls for a multi-sectoral partnership between governments, development partners and the private sector, creating enabling environment and coordination mechanisms. The Roadmap provides a guide towards achieving an open defecation free state using different approaches. The following strategies would be implemented to attain ODF in Ekiti State.

6.1 Capacity building of WASH staff [Training of Trainers (TOT) at the State and LGA level]

In conjunction with development partners and CSOs, there will be capacity building on the application of the current best WASH practices for Government Officials both at the State and the Local level for an effective WASH service delivery. This will increase the knowledge base and pool of resource persons available that will be engaged in the various strategies to be employed under the ***“Ekiti Ko Egbin Sile programme”***, thus ensuring that the state achieves its target of being open defecation free by 2022.

Presently the institutional infrastructure for training on WASH in the country does not seem to be adequate. At State level it is still weak. This needs to be addressed since the proposed road map will call for massive human resource development in different themes and at various levels.

The State and LGA levels resource persons are to conduct Hands-on Training on technological options, social mobilization and the CLTS Approach, the Hands-on Training on technology options could be of five days duration while Hands-on CLTS training should be for a minimum duration of five days to allow for practical demonstration of triggering processes. Other categories of people for training or orientation include village level functionaries, CSOs, master masons and managers of the proposed Sani-centres need to be trained on social marketing.

State and Local Governments should provide adequate funds for these trainings that will be crucial for the successful implementation of the road map. It will be useful to organize exchange visits for alliance learning with other country (could be Africa or South Asia) to see the new technologies adopted there.

6.2 Advocacy

The State Government (through the relevant Agencies) shall be committed to regularly solicit support from stakeholders and decision makers on the need to uphold the existing sanitation laws through the construction of household latrines and commit to supporting Ekiti State becoming ODF by 2022.

Through the advocacy, it is expected that this will ensure a paradigm shift to the prompt appropriating and release of funds for the WASH sector at all levels of government.

6.3 Establishment of Community Based Institutions (Local Community Governance)

The state will support the establishment of community based structures in each of the communities that will be responsible for maintaining, monitoring and sustaining sanitation improvements in the community. Examples of these structures are WCA, WASHCOM, VHP, “Ekiti Ko Egbin Sile” Volunteers. The Government will encourage the communities to adapt the tradition of “Esusu” practice - collective community work that make the community to self-evaluate their sanitation situation and support one another to maintain ODF status. These activities are recorded through a household logbook and the village sanitation register. The CSOs will be engaged to support the LGAs on community mobilization, establishment of community based institutions and hygiene promotion activities.

6.4 Appointment of Sanitation Ambassador and WASH Champions (Igniting a sanitation movement)

There shall be an appointment of Sanitation Ambassadors and WASH Champions who are leaders of their communities and societies such as Kabiyesi's, Wives of political officers, Iyalojas and other influential individuals. The wife of the Governor, Her Excellency, Erelu Bisi Fayemi shall be designated as the State Sanitation Ambassador. She is expected to use her network to support the implementation of this roadmap. These personalities will support the sanitation movement in ending open defecation and sustaining ODF status. This includes strengthening, mobilizing and empowering emerging local champions to actively participate and effectively fight against open defecation within and beyond their own community. As an increasing number of actors become triggered, engaged, and organized, the movement for sustainable sanitation evolves into a self-driving movement.

6.5 State Wide Campaign to End ODF

Ekiti State will adopt Behaviour Change Communication (BCC) in a strategic way, to promote and sustain positive behaviour. BCC materials and campaigns is expected to elicit emotional triggers similar to that generated during the CLTS process. Examples include radio jingles, TV talk show, social media campaigns and posters.

In view of the low literacy level and the scattered nature of rural communities, the IEC strategy should focus more on inter personal interaction and more effective use of popular information channels as indicated above. The KAP study conducted by UNICEF in eight states (Sept 2008) and the FCT identified, the four major popular communication channels are Radio (53.2%), Town Announcer (46.9%); Traditional Rulers (35.6%) and Churches/Mosques (23.9%). According to the Nigeria Demographic and Health Survey, (2013), more than 68% of households had a radio and 48% had a television at home.

6.6 Technology options to suit different geo-physical conditions

With the diversity in the geo-physical conditions of the State, it is absolutely essential that suitable latrine designs developed at the national level that are cost-effective, environment-friendly, easy to construct and acceptable to people of different social customs, beliefs and economic status of the State be adopted. The State will also adopt or adapt the outcome of the study sponsored by UNICEF on different technology options for household latrines or different geo-physical conditions.

Formation of a Technical Committee at state level to examine various options recommended and suggest their adoption for different terrain, households with different socio-economic groups and cost implications for different designs. Members of this technical committee would be drawn from Ministry of Infrastructure and Public Utilities, Ministry of Works, Ministry of Environment, EK-RUWASSA, EKWMA, STOWASSU and representatives of CSOs, LGAs, WCAs and WASHCOMS among others.

6.7 Sanitation Ladder

It is of common knowledge that at any given period of time, households will be using different types of latrine based on their choice and affordability. As the socio-economic status of a household increases, there will be, most likely, an upgrading of the existing latrine as it does for

other household utilities. Before the concept of Sanitation Ladder is introduced to the community, it would be essential to have information on:

1. Design principles of different sanitation options
 2. The effectiveness of different options and the benefits
 3. The use and maintenance of different options
 4. The cost of different options
 5. The durability and sustainability of different options
- It will be necessary to have a very clear idea on where to get the materials and technical advice on the options so identified.
 - There should be one page showing all the options in a sequence and one page for each option depicting what is mentioned above.
 - Introduction of hand washing facilities beside latrines/hygiene promotion

6.8 Appropriate delivery mechanism and social marketing of sanitation

If the strategy to develop and promote a range of technology options to suit different geo-physical conditions and peoples' preferences is to be implemented, it is essential to strengthen the delivery system not only to provide the materials and services but also to provide the required technical guidance. Considering the high poverty level in the country, the marketing strategy has to be pro-poor, if the goal is to make the state open-defecation-free by 2022, As such every household has a sanitation facility that is not only acceptable but also affordable.

Demand ignited through CLTS has to have a supportive delivery mechanism. It has been argued that sani centres tried without success in Nigeria was mainly due to wrong choice of location, inappropriate management structure and limited products/services to make them sustainable. However, nothing was wrong with the Sanicentres Concept. A restructured version of Sanicentre should be thought of, looking at commercial principles with social objective.

To meet the demand for sanitary materials and services generated under CLTS, the under listed actions should be taken:

1. There should be a sanicentre in every LGA with a Mini Centre at WARD level depending upon the demand. The Mini Centres can also have a production unit to manufacture/sell materials for latrine construction, with the flexibility to carry out even in-

situ production of slabs, cement rings and other heavy products, so as to be close to the community.

2. Depending on demand, the location of these centres can be changed from place to place.
3. The centre should be located at a place that satisfies the three basic principles of Central Place Theory viz., the marketing, transportation and the administrative principles.
4. The centre should be run, (primarily by private entrepreneurs), on a commercial basis but with a social objective; the latter refers to social marketing.
5. The centre can implement the suggested modalities relating to sanitary activities (loosely called as models by a study conducted by UNICEF, Nigeria) such as Artisans and Public Toilet Operators (PTO).
6. The role of Governments, CSOs and International Agencies should be facilitators and not providers. Such role could be in the form of orienting the centre managers/owners on basic principles of social marketing, supporting training of at least 10 master masons per centre, providing the required IEC materials, facilitating bank credit, facilitating procurement of pan/trap from other states and so on.
7. The list of materials to be stocked in the centre should be expanded to include more number of sanitation and hygiene related materials so as to make the centre perform as a mini-sanitation-super market that could be sustainable.
8. Wide publicity should be given with regard to the establishment of these centers and their roles and responsibilities.

6.9 Refocusing the Triggering Process under Community Led Total Sanitation (CLTS)

Community Led Total Sanitation (CLTS) has been adjudged by studies to be doing fine especially in rural areas and homogenous small towns. There could be some modifications by including the children in schools, inter-personal contacts with households without a toilet and performing entertainment programme with message on the hazards of open defecation. Under CLTS, it is presumed that households are motivated through different methods including peer pressure to stop open defecation. Feedback from the field indicates that during the CLTS process, the households without latrines tend to avoid the meeting so as to avoid embarrassment. For this reason, it may look appropriate to develop a strategy that combines the merit of both community and individual approaches. This will call for bringing some changes in the triggering process currently adopted under CLTS without losing the basic CLTS principles. Going forward, effort will be made to ensure that all houses are present during the triggering process.

CLTS facilitation team members need not be from WASH Department/Units alone. Functionaries from other departments, at ward level (existing WASH structures) and NGOs could also be involved. After all, sanitation is not the sole responsibility of the Ministry of Infrastructure and Public Utilities other Ministries that have a stake in the WASH sector are RUWASSA, STOWASSU, Health, Education, Housing and Urban, Environment, Women Affairs, Information, Budget & Economic Planning, Justice, Bureau of Statistics, SUBEB, SEPA, Waste Management Authority and SDGs Office. Besides, in order to cover all communities in an LGA, the staff currently available with the WASH Department/ Units will not be adequate, hence the need for a multi-disciplinary team.

During the follow up or monitoring visits to the communities, the community facilitation team is to meet individual households that do not have latrine and use a simple format, with a very few questions, to collect information. This will also give an opportunity to talk to the households (who may not have attended the community meeting/triggering) on the issue of open defecation as already discussed in the community. In this process, the team member can find out the reason why the household is not having a latrine and what are its future plans to have a latrine and use it, for making the community free from open defecation. In case it wants to have one, the type of latrine it may like to choose and the amount, it is willing to invest can also be obtained through the sanitation marketing strategy.

6.10 Development of relevant IEC materials and using appropriate mass media

There is the need for the Ministry of Infrastructure and Public Utilities to look at the existing IEC materials and develop or modify wherever necessary. A state level workshop would be organized to develop songs/skits/slogans. The Ministry would also facilitate TV spots/jingles of 15 to 30 seconds to be developed and transmitted both in English language and Ekiti dialect on state television and radio regularly. Popular personalities/celebrities from sports, cinema, TV, etc. should be identified to feature in these campaigns. The First Lady of the State would be appointed as ODF Ambassador.

A state-wide campaign on making Ekiti open-defecation-free would be launched by the Governor to generate awareness. Each LGA Chairman in turn would flag off these campaigns with wide media coverage in their respective LGAs.

6.11 Rural vs Small Towns and Urban Areas

Covering these areas is a big challenge. CLTS is considered basically a rural strategy that presumes homogeneity of the population in a community. Since semi-urban and urban areas are considered heterogeneous, there are apprehensions on how far this strategy would be applicable effectively in an urban setting. In addition, availability of space and the tenure status of the households in semi-urban and urban areas pose a problem for enhancing sanitation coverage in these areas. In semi-urban and urban areas, it is the poor that is generally denied access to a latrine and these people generally live in urban slums where there is gross shortage of basic services.

It is generally observed that people of a particular ethnic group or a particular occupation tend to dwell together in a slum or Small Towns areas that generally come up around a city. A study on WASH challenges in six Small Towns areas reveals that residents of each of these areas belonged to a particular ethnic group that make them a homogenous group in many respects. Moreover, in urban areas institutions like Church and Mosque are always available and could be approached for help. Through careful planning, it should be possible to have the CLTS approach effectively implemented in urban settings to stop open defecation.

Identification of slum areas and ward-wide homogeneity should be done in consultation with the officials of the urban local body and validated. Once such identification is done, the CLTS process could be same as that adopted in rural areas. Wherever space is a constraint, attempts should be made to go for shared latrines or public/community latrines. Wherever essential, sanction against open defecation could be evoked by the Ministry of Environment / LGA WASH Departments. Public toilet should be built purely on PPP model and should be operated on pay and use modality.

6.12 Toilets in Public Places such as Market Centres, Motor Parks and Highways, Religious places, Schools and Health Centres

The Ministry of Infrastructure and Public Utilities would undertake a quick survey of market places, motor park and highway eateries to assess the ground situation. An open defecation free State implies that there is no shit on both sides of a highway, around motor parks, market

centres, religious places etc. Similarly, provision of toilets in schools (separately for boys and girls), equity and inclusion materials for persons with disabilities (PWD) has to be ensured so that persons are not forced to use the open ground in the vicinity. This is also true for the health centres that are frequently patronized by a number of visitors and they must have place to answer the urgent call of nature. In fact, construction of school toilets can be a part of the School Sanitation Programme and providing similar facilities in health centres as an integral part of the Primary Health Care Programme.

It is quite common to see long distance drivers to stop for the night in a motor park or at a roadside eatery to have their dinner, sleep and finish the morning rituals before commencing their trip further. Majority of these places, though they may have water supply, do not have adequate facility for sanitation. As such the drivers/helpers have no other option but to defecate in the nearby field. Hence, if the State is to become open-defecation-free, one cannot ignore this phenomenon. In fact having toilet facilities in a road side restaurant will attract more customers and that could be a selling point for the restaurant owner.

Although there may not be any problem for banks to finance this activity, Government may think of giving some incentive. The other strategy is not to give permission to open such restaurants and motor parks unless they agree to provide both water and sanitation facilities. Violation of this shall attract penalties as stipulated in the relevant environmental laws. It is expected that once these people (drivers and helpers) get used to using a toilet, they are more likely to have one in their houses. A similar situation also exists in market centres where it is not uncommon to see excreta all over the place.

6.13 Dissemination and High Level Stakeholders Meetings

Meetings will be organized for all the key persons of the concerned departments from State and LGAs such as Public Utilities, Health, Environment, Education, Housing and Urban, Women Affairs, SUBEB, Min. of Information, DG/SDGs and also selected NGOs, trade unions, representatives of traditional institutions to expose them to the proposed road map and seek their support. This could be considered as a kick-off for the campaign towards making the LGAs and the State open-defecation-free. It is also expected that the representatives of MDAs should provide feedback to their supporting offices.

6.14 Administrative Back Up and Coordination Mechanism

The State Water and Sanitation Law (2013) should be implemented. The draft State Water Resources and Sanitation Policy (2017) should be finalized, approved and implemented. The two documents may be revisited to see if any modification is needed to reflect changes in approach. The draft consolidated Water Resources bill (2018) should be finalized, approved and implemented. Efforts should be made to establish WASH Departments in each LGA in the State.

The State and LGAs should make adequate budgetary provision and ensure timely release of funds to WASH related Agencies and departments. The STGS and LTGS should be strengthened to function more effectively.

6.15 Certification for Open Defecation Free Communities and Beyond

The critical factors for sustainability of CLTS are very much related to a good programming design and the two key determinants are quality of facilitation and post triggering visits. The following actions are required in facilitating the attainment and sustainability of ODF status:

1. The monitoring and follow up teams at LGA and State level should be strengthened to be able to reduce the delays in the certification process.
2. Adequate funds and required logistic support such as mobility should be made available for these teams to carry out their tasks timely and effectively.
3. Strengthening of the State Task Group on Sanitation (STGS) and the monitoring team
4. The CLTS interventions should be well integrated into government programming so that the community level functionaries like the health workers, school teachers, School Based Management Committee (SBMC), CSOs, Environmental Health Officers and Community Development Workers do not consider follow up and monitoring as an additional responsibility outside their normal work and ask for compensation that may not be sustainable.
5. Advocacy with State/LGA authorities to accord priority to ODF certified communities for developmental activities.
6. Celebration of Community becoming open defecation free
7. Celebration of LGA becoming open defecation free
8. Celebration of the State becoming open defecation free

6.16 Ekiti Ko Egbin Sile Campaign Programme

The Ekiti Ko Egbin Sile programme is a concerted effort comprising of an ODF campaign and extensive construction works in order to deliver the state ODF by the year 2022. The various strategies explained in detail above, represents the software component of the programme, while under the hardware component there will be a deployment of standard public toilets models that will suit the specific needs of the Ekiti populace, whilst adhering to National standards. The programme is the domesticated version of clean Nigeria. Use the toilet campaign.

6.17 Communal / Pro-Poor Public Toilets through PPP arrangements

The State will promote the construction of communal and pro-poor/people with disabilities (PWD) friendly toilets in each community through public private partnership approach. It is assumed that there would be extremely poor households which may not be able to afford the construction of toilets even if the sanitation revolving loans are provided. The strategy would involve the mapping and delineation of communities at a radius of between 250-500 meters where these toilets could be constructed by the private sector and a token is charged on monthly basis for the use of these households. The sanitation facility provider will also manage the water kiosk that would be constructed in each of these clusters. The water kiosk and the sanitation facility are to be managed by the private sector but regulated by the state regulatory body with the support of the LGAs.

6.18 Monitoring and Evaluation

This is an integral component for the implementation of a successful programme to measure the level of progress that is being achieved at regular intervals to ensure that the programme is on track to achieve its goals.

The Ministry of Infrastructure and Public Utilities would support EKR UWASSA, STWSSU and LGAs WASH departments to carry-out routine monitoring , supervision, verification and certification of both soft and hardware components of the programme to ensure a sustained open defecation free status, upgrade of existing basic latrines (both public and household level) and progression towards the state becoming totally sanitized. Data from the LGAs would be sent to the MIPU data base through the relevant Agencies, for planning and decision making.

CHAPTER SEVEN

7.0 Time Plan for Implementation of the Roadmap

The timeline for the implementation of the roadmap is presented below.

7.1 State of Preparedness & A Period of Transition: July – December 2019

The roadmap strategies suggested in the preceding sections will call for massive preparatory work in a number of areas. This does not mean that no implementation work will be done during 2019. Whatever has been happening at present should continue so that the momentum is not lost. Simultaneously, attempts should be made to undertake all that preparatory work needed for the implementation of the proposed road map. In this regard, the following major activities are suggested.

1. Sensitizing the State policy makers at the highest level (such as Executive council members, Legislators and Accounting Officers of MDAs)
2. Sensitizing the LGA Stakeholders (such as Exco members, Legislators, Traditional leaders, Religious leaders, etc)
3. Flagging off the open-defecation-free campaign at State and LGA level by senior government officials and political leaders such as Governors and Local Government Chairpersons.
4. Adequate budgetary support should be ensured for proper functioning of EKR UWASSA, Small towns Water Supply and Sanitation Unit, Ministry of Environment, Ministry of Infrastructure and Public Utilities, Waste Management Authority and LGA WASH Units/Departments.
5. Strengthening STGS to perform their statutory roles.
6. (i) Harmonization of existing sanitation policies:
 - Ekiti State Environmental and Sanitation law No 4 of 2004,
 - Ekiti State Environmental Health and Sanitation regulation 2009(ii) Domesticating the harmonized sanitation policies at the LGA level
7. Implementation of Existing WASH Policy and Law.
8. Strengthen WASH Departments in all LGAs with the required staff.
9. There should be provision for a separate budget line at State and LGA level for all sanitation related activities.
10. Identification of technology options to suit different geo-physical conditions and people's preference along with cost implications should be prepared for the State.

11. This should be followed by preparing the 'Sanitation Marketing' to suit different areas and people's preferences.
12. Quick survey of schools/health centres to find out the availability and use of latrine facilities by the state and advocacy with the Ministry of Education, Primary Health Care Development Agency and Ministry of Health to create a separate budget line for sanitation.
13. Quick survey of market centres, motor park and eateries by the State to find out the availability of sanitation facilities, identify those requiring the facilities, hold dialogue with Market Centre and Motor Park Unions and owners of restaurants on Federal /state Highways on preparing a time plan for creating the facility by them. Same action is needed for religious institutions.
14. Equip the Ministry of Infrastructure and Public Utilities, EKR UWASSA, LGA WASH department with staff and materials to be able to train master trainers on technology options and implementing the CLTS Approach.
15. Identification of centres like College of Health Technology, Polytechnics and Universities in the State (where training of functionaries could be undertaken) and equip them with the required materials and audio-visual aids.
16. Develop and print sufficient quantities of IEC materials wherever needed, these materials should be translated to local dialect.
17. Identify and inaugurate Sanitation Ambassadors and champions.
18. Identify market centres that satisfy the three principles (marketing, administrative and transportation) of 'Central Place Theory' to locate the proposed Sani-centres /Sanitation Resource Centre/Sanitary Mart/Sanitary Hub.
19. Identify and motivate local entrepreneur who has the experience and willing to open the above centre and train them on social marketing; provide information on the source of materials not available in the state and how to procure it, share the required IEC materials and train at least 10 to 15 masons so as to have at least one mason in each ward. These masons are to be attached with the centre and work under its guidance

7.2 Year of Transition and Assessment: Year 2020

The State will embark on a rigorous Community Led Total Sanitation (CLTS) Ekiti ko Egbin Sile campaign and other approaches such as community dialogue, sanitation marketing, enforcement (where necessary) in order to achieve open defecation free communities and

LGAs. CLTS approach will be implemented simultaneously in all LGAs and this will require massive staff and organizational support. Capacity building of LGAs WASH units/departments will be built on CLTS approach. Master Trainers will be identified and trained by the State MIPU and RUWASSA. Civil Society Organizations in the state will be partnered in supporting this approach. Moreover, due to the efforts already made in the past, different LGAs may have different level of coverage. It is necessary to assess that and give priority to those that are already at a very advanced stage in achieving the ODF status since that will bring confidence to the functionaries and also encourage other LGAs to follow suit. It will be useful to undertake a very quick assessment of the communities in all the LGAs to ascertain the level of OD and focus on them. Within this year, the State should be in a position to prioritize their focus on different LGAs in a phased manner and the LGAs on different wards.

The State will assess how far they have been able to achieve the State of Preparedness proposed for 2020 and implementation of the road map during the first year viz 2019. This should be done by an independent agency and cover both institutional and organizational status pertaining to the implementation of the road map and gaps, besides understanding the field problems in interacting with the community. This will help the State to find out ways and means on how to overcome the deficiencies to achieve the desired objective.

7.3 Year of Consolidation and Moving Forward: Year 2021

This will be the most crucial period in the path towards open-defecation-free status and the State will speed up the implementation process since they have crossed the period of State of preparedness, have prioritized the areas of intervention and know where the shoe pinches.

7.4 Year of Self-Assessment and Mop up: Year 2022

Without losing the momentum, it is time for the State to sit back and identify the loose ends that need to be tightened before making a final assault on the goal of making the State Open-defecation-free. This could be done in-house.

CHAPTER EIGHT

8.0 Activity Plan for Implementation of the Proposed Road Map/Strategy

Table 5: Plan for Implementation of the Proposed Road Map/Strategy

WORK PLAN FOR IMPLEMENTATION OF EKITI STATE ODF ROADMAP																				
S/NO	ACTIVITY	TIMELINE																Responsible Agency(ies)	Expected Output/Outcome	
		2019				2020				2021				2022						
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
	Administrative Back up and Coordination Mechanism																			
I	Approval of ODF Roadmap by State EXCO			x														EXCO	ODF Roadmap launched	
ii	Flagging of ODF campaign/Launching of Ekiti Ko Egbin Sile			x														EXCO	Awareness created and state of emergency on sanitation	
iii	Identification and inauguration of Sanitation Ambassadors and Champions at State and LGAs levels			x	x													MIPU/EXCO	Increased behavioural change awareness created by Sanitation Ambassadors and Champions	
iv	Sensitization of policy makers at state and LGA level and traditional/religious leaders			x														STGS, MIPU, EK-RUWASSA, MLGCA & MEDIA NETWORK	Strong political will and increased budgetary allocation for sanitation/WASH	
v	Inauguration/Resuscitation of STGS			x														MIPU & EK-RUWASSA	STGS strengthened and performing their functions	
vi	Establishment and Inauguration of Local Government Task Groups on Sanitation			x														MIPU, EK-RUWASSA & LGAs	16 LGAs TGS established, strengthened and performing their functions	
vii	Advocacy to SUBEB/School of health tech for teachers on sanitation road map			x														MIPU, EK-RUWASSA, MEDIA, STGS	Increased awareness created on sanitation	
viii	Advocacy with state radio/TV for airing of the jingles on /TV spot/Print media/Reportage/social media			x	x	x	x	x	x	x	x	x	x	x	x	x	x	MIPU, MOI, MEDIA & CSO	Mass awareness created on sanitation	

WORK PLAN FOR IMPLEMENTATION OF EKITI STATE ODF ROADMAP

S/NO	ACTIVITY	TIMELINE																Responsible Agency(ies)	Expected Output/Outcome
		2019				2020				2021				2022					
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
	Administrative Back up and Coordination Mechanism																		
ix	Developing and distribution of IEC materials			x	x	x	x	x	x	x	x	x	x	x	x	x	x	MIPU, EK-RUWASSA, MEDIA Network, NOA, MOI & CSO	IEC materials developed and distributed
x	Distribution of CDs and kits to LGAs			x	x													MIPU, EK-RUWASSA, STWSSP, SUBEB, PHC, MOI, MEDIA Network & CSO	CDS and Kits Distributed to LGAs
xi	Advocacy for a separate/ increase budget line for sanitation at the state and LGAs							x	x			x	x			x	x	MIPU, EK-RUWASSA, MLGCA, CSO, Media	Separate/increase budget line for sanitation at the state and LGAs increased
xii	Stakeholders review meetings with line MDAs (state and LGA)				x	x	x	x	x	x	x	x	x	x	x	x	x	MIPU, EK-RUWASSA & MEDIA Network	Regular Stakeholders review meetings with line MDAs (state and LGA)
xiii	Quarterly review meeting with LGAs and other stakeholders				x	x	x	x	x	x	x	x	x	x	x	x	x	EK-RUWASSA, STGS & MIPU	Four review meetings annually with LGAs and other stakeholders
xiv	Monthly review meeting at LGA and community				x	x	x	x	x	x	x	x	x	x	x	x	x	WASH DEPT/LTGS	12 Monthly review meetings per year at LGA and community
xv	State bi-annual review meeting				x		x		x		x		x		x		x	MIPU, EK-RUWASSA, STGS	Two review meetings at State level annually.
xvi	Assessment of state of preparedness				x	x												MIPU/ LGAs/ line MDAs	Level of state of preparedness ascertained
xvii	Internal assessment of the progress on sanitation issues				x	x	x	x	x	x	x	x	x	x	x	x	x	MIPU,EK-RUWASSA, STWSSP & CSO	Progress report on issue assessed
xviii	Annual Assessment of implementation				x			x				x				x		MIPU, STGS, EK-RUWASSA	Progress Report on implementation received

WORK PLAN FOR IMPLEMENTATION OF EKITI STATE ODF ROADMAP																			
S/NO	ACTIVITY	TIMELINE																Responsible Agency(ies)	Expected Output/Outcome
		2019				2020				2021				2022					
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
xvix	Quarterly WASH Clinic (WASH Sector Coordination meetings)				x				x				x				x	MIPU	Sector coordination strengthened
2	Capacity Building/Implementation																		
i	One day state sensitization workshop of all stakeholders on sanitation roadmap				x	x												MIPU, STGS, EK-RUWASSA	Stakeholders sensitization workshop on sanitation roadmap conducted.
ii	Development of training modules and kits																	MIPU, STGS, EK-RUWASSA	Training kits
iii	Training of resource persons at state/LGA levels and master Mason on Technology option								x	x								EK-RUWASSA	Resource persons trained at state & LGA level on technological option
iv	Formation and training of WASHCOM					x	x	x	x	x								MIPU, EK-RUWASSA & WASH Dept.	WASHCOM formed and trained in rural communities
v	Formation and training of WCAs					x	x	x	x	x								MIPU, STWSSP & WASH Dept.	WCAs formed and trained in small towns
vi	Formation and training of VHPs					x	x	x	x	x								MIPU, EK-RUWASSA, STWSSP & WASH Dept.	VHP members formed and trained
vii	Formation and training of EHCs in Schools					x	x	x	x	x								MIPU, EK-RUWASSA, STWSSP & WASH Dept.	EHCs established and trained in schools. Pupils/Students become agents of change
viii	Identification of PPP partners and dialogue meeting							x										MIPU, EK-RUWASSA & STWSSP	PPP partners identified & meeting held.
ix	Exposure visits to other state to study latrine options							x										MIPU	Study visit carried out

WORK PLAN FOR IMPLEMENTATION OF EKITI STATE ODF ROADMAP

S/NO	ACTIVITY	TIMELINE																Responsible Agency(ies)	Expected Output/Outcome
		2019				2020				2021				2022					
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
x	Capacity building of State facilitators on CLTS					x												EK-RUWASSA, STGS & MIPU	Capacity of facilitators on CLTS built
xi	Training of facilitators at LGA level/organize CLTS triggering of communities in 16 LGAs with follow up visits						x	x	x	x	x	x	x	x	x	x	x	MIPU, EK-RUWASSA, STGS, WASH Dept, STWSSP, & LTGS	Capacity of facilitators at LGA level built & 16 LGAs triggered.
xii	Training of technical personnel at LGAs and artisans at community level on various latrine options construction.							x	x									EK-RUWASSA	Artisans trained on latrine options construction.
xiii	Orientation of community contact team(natural leaders) members at ward level						x	x	x	x	x	x	x	x	x	x	x	EK-RUWASSA, STWSSP, STGS & WASH Dept	Orientation of natural leaders conducted
xiv	Implementation of hygiene promotion package at community level for ODF sustainability				x	x	x	x	x	x	x	x	x	x	x	x	x	EK-RUWASSA, STWSSP, STGS & WASH Dept	Hygiene promotion package implemented
xv	Advocacy to state/LGA authorities to award (incentivize) ODF certified communities .								x									MIPU & STGS	ODF certified communities incentivized
3 Small Towns and Urban Communities Sanitation /Institutional Latrines Construction																			
i	Identification of homogenous communities in semi urban/urban areas(for effective triggering)			x	x	x	x											MIPU & STWSSP	Homogenous communities in semi urban areas identified
ii	Organized CCD team for triggering communities in semi-urban and urban areas			x	x	x	x											MWR&E/PEPSA/ SMALL /TOWN/ JMDB	CCD team trained
iii	Sanction against open defecation (enforcement)			x	x	x	x	x	x	x	x	x	x	x	x	x	x	Min of Justice, LGA WASH Dept/ Unit	Sanction enforced.

WORK PLAN FOR IMPLEMENTATION OF EKITI STATE ODF ROADMAP																			
S/NO	ACTIVITY	TIMELINE																Responsible Agency(ies)	Expected Output/Outcome
		2019				2020				2021				2022					
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
iv	Construction of toilet with water facilities in all government and public places by government and or using PPP strategy.			x	x	x	x	x	x	x	x	x	x	x	x			MIPU	Toilets with water facility constructed by 2021
v	Construction of latrines in public schools, health centers, market places, motor parks and recreation centres			x	x	x	x	x	x	x	x	x	x	x	x	x		MIPU, MOE, EK-RUWASSA, SUBEB & PHCB	Latrines in all institutions
4 Certification and Declaration																			
i	Verification of ODF claimed communities			x	x	x	x	x	x	x	x	x	x	x	x			EK-RUWASSA/ STGS/ WASH DEPT / LTGS	Communities verified and certified ODF
ii	Certification of ODF communities/LGAs				x	x	x	x	x	x	x	x	x	x	x			STGS	Communities verified and certified ODF
iii	Celebration of Communities / LGAs ODF & Awards				x	x	x	x	x	x	x	x	x	x	x			STGS/NTGS	Awards to LGAs certified ODF (Motivation)
iv	Celebration of State Wide ODF															x		NTGS, STGS & EK-RUWASSA & MIPU	OD eradicated in Ekiti State
v	Declaration of Ekiti State as ODF																x	EXCO/NTGS	OD eradicated in Ekiti State

Source: MIPU, 2019

CHAPTER NINE

8.0 Sanitation Investment Plan

The aggregated yearly output plan, unit cost budget and financing plan for 2019 to 2022 is presented below.

8.1 Output Plan

Table 6: Yearly Output Plan (2019 – 2022)

Actions	Plan for 4 years	2019	2020	2021	2022	Total	Remarks
HOUSEHOLDS SANITATION FACILITIES							
Construction of Households Latrines	203,306	40,661	121,984	30,496	10,165	203,306	Household level
INSTITUTIONAL SANITATION FACILITIES							
Public Primary and Secondary Schools	233	23	140	70	0	233	Government support and PEWASH
Health Facilities	90	9	54	27	0	90	Government support and PEWASH
Market Centres	123	12	74	37	0	123	Government + PPP
Motor Parks	78	8	47	23	0	78	Government + PPP
Other Public Places and Government Offices	381	38	229	114	0	381	Government support and PEWASH
SUPPORT SERVICES							
Advocacy & Campaign	364	26	52	52	52	182	Weekly
Capacity building related activities	66	6	18	18	18	6	At state and LGAs level
Monitoring and Evaluation	16	6	12	12	12	12	Monthly

Source: MIPU, 2019

1.2 Indicative Unit Costs/Assumptions

Table 7: Unit Cost per Outputs/Assumptions

S/N	Type of facility	Unit Cost (Naira)
1	Household latrine	25,000
2	Public schools	2,500,000
3	Health centres (with water)	2,500,500
4	Market centres (with water)	5,000,000
5	Motor Parks	5,000,000
6	Other public places and government offices	5,000,000
7	Hygiene promotion and CLTS activities	10% of total facility construction cost
8	Advocacy and campaign	2.5% of total cost
9	Capacity building	5% of total cost
10	Monitoring and Evaluation	2.5% of total cost

Source: MIPU, 2019

9.3 Budget

Table 8: Budget

YEARS	SANITATION & HYGIENE								
	Household Sanitation Facilities Construction	Institutional Sanitation Facilities Construction						Hygiene Promotion + CLTS	Sub-total sanitation and Hygiene
		Public Schools	Health Facilities	Market Centres	Motor Parks	Other Public Places/Govt. Offices	Sub total for Institutional Facilities	10% of HH Costs	
2019	1,016,525,000	57,500,000	22,500,000	60,000,000	40,000,000	95,000,000	275,000,000	101,652,500	1,393,177,500
2020	3,049,600,000	350,000,000	135,000,000	370,000,000	235,000,000	572,500,000	1,662,500,000	609,920,000	5,322,020,000
2021	762,400,000	175,000,000	67,500,000	185,000,000	115,000,000	285,000,000	827,500,000	152,480,000	1,742,380,000
2022	254,125,000	0	0	0	0	0	0	50,825,000	304,950,000
TOTAL	5,082,650,000	582,500,000	225,000,000	615,000,000	390,000,000	952,500,000	2,765,000,000	914,877,500	8,762,527,500

YEARS	SUPPORT SERVICES				TOTAL
	Advocacy & Campaign	Capacity Building	Monitoring and Evaluation	Sub-total services	
	2.5% of S&H Cost	5% of S&H Cost	2.5% of S&H Cost		
2019	34,829,438	69,658,875	34,829,438	139,317,750	1,532,495,250
2020	133,050,500	266,101,000	133,050,500	532,202,000	5,854,222,000
2021	43,559,500	87,119,000	43,559,500	174,238,000	1,916,618,000
2022	7,623,750	15,247,500	7,623,750	30,495,000	335,445,000
TOTAL	219,063,188	438,126,375	219,063,188	876,252,750	9,638,780,250

9.4 Financing Plan

Table 9: Financing Plan

Actions		SANITATION			Sub-total Sanitation
		Institutional Latrines Construction	Household Latrines Construction	Hygiene & CLTS Promotion	
2019	State	192,500,000	0	135,563,750	328,063,750
	LGA	27,500,000	0	19,366,250	46,866,250
	Donors/Ext Supports	27,500,000	0	38,732,500	66,232,500
	Community	0	1,016,525,000	0	1,016,525,000
	Total Cost	275,000,000	1,016,525,000	193,662,500	1,485,187,500
2020	State	1,163,750,000	0	271,127,500	1,434,877,500
	LGA	166,250,000	0	38,732,500	204,982,500
	Donors/Ext Supports	166,250,000	0	77,465,000	243,715,000
	Community	0	3,049,600,000	0	3,049,600,000
	Total Cost	1,662,500,000	3,049,600,000	387,325,000	5,099,425,000
2021	State	579,250,000	0	271,127,500	850,377,500
	LGA	82,750,000	0	38,732,500	121,482,500
	Donors/Ext Supports	165,500,000	0	77,465,000	242,965,000
	Community	0	762,400,000	0	762,400,000
	Total Cost	827,500,000	762,400,000	387,325,000	1,977,225,000
2022	State	0	0	90,370,000	90,370,000
	LGA	0	0	12,910,000	12,910,000
	Donors/Ext Supports	0	0	25,820,000	25,820,000
	Community	0	254,125,000	0	254,125,000
	Total Cost	0	254,125,000	129,100,000	383,225,000
TOTAL	State	1,935,500,000	0	768,188,750	2,703,688,750
	LGA	276,500,000	0	109,741,250	386,241,250
	Donors/Ext Supports	553,000,000	0	219,482,500	772,482,500
	Community	0	5,082,650,000	0	5,082,650,000
	Total Cost	2,765,000,000	5,082,650,000	1,097,412,500	8,945,062,500

Actions		SANITATION			Sub Total	TOTAL
		Advocacy and Campaigns	Capacity Building	Monitoring and Evaluation		
2019	State	42,092,532	84,185,063	42,092,532	168,370,126	496,433,876
	LGA	6,976,288	12,026,438	6,013,219	25,015,944	71,882,194
	Donors/Ext Supports	15,757,250	24,052,875	12,026,438	51,836,563	118,069,063
	Community	0	0	0	0	1,016,525,000
	Total Cost	60,132,188	120,264,375	60,132,188	120,264,376	1,605,451,876
2020	State	69,762,875	139,525,750	69,762,875	279,051,500	1,713,929,000
	LGA	9,966,125	19,932,250	9,966,125	39,864,500	244,847,000
	Donors/Ext Supports	19,932,250	39,864,500	19,932,250	79,729,000	323,444,000
	Community	0	0	0	0	3,049,600,000
	Total Cost	99,661,250	199,322,500	99,661,250	398,645,000	5,498,070,000
2021	State	55,150,375	110,300,750	55,150,375	220,601,500	1,070,979,000
	LGA	7,878,625	15,757,250	7,878,625	31,514,500	152,997,000
	Donors/Ext Supports	15,757,250	31,514,500	15,757,250	63,029,000	305,994,000
	Community	0	0	0	0	762,400,000
	Total Cost	78,786,250	157,572,500	78,786,250	315,145,000	2,292,370,000
2022	State	13,555,850	27,111,000	13,555,850	54,222,700	144,592,700
	LGA	1,936,550	3,873,000	1,936,550	7,746,100	20,656,100
	Donors/Ext Supports	3,873,100	7,746,000	3,873,100	15,492,200	41,312,200
	Community	0	0	0	0	254,125,000
	Total Cost	19,365,500	38,730,000	19,365,500	77,461,000	460,686,000
TOTAL	State	180,561,632	361,122,563	180,561,632	722,245,125	3,425,933,875
	LGA	25,794,519	51,588,938	25,794,519	103,177,875	489,419,125
	Donors/Ext Supports	51,589,038	103,177,875	51,589,038	206,355,750	978,838,250
	Community	0	0	0	0	5,082,650,000
	Total Cost	257,945,188	515,889,375	257,945,188	1,031,778,750	9,976,841,250

CHAPTER TEN

10.0 Major Roles and Responsibilities of State MDAs

The success of making the State open defecation free depends upon the involvement and cooperation of several ministries and other stakeholders at the State and LGA levels. Some of the major roles to be performed in this regard are highlighted below.

A.State level

Institutions	Expected Roles/Responsibilities
Ministry of Infrastructure & Public Utilities	<ul style="list-style-type: none">Facilitate the harmonization of Sanitation policy with active participation of all relevant stakeholders.Advocate at the highest political level to get its patronage for the goal of making the State Open defecation free on or before 2022.Design and implement Ekiti Ko Egbin Sile Campaign ProgrammeDesignation of reputable personality as Sanitation Ambassador and Traditional rulers as WASH ChampionsAdvocate with the State Ministry of Finance and the Ministry of Budget and Economic Planning to provide adequate and a separate budget line and fund release for sanitation at the State and LGA level.Take steps to strengthen the STGS to perform their roles effectively and independently.Strengthen the existing data base for more effective monitoring of the proposed road map.Act as a catalyst and facilitator for the implementation of the proposed road map.Develop suitable policy for the involvement of NGOs/CBOs and private sector in the

implementation of the road map.

- Coordinate with the banking sector to evolve an appropriate financing policy for sanitary activities in the State.
- Evolve a financial policy that provides opportunities for private sector to support sanitary facilities in the state.
- Develop an integrated policy linking water supply with sanitation in rural, small towns and urban areas.

Sanitation Ambassador

- To propagate WASH messages through public speaking.
- Inspire the youth and public on the need for improved sanitation and hygiene.
- Create awareness of hygienic practices using media targeted at people in Ekiti State.
- Attend the ambassadors meeting to discuss common understanding of change in the sector.
- Suggest ways of improvement in management of public sanitation facilities.
- Participate in the celebration of special days which include women's day, children's day menstrual day, toilet day, and water day to promote good hygiene.
- Support Ekiti Ko Egbin Sile Programme.

WASH Champion

- To provide land space for WASH facilities
- To provide oversight functions on WASH activities within their domain
- Provide alternative dispute resolution on WASH related issues
- Promote WASH campaign during annual community day celebration

Ministry of Environment

- Shall play a major role in policy changes pertaining to environment.
- Shall enforce the legal provisions in keeping the environment clean.
- Facilitate the provision of toilet facilities in market centres, Motor Park, and highway eateries through Planned Preventive Maintenance (PPM) and putting the access of vulnerable into consideration
- Make separate provision for sanitation in State budget and also advise the LGA counterparts to make similar provisions.
- Advise stakeholders at State and LGA level to participate in the joint training programs along with WASH and other functionaries.

Ministry of Health:

- Ensure water, sanitation and hand washing facilities, in coordination with other counterparts, are available in all primary health centres.
- Ensure counterparts at LGA level should be part of the CLTS approaches particularly in triggering and follow up.
- Guide LGAs to strengthen the data base at

primary health centre level for tracking the impact of ODF community on sanitation-related diseases.

- Coordinate with the State Ministry of Infrastructure and Public Utilities to develop or adapt IEC materials.
- Coordinate with LGAs to have a separate budget line for providing water and sanitation facilities in primary health centres.

Ministry of Education, Science and Technology

- Ensure water and sanitation facilities, (in coordination with the LGA/ SUBEB counterparts), are functional in all primary and secondary schools (private and Public).
- Advise their counterparts at LGA level (LGEA) to participate in the joint training programs along with WASH and other functionaries.
- Advise their counterparts at LGA level to be a part of the CLTS process and take part in the triggering and its follow up.
- Guide LGAs to expand School Sanitation Program that includes demand generation and hygiene promotion.
- Coordinate with the State Ministry of Infrastructure and Public Utilities to develop or adapt IEC materials.
Coordinate with LGAs to have a separate budget line for providing water and sanitation facilities in primary schools.

**Ministry of Lands, Housing
and Urban Development:**

- Guide, through their counterparts at LGA level, the urban local bodies to identify slums in semi-urban and urban areas and provide data on the status of sanitation.
- Advocate with LGA to provide community toilets on pay and use basis through PPP mode in areas where space shortage restricts construction of household latrines.
- Ensure that approved building plan has toilet facilities.

**Ministry of Women Affairs,
Social and Gender Empowerment**

- Coordinate with LGAs to ensure participation of women groups in the community to join CLTS and promote construction of household toilets and their use.
- Wherever needed advocate for creating a revolving fund in the women's groups to provide credit to deserving members for construction of household latrines.

Office of SDGs:

- Collaborate with Min. of Public Utilities, Min. of Environment and EKR UWASSA in sanitation facilities construction in schools and health institutions in order to ensure standard construction and compliance.

**Local Government Authority
/WASH Department**

- Support the implementation of Ekiti Ko Egbin Sile Campaign Programme
- Provide adequate and a separate budget line and fund release for sanitation at the LGA level.
- Establish and strengthen the LGA TGS to function

effectively.

- Implement CLTS approach
- Follow up and monitor Triggered communities.
- Coordinate with the State Ministry of Infrastructure and Public Utilities to develop common or adapt IEC materials
- Strengthen the existing data base for more effective monitoring of the proposed road map.
- Act as facilitator for the implementation of the proposed road map.
- Enforce the legal provisions in keeping the environment clean and construction of household toilets.
- Facilitate the provision of toilet facilities in market centres, Motor Park, and highway eateries through Planned Preventive Maintenance (PPM) and putting the access of vulnerable into consideration
- Collaborate with Min. of Infrastructure & Public Utilities, Min. of Environment and EKR UWASSA in sanitation facilities construction in schools and health institutions in order to ensure standard construction and compliance.
- Establish and strengthen community based institutions.
- Facilitate the verification process for ODF and follow up
- Provide the logistic support for construction of latrine at household and community level.
- Participate in the establishment of Sani- Centres
- Involve in monitoring and evaluation of state sanitation activities.

Ensure participation of women groups in the community to join CLTS and promote construction of household toilets and their use

State Task Group on Sanitation (STGS)

- To verify and certify ODF communities in the State
- This will continue as the nodal point to provide technical guidance to LGAs and serve as a platform for inter-ministerial coordination. Shall develop a coordinating mechanism involving LTGS and WASHCOMs.

B. Donor/UN Agencies and International NGOs:

Donor/UN Agencies and International NGOs:

- Shall expand their resources base to provide inputs in critical areas to meet the challenge at State level.
- Shall bring in international experience to bridge the knowledge gap.
- Facilitate inter- States visits for exposure to new ideas and interventions
- Contribute to development of appropriate IEC strategy/materials.
- Participate in the STGS meetings and contribute to its deliberations.
Assist in capacity building of the sector.

C, NGOs/CSOs/CBOs

Institutions

Expected Roles/Responsibilities

- Shall help the Government in promoting CLTS by becoming a part of the CCT and CCD.
- Facilitate the certification process for ODF and follow up
- Wherever required, can provide the logistic support for construction of latrine at household and community level.
- Participate in the establishment of Sani- Centres
Involve in monitoring and evaluation of state sanitation activities.

CHAPTER ELEVEN

11.0 Conclusion

The poor level of access to improved sanitation in the state calls for policy attention towards deprived areas where citizens can barely afford the cost of improved sanitation. There is also the need to review and update the sanitation policies with greater emphasis on educating communities to recognize the adverse effect of poor sanitation, as well as assisting poorer people to afford improved sanitation. The State Government investment in sanitation should be accompanied by more initiatives in hygiene education and poverty eradication.

There should be a pro-poor approach and targeted interventions that include providing technical and financial assistance in form of a sanitation revolving loan to help poor households construct improved toilets or upgrade their unimproved toilets to latrines with slabs or VIP latrines, and stop the practice of open defecation. Ekiti Ko Egbin Sile Campaign Project will be a driver in the implementation of the State Roadmap to Open Defecation Free by year 2022. Efforts to reach the SDG 6.2 target would focus more on improving and sustaining existing sanitation services in addition to constructing new facilities at public places and institutions.

The Ministry of Infrastructure and Public Utilities and other sanitation sector players (such as the State Task Group on Sanitation, LGA WASH Departments, EK-RUWASSA, STOWASSU, Ministry of Environment, Waste Management Authority, Donor Agencies, and Non-Governmental Organizations) would address the challenges of improving access to sanitation by working in tandem with the affected households towards implementing the mentioned suggestions. This is important because improved sanitation facilities are mainly the responsibility of individual households, (except the centralized sewer system), which is the responsibility of both the public and individuals.

The State Government ambitious target of elimination of open defecation in all the communities and public/private institutions by year 2022 would engender the attainment of SDG 6.2 target. Improving access to sanitation could ultimately help the poor to channel their income, time and savings into other productive activities.