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Executive Order 009 to End Open Defecation in Nigeria by 2025: A Review of Implications

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Abstract

Currently Nigeria is rated second in open defecation prevalence in the world. This informed the signing of the Executive Order 009 by the President of Nigeria to stop open defecation in Nigeria by 2025. The main purpose of this study was to review the implications of the Executive order 009, based on published information on open defecation in Nigeria and other parts of the world, especially sub-Saharan Africa and Asia where open defecation is known to be most prevalent. Relevant Published information in journals, news print papers and conferences was extracted and analysed in conformity with the Nigerian open defecation situation. Some implications were observed: firstly, given that 15 Local Government Areas are already open defecation free, the government will provide 2 million latrines annually for the remaining 759 Local Government Areas in Nigeria, which is a huge project. Secondly, social norms and culture, and socio-economic inequalities in Nigeria which are drivers of open defecation are the most serious impediments to the project, besides poor healthcare system and environmental pollution, consistent government project failure and corruption which affect the economic potential of communities, for open defecation free in 2025 to succeed in Nigeria, a reasonable budget provision annually must be made to build toilets for rural communities and urban centres. Most importantly, government must aim at changing the behaviour of Nigerians to open defecation by adopting SANIFOAM framework using the Behaviour Change Communication (BCC) framework which is most modern and most effective.

Keywords: Open defecation, Nigeria, executive order, behaviour change, social norms.

INTRODUCTION

Open defecation (OD) has been described by several authors to mean the practice of disposing human waste in garbage bins, water bodies, public areas, forests, farmlands or other open and green spaces[1,2]. It also means the act of defecating in fields, waterways and open trenches without any proper disposal of human excreta[2,4,5].

After a series of pressure by international organizations such as World Health Organization (WHO), United Nations International Children Emergency Fund (UNICEF), researchers and other stakeholders of governments across the globe to stop open defecation, and the fact that the Millennium Development Goals (MDGs) did not succeed fully after 15 years[5], the President of Nigeria, Muhammadu Buhari, finally signed an Executive Order 009 stopping open defecation by 2025 in Nigeria. The order highlighted the fact that Nigeria had been ranked the second country with the highest open defecation prevalence in the world, and that about 46 million Nigerians still practise open defecation, a practice which has had a negative effect on the populace and contributed to the country's failure to meet the United Nations Millennium Development Goals[6].

The Minister of Water resources Engr. Suleiman Hussein Adamu, on 23rd November, 2019, in a television interview by Nigerian Television Authority (NTA) 9pm news, gave an explanation of the Executive Order 009, saying that two million toilets will be built annually on or before 2025. He also said that Nigeria will be OD free by 2025 through the provision of sanitary facilities and sensitization of the population to change their behaviour to OD. The Minister said that all cities in Nigeria are not OD free; also some available toilets in the cities are not usable.

It is revealing that, at a two-day media dialogue on European Union (EU)/Niger Delta Water Project in Port Harcourt, the Chief of Water, Sanitation and Hygiene (WASH), UNICEF, Zaid Jurji, said that Nigeria in the past 15 years has remained among the top five countries practising open defecation, and that one in every four Nigerians lacks access to basic toilet facilities and therefore defecate in the open[7]. Zaid Jurji noted further that only 39% Nigerians use improved toilets not shared by more than one household; while only 37% of health facilities in the country have at least one usable toilet. Thus, without toilet, people are forced to defecate in the open, leading to exposure to diseases such as diarrhoea, cholera and typhoid[7]. Therefore, it was wise of President Buhari to sign the Executive Order 009 to end open defecation, at least to enforce open defecation free behaviour in Nigeria. The President ordered the National Open Defecation Free Roadmap developed by the Federal Ministry of Water Resources with support from other key sector players across Nigeria to put into effect and establish the programme in the Federal Ministry of Water Resources which equally is empowered to domesticate the National Secretariat of the Open Defecation Free Roadmap.

The aim of this study was to review the implications of the open defecation order 009 based on published information on open defecation in Nigeria and other parts of the world, especially sub-Saharan Africa and Asia, where OD is known to be most prevalent.

IMPLICATIONS OF EXECUTIVE ORDER 009 TO END OPEN DEFECATION IN NIGERIA BY 2025

Provision of latrines for all citizens of Nigeria

According to the Minister of Water Resources, as already highlighted above, 15 Local Government Areas (LGAs) out of the 774 Local Government Areas in Nigeria, are now open defecation free, instead of the 11 Local Government Areas previously known to be OD free. That means that Nigeria still has 759 Local Government Areas which are yet to be open defecation free. However, in collaboration with the Minister of Environment, Health and Education, the Ministry of Water Resources will provide two million toilets annually on or before 2025, according to the Minister of Water Resources. That is about 2,635 toilets will be provided annually for each of the remaining Local Government Areas. This appears to be a huge project in addition to sensitization of the citizens to end open defecation which is another huge project.

However, some governments in Asia and sub-Saharan Africa have built toilets and sensitized their citizens as an interventionist programmes against open defecation[8,1]. However, the level of compliance against OD is what appears to conflict with the objective of the intervention programme. For instance, through Community Approach to Total Sanitation (CATS) programme initiated by the government of Indonesia to assess the sustainability of verified open defecation free villages and explore the association of slippage occurrence and the strength of social norms in 587 households in six villages in rural Indonesia, it was found that the slippage rate (i.e., a combination of sub-optimal use of a latrine and OD at respondents' level) was 14.5%[9]. Besides, weak social norms based on respondents' perception around latrine ownership coverage in the community, a lack of access to water all year round and poverty, caused the failure of the programme[9].

Also, Indian government initiated a programme in 2014 called SWACHH BHARAT MISSION (SBM) to eliminate open defecation in 2019. The programme aimed at increasing the number of households that had latrines and the number of household members who used latrines in addition to subsidizing building latrines at 80% cost for those who wanted to build latrines[10]. Yet 67% of the rural households and 13% of urban households defecate in the open[11]. In Nigeria, before the open defecation order 009 was signed by the Nigerian President, the National Roadmap to eliminate OD in 2025 was set up at national level; also Rural Water Supply Agency (RUWASA) was set up at state level[2] to recognize the adverse effects of poor sanitation and open defecation. As of when the open defecation order 009 was signed by the President, only 15 States in the country were OD free. This shows that these intervention initiatives have not yielded the expected results.

One of the efforts of the World Bank was the water and sanitation programme (WSP) set up using the conceptual framework of SANIFOAM (Sanitation Focus, Opportunity, Ability, Motivation) in 2006 to develop behaviour change communication (BCC) to sanitation in Cambodia, India, Indonesia, Kenya, Malawi, Peru, Tanzania and Uganda[12,13]. The aim of initiating this study programme was to understand barriers and drivers of improved sanitation and monitor progress of the

effectiveness of the behaviour change programme[12]. One other implication besides sensitization for behaviour change, is the provision of access to water/water supply for flushing for those who have water closets connected to septic tanks and pour flush latrines[14]. According to WHO/UNICEF (2010), sub-Saharan Africa faces the greatest challenge of access to improved drinking water facilities as 37% of the 884 million people that still use unimproved sources live in this region. In Nigeria, for example, only about half (58%) of its 178.5 million population have access to improved drinking water[14].

The above examples point to the fact that provision of two million latrines between now and 2025, is not an easy task for government. It requires a sizeable budget provision each year and discipline on the part of government officials to charge with the responsibility of implementing the project. However, with a strong political will, government can tackle the programme of open defecation free in Nigeria by 2025 to a success. It has to be noted that the primary objective of Nigerian government of conceiving the national roadmap to eliminate open defecation by 2025, was to adopt institutional platform such as National Task Group on Sanitation (NTGS) at Federal level and Rural Water Supply and Sanitation Agencies (RUWASSA) at state level to meet the target[12]. This led to a pilot community led total sanitation (CLTS) being established in 2004 to help communities recognize the adverse effect of open defecation. Following the adoption of the programme nationwide[15], a guideline for certifying communities as OD free was also developed[15]. Although there has been some progress in certifying some communities as OD free from 17% in 2012 to 25% in 2016[15], Nigeria still lacks behind because of lack of political commitment by government.

Some countries have been reported to perform very well in their reduction of open defecation partially due to the political will of their "politicians and senior civil servants thinking clean, i.e., deciding that OD was not clean"[16]. Such countries which have really reduced OD prevalence are Vietnam which 43% of its population practised OD in 1990, but by 2015 this had been reduced to 1%, while the corresponding figures in Bangladesh were 40 and 20%, and in Mexico they were 51 and 4%[1,16].

Perceived obstacles to open defecation free by 2025

A number of obstacles are likely to impede the anticipated success of open defecation free programme from now till 2025. Such impediments may arise from the social norms and culture of communities in the Local Government Areas (LGAs) and socio-economic inequalities of citizens, uncomprehensive healthcare system, coupled with project failure syndrome of Nigeria[27].

Social norms and culture

According to O'Connell[13], social norms are the rules that govern how individuals in a group or society behave, and based on standards that exist in a community for an

individual to follow, and the presence or absence of culture that govern behaviour. When family members, peers and others in the community defecate in the open, this becomes a common behaviour that is rooted in culture and tradition and learned since childhood[13]. Open defecation has been recognized as a normal thing in Peru, while in East Java and Kenya; it has been described as what every person does and used to[13]. In some communities like Tanzania, respondents see open defecation as normal, while some respondents in Rajasthan agree that OD practice in their community is from generations[13]. In Nigeria, many communities defecate in the open based on accessibility to latrines and their attributes, social norms and culture which are institutional, and structural factors that influence open defecation. Social norms and culture are family or community tenets that regulate individuals' conducts[17]. Abubakar[2], reports that social norm is a key opportunity factor for OD, while attitude and belief systems are major motivators. Ngwu[18] also reports that OD is deeply rooted in the tradition and culture of some Nigerian rural communities and requires eradicating it through behavioural change because simply supporting building latrines alone may not be sufficient[19,20].

Socio-economic status

Socio-economic inequality has been associated with OD prevalence in developing countries. Abubakar[2] reports that in Nigeria, wealth index significantly influences OD. The wealth index which measures household wealth includes bank account, vehicle, air conditioners, Tvs, radio, computer, mobile phone, farmland and livestock[2]. It was found that the richest households in Nigerians are the least to practise OD (1%), followed by the richer households (5.6%); and the middle class; the poorer and poorest aggregated, represents the over three quarters (79%) of those households who practise OD in Nigeria[2]. In other studies, in South Africa, a unit increase in the income of respondents could lead to 0.1% decrease in the odds of practising OD[21], thus supporting the findings in Nigeria. There are also similar results obtained from other studies in Indonesia[22], India[10], Mozambique[23] and Benin Republic[24] supporting the finding in Nigeria that poorer households have higher tendency to practise OD than richer households.

O'Connell[13] reports that both open defecators and latrine owners consistently complain that cost is a barrier to building and upgrading facilities; sometimes open defecators overestimate cost contributing to perceived unaffordability. Low income rural communities consider building latrine as expensive, and constitutes an obstacle to OD free by 2025. In reality, affordability can be influenced by household income, availability of cash, time of year, access to credit and availability of suitably priced sanitation options in an area[13]. Fortunately, the Nigerian government is already pursuing the elimination of income inequality in the country through cash empowerment of market women and men.

Poor healthcare system and environmental pollution

It is well established that health impacts of open defecation, increases risk of sexual exploitation, threat to women's privacy and dignity and psychosocial stressors are linked to OD, which clearly presents a serious situation of poor sanitation in rural communities of lower-middle income countries[5]. Also, OD is the leading cause of water-related diseases such as Shigellosis, Salmonellosis (typhoid fever), cholera, giardiasis, poliomyelitis (infantile paralysis) and infectious hepatitis, etc.[25] as well as soil transmitted diseases such as ascariasis and hookworm, thereby resulting in large health burden, including high rates of anaemia, child stunting and premature death, especially in children under the age of five[19,16,2].

Abubakar[2] states that OD in Nigeria is a sanitation crisis with grave environmental and health risks, especially given the country's rapidly growing population and population density. Because OD pollutes the beaches of coastal communities of Nigeria, the potential to attract international tourists is decreased. Therefore, the programme to achieve open defecation free by 2025 must comprehensively go alongside with a strong government programme of strengthening healthcare, especially primary healthcare in the country, besides a legal framework to strengthen the already existing environmental laws of Nigeria on environmental pollution. Thus, the ministries of health, environment and education have their roles to play in eradicating OD.

Government project failure syndrome of Nigeria

The greatest anticipated problem the open defecation free Executive Order 009 will face is the government project failure syndrome. The President means well for Nigeria in signing the Executive Order. However, for a comprehensive implementation to succeed, it will focus on a huge project which will include procurement to build toilets and other sanitation facilities, sensitization for behaviour change, strengthening healthcare facilities, environment education, etc. Afterwards, Kendrick[26] suggests that the projects executed in a nation give notable contributions to the development of the nation.

RECOMMENDATIONS FOR SUCCESS IN ENDING OPEN DEFECATION IN NIGERIA BY 2025

Evidently, poor sanitation is known widely to be associated with environmental and public health risks, while open defecation is the worst form of sanitation that is associated with several infectious diseases[2]. Consequently, surface water becomes polluted through run-off input, thereby exposing people to diseases when they use the water. The human capita of a country's workforce is inhibited and the physical and cognitive development of people is reduced by open defecation[16,2]. It has been reported that in Nigeria about 2300 children under the age of five die daily, about 10% caused by diarrhoea, which makes the country second to India in contributing to under five mortalities in the world. Therefore, the following recommendations to end

OD in Nigeria by 2025 are made. Apart from the expected roles played by the Ministries of Environment (to strengthening environmental laws and activities), Health (to strengthen institutional capacities and health facilities, especially primary health facilities) and Education (to sensitize the public on the inherent health and environmental risks associated with open defecation), the recommendations focus on two key areas which are (1), how to facilitate increase in sanitation facilities among households and rural communities and (2), campaigns aimed at changing the behaviour of households and communities to open defecation.

Increase in sanitation facilities, e.g. latrines

It is vital to build latrines at household and community levels for the programme to succeed. Nigerian government needs to build at least 14 million latrines between 2019 and 2025 that will cover all the Local Government Areas by 2025. This will expand the sanitation coverage that will end open defecation in Nigeria. This, according to Park et al.[30], will help improve the socio-economic development of the society. Nigerian government needs massive investment for the provision of latrines for the teaming population. The United Nations Children's Fund (UNICEF) has said that Nigeria needs to invest N959 billion to eradicate open defecation[7]. Other Asian countries, e.g., Indonesia and India have adopted the approach of building latrines or providing subsidy in reducing open defecation[10]. Indonesian community approach to Total Sanitation (CATS) programmes, like the Sanitation Total Berbasis Masyarat (STBM) programme of government was meant to significantly reduce open defecation[9]. In a research in Indonesia, Odagiri[9], having observed that weaker social norms, as measured by respondents' perceptions around latrine ownership coverage in their community, a lack of all year round water access and wealth levels were associated with slippage occurrence, concluded that CATS programmes, including a combination of demand creation, removal of perceived constraints through community support mechanisms, pressure and follow up, could stabilize social norms and help to sustain latrine usage in the community. Although this programme has reduced OD in Indonesia, the country is still rated as the third in OD prevalence in the world[9].

In India, the Prime Minister, Narendra Modi inaugurated the SWACHH BHARAT MISSION (SBM) in 2014 as a CLEAN INDIA MISSION, to eliminate open defecation by 2019[10]. There were two major objectives for this programme: (1), increase in the number of households that have latrines; (2), increase in the number of household members using latrines[10]. The SBM programme was a follow-up to the sanitation programme in India which started in 1986 that subsidized latrines at 80% for households that were below poverty line that wanted to build latrines[10]. Also, between 1999-2012, the Total Sanitation Campaign (TSC) followed also, offering cash prizes to poor households and introduced health education to drive demand to latrine coverage in rural communities[10]. With all these and subsequent sanitation programmes, little appeared to have been achieved because of lack of effective policies on the part of government despite a lot of research on open defecation.

In Nigeria, a realistic per capita aid disbursement for water and sanitation should be encouraged to be able to stop open defecation by 2025. Galan et al.[31] reports a positive association between per capita aid disbursement for water and sanitation and reduction in open defecation. This observation was made in sub-Saharan Africa by Galan et al.[31], where only three countries (i.e., Ethiopia, Angola and Sao Tome and Principe) decreased open defecation by 10% between 2005 and 2010. It is highly recommended that the Nigerian government should revisit the WATER AND SANITATION PROGRAMME (WSP) of the World Bank which is executed by Rural Water Supply Agency (RUWASA), with a more strategic mandate to achieve open defecation free by 2025. Afterwards, a sufficient water supply for flushing away waste and latrine in both urban and rural communities, is regarded as an integral part of the latrine decision-making process, and will also influence the type of latrine[13]. Generally, scarce water supply can pose a barrier to using a latrine as found in Rajasthan where people cannot own or use latrines because of lack of water[13].

Behaviour change programme

It has been reported that open defecation is deeply rooted in the tradition and culture of some Nigerian communities[18]. Therefore, behaviour change is most required to eradicate OD, because simply supporting communities to build latrines may be insufficient to make them use the facilities[19] as is the case in India[10], Indonesia[9,31]. Adoption of SANIFOAM framework appears to be key to eradicating OD in Nigeria. SANIFOAM (Sanitation Focus, Opportunity, Ability, Motivation) framework identifies a set of behavioural determinants (social norms) as key opportunity and ability factor, while attitudes and belief systems are identified as major motivators. According to O'Connell[13], these are factors with foundations in the disciplines of consumer behaviour, public health, health psychology marketing, advertising and economics; also the "focus" concept of the framework allows for identifying the behaviour that should be changed. However, based on SANIFOAM framework, social norms "include behavioural standards that exist in the community for an individual to follow, and are the presence or absence of traditions and cultures that govern behaviour"[13]. Specifically, opportunity involves institutional and structural factors that influence an individual's chance to perform a behaviour, or those factors that influence whether an individual has the chance to engage in the desired behaviour, e.g., if an individual does not have access to a latrine at work or in the household, open defecation is the usual alternative[13]. Ability is the individual's skill needed to perform a behaviour, e.g., health knowledge, awareness of different latrine types and ability to build a latrine as a mason; while motivation factors include beliefs, attitudes, and values surrounding health behaviours, as well as emotional, physical, and social drivers and competing priorities within the household[13].

Behaviour manifests strongly in Kenya where some people may have toilets and may not use them; in Tanzania, 40% of survey respondents agree that it is normal for people to defecate in the open in their community; in Rajasthan, 28% of open defecators say that the behaviour of OD is practised from generation; and in Bihar,

49% of open defecators agree that they are used to defecate in the open[13]. Burra et al.[32] and O'Reilly et al.[10] also report that in India, many people who own latrines do not use them. Therefore, behavioural change should be regarded as central to Community-led Total Sanitation(CLTS) programme to achieve open defecation free (ODF) in Nigeria by 2025. This evidence has shown that programmes which focus on behavioural change result in latrine ownership adoption, and reduce OD in many developing countries[24,19]. The SANIFOAM framework has been adopted in research in countries like Malawi, Uganda, Tanzania, Kenya, Indonesia, India and Cambodia in 2011, and Malawi, Indonesia and Uganda recorded ownership of improved latrines as 53%, 44% and 35% respectively; while Cambodia and India recorded open defecation prevalence as 69% and 66% respectively[33].

It has earlier been mentioned in this review that the World Bank set up water and sanitation programme using the conceptual framework of SANIFOAM to develop Behaviour Change Communication (BCC) to sanitation in different countries in sub-Saharan Africa and Asia. The margin of success was high. Therefore, BCC is one of the successful programmes that Nigerian government must adopt. This is because BCC is a modern initiative that uses media, organizations and interpersonal communication to change social attitudes and practices to desired health behaviours[16,18,2]. The BCC concept involves the mobilization and training of community members to communicate campaign messages for behaviour change via household visits, meetings, rallies, telecommunication, social media, etc.[24,16,2]. The BCC programme should be extended to primary schools and informal schools, market places, motor parks and even secondary schools where people may lack the knowledge of health and environmental risks associated with open defecation[2].

The benefits of BCC programme are evident since it has been effective in reducing OD and sustaining the gains achieved in getting communities OD free without slipping back to OD. Desai et al.[8] and O'Reilly et al.[10] report that in some Indian rural communities, shaming approach discourages OD. Also in rural areas of Benin, safeguarding human dignity and privacy and fear of personal harassment and animal attacks especially at night, are the most motivational factors for latrine adoption[24,2]. BCC has been observed to succeed in Ghana where engagement and training of national leaders facilitated reduction in OD[34], while behaviour monitoring and sanctioning violators facilitated OD reduction in East Java[35]. The positive impact of BCC has also been reported in Mali, Indonesia and Tanzania[19], while in Rajshahi and Naogaon in Bangladesh BCC has succeeded through community motivation, social mobilization and support from local government[36].

CONCLUSION

The President of Nigeria has done well to Nigerians by signing the open defecation order 009. This is because OD has caused the death of millions of Nigerians, especially children under five years of age. Open defecation free programme will only be implemented if strategic planning focusing on international framework programmes such as SANIFOAM framework and or behavioural change

communication (BCC) sanitation framework is adopted in the project of open defecation free Nigeria by 2025. It is speculated that the project for OD free Nigeria will succeed only when there is a strong political will and reduction in corruption.

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