

W A S H

**(WATER, SANITATION
& HYGIENE)**

COMMUNICATION

STRATEGY

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1.0 Background

Every year, unsafe water, coupled with lack of basic sanitation, kills at least 1.6 million children under the age of five years – more than eight times the number of people who died in the Asian tsunami of 2004. At the beginning of the Water for Life decade (1980), 1.1 billion people did not have access to improved sources of drinking water. 84% of the population without access to improved sources of drinking water lives in rural areas. 2.6 billion People, more than 40% of the world population, do not use a toilet, but defecate in the open. In 2004, more than three out of every five rural people, over 2 billion, did not have access to basic sanitation facilities. If the current trend persists, nearly 1.7 billion rural dwellers will still not have access to improved sanitation by 2015. Similarly, urban sanitation coverage more than doubled the rural sanitation coverage.

Migration from rural to urban areas poses a major challenge for city planners; extending basic drinking water and sanitation services to small-towns to reach the poorest people is of utmost importance to prevent outbreaks of cholera and other water-related diseases in these often overcrowded places. Urban sanitation coverage has increased by only one percentage point, from 79% to 80%. About 770 million rural and 700 million urban people gained access to improved drinking water and sanitation, respectively, during 1990–2004.

Of the approximately 120 million children born in the developing world each year, half will live in households without access to improved sanitation, at grave risk to their survival and development. Poor hygiene and lack of access to sanitation together contribute about 88% of deaths from diarrhoeal diseases. The WHO projects that achieving the MDGs in Africa would result in 173 million cases of diarrhoea being avoided every year and that providing a basic level of access to all would result in 245 million avoided cases.

1.1 WASH in Nigeria

Public Water Supply started in Nigeria early in the 20th century in a few towns under the management of municipal authorities. Amongst the early beneficiaries of these facilities were Lagos, Calabar, Kano, Ibadan, Abeokuta, Ijebu Ode and Enugu.

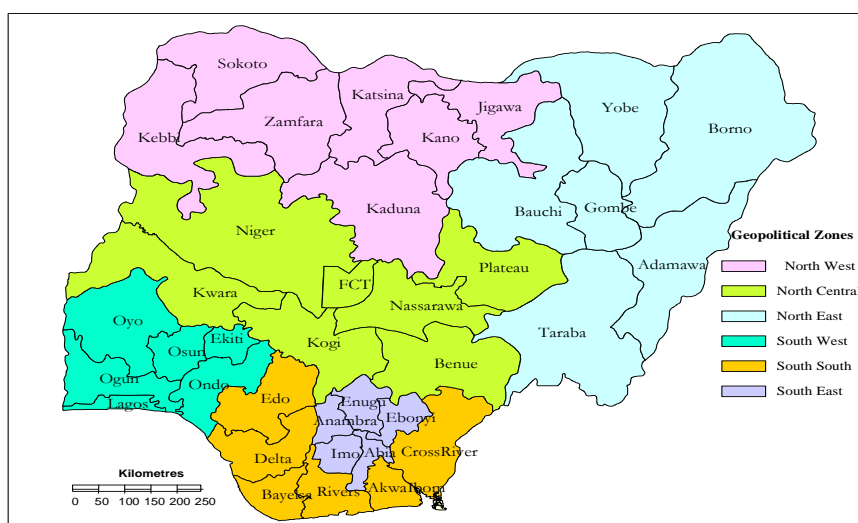


Figure 1.1: Map of Nigeria Showing 36 States/FCT and 6 Geopolitical Zones

With the creation of regional governments in the early 1950s the water supply undertakings continued to maintain the schemes but the financial and technical responsibilities for

developing new water schemes were taken over by the regional governments which also assigned 'supervisory high level manpower (Water Engineers and Superintendents) to the water supply undertakings.

However, following the United Nations International Drinking Water Supply and Sanitation decade in 1980, the World Bank and the UNDP supported the FGN to implement an integrated Water Supply, Sanitation and Hygiene (WASH) programme which was piloted in six states in Nigeria. The aim was to develop systems and processes that would build the capacity of institutions, ministries, parastatals, agencies, departments etc, for appropriate WASH delivery at all levels. The lessons learnt from this project formed part of the input into the activities of the then Department of Food, Roads and Rural Infrastructure (DFRRI), though not totally focused on WASH.

Again at the World Summit for Children (WSC) in 1990, the world's Heads of State and Governments set the goal of achieving universal access to safe drinking water and to sanitary means of excreta disposal as part of a broader set of goals for child survival, protection and development, to be achieved by the year 2000. In a similar vein, water supply is intrinsically connected with the 8 MDGs agreed upon by the international community in 2000 and basic sanitation was added to the catalogue at the 2002 World Summit on Sustainable Development in Johannesburg.

1.2 PREVIOUS EFFORTS

Between 1990 and 2007, the FGN in collaboration with External Support Agencies (ESAs) embarked on several policy initiatives, viz:

- National Water Supply and Sanitation Policy (January 2000)
- National Rural Water Supply and Sanitation Programme: A Strategic Framework (March 2004)
- Draft National Water Policy (July 2004)
- Draft National Water-Sanitation Policy (Nov 2004)
- National Environmental Sanitation Policy and Guidelines (2005)
- Policy Guidelines on School Sanitation (January 2005)
- Guidelines on Excreta and Sewage Management (January 2006)
- Strategies for Scaling-up Rural Sanitation and Hygiene to meet the MDGs in Nigeria (July 2007)

Similarly, several Programme interventions emerged during this period. They included among others the following:

- DFRRI RUWATSAN Programme (1984),
- FGN/UNICEF Water and Environmental Sanitation (WES) Programme (1983),
- UNDP-World Bank RUSAFIYA Project (1986),
- Drought Relief Water Supply Programme (1991),
- National Water Rehabilitation Programme (1991),
- FMOH/UNICEF Fund-In-Trust (FIT) Water Supply and Sanitation Project (1981),
- EEC Middle-Belt Rural Water Supply Project,
- Petroleum Trust Fund (PTF) Water Supply Project (1998),

- DFID Water and Sanitation Project in Benue State ,
- JICA intervention in some Guinea worm endemic states (1983),
- Intervention programme on Improved National access to Water Supply and Sanitation (2000).
- EU/UNICEF/FGN Water Supply and Sanitation Sector Reform Programme (2004)
- National Urban Sector Reform Programme (World Bank Assisted) 2006
- MDGS – 2002
- *International Year of Sanitation – 2008*
- *National Year of Sanitation – 2009*
- *National Hand - washing Campaign - 2009*

Despite these initiatives, we are still recording less than 50% access to safe water and sanitary means of excreta disposal. Some of the main reasons for this are:

- Except for the joint Federal Government of Nigeria and UNICEF WES Programme, which has consistently been implemented throughout the 28 years of that Decade and post-Decade period to date, most of these programmes and projects were interventionist, short-lived, pilot or demonstrative in nature and never evolved within national programmes.
- Until recently (in year 2004), there has been no National Water - Sanitation policy, which defines policy objectives, guidelines and targets for the entire sector.
- The programming environment has also been marked by discontinuity in development policies occasioned mainly by the many changes of the three tiers of governments, which took place during the last 3 decades.

1.3 SECTOR OBJECTIVE

The centre-piece of Nigeria's water supply and sanitation policy is the provision of sufficient potable water, adequate sanitation and healthy hygiene practices to all Nigerians in an affordable and sustainable way through participatory investment by the three tiers of government, the private sector and the beneficiaries.

1.3.1 Specific Objectives

- To promote improved hygiene and sanitation practice by developing and applying appropriate participatory and social marketing methods and techniques that will lead to demand for household and communal sanitary facilities.
- To support, strengthen and enhance community project management, resulting in sustainability of water supply and sanitation services.
- To increase the capacity of local, state and federal governments, Private sector and Civil Society Organizations to deliver water supply, sanitation and hygiene services to communities with priority on poor and vulnerable communities especially those that are experiencing crisis and outbreaks of endemic diseases.
- To increase the capacity of Local, State and Federal government to assist communities to obtain the basic water supply and sanitation services that the communities themselves can maintain with private sector support.

- To increase the capacity of the local, state and federal government institutions to manage programme implementation in support of communities in an efficient and cost-effective manner.
- To contribute to poverty reduction by reducing the disease and workload burden on the women, poor disadvantaged and women.
- To supplement the National Primary Health Care Programme by promoting better health practices, focusing on safe water, good hygiene, diarrhoea control and proper excreta management.
- To supplement the Universal Basic Education Programme through the provision of water and sanitation facilities and promote hygiene practices to make primary schools and junior secondary schools child-, and especially, girl-friendly.
- To monitor sector performance through development of sound policy and strategy for database development and management.

1.4 Situation Analysis

Under the Nigerian Constitution (1999), water supply and sanitation (WSS) is a responsibility shared by the three tiers of government. The Federal Ministry of Agriculture and Water Resources (FMA&WR) is responsible for policy formulation, coordination, and planning and participates in capital investment.

Some States have a Ministry of Water Resources, but in some other states the responsibility for water resources is combined with Rural Development or Environment. Water Supply, Sanitation and Hygiene (WASH) Departments at the Local Government level and Water, Sanitation and Hygiene Committees (WASHCOM) at the community level are responsible for rural water and sanitation.

The private sector is generally involved as non-formal small-scale service providers in urban areas and small towns. However, recent initiatives in Lagos and Cross River states have resulted in the signature of management contracts between the governments and private firms. The role of Civil Society Organizations in the sector is however evolving with pockets of uncoordinated interventions coming from the CSOs.

In the National/State Economic Empowerment and Development Strategy (NEEDS/SEEDS) launched in March 2004, Water is identified as a priority sector for poverty reduction and people empowerment. The NEEDS envisages the development of sector-wide strategies, which emphasizes national coordination and the Federal Government's regulatory function. The National Water Supply and Sanitation Policy (NWSSP 2000) is also based on the following principles: decentralization, community participation and ownership, cost-sharing arrangement among the three tiers of government, autonomy of service providers, water as an economic good, water quality control, involvement of the private sector and the possibility of subsidies to ensure access by the poorest.

Statistics on the national WSS coverage are unreliable and inadequate. It is generally believed that services reach about half of the population for potable water and about a third for sanitation. In small towns, people rely mostly on independent providers who charge rates for water, often of questionable quality, 10 to 20 times higher than the public sector rates. Water and sanitation-related diseases are widespread due to unhygienic practices, unsafe excreta disposal, and use of contaminated water sources.

Investment to expand services in the water and sanitation sector is generally low. The World Bank puts the annual investment needs for Nigeria to achieve the WSS MDGs for 2015 at

about \$470 million per year*. Compared to the present investment, the country will require four times the current effort in order to meet the MDGs for WASH. The non-effective implementation of the cost-sharing formula also contributes to low investment in the sector. In addition to low funding for investment, funding for maintenance by almost all the public WSS service providers is inadequate, in part because the policies on tariffs are unclear and cost recovery is low.

Co-ordination, planning, monitoring, and evaluation of WASH activities are poor, largely because of the overlapping mandates amongst the sector institutions. Weak management capacity, poor technical skills in many institutions, irregular power supply and a high level of unaccounted for water are also problems of the sector. The supply-driven approach has created a “wall” between water supply, sanitation, and hygiene issues. Implementing a demand-driven approach therefore remains a challenge. Utility service networks are often not extended to low-income areas while the non-formal private sector operations have taken advantage of this situation to exploit the poor the more.

1.5 WASH COMPONENTS AND STATUS

1.5.1 Water Supply

Water is a basic necessity for life. Provision of improved water supply is one of the basic social responsibilities of government. Within WASH Programming in Nigeria safe water provision is one of the core components of WASH delivery. Nigeria, with a land area of 924,000km² is endowed with about 267 billion cubic meters of surface water and about 52 billion cubic meters of groundwater, annually. These generous endowments are capable of meeting Nigeria’s current and future demands.

Not surprisingly, in surveys of rural areas throughout the country, rural residents consistently identify access to water as their number one priority. Urban water coverage has dropped even further, reflecting both poor progress and due to rural-urban migration, as evident in the table below:

Year	Improved Drinking Water (%)		
	Total	Urban	Rural
1990	49	80	33
2004	48	67	31

[Source: WHO/UNICEF JMP Report 2006, based on Demographic & Health Surveys]

In an impact study on water -borne diseases carried out by CASSAD (2005), on Problems of Sanitation and Hygiene, findings revealed a high incidence of dysentery (41%), diarrhoea (36%), cholera (20%), typhoid (32%) and guinea worm (21%) among children in Nigeria.

These have resulted in various diseases affecting people with the attendant increase in morbidity and mortality rates among children under 5 years. These cases have negatively impacted on other aspects of the lives of the affected children as they led to increased absenteeism in schools, high drop-out rate in schools and the non-attainment of high level of developmental potentials. They also retard the physical, cognitive and psycho-social development of young children, which are important correlates of educational performance.

In practice therefore the subsisting policy environment has not led to the expected results in terms of increased coverage of water supply. The 2000 Water Supply and Sanitation Policy

set a target of 60% coverage of potable water to all Nigerians by the year 2003, and 80% coverage by 2007. By 2004, however, water supply coverage had only reached 48% urban with 31% in rural areas.

1.5.2 Sanitation

From the various sources of health statistics available, about 15 percent of all African children given birth to normally die before the age of five due to water and sanitation-related diseases, and an average of 35 to 45 percent of family income of African women is lost to the cost of medic-care for water and sanitation related illnesses. In similar circumstances, average income households lost about 35 percent of their daily man hours to search for water leading to intense poverty. Judged from the background of this report (CASSAD`2005), both governmental and non-governmental actors in the sanitation policy domain have agreed that, the African continent needs to increase access to sanitation for more than 221 million people to be able to meet the MDG target.

The deplorable sanitation situation painted above is not different from the situation found in Nigeria. In a WHO/UNICEF JMP Report (2006) the sanitation coverage in Nigeria has only marginally improved since 1990 from 39% to 44% in 2004. The situation is worse in the rural areas with only 36% coverage, much lower than the sub-Saharan average of 42%. Thus, open defecation has remained the predominant practice. The situation is even more deplorable in cases of settlements along the river banks where the people are found using the same river for drinking water as well as defecation. The situation as described above points to inadequacies of the prevailing approaches in sanitation interventions across the country.

Unfortunately, the prospect of meeting the MDGs especially as they relate to measurable and quantifiable targets like water and sanitation in Nigeria has been subjected to doubts due to the little progress recorded in sanitation uptake. Sanitation coverage is slightly better than the sub-Saharan average, but much lower than the average for all developing countries.

Year	Improved Sanitation (%)		
	Total	Urban	Rural
1990	39	51	33
2004	44	53	36

1.5.3 Hygiene Promotion

Hygiene promotion can be described as an umbrella term for a range of activities aimed at prevention of water and sanitation-related diseases and maximizing the long and short-term effects of water and sanitation interventions. It is all about helping people to see the covert and overt relationship between their behavioural pattern and their health and therefore changing those practices that are risky to health through simple and affordable alternatives.

Thus, effective hygiene promotion is then described as a means through which communities' risky-hygiene behaviours are reduced by way of participation and practice. It strives to reduce community's poor hygiene practices and conditions for women, children and men and does

so in a measurable way, to a significant level, in a pre-set period and within available resources.

1.6 STRUCTURAL FRAMEWORK

The Federal Ministry of Agric and Water Resources (FMA&WR) as the lead Ministry in the sector has the mandate of covering sector policy development, coordination, monitoring and evaluation. The National Water Resources Institute (NWRI), a parastatal under the FMA&WR, is responsible for training, research and information management.

The Ministry of Environment has sector-related mandates. Its mandate impacts on the sanitation and water sector in several ways, especially in the areas of environmental sanitation and water pollution (for which it has formulated a national environmental sanitation policy and policy guidelines).

The Ministry of Health's mandate includes standards formulation and regulation of drinking water quality, as well as policy development and control and prevention programmes for water- and sanitation-related diseases through its Public Health Department.

Other ministries with some involvement in the sector include Education, Women's Affairs, Youth Development, Special Duties, National Planning Commission, Information & Communication, & Intergovernmental Affairs.

At the state level, sector programmes are implemented through a variety of ministries, including water resources, works and public utilities. In 22 of the 36 states, dedicated Rural Water Supply and Sanitation Agencies (RWSSAs) have been established to deliver rural water supply, sanitation and hygiene.

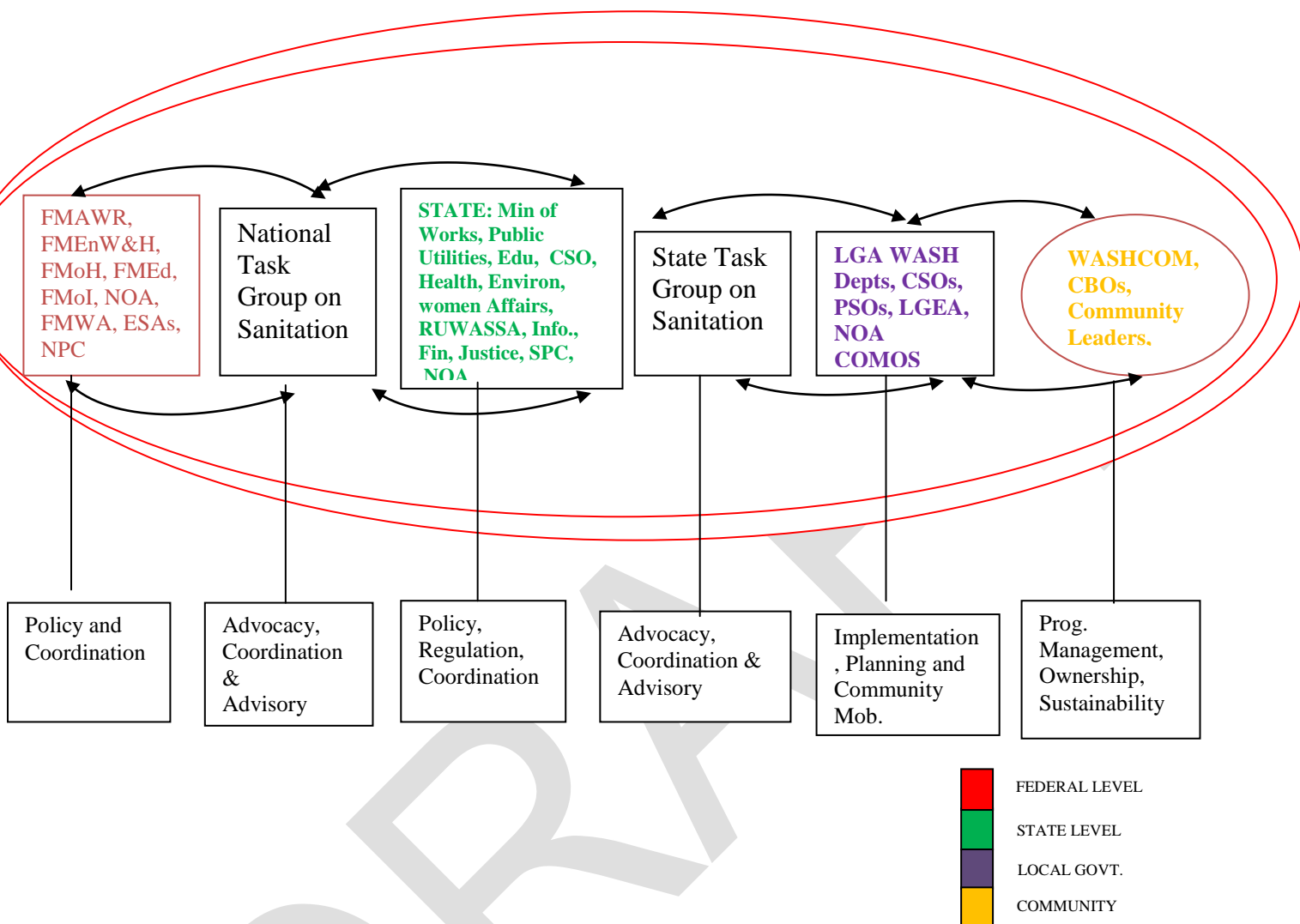
At the LGA Level, Water Supply, Sanitation and Hygiene Departments are charged with the responsibility of WASH delivery. At the community level the Water Supply, Sanitation and Hygiene Committees (WASHCOMs) are charged with the responsibility of programme management, ownership and sustainability

The private sector plays a supportive role in service delivery. The Civil society organization (CSOs) should advocate for sector reform processes such as decentralization and devolution, promotion of accountability and good practices while playing active role in community mobilization and sensitization.

A number of external support agencies are playing significant roles within the sector with ongoing support programmes. They include: UNICEF, DFID, World Bank, EU, AfDB, WaterAid, JICA, etc.

The structure above can be represented graphically by a concentric model as presented below:

FIG. 2: CONCENTRIC STRUCTURAL MODEL



1.7 EMERGING ISSUES

1.7.1 Integrated Water Resources Management

Integrated water resources management (IWRM) is a cross-sectoral policy approach to respond to the growing demands for water in the context of limited supplies. It is an approach that aims to ensure the coordinated development of water, land and related resources to optimize economic and social welfare without compromising the sustainability of environmental systems. Policy makers, analysts, international organizations and governments have sought consensus on principles to guide the setting of priorities under the IWRM. Key points include:

- Water should be treated as an economic, social and environmental good;
- Water policies should focus on the management of water and not just its the provision
- Governments should facilitate and enable the sustainable development of water resources, including a regulatory framework;
- Water resources should be managed at the lowest appropriate level; and

- There should be recognition that women play a central role in the provision, management and safeguarding of water.

1.7.2 Gender Mainstreaming

Gender refers to the roles and responsibilities of men and women and the relationship between them. Gender does not simply refer to women or men, but to the way their qualities, behaviours and identities are determined through the process of socialization. Gender is one of the critical issues not particularly emphasized in the existing sector policy documents. Increasingly, the need for gender mainstreaming has remained a major global concern right from the eighties and has been recognized as a positive correlate to enhance sustainable development.

For greater efficiency and effectiveness of WASH delivery it has become clear that women need to play a greater role. Their views have to be considered also and their participation is vital if WASH programming is to bring the desired benefits. The reasons are obvious. Traditionally, women are the custodians and the managers of water in the house and play a role in the management of water sources and environmental hygiene in their homes and neighborhood. They draw, store, utilize and manage water as per requirements of the family. They also provide most health care as well as teaching hygienic habits in the homes and care for the sick in the family. Because women are the first and worst hit they often are the most highly motivated group to mobilize for the promotion of sustainable WASH Programming. Thus, the need for a deliberate strategy to ensure that gender mainstreaming forms part of community development dynamics for sustainable water, sanitation & hygiene.

1.7.3 Democratization and Decentralization

The prolonged years of military rule in Nigeria has had some negative impact on policy formulation and implementation most especially in terms of over centralization and non-consultation with strategic stakeholders. In this period of democratic transition, increased access, openness, accountability and transparency are good practices for engendering participation and promotion of concerted planning and implementation. Within the framework of the MDGs, NEPAD and NEEDS (SEEDS and LEEDS) much prominence has been given to water, sanitation and hygiene. In fact in 2007, further impetus was given to the establishment of a national sanitation programme with the development of a strategy for scaling up rural sanitation and hygiene.

1.7.4 Recurring Poverty

In the last two decades there is an overwhelming evidence to suggest that government intervention in budgetary and non-budgetary terms has been massive. However, these have only marginally translated into an upgrade in infrastructure and a change of target beneficiary communities. In the face of these interventions, recurring poverty has equally crept up. For example, some of the indicators of economic growth show that the country has a very slow economic growth with the GDP growing by 2.7% per year (or less than the population growth), between 1989 and 1999 while GNP per capita has dropped from US\$599 in 1975 to US\$310 in 1999. This is a reflection of the poverty level in the country which is more severe in rural than urban areas. In practical terms, about 70% of the population now live on less than US\$ 1 a day and 90% on less than US\$2 a day.

Consequently:

- There is an alarming percentage population growth rate from 2.8 to officially estimated 3.2 (SITAN of Women and Children in Nigeria, FGN/UNICEF 2007)
- There is a geometric increase in rural-urban movement leading to overcrowding, outstripping of facilities, youth restiveness, increasing dropout rate from school, increasing social menace, disconnections in attitudes and behaviour.
- Predisposition to the use of unsafe water sources and sanitary facilities

Invariably therefore, there is declining access to basic water and sanitation facilities. UNICEF 1999 KAP Survey indicates slight increase in knowledge, but ironically, practices and behaviour lag behind, hence predisposing individuals and communities to high morbidity and mortality.

According to the NDHS (2003,) diarrhoea is the second main cause of infant mortality in Nigeria after Malaria. It is further estimated that over 200,000 deaths occur annually in Nigeria among children due to diarrhoeal diseases. This implies the death of a child every 3 minutes in Nigeria due to unsafe sanitary conditions. More recent estimates indicate that 540 Nigerian children die each day due to preventable sanitation -related diseases.

By all indication, Nigeria is not on track towards achieving MDG Target for water and sanitation. There is therefore, need to review the projections in this sector to provide for additional interventions in the areas of WASH.

1.7.5 Paucity of Data

The need for reliable databanks as support basis for planning, implementation and projection is a critical emerging issue. No meaningful progress can be made in this sector without accurate statistics and figures. Presently most of what exists are either obsolete, dispersed or unverified. There are instances where they are out rightly unavailable.

There is therefore, an urgency to develop skills, build capacities for data management, establish databases, provide resources for monitoring and evaluation and networking across the sector.

1.7.6 Private Sector Participation

Service delivery in WASH programming has in the past been provided by the public sector, notably by the three tiers of government. Private sector participation has been limited until recently when developers in building industries realized the need to participate in water, sanitation and hygiene. However, their contribution is still insignificant as it is limited, uncontrolled and often expensive.

The strategy for scaling up rural sanitation and hygiene to meet the MDGs recognizes private sector inclusion at the community level. The activities of sani-centres were designed primarily to have integrated programme implementation at community level which is more than latrine construction but also includes; social mobilization hygiene education, income generation, empowerment and management. The centres also serve as focal points where all sanitation and other WASH- related services can be obtained and coordinated for sustainable development.

1.7.7 Integrated WASH Delivery

One of the key challenges facing result-based programming within the WASH Sector is the need to mainstream integrated approach in WASH Delivery. The antecedents of WASH Programme Delivery have shown that emphasis in WASH delivery in the past has been on the provision of infrastructure with little emphasis on the processes and delivery systems.

Consequently, many Water supply, sanitation and hygiene interventions failed to produce the health benefits they aimed for, because of this identified neglect of issues around hygiene and sanitation promotion. Today, the successes of WASH Programme Interventions are no longer measured by the number of facilities constructed rather by the quality of impact it has made on human lives.

People can only reap the benefits of an improved water supply facility when they understand why they should drink safe water and how to handle safe water all through the chain, such that it still remains safe at the point of consumption. Against this backdrop, one could conclude that the missing link between access to basic water supply and sanitation facilities and improved health status is hygiene knowledge, attitude, behaviour and practices.

Owing to this background, the need for proper behavioural change communication strategy is imperative. This is based on the fact that for behavioural changes to take place, an appropriate communication strategy must be put in place, in the perspective of planned changes, behaviours to target, tools and messages to be adopted.

2.0 The need for a Communication Strategy

There is no known systematically designed communication strategy for the creation of awareness, access, knowledge and behaviour change on issues associated with WASH policies in Nigeria. This has resulted in the lack of adequate awareness and knowledge to induce appropriate hygiene and sanitary behaviours in citizens to reduce the incidence of water and sanitation- related diseases.

Recent developments in the country show that there are emerging opportunities to promote the activities of WASH. For instance, the sensitization efforts of various stakeholders on the importance of safe water supply and adequate sanitation at all levels of government, have made governments to embrace the issues of water, hygiene and sanitation leading to increased budgetary allocation for water supply.

One of the fundamental problems affecting millions of Nigerians is the lack of access to safe sources of water supply and adequate means of excreta disposal as well as adequate refuse and drainage facilities. Among the most significant factors associated with the high prevalence of diarrhoeal diseases in Nigerian communities are: the habit of defecating and urinating close to the homes, bushes, near water sources such as rivers, ponds, the none washing of hands at critical times and the indiscriminate disposal of solid and liquid wastes. Other factors such as drinking from unprotected water sources, the unsafe handling and storage of water have also contributed to the high incidence of water and sanitation related diseases, affecting mostly children.

Earlier efforts aimed at implementing various initiatives and seeking improvement in Water, Sanitation and Hygiene behaviours encountered many obstacles, some of which are attributable to focusing narrowly only on the accessibility of facilities to community members with the assumption that people will naturally utilize them appropriately.

Similarly, the use of inappropriate communication approaches and mobilization of the desired fiscal and political support has not been quite successful. Over the years, set targets were not met due to weak commitment by governments at various levels, deep rooted beliefs, ignorance, lack of awareness on the cost effectiveness of technological options, educational challenges and socio-cultural prejudices. Also, partnerships at policy, coordination and implementation of programme activities have been weak. In addition, the existing policies on WASH have not been widely circulated and implemented at all levels, including communities and households.

Studies available suggest that many people are still ignorant of the practices and means of maintaining hygiene, sourcing for and use of safe water, proper refuse and excreta disposal. Studies have also shown that for any meaningful impact to be achieved in the implementation of these policies there is need for behavioural change, fiscal support and political will. This underscores the need for an appropriate communication strategy that contributes to the implementation and realization of the goal and objectives of these policies.

The 2009 KAP study by CASSAD, supported by UNICEF shows a slight improvement caused by the renewed efforts to target in-school children and make them ambassadors of change. The capacity of children to function as agents of change in their families and communities is been encouraged through initiatives such as the voluntary School Environment Health Clubs (SEHC) and regular teaching of health and hygiene education.

2.1 The Communication Strategy

A review of the situation above suggests that there is need for a Communication strategy that focuses on the creation of awareness, increasing knowledge and building support for key WASH component programmes. This Communication strategy is expected to promote behaviour change in all the identified WASH components. It would involve partnering at the various levels of government, private sector, institutions and NGOs.

Two good practice communication models on social development were used for this strategy design. These are the Applied Communication for Development model and the UNICEF and other development partners developed, Assessment Communication Analysis, Design and Action model (ACADA model. see appendix for models). Thus, in order to adequately reach the primary, secondary, tertiary target audiences in the country and achieve the specific communication objectives of the WASH programme, these communication models were used. These are to address such issues as public enlightenment, raising awareness, behavioural change and increased participation. The applied communication models for development are: Advocacy, Programme Communication and Social Mobilization.

2.2 Overall Communication Strategy Objectives

The overall objective of a communication strategy is to attain a positive behaviour change in hygiene, sanitation and use of safe Water among the stakeholders. This will include enhancing knowledge regarding safe water, hygiene and sanitation, thereby encouraging conversion of knowledge into practice.

The Strategic communication for water, sanitation and hygiene will meet the following broad objectives to help achieve the programme goal of increasing coverage and improving hygiene practices, the use of safe water, sanitation and handwashing at critical times. These include, but are not limited to the following;

- Increase mass **awareness** level and make the identified target audiences **more conscious** about the issues related to hygiene, sanitation & safe water. This will create an overall **positive environment to facilitate** community mobilization.
- Increase awareness and knowledge of the linkage between safe water, hygiene, sanitation and health. To achieve the desired impact, the communication will have to be structured in such a manner that it,
 - a. Delivers the necessary information targeted at increasing the awareness levels and
 - b. Deals with the necessary cues and motivations to elicit the desired behavioural change.
- Discourage open defecation and stimulate toilet usage by **establishing and informing demand for sanitation options**. For sanitation, the key issue is the need to create and stimulate demand through promotional campaigns. Demand based approaches focus on what people want, but are limited by what they know.
- Maximize the impact of communication efforts at the Federal, state, Local government and Community levels by **strengthening coordination** amongst partners and pushing towards an effective **advocacy**

2.2.1 Advocacy Communication

Goal: Advocacy Communication is to be adopted to seek the support of policy makers in the enactment of appropriate policies, where necessary, and enlighten the media and other stakeholders on the need for the implementation of the existing policies.

The specific objectives of advocacy communication are to:

- Popularize existing policies and guidelines
- Canvass for consistent policy implementation at various levels of government
- Advocate support for the enactment of new policies, when necessary
- Increase funding to improve water supply, promote sanitation and hygiene behaviours, and capacity building.
- Gain the acceptance, commitment and participation of political and social leadership for the WASH Programme.
- Encourage policy makers to pay special attention to studies that can yield reliable data for policy formation.

Levels and Targets:

- **Federal Level:** Political leaders, Political Party structures, Officers of the line MDAs, (Ministries, Departments and Agencies, NGOs, Media executives, **journalists**, as well as, the Organised Private Sector (OPS)
Implementers: *FMAWR, FMEH&UD, FMOIC, FMOH, NOA, NGOs*
- **State Level:** Political and social leaders, Political Party structures, Officers of the line Ministries, Departments and Agencies, Media executives, **Journalists** as well as, the Organised Private Sector (OPS) and NGOs.
Implementers: *SMWR, WASH Agencies, RUWASSA, MOI*
- **Local Government Level:** Political and social leaders, Political Party structures, high level officers in the relevant Departments, **Information Officers**, CBOs/CBAs and NGOs

Implementers: *WASH Dept.,*

- **Community Level:** Traditional Rulers, Opinion and Religious Leaders, Women, Men and Youth group leaders, Teachers, CBAs/CBOs, NGOs.
Implementers: *WASHCom, CBOs/CBAs*

Activities: Advocacy activities to be adopted include:

- Advocacy meetings
- Workshops Legislative councils, information officers
- Courtesy calls
- Congratulatory/Solidarity visits
- Briefing visits
- Production and distribution of message souvenirs
- Design and production of fact sheets
- Media/Press briefings
- M & E activities

2.2.2 Programme Communication:

Programme communication activities are required before, during, and at the actual implementation phase of the WASH programme, where changes in behaviour and practice of improved hygiene are targeted among the participating community members.

The communication should target partner implementers at the state and local government levels. This is because, they are the key partners in getting the message understood at the lower levels to create the desired sustainability. *The federal level too needs to develop this among the principal and supporting Ministries to ensure messages or cross cutting policy directives are properly handled.*

As such, Programme communication activities should be maintained throughout the duration of the programme intervention, as knowledge and skills need to be continually updated and reinforced to ensure sustainability in the practice of new behaviours.

Goal: The goal is to address gaps in knowledge, attitudes and practices of the principal partners, the implementers and community members in the areas of hygiene, sanitation, safe water chain, cooperation and participation.

The specific objectives of programme communication are to:

- Increase awareness, knowledge, and practice among community members on good hygiene, home-based sanitation, and safe water chain.
- Encourage communities to co-operate in the provision, security and maintenance of sanitary and water facilities.
- Increase knowledge, and practice among programme partners and implementers.
- Encourage policy makers to *support* studies that can yield reliable data for policy formulation
- Bridge information-knowledge and the knowledge- behaviour gap *among the partners, implementers and target beneficiaries*

Levels and Targets:

- **LGA level:** LGA WASH implementation structure which encompasses the Communication team. *Professionals can be engaged where necessary.*
Implementors: *WASH Depts., NGOs, CSOs and FBOs*
- **Community level:** Community level WASH structure, Hygiene and sanitation promoters, SEHCs, Community members, Teachers, and school children
Implementors: *WASHCom, NGOs, CBOs, FBOs, CDAs, and SEHCs.*

Activities

- Design and produce *posters, handbills, leaflets, banners, user manuals, and souvenirs*
- Design and schedule capacity building *workshops, town hall meetings and interactive sessions for LGA and community level partners and implementers.*
- Design media messages (*Radio, television and the print, where feasible*), jingles and leaflets targeting risk and replacement practices *in the local acceptable language and expressions.*
- Involve religious leaders *and groups* to advocate, model and preach on the benefits of personal and environmental hygiene practices *through interactive sessions, sermons and town hall meetings.*
- Promote the Teaching of the **WASH** component in school curriculum to ensure that children are grounded in basic principles and practice of hygiene early in life *and can become advocates of communicating the desired change..*
- Establish and strengthen the School Environmental Health Clubs to ensure that children are given opportunities to participate in behaviour change activities both within the school and the wider community.
- Conduct TFD performances and community dialogue sessions
- M & E of Activities

2.2.3 Social Mobilization

Social Mobilization is a process required at all levels to build alliances among stakeholders and inter-sectoral linkages, so as to build institutional capacity *and ensure community participation.*

Goal: The goal of social mobilization is *individual and institutional empowerment by communicating relevant knowledge and information and ensuring community participation for service delivery, utilization and ownership.*

The specific objectives of social mobilization are to:

- Involve the community in the planning and implementation of sustainable water supply, sanitation and hygiene programmes
- Increase partnership and build capacity on water supply, sanitation and hygiene programmes among stakeholders and the communities.
- *Effectively mobilize and enlighten women on WASH.*
- Collaborate with traditional/religious leaders to promote provision of safe water, sanitation and hygiene behaviors
- Partner with private sector to provide resources for the provision of safe water sources, provision of public sanitary and hygiene facilities.
- *Establish and Build the capacity of Environmental Health Clubs to promote and monitor safe water chain, sanitation and hygiene in schools and communities*

Levels and Targets:

- LGA level: Relevant departments and Units, Media organs, NGOs,
- **Implementers:** *WASH Depts, NGOs*
- Community level: *Community leaders, target groups and Different components of the community, CBOs, and NGOs,*
Implementers: *WASHCom, CBOs/CBAs, NGOs, EHC, SBMCs, Traditional/Religious Leaders/groups and women organizations*

Activities:

- Objective Orientation forum, TOT workshops/Town hall meetings
- TFD Performances in different locations of the target community.
- Production and distribution of Posters, Banners, Handbills, and Face caps, T-shirts, etc to the partners and implementers.

Field workers and partners

- Interpersonal communication training
- Communication motivation
- *Joint monitoring visits/tours*
- Feedback and supervision

Partners in community

- Community mobilization
- Ensuring community participation
- Strengthening existing structures

The Strategy will focus on four key areas:

- ◆ Popularization of WASH policies and guidelines
- ◆ Safe water management
- ◆ Sanitation – safe excreta management
- ◆ Hygiene -hand washing

2.3 Popularization of policies and guidelines component

Most of the existing WASH policies in the country aimed at improving the quality of life of the citizens have been approved by the Federal Executive Council and moving towards their enactment into laws and popularization. This Communication Strategy will therefore, develop advocacy initiatives targeted at the appropriate sub committees in the National Assembly, Political party structures, the state assemblies, the local Government Councils and Council of Traditional and Religious leaders. Similarly, aspects of these policies will be marketed to the public for information, knowledge and associated behaviour change. Some of these WASH policies include:

2.3.1 The National Water Supply and Sanitation Policy (2000)

The centre piece of Nigeria's water Supply and Sanitation policy is the provision of adequate safe water, sanitation and hygiene to all Nigerians in an affordable and sustainable way through participatory investment by the three tiers of government, the private sector, Non Governmental Organizations (NGOs) and communities.

The strategic framework for implementation of the above policy listed a number of implementable initiatives such as;

- Strengthening the coordinating role of the government agencies responsible for the sector at the federal, state, and local levels.
- Enabling rural communities who are the primary stakeholders to move from being passive recipients of external support to full participants.

2.3.2 National Water –Sanitation Policy and implementation (2004)

The poor sanitation coverage in the different Nigerian settlement types namely: urban, semi urban (small towns) and rural areas is attributed to a number of factors including lack of awareness, poverty, poor planning, poor funding, poor implementation and above all, the absence of clear cut Policies on Sanitation.

In response to this observed gap, the Implementation Guidelines for the National Water-Sanitation Policy was developed in 2008. It sought to build on the gaps in the 2004 Policy document.

2.3.3 National Environmental Sanitation Policy and Guidelines (2005)

Due to the failure of numerous efforts to address the problem of Environmental Sanitation in the country, the policy focuses on the means of breaking the transmission cycle of faeco-oral diseases, particularly through the promotion of hand washing at critical times.

2.3.4 National Health Promotion Policy (2006)

The National Health Promotion Policy, developed by the Federal Ministry of Health, is a complement to the National Health Policy, which was developed in the context of the Nigerian Health sector Reform Programme. It defines three components of health promotion; health education, service improvement and advocacy.

This has a direct bearing on the sanitation and general well being of the citizenry.

2.4 Water Management component

Access to safe water is a fundamental human right. It could therefore be assumed that water should be available and accessible to all people irrespective of socio-economic or political class, religion, tribe and culture. Inadequate capacity at the community and LGA levels for construction, operation and maintenance of facilities is contributing to reducing accessibility to safe and adequate water supply in communities. Ensuring Village level operation and maintenance of water facilities is a key factor in sustainability and enhancing improved livelihoods.

An integrated Communication Strategy involving advocacy, awareness creation, knowledge campaigns and community participation initiatives will be utilized to enhance the following:

- Canvas for political and funding support from governments at various levels to provide safe water sources in communities.
- Support community members to acquire the knowledge, skills and motivation for practicing safe water chain so as to ensure the wholesomeness of drinking water from the point of collection to consumption.
- Equip community members with the skills to effectively purify drinking water collected from *available* sources and to maintain/repair their own facilities.
- Dialogue with Communities on proper siting of facilities.

2.5 Safe excreta management component

Poor understanding of the important role of sanitation in the realization of the WASH programme objectives has contributed to poor decisions made by various stakeholders, especially government. For instance, it is observed that States and LGAs accord priority to the provision of water supply facilities without corresponding support for Hygiene and Sanitation development.

There are no *Hygiene and Sanitation* facilities in many communities. Where they exist, they are not being used because of the preference for age-old traditional and unsafe practices. Also, the lack of awareness and knowledge on the need for toilet/latrine construction, proper utilization and maintenance of facilities, necessitates the communication interventions sought here. These include the following:

- Awareness campaign against open defaecation
- Information knowledge campaign on construction of safe latrines/toilets in households/institutions/public places
- Training for behaviour change initiatives
- Training for O&M initiatives on sanitation facilities
- Awareness and knowledge workshops on technological options for toilets/latrines

2.6 Hygiene–Hand washing component

After many years of implementing programmes on hygiene in Nigeria, studies have revealed that people have not fully appreciated the need for the provision of adequate and safe means of excreta disposal and the practice of proper personal and environmental hygiene in their various homes, *businesses and offices*.

The communication strategy intervention anticipated here is social marketing of hand washing with soap/ashes and with safe water at critical times. Anchored on baseline and post campaign study, social marketing is informed by the fact that basic knowledge and skills have not been properly communicated. Many families do not practice or encourage hand washing at critical times; such as after visiting the toilet/latrine, before eating, after handling baby's excreta, before handling food and after handling animals.

3.0 Goal of Communication Strategy

The goal of this communication strategy is the creation of political will and fiscal support for the WASH policies, increase knowledge, change behaviour, empower stakeholders and communities to seek better quality of life through safe water, sanitation and hygiene practices

3.1 Specific component Communication Objectives of WASH strategy

3.1.1 Popularization of WASH policies component

- To popularize, increase knowledge and solicit support on the 3 identified WASH policies amongst law and policy makers and political party structures at National and State levels by the year 2012.*
- To popularize, increase knowledge and solicit support on the 3 identified WASH policies at the LGA level and enhance their capacity for formulation of bye-laws*
- To create awareness and increase knowledge on WASH policies amongst religious, traditional and community leaders to enhance their capacity for advocacy and sensitization by 2011*
- To conduct public enlightenment campaigns and create awareness on the major issues identified in WASH policies at all levels by 2012*

3.1.2 Safe water management component

- i. To advocate for political will and support for the provision of safe water facilities in communities by all tiers of governments by 2012
- ii. To increase the knowledge and skills of community members on household water treatment and safe water use by 2011
- iii. To empower community members with adequate knowledge and appropriate skills for operation and maintenance of water facilities by 2011.
- iv. To increase community participation in proper siting of water facilities through capacity building of CDCs/WASHCOMs/SBMCs by 2011.

3.1.3 Sanitation – safe excreta management component

- i. Create a heightened awareness about the harmful effects of open defaecation in urban and rural areas by 2011.
- ii. To educate community members in knowledge and skills in the construction and maintenance of safe household and public toilets/latrines by 2011
- iii. To create adequate awareness and increase knowledge amongst urban and rural dwellers on available technological options to enable people make informed decisions about their sanitary needs, hygiene and water handling by 2012.

3.1.4 Hygiene–Hand washing component

- i. To create awareness, increase knowledge and facilitate behaviour change in both urban and rural communities on the four (4) critical times for hand washing by 2012.

4.0 Communication Strategy objective - Action plan

4.1 Popularization of WASH policies Component

Problem behaviour	Behaviour to promote	Communication Objectives	Communication Strategy
Inadequate knowledge on WASH policies by law and policy makers, political party structures at National and State levels	Increase knowledge level, push the political will of politicians, political parties, law and policy makers to initiate/support and fund/appropriate funds for WASH projects	To popularize and increase knowledge on the 3 identified WASH policies amongst policy and law makers and political party structures at National and State levels by the year 2012.	<ol style="list-style-type: none"> 1. Production & packaging of Policy documents & briefs 2. Advocacy visits 3. Distribution of Project documents; on WASH
Inadequate knowledge on WASH policies by LGA Chairmen and Councilors	Increase knowledge level, appropriate resources and political will of LGA Chairmen, Traditional rulers, Councilors and identified opinion leaders.	To popularize and increase knowledge on the 3 identified WASH policies at the LGA level and enhance their capacity for formulation of bye-laws	<ol style="list-style-type: none"> 1. Production & packaging of Policy documents & briefs 2. Advocacy visits/Interactive sessions 3. Distribution of Project documents; on WASH
Inadequate	Increase knowledge level	To create awareness	<ol style="list-style-type: none"> 1. Interactive sessions,

knowledge on WASH policies by opinion, religious and traditional leaders	<i>and build advocacy capacity of opinion, religious and traditional leaders for on WASH policies and programmes</i>	<i>and increase knowledge on WASH policies amongst religious/traditional leaders and enhance their capacity for mobilization and sensitization of communities by 2011</i>	<i>in which video short clips on WASH are shown & discussed</i>
Inadequate knowledge on WASH policies by Community members	Appropriate and adequate awareness and knowledge on policy issues	To conduct public enlightenment campaigns and create awareness on the major issues identified WASH policies at both urban and rural levels by 2012	<ol style="list-style-type: none"> 1. Town Hall meetings 2. Distribution of Posters, T-Shirts, face caps & other materials that can quickly convey the intended message in the appropriate language

4.1.1 (a) Objective

- ◆ ***To popularize and increase knowledge on the 3 identified WASH policies amongst law and policy makers, political party structures at National and State levels by the year 2012***

Objective implementation

- *Identify line Ministries, parastatals and Agencies at National and State levels (Technical field implementation partners)*
- *Identify communication/Media consultant(s)/Specialists for training activities*
- *Design and develop information materials to be used.*
- *Conduct advocacy workshops and meetings*
- *Monitor and evaluate activities*

Breakdown of Strategy/Activities in Detail

- Preparatory Action/Work
- Produce a brief for the production of a video documentary on WASH
- Produce 30min video documentary on WASH initiatives
- Develop a 30min power point advocacy presentation on the way forward for WASH
- Develop an advocacy kit (Executive summaries of all relevant WASH policies, Executive Summaries of all current studies – both quantitative and qualitative, fact sheets, basic messages, frequently asked questions, stakeholder roles and responsibilities, folder, WASH T-shirts and caps, car stickers)

Note: Choose which of these would be appropriate to your environment and the calibre of people being addressed.

Advocacy activities

- Hold a half/one day advocacy briefing sessions/visits/luncheons/retreat with;

- Relevant house committees in Senate and House of Representatives
- Political party structures at National and States levels
- Relevant legislative arms in state Houses of Assembly

Monitoring and Evaluation for objective

Output Indicators	Impact Indicators
No. of WASH advocacy video documentaries produced and distributed	No. of law and policy makers identifying and making public statements on WASH policies.
No. of WASH advocacy briefings conducted at National and State levels	
No. of WASH advocacy kits produced and distributed	No. of media reports on WASH linked to National and State legislators

4.1.1(b) To popularize and increase knowledge on the 3 identified WASH policies at the LGA level and enhance their capacity for formulation of bye-laws

Objective implementation

- Identify WASH and related line departments in the LGA (technical field implementation partners)
- Conduct advocacy workshops/Town Hall meetings/luncheon
- Monitor and evaluate activities

• Details of Strategy/Activities:

Preparatory Action/Work

- Produce briefs for the production of video documentaries on WASH
- Produce 30min video documentaries on WASH initiatives
- Develop 30min power point advocacy presentations on the way forward for WASH
- Constitute teams to back stop the advocacy briefing workshops

• Advocacy activities

- Workshop for the back stopping (facilitating) teams on the conduct of advocacy Briefing sessions.
- Hold a half/one day advocacy briefing session/visits/luncheons/retreat with;
- Chairman, relevant supervisory councilors, head of WASH and relevant heads of Departments

• Distribute advocacy kits

• Monitoring and Evaluation for objective

Output Indicators	Impact Indicators
No. of WASH advocacy video documentaries produced and distributed to the LGAs (774) geopolitical zones	No. of media reports on speeches and activities of Chairmen and councilors in relation to WASH policies.
No. of WASH advocacy briefings conducted at LGA level	
No. of WASH advocacy kits distributed	No. of LGAs that initiate WASH bye-laws
No. of workshops conducted for the zonal backstopping teams	

4.1.1(c) To create awareness and increase knowledge on WASH policies amongst religious, traditional and community leaders and enhance their capacity for advocacy and sensitization of communities by 2011

Objective implementation

- Identify key religious, traditional and community leaders' umbrella organizations (as technical field Implementation partners e.g. NIREC, CAN, CWO, MSN, JNI, etc.)
- Identify a TOT WASH advocacy communication consultant(s)/Professional
- Identify communication line Ministries, agencies and parastatals
- Design and develop advocacy training materials
- Conduct all the advocacy capacity building workshops/meetings
- Monitor and evaluate activities

Details of Strategy/Activities

Preparatory Action/Work

- Produce advocacy training materials for;
 - o Christian leadership
 - o Islamic Leadership
 - o Traditional/ Community leaders

- Utilize already developed materials (video documentary on WASH initiatives, advocacy kit and power point presentation) where feasible and realistic.

Workshop activities

Conduct pre and post quantitative assessment of knowledge on WASH policies and related attitudinal and behaviour issues

- 2 TOT advocacy workshops for religious leaders
- 2 TOT advocacy workshops for traditional leaders

Monitoring and Evaluation for objective

Output Indicators	Impact Indicators
No. of TOT advocacy workshops for religious leaders conducted	No. of step down advocacy workshops conducted by religious leaders
No. of TOT advocacy workshops for traditional/Community leaders conducted	% of participants with increased knowledge of WASH and related attitudinal and behavioural issues.

4.1.1(d) To conduct public enlightenment campaigns and create awareness on the major issues identified in WASH policies at both urban and rural levels by 2012

◆ Objective implementation

- Identify key line Ministries, parastatals and agencies/NGOs as technical field implementation partners
- Design and develop campaign materials to be used
- Disseminate campaign materials through the mass media and IPC
- Conduct all campaigns activities
- Identify a radio drama quiz consultant(s)
- Hold a TFD drama presentation

- Monitor and evaluate activities

Activities

Preparatory Action/Work

- Produce campaign materials such as radio jingles and documentary features, TV documentaries and commercials in English, Pidgin English and any appropriate language(s)
- Produce a variety of posters in English, Pidgin English and any appropriate language(s) on WASH key behavioural issues
- Commission feature stories in the print media on WASH behaviour and related issues
- Develop and produce community dialogue tools and materials on WASH policies and related behavioural issues to enhance community participation at LGA level
- Develop scripts for radio drama and quizzes
- Produce radio drama serials
- Develop a sit for the TFD drama presentation.

Information campaign activities

- Air radio jingles and documentary features
- Air TV documentaries and commercials
- Publish commissioned newspaper stories/editorials in national dailies
- Air radio drama and quizzes
- Conduct TFD performances and community dialogues on WASH policies and related behavioural issues
- Distribute posters on WASH key behaviours
- Rapid assessment of knowledge gained by community dialogue participants

Monitoring and Evaluation for objective

Output Indicators	Impact Indicators
No. radio jingles aired	% of participants at TFD and community dialogues knowledgeable on key WASH behaviours
No. TV commercials aired	
No. of radio drama/quiz sessions aired	
No. of TFD performances and community dialogue sessions conducted	
No. of posters on WASH key behaviours distributed	

4.2 Safe Water Management component

Problem behaviour	Behaviour to promote	Communication Objectives	Communication Strategy
Low political will and support by government at all levels for provision of safe water facilities.	Enhanced political will and support for provision of safe water facilities in communities by government at all levels	To advocate for political will and support for the provision of safe water facilities in communities by all levels of governments by 2012	<ol style="list-style-type: none"> 1. Production & packaging of Policy documents & briefs 2. Advocacy visits 3. Distribution of Project documents; on WASH
Low knowledge level and	Increased knowledge and appropriate skills	To educate community members	Interactive sessions, in which short video clips on

inadequate skills for household water treatment amongst community members	in household water treatment amongst community members	and increase their knowledge and skills on household water treatment and safe water use by 2012	WASH are shown & discussed
Inadequate knowledge and inappropriate skills for operation and maintenance of safe water facilities	CDCs/WASHCOMs, with adequate knowledge in operation and maintenance of safe water facilities	To empower community members with adequate knowledge and appropriate skills for operation and maintenance of water facilities by 2011	Hold a TOT workshop
Weak capacity of CDCs and ability to participate in the proper siting of water facilities	Enhanced capacity of CDCs to participate in the proper siting of safe water facilities in the communities	To increase community participation in the proper siting of water facilities through capacity building of CDCs by 2011	Hold Town Hall meetings

4.2.1 (a) To advocate for political will and support for the provision of safe water facilities in communities by all levels of governments by 2012

Note: This objective will be implemented along with objectives 1 and 2 under popularization of WASH policies.

4.2.2 To educate community members and increase their knowledge and skills on household water treatment and safe water use by 2011

◆ **Objective implementation**

- Identify line Ministries, parastatals and agencies/NGOs as technical training implementation partners at national/state/LGAs/community levels
- Identify women organizations/ WASHCOMs/mother's clubs to participate in training
- Develop phased training schedules
- Monitor and evaluate activities

◆ **Activities**

Preparatory Action/Work

- Produce training schedules for state/LGA and community levels
- Produce adequate training materials
- Produce the phased training schedules

◆ **Workshop activities**

- Conduct workshops as scheduled (Workshop should take into consideration gender mainstreaming)
- Conduct pre and post assessment of knowledge and skills on household water treatment

◆ **Monitoring and Evaluation for objective**

Output Indicators	Impact Indicators
No. workshops conducted	% of participants with increased knowledge

No. of participants at the workshops	on household water treatment techniques
No. of LGAs participating	
No. of communities participating	

4.2.3 To empower community members with adequate knowledge and appropriate skills for operation and maintenance of water facilities by 2011

◆ **Objective implementation**

- Identify line Ministries, Parastatla and agencies/NGOs as technical training and implementation partners at LGAs/community levels
- Identify women organizations/ WASHCOMs/mother's clubs/SBMCs to participate in the training
- Develop phased training schedules
- Procure tool boxes for maintenance of water facilities for training activities
- Facilitate the acquisition of Tool boxes for maintenance, at moderate costs
- Monitor and evaluate activities

◆ **Activities**

Preparatory Action/Work

- Produce training schedules for state/LGA and Community levels
- Produce adequate training materials
- Develop training work plan
- Produce the phased training schedules

◆ **Workshop activities**

- Conduct workshops as scheduled
(Workshop should take into consideration gender mainstreaming)
- Conduct pre and post assessment of knowledge and skills on operation and maintenance of water facilities.

◆ **Monitoring and Evaluation for objective**

Output Indicators	Impact Indicators
No. workshops conducted	% of participants with increased knowledge on operation and maintenance of water facilities
No. of participants at the workshops	
No. of LGAs participating	
No. of communities participating	

4.2.4 To increase community participation in the proper siting of water facilities through capacity building of CDCs by 2010

◆ **Objective implementation**

Identify line Ministries, Parastatals and agencies/NGOs as technical training implementation partners

Note: This activity will be implemented in line with 4.2.3 above

5.0 Sanitation – safe excreta management component

Problem behaviour	Behaviour to promote	Communication Objectives	Communication Strategy
Low awareness level on the harmful effects of open defaecation	Awareness and knowledge on safe excreta disposal	Create a heightened awareness against the harmful effects on open defaecation at urban and rural areas by 2011.	1. Interactive community sessions 2. TFD drama performance
Low/inadequate skills for construction and maintenance of safe household and public toilets/latrines in communities	Knowledge and use of appropriate skills for the construction and maintenance of safe household and public toilets/latrines	To educate CDCs in the knowledge and skills for construction and maintenance of safe household and public toilets/latrines	1. TOT workshop 2. Field pre-implementation testing of skills
Inadequate awareness and knowledge on available technological options for safe excreta disposal	Informed choices on available technological sanitary latrine options	To create adequate awareness and increase knowledge amongst urban and rural dwellers on available technological options for safe excreta disposal to enable people make informed decisions by 2012.	1. Interactive community sessions 2. TFD drama performance

5.1.1 Create a heightened awareness against the harmful effects of open defaecation in urban and rural areas by 2011.

◆ Objective implementation

- Identify key line Ministries, Parastatals and agencies/NGOs as technical field implementation partners
- Design and develop campaign materials to be used
- Disseminate campaign materials through the mass media and during interactive sessions//Town Hall meetings
- Conduct TFD performances/community dialogue sessions
- Conduct street mobilization campaign activities
- Monitor and evaluate activities

◆ Activities

Preparatory Action/Work

- Produce campaign materials such as radio jingles, documentary features, TV commercials, documentaries and jingles in any relevant language(s)
- Produce a variety of posters on WASH key behavioural issues
- Commission feature stories in the print media on WASH behavioural and related issues
- Develop and produce community dialogue tools and materials on WASH policies and related behavioural issues to enhance community participation at LGA and community level
- Development of IPC checklist

◆ **Information campaign activities**

- Air radio jingles and documentary features
- Air TV documentaries and commercials
- Publish commissioned newspaper stories in national dailies
- Conduct theatre for development performances and community dialogues on open defaecation
- Distribute posters on the harmful effects of open defaecation
- Conduct rapid assessment of knowledge gained by participants (for TFDs/community dialogues)

- **Monitoring and Evaluation for objective**

Output Indicators	Impact Indicators
No. radio jingles aired	% of dialogue participants with increased knowledge on the harmful effects of open defaecation
No. TV commercials aired	
No. of theatre for development performances and community dialogues conducted	% of dialogue participants with disposition against open defaecation
No. of participating communities	
No. of newspapers stories on open defaecation featured	
No. of posters on harmful effects of open defaecation distributed	

5.1.2 To equip community development committees in knowledge and skills in the construction and maintenance of safe household and public latrines/toilets by 2011

◆ **Objective implementation**

- Identify line Ministries, parastatals and agencies/NGOs as technical training implementation partners at National/State/LGAs/community levels
- Identify WASHCOMs/CDCs/SBMCs/women organizations to participate in training
- Develop phased workshop training schedules
- Monitor and evaluate activities

◆ **Activities**

Preparatory Action/Work

- Produce training schedules for state/LGA and community levels
- Produce adequate training materials
- Produce the phased training schedules

◆ **Workshop activities**

- Conduct workshops as scheduled
- Conduct pre and post assessment of knowledge and skills on construction and maintenance of safe household and public latrines/toilets

◆ **Monitoring and Evaluation for objective**

Output Indicators	Impact Indicators
No. of workshops conducted	% of participants with increased knowledge and skills on construction
No. of participants at the workshops	

No. of LGAs participating	and maintenance of latrines
No. of CDCs participating in workshop	
No. of communities participating	% of household toilets/latrines constructed
No. of Women/other groups participating	Show increased knowledge on the maintenance of latrines

5.1.3 To create adequate awareness and increase knowledge amongst urban and rural dwellers on available technological options for safe excreta disposal to enable people make informed decisions by 2012.

◆ **Objective implementation**

- Identify line Ministries, Parastatals and agencies/NGOs as technical training implementation partners at LGA/community levels
- Identify women organizations/ WASHCOMs/mother's clubs/SBMCs to participate in the training
- Develop phased training schedules
- Identify Sanitary technological options
- Monitor and evaluate activities

◆ **Activities**

Preparatory Action/Work

- Produce training schedules for state/LGA and community levels
- Produce adequate training materials as appropriate
- Develop training work plan
- Produce and package sanitary options documents
- Produce the phased training schedules

◆ **Workshop activities**

- Conduct workshops as scheduled (Workshop should take into consideration gender mainstreaming)
 - a. Agree on a date
 - b. send Letters of invitation early
 - c. Produce and have ready all relevant materials
- Pre and post assessment of sanitary technological options

◆ **Monitoring and Evaluation for objective**

Output Indicators	Impact Indicators
No. workshops conducted	% of participants with increased knowledge on available sanitary options
No. of participants at the workshops	
No. of LGAs participating	
No. of communities participating	% of households adopting sanitary options
No. of sanitary option packages distributed	

6.0 Hygiene- Hand washing component

Problem behaviour	Behaviour to promote	Communication Objective	Communication Strategy
<i>Low level of the practice of hand washing at critical times by community members</i>	<i>The practice of hand washing at critical times in communities</i>	To create awareness, increase knowledge and facilitate behaviour change in communities on the 4 critical times for hand washing by 2012.	<i>Interactive sessions that demonstrate the practice. Staggered and sustained over a reasonable period</i>

6.0 To create awareness, increase knowledge and facilitate behaviour change in communities on the 4 critical times for hand washing by 2012

◆ **Objective implementation**

- Identify line Ministries, Parastatals and agencies/NGOs as implementation partners at LGAs/community levels
- Identify women organizations/ WASHCOMs/mother's clubs/SBMCs/EHCs to participate in the training
- Identify a team of consultants/Universities/research firms for the conduct of baseline and post campaign activity
- Identify artists/marketing companies to design branding logo for hand washing at critical times
- Monitor and evaluate activities

◆ **Activities**

Preparatory Action/Work

- Produce interview schedules/questionnaires for the baseline studies (indicators should cover knowledge and behaviour for all the 4 WASH components)
- Commission the production of logo/symbol for hand washing at critical times
- Commission and produce jingles on hand washing at critical times in English, pidgin English and other appropriate languages
- Produce TV commercials on promotion of hand washing at critical times in English, pidgin English and other appropriate languages
- Produce posters on hand washing at critical times
- Produce T-shirts with hand washing logo/symbols
- Produce face caps/head ties/hijabs with hand washing logo/symbols
- Commission feature stories in the print media on hand washing at critical times
- Develop theatre for development (TFD) scripts and community dialogue checklist for promotion of hand washing at critical times
- Develop and produce PHAST tools for promotion of hand washing at critical times

◆ **Social marketing campaign activities**

- Conduct national baseline and post campaign studies (indicators should cover knowledge and behaviour on all the 4 WASH components)
- Air radio jingles/drama/quizzes on hand washing at critical times
- Air TV commercials on hand washing at critical times
- Launch hand washing logo/symbol
- Publish commissioned newspaper stories on the campaign activities

- Conduct theatre for development performances and community dialogue sessions on hand washing at critical times in the communities
- Distribute posters on the benefits of hand washing at critical times
- Place billboards in strategic areas
- Distribute campaign materials (handbills, stickers, hand bands, etc)
- Workshop on dissemination of baseline and post campaign activities.

◆ **Monitoring and Evaluation for objective**

Output Indicators	Impact Indicators
No. audio jingles aired	Results from the baseline and post campaign studies
No. TV commercials aired	
No. of theatre for development performances and community dialogues conducted	
No. of participating communities	
No. of newspapers stories on hand washing at critical times	
No. of posters/handbills on benefits of hand washing at critical times distributed	
No. of dissemination workshops conducted	

COMMUNICATION STRATEGY MATRIX

Issue 1: Non use of Policy document as framework for programme implementation										
Current problem/behaviours	Behaviour to promote	Communication Channels	Targets	Implementors	Approaches	Message Concept	M&E Indicators	Communication Materials	Time-frame	Budget
<p><i>Policy and law makers at all levels,:</i> -Lack access to policies -Not knowledgeable and supportive of WASH policies -Do not promote the conduct of studies for data generation</p>	<p>-Use of policy as instrument /guide for programme implementation. -Funding of WASH programmes. Prompt conduct of researches and evaluation.</p>	<ul style="list-style-type: none"> • Production and distribution of policy documents • Production of promotional materials (such as; advocacy kits, video documentary • Advocacy briefing sessions/luncheon/visits 	<p>Government officials at different levels, policy makers and other relevant stakeholders</p>	<p>FMAWR, FMoH, FMEv&H, FMIC,NOA, States,LGAs NGOs,ESAs, Development Partners.</p>	<p>Advocacy (Workshops, Stakeholder meetings and policy dialogues)</p>	<p>Appreciate the advantages of full implementation of policy documents . Appreciate the importance of research in policy formulation.</p>	<p>-No. of WASH advocacy briefings conducted at National and State levels. No. of law and policy makers identifying and making public statements on WASH policies. -No. of research conducted in the generation of data for policy.</p>	<p>Policy documents, Advocacy Kits (IEC materials and video documentaries).</p>	<p><i>This should be staggered – three visits over a period of six months</i></p>	
<ul style="list-style-type: none"> • Religious, traditional and community leaders • Lack access to policies • Not knowledgeable and supportive of WASH policies 	<p>Involvement in the sensitization of the community on WASH programme</p>	<ul style="list-style-type: none"> • Production of promotional materials (such as; advocacy kits, video documentary • Advocacy briefing sessions/luncheon/visits 	<p>Religious and traditional leaders</p>	<p>WASH Agencies, and Depts., Devt. Partners.</p>	<p>Advocacy (Workshops, Stakeholder meetings and policy dialogues)</p>	<p>Appreciate the advantages of full implementation of policy documents to the community</p>	<p>No. of sensitization meetings held. No. of times WASH issues are included in sermons.</p>	<p>Advocacy kits (IEC materials and video documentaries).</p>	<p><i>Quarterly visit but should not exceed on year.</i></p>	

Very low level of civil society participation in WASH activities	Civil society participation in WASH activities	Distribution of policy document, facilitation of meetings, Capacity building	Government officials at different levels, policy makers	Civil society, FMWRs, FMOH, FMEV, NOA, State WASH Agencies, LGAs, Devt. partners	Advocacy,	Civil society participation in WASH activities will promote and sustain sanitation and hygienic practices	No. of CSOs Networking on WASH, No. of Households reached by CSOs on WASH, No. of policy document distributed to participating stakeholder	Policy documents, Advocacy Kits, IEC materials,	One visit in each of the first two quarters of the year.	
Low-participation of Community Leaders in the siting of WASH facilities	Increase participation of Community leaders in the siting of WASH facilities	Advocacy briefing sessions/luncheon/visits	Government officials at different levels, policy makers	FMAWR, FMOH, FMEV&H, FMIC, NOA, States, LGAs, NGOs, ESAs, Development Partners	Advocacy (Workshops, Stakeholder meetings and policy dialogues)	Involve communities in the planning and siting of WASH facilities meant for their areas	No. of WASH facilities sited with the involvement of communities	Advocacy Kits (IEC materials and video documentaries).		
Non-existence of WASH Agencies in states and FCT and WASH Depts. In LGAs	Establishment of WASH Agencies in states where they do not exist and FCT and WASH Depts. In LGAs	Advocacy, Meeting	Government officials at different levels, policy makers	Governors, Legislators, Judiciary, Devt. Partners.	Advocacy	Appreciate the need for the enactment of laws to establish WASH Agencies/Depts.	State Laws establishing WASH Agency, Existence of one WASH Agency in each State	Policy document, Advocacy Kits		

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Issue 2: Inadequate Safe Water Management										
Current Problem /behaviours	Behaviour to promote	Communication Channels	Targets	Implementors	Approaches	Message Concept	M&E Indicators	Communication Materials	Time-frame	Budget
Low knowledge and inadequate skills for household water treatment among community members	Increased knowledge and appropriate skills in household water treatment among community members	<ul style="list-style-type: none"> • Production, distribution, airing/publishing of campaign materials such as: • radio jingles, documentary features, • TV Documentaries and jingles in English and the 3 main languages • Posters • community dialogue tools and materials • Conduct community dialogues. • Rapid assessment of knowledge gained by community dialogue participants. • Training on water treatment. 	Household members (particularly women and girls).	WASH Agencies and Depts., SEHCs, Devt. Partners..	Social Mobilisation, WASHComm	Protection against water borne diseases.	No. of training sessions. No of households that treat household water before use.	Leaflets, Posters, Radio and Television messages/programmes, Community Animators, Theatre For Development,	<p>3 day workshop /Dialogue sessions for two quarters of the year</p> <p>2. two weeks of continual airing of programmes four times in a year.</p>	

Inadequate knowledge and inappropriate skills for operation and maintenance of safe water facilities	Communities knowledgeable in operation and maintenance of safe water facilities	<ul style="list-style-type: none"> Conduct training workshops for O & M. 	Masons, artisans, hand pump care takers,	WASH Agencies and Depts., NGOs, Development Partners	FMAWR, FMOH, FMOIC, FMEvH, Devt. Partners, NOA, State WASH Agencies, LGAs, NGOs, Dev. Partners, CSOs,	Advocacy, Mobilisation, Capacity building	Protection against Faeco-oral diseases and other dangers	No. of training sessions. No. of technological options introduced after training. ---% of participants with increased knowledge on available sanitary options	Pictures of technological options, Training manuals	
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Issue 3: Unsafe Excreta Management

Current Problem /behaviours	Behaviour to promote	Communication Channels	Targets	Implementors	Approaches	Message Concept	M&E Indicators	Communication Materials	Time-frame	Budget
<ul style="list-style-type: none"> Low awareness level of the harmful effect of open defecation. seldom 	Safe excreta disposal	Community sensitization, Meetings, Mobilisation, Campaigns	Schools, Communities, Mosques, Churches	FMAWR, FMOH, FMOIC, FMEvH, NOA, State WASH	Advocacy, Mobilisation	Protection against Faeco-oral diseases and	Reduction in morbidity and mortality rate; Increase in school enrolment,	Leaflets, Posters, Radio and Television messages/programmes, Community Animators,	One week of community entry/activities for first & third quarters of the year	

<p>cleaning latrine</p> <ul style="list-style-type: none"> • non-use of latrines by pregnant women • use of hard materials such as corn stalks, stones, leaves etc for cleaning up • Children's excreta is eaten up by pets and other domestic animals 				<p>Agencies, LGAs, NGOs, Dev. Partners, CSOs, Schools, PTAs, CDAs, Mass media, Mosques and Churches, NOA COMOS</p>		<p>other dangers</p>	<p>attendance and retention;</p>	<p>Theatre For Development,</p>		
<ul style="list-style-type: none"> • Low/Inadequate skills for construction and maintenance of latrines. 	<p>Safe excreta disposal</p>	<p>Training Workshops for artisans and masons, CDC members.</p>	<p>Masons, artisans, CDC members</p>	<p>FMAWR, FMOH, FMOIC, FMEnvH, NOA, State WASH Agencies, LGAs, NGOs, Dev. Partners, CSOs,</p>	<p>Advocacy, Mobilisation, Capacity building</p>	<p>Protection against Faecoral diseases and other dangers.</p>	<ul style="list-style-type: none"> • No. of training sessions. No of latrines and toilets constructed after training. • ---% of participants with increased knowledge on construction and 	<p>Pictures of technological options, Training manuals</p>	<p>Two weeks in the first & third quarters of the year</p>	

							mainten ance of latrines.			
Inadequate awareness of available technological options for safe excreta disposal	Safe excreta disposal	Training Workshops for artisans and masons, CDC members.	Masons, artisans, CDC members	FMAWR, FMOH, FMOIC, FMEvH, Devt. Partners, NOA, NOA COMOSStat e WASH Agencies, LGAs, NGOs, Dev. Partners, CSOs,	Advoca cy, Mobilis ation, Capacit y buildin g	Protecti on against Faeco- oral diseases and other dangers	No. of training sessions. No. of technological options introduced after training. ---% of participants with increased knowledge on available sanitary options	Pictures of technological options, Training manuals	Two one week training between Oct. & March	
Low level appreciation of the need for hand washing at critical times	Hand washing at critical times with soap or any other cleaning agent	Community sensitization, Meetings, Mobilisation, Campaigns	Communit y,Schoo ls,Church es and Mosques	FMAWR , FMOH, FMOIC FMEvH , NGOs, Devt. Partners, CSOs, PTAs, CDAs, Mass media	Advoca cy, Social Mobilis ation	Protecti on against Faeco- oral diseases	%Reduction in morbidity and mortality rate; Increased school enrolment, attendance and retention;	Leaflets,Poste rs, Radio and Television messages/pro grammes, Community Animators, Theatre For Development,	2 one week activity in the 2 nd & 4 th quarters of the year	
Poor refuse collection, disposal and blocked drainage	Proper refuse collection, disposal/ Clearing of	Community sensitization, Meetings, Mobilisation	Schools, Communit ies, Mosques,	FMAWRs, FMOH,FM OIC, FMEvH, State	Advoca cy, Mobilis ation	Healthy, friendly, clean and safe	No. of Households using dustbin ,No. of	Key messages, Leaflets, Posters, Radio	One week in a month for six months of sustained	

	drainages	Campaigns	Churches	WASH Agencies, LGAs, NGO, Dev. Partners, CSOs, Schools, PTAs, CDAs, Mass media, Mosques and Churches		environ ment ensured	dump sites provided at statagic locations in communities ,No. of free flowing/bloc ked drains	and Television messages/pro grammes, Community Animators, Theatre For Development,	activity	
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The Communication for Development Model



ACADA COMMUNICATION MODEL

