Esther’s Crusade

In Cross River State, a group of dedicated people are trying to save their nation’s children. It is a daunting task, given that about a million children under five die every year in Nigeria due to poor health and sanitation.

Esther Etowa’s lively face is quick to break into an engaging smile. Yet her deep voice can change in a flash from a comforting murmur into a boom that can be heard across the width and breadth of a village. It is a quality that can be very useful to Esther’s personal calling.

She has made it her life’s work to still the crying of children and the weeping of mothers who have lost their children to water-borne disease.

“There may be a day when you come to the community, you hear people crying – one cry here, one cry there, one cry here. A lot of children are dying.”

UNICEF figures show that Nigeria alone can account for 12 per cent of all child deaths under five. This means that every day 2893 children under five die in Nigeria. Most of these lives could be saved through low-cost prevention and treatment measures.

Etowa looks down at her hands as those cries echo in her memory.

“I look at the way they (men) treat women, children – they don’t value children. I have that passion for women and children. I’ve been looking for a way to put smiles on their faces.”

THE CHALLENGE AND ITS IMPACT

An estimated 103 million Nigerians do not have access to basic sanitation facilities and 69 million do not have access to potable water.

Simply providing communities with a supply of safe water is not an adequate solution in the eighth most populated country in the world. Contamination resulting from open defecation and poor hygiene habits turn this source of life into a deadly cocktail of water-borne diseases, such as Guinea worm, cholera, diarrhoea and dysentery.

Besides the health issues associated with lack of water and sanitation, girls’ education and security are also affected. Walking long distances, especially in rural areas, not only exposes girls and women to unacceptable hazards, but the time it can take to collect water often keeps girls out of school, while boys are free to attend classes.
An innovative, low-tech, approach that is having a big impact on improving household sanitation in Nigeria is community-led total sanitation. Here Esther Etowa from WERI is leading villagers through Ugbekuma, Cross River State, in an attempt to “trigger” a major behavioural change in the community. The Cross River (right), after which the state is named, is a source not only of food, but also of entertainment.

Etowa began mobilizing women to talk “woman talk” in 1997. Ten years later, so many women had joined her society that she registered it as a community-based organization, and WERI (Women Empowerment and Rights Initiative) was born. Her Eureka moment came in 2008, when she was invited to attend a workshop on a new programme aimed at bringing better sanitation, hygiene and safe water to the most vulnerable rural communities. In the heart of the verdant, steaming Cross River State of southern Nigeria, this dynamic 50 year old found the perfect vehicle to empower her to tackle head-on the biggest killer of Nigerian women and children – water sullied by human faeces.

Of the 149.1 million people who are estimated to live in the world’s eighth most populous country, 103 million do not have access to toilet facilities. As a consequence open defecation is rife in Nigeria. This in turn leads to water sources being highly contaminated, as Eko Atu, the director general for rural development in Cross River State explains: “The issue of water is the issue of sanitation. Most of our communities live by the river, and the tendency for most of those communities is to use the river – defecating into it which is not hygienic.”

A revolutionary approach to achieving sanitation was to be flexible about what a “minimum standard” toilet should be: it did not have to be a cement slab–covered pit latrine with brick walls; it could be any kind of facility that broke the “fly to food” cycle: in other words, one that made faeces inaccessible to flies which then spread contamination– and that everyone in the community used one (and no-one defecated in the

“We don’t have drinking water. We search for water like we are searching for God”

Mrs Ikwo Okoi Ofem, Ugbekuma village

**THE TARGET**

To attain Millennium Development Goal (MDG) 4 (reduce child mortality) and MDG 7c (reduce by 50 per cent the proportion of people without sustainable access to safe drinking water and safe means of excreta disposal), the EU-UNICEF project aims to reach 1.27 million people in more than 1,000 rural communities in six states.

Currently 58 per cent of the population has access to improved water sources – up from 47 per cent in 1990. Most of the improvement has been in rural areas where people can get safe water through household connections, public standpipes, boreholes, protected dug wells, protected springs and rainwater collection.

Improved sanitation facilities provided by installing connections to public sewers and septic systems, pour-flush latrines, simple pit latrines and ventilated improved pit latrines, have not led to the same improvements. In fact the situation has worsened, bringing sanitation use down by five per cent from 37 per cent in 1990, to 32 per cent in 2008.

Globally, open defecation has declined from 25% in 1990 to 17% in 2008, but in Nigeria open defecation declined from 25% in 1990 to 22% in 2008.
The goal of Community-Led Total Sanitation (CLTS) is to have complete involvement from communities, as Atu states: “The communities themselves have been able to buy into the initiative. It is not a government project. If you go out there, you will see that they have taken ownership of the project. It is the communities themselves that drive the whole process.”

Buy-in - that is what Etowa and the programme’s first contacts with a community aim to achieve.

Often the contact starts at the local school, an approach that the district water board now includes in its overall policy. Atu explains: “You don’t have a school in [self-selected communities] in Cross River State without water sanitation facilities... where school children are taught to wash their hands after using the toilet.”

The platform is set by providing children with latrines, clean water and soap at schools, coupled with the knowledge to protect themselves and members of their families, against diarrhoea, cholera, typhoid, pneumonia and other waterborne diseases.

Then the children take this message home. From here, the water and sanitation partnership between UNICEF, the European Union, local government and community-based organizations move into homes. Once a community invites Etowa and the team in, the first step is an introduction to the problem.

Despite the obvious nature of the problem to outsiders, the way of the forefathers holds great sway, especially in rural and socially-excluded communities. Many traditionalists say that the ancestral spirits would be upset should the practice of defecating in the bush cease. Sometimes they face extremely hostile communities who refuse to entertain the idea of change – Etowa described some of these meetings as akin to a war.

She is not one to shrink from a challenge and once she has her foot in the door, she ensures that a simple yet crucial walk takes place. The community take the visitors on a tour of the village, and point out where they defecate, thus working out the relationship between these places and their water sources.

“Let them see for themselves what is their problem, not us coming to tell them. They themselves are ashamed. The walk really triggers people to shame and disgust,” says Etowa.

The emotions felt by people is often the trigger a community needs to bring about change. Initially, not all community members may be convinced of the need to change their ancestors’ ways, but the social pressure brought to bear by their neighbours is often the major catalyst for committing themselves to ending open any more).

THE EU-UNICEF WASH PROGRAMME – A MULTI-PRONGED APPROACH

A main priority of the programme is to boost child survival, protecting the health of pregnant and older women, and relieving women and children of some of the drudgery associated with collecting water.

At the top level, UNICEF is collaborating with government at all levels to not only set standards for water and sanitation, but to ensure that this progress is sustainable through the introduction of innovative approaches, such as community-led total sanitation (CLTS).

Communities are directly affected by the quality of their environment, so members are encouraged to take ownership for their own well-being and health.

Schools are involved in the process of inculcating good hygiene practice among children. Environmental health clubs are set up to involve children in the management of water and sanitation facilities in their communities.

On a more practical level, artisans are trained to operate and maintain water supply systems to keep them working in the long term.

“It was an honour to be elected (to the WASHCOM). It means I can help people”

Friday Ibiang Eno, volunteer hygiene promoter
With the European Union contributing 30 million euros to UNICEF’s Rural Water and Sanitation project (2005-2011), up to June 2010 the most significant achievements were:

- 593,400 people now have access to an improved source of water.
- 384,670 people can now safely dispose of human excreta.
- 67,849 school children have access to safe water, sanitation facilities and now understand proper hygiene behaviour.
- 1101 functional water points have been installed. This includes a location-appropriate mix of motorized, solar and hand pumps.
- 38,467 households constructed latrines without subsidy.
- Two states, Osun and Jigawa, have a water and sanitation policy in effect, while four more are at different stages of approval.
- Three states, Cross River, Anambra and Jigawa are expanding their projects to beyond the number of targeted water sources.

“Women suffer more than men when it comes to issues of water. They go in search of water to cook, to give to their husbands, to bath their children. When there is scarcity of water, a woman suffers more”

Saaondo Anom, WASH specialist, UNICEF

Malnutrition is the underlying cause of mortality for a large proportion of children under the age of five. Mothers are embracing the opportunity to improve the health of their children through low-cost interventions, such as hand-washing. Defecation. Using whatever materials are available locally, and the construction methods of the area, the villagers pitch in and support each other, to ensure every family has its own latrine.

As a consequence, these low-tech interventions have lead to a noticeable decline in child mortality, decreasing year on year from 1990 to 2008 by about 1.2 per cent.

As Director General Atu notes, “We have seen that where we are currently intervening, we haven’t reported any incidents of diarrhoea or cholera in those communities.”

Since 2008, more than 38,467 latrines have been built in 836 participating communities. One hundred and eleven of these communities have attained the goal of being declared free of open defecation in the six states supported by European Union funding.

The EU-UNICEF collaboration tackles is sustainable access to water, one of the Millennium Development Goals – 69 million Nigerians do not have access to safe water. In fact, the numbers are probably higher, as it is estimated that about 40 per cent rural water supply systems across the country are not in operation due to lack of proper maintenance.

Onun Usani, the WASH (water, sanitation and hygiene) coordinator in the Yakurr local government, believes that the reason for this is that communities that are not involved in decision-making or control of mutual assets tend to take no responsibility for them as a result: “We are trying to give them a sense of ownership, that they own this programme, and by the time we withdraw, they should stand on their own”.

Malnutrition is the underlying cause of mortality for a large proportion of children under the age of five. Mothers are embracing the opportunity to improve the health of their children through low-cost interventions, such as hand-washing.
“Anything that is given to you is your own property, because government does not come to use this water. We make the community adopt community by-laws to protect whatever government has given them. We involve them. We made them realize that it is their property and they have to jealously guard it.”

Through this initiative, by July 2011 about 1,000 communities and 120 schools will receive a sustainable supply of potable water. More than 1.2 million people who never had access to safe water before will enjoy nature’s most fundamental gift without fear of disease. These communities – usually the most vulnerable and isolated – have chosen to take charge of their sanitation and water supply. A sense of ownership and pride will ensure that the enterprise and ingenuity of Nigerians will safeguard and build on these foundations.

Usani feels that his work is fulfilling: “I seem to be more comfortable with what I’m doing because something tells me that I am keeping life, I am saving life. I’m contributing my quota to humanity.”

And just as with Usani, the project has found its perfect evangelist in Etowa: “My happiness is that women are happy; children are happy when they see us. They are happy that they are now healthy and that there are now no more deaths. They give us the testimonies – there is no record of cholera this year, no record of typhoid. I feel happy, I mean it’s like the sky is my limit!”

Sources:
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A cultural troupe from Ajere (above and top right). Ajere Beach is a community that has achieved ODF (Open Defecation Free) status. This means that the provision of water (top right) can proceed with the knowledge that it will remain safe against contamination by human excreta.

Often behavioural change is met with resistance in the community, a situation Esther Etowa describes as “akin to war”, when villagers claim that their ancestors lived to a ripe old age, living the same way they do (centre right).

Cassava is processed to make “garri”, a staple in southern Nigeria (bottom right). This is a labour intensive process that involves peeling the tubers, washing, then grating or mashing it to produce a mash. The mash is placed in a porous bag, allowed to ferment and then sifted and roasted. The dry garri can be stored for long periods. When garri-makers are able to access clean water close to where they work, time they would otherwise use fetching water from far away can be used to increase production (and income) – or send girls to school.

“The sinking of these boreholes will in no small measure enhance economic development, as money that would have been used to treat water-borne diseases, can now be put to important issues”

Bassey Obongha, Ajere Beach WASHCOM
Water, Sanitation and Hygiene in Nigeria

UGBEKUMA

Ugbekuma is a peri-urban village surrounded by eight other villages in a community that forms part of a bigger council ward in Yakurr LGA. Because these communities are so close together, it is imperative that the whole ward give up open defecation. If open defecation continues in the surrounding areas, this stream (above) will continue to be contaminated, putting children’s lives at risk.

A boy (top right) gets water from an unprotected well in the village. Water pumps in the village have not been working for some time, forcing villagers to use compromised water sources.

This cross-bar latrine (middle right) is already one step up from open defecation, but the high number of people making use of the facility make it impossible to improve the hygiene of the community. No hand-washing facilities are provided and with human faeces left uncovered, flies and other insects continue to spread disease through the community.

The aim is for each household to have their own improved latrines, like this covered pit latrine (bottom right).

“The economic consequences are many. Let me mention just one: you see the money you would have used to do other things, like maybe to train your children or buy food to eat, being used for illness. You use it in treating sicknesses or diseases that could be manageable. They are wasting this money”

Esther Etowa, community activist, WERI
“The wife had to go early in the morning in search of water, also in the evening. So there was no time at all to socialize with the husband. When there was a water supply close to the dwelling of this family, there was no more fighting. The husband never used to beat the wife again because she had the time to attend to the social needs of the husband”

Saaondo Anom, WASH specialist, UNICEF
**YAKURR: INCREASED SURVEILLANCE**

A child draws water from a borehole in Ekpeti, Yakurr (above). Yakurr Local Government Area is one of 18 in Cross River State where Guinea worm was endemic. The number of cases dropped from 3,444 in 1988 to none in 2007. This parasitic disease is exclusively transmitted through drinking stagnant water that is contaminated with the Guinea-worm larvae. The disease doesn’t kill, but people are unable to function due to excruciating pain.

While there are still cases in neighbouring countries, the numbers are dwindling through concerted efforts of governments and other agencies. The challenge remains for community members to remain vigilant in preventing the recurrence of the parasitic disease. Providing safe water, and sustaining this delivery, is the only way forward.

"Government is transient. I might be here today as the Director General and I have this passion. Tomorrow some other person might come along and will not share the passion. But the communities who have realized what benefits they have derived from the project will ensure that the facilities are sustained so that they can continue to benefit from those facilities”

Hon. Eko Atu, Director General, Rural Development Agency, Cross River State