



Community management of sanicenters in Nigeria

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THE SANITATION PLATFORM latrine (sanplat latrine) is a low cost hygiene enhancing pit latrine. It is constructed with local technical know-how and local materials bearing in mind the cultural and environmental peculiarities of its location. Introduced in 1995 as an alternative to the more expensive and more technically demanding ventilated improved pit latrines (VIP), the sanplat has gained increasing acceptability among community users.

To serve as the growth centers, where this innovation would be propagated from, sanitation centers (sanicenters) were established, and artisans were trained on slab and latrine construction with affordable local materials. At inception, subsidy was given as an additional attraction by UNICEF to government and host communities in aid of the construction of the latrines. The idea was to proliferate sanplat latrines to every household in the zone at the cheapest rate possible, since the target potential users were mostly low-income people often in very difficult environments and circumstances.

However, in 1997, when the system had gained a good measure of acceptance, UNICEF and the government commenced a gradual removal of the subsidy. Sanicenters were then organized as self-financing cottage industries, where more artisans and host communities were trained, as well as individuals. This was aimed at empowering the communities to be self-sustaining and manage the facilities. It is against this background that this study was undertaken:

- To examine how communities have managed the project
- Are there areas of strength and / or weakness
- What are the motivational factors
- What are the problems or
- Any success stories
- Impact of the intervention on the improvement of sanitation habits in the communities

To execute this evaluation assignment in the most objective and scientific way UNICEF commissioned this researcher to carry out the study.

The study location

The Study covered Seven States in the UNICEF zone A in Nigeria. These were Abia Anambra Bennie, Cross River, Ebonyi, Enugu and Imo State in Nigeria. In each of the states the exercise was carried out in the sanicenters located within the communities.

Methodology

The major instruments used for data collection were:

Direct observation in the field

This approach was used to afford the researcher the opportunity of seeing activities at the sanicenters, such as production of sanplats.

The questionnaire

Information collected by use of this method included the number of people using the services of sanicenters, sanplat production, sales, plough back activities and subsidies.

Flexible interview schedule

Open and closed ended interview schedule was used to collect information on the impact of the project, motivational factors, areas of strength and weakness, problems, perception of the sanitation platform and way forward.

Analysis of findings

The study examined how communities have managed the project, a set of criteria was used to determine how the communities performed. They include viability scores (see Table 1).

Each of these variables is important in the overall assessment of the success of a sanicentre or its failure. A center is rated poor if its score is less than 40% points or percent, good when it scores 40- 59 points or percent and very good when it scores 60 points and above.

Areas of strength and weakness

Analysis of findings show that the major areas of weakness in the community management of the sanicentres is record keeping, good financial management and organizing other sanitation activities. In record keeping, it was discovered that a record of material supplies received from UNICEF and the Rural Water Supply and Sanitation Agencies [RUWASSAN] was not well kept.

Similarly the findings also reveal that accounting books did not show clearly all the sales made in the centers, as a large proportion of sales were not recorded. On further investigation, it was discovered that the sanicentre managers lacked basic book keeping and record keeping skills. This came out very strongly in almost all the centers.

On the issue of organizing other sanitation activities, such as oral rehydration therapy, hygiene and sanitation

Table 1. Viability index of the sanicenters according to states

STATES	VARIABLES							Total Score 100
	physical Office space 10 points	Mgt. Committee e. 10 pts.	Record keeping. 10 points	Good Financial management 20 points	Sanplat production 20 points	Sanplat installation 20 points	Other sanitary activities 10 points	
Benue	3.5	8.5	3	2	14	13	2.7	46.7
Abia	2	2	0	0	8	0	0	12
Enugu	3	6.5	4	5.9	12	8	1.6	41
Ebonyi	4.4	10	2.2	2.8	11.1	12.2	1.6	44.3
Cross River	1.8	8.2	0	1.8	7.3	1.8	1.5	22.4
Imo	1.4	2.1	2.9	4.3	15.7	11.4	0	37.8
Anambra	0	10	0	0	16	8	0	34

promotion, sanitation watch, the centers performed poorly. It was discovered that, though the sanicenter managers and their committees were given basic training on these issues they also lacked communication skills needed to promote the sanitation activities.

Analysis of the findings showed that almost all the centers had a management committee in place. This is an area of strength, which is very commendable though the composition of the committee is another line of discussion. Human resources can be said to be easily available, and willingness to serve the community is a strength. Another area of strength is in sanplat production which took place in all the states. The technology of sanplat production is simple hence almost all the sanicenters produced sanplat slabs. Apart from Abia State that did not install any sanplats at the time of the study all the other states had installed sanplat latrines.

What are the motivational factors?

The study revealed that for states that scored good (40 – 59 points) such as Benue, Ebonyi and Enugu the sanicenter managers said that they received a fairly steady supply of materials from UNICEF and RUWASSAN. Secondly, the Sanitation Officer from RUWASSAN monitors their activities constantly and as such they were in touch with the center. Thirdly, the communities hosting the sanicentres actually accepted the sanplat latrine low-cost technology.

In Benue State, some sanicenter managers saw the centers as cottage industries and have gone on to sell other sanitary wares such as toilet rolls, soap and plastic containers. They also install taps on buckets and pots and encouraged water security.

Gender as an issue in community motivation and management

Nigerian society is characterized by gender inequality. Generally, a sanicentre is composed of a manager and committee members. The number varies between 10 to 25 members. In all the centers visited, only two centers had female managers, one in Benue State and the other in Enugu State. These two centers had adequate records. They tried to account for most of the monies realized from sales and ploughed such money back to the production of sanplats. In addition, the sanicenter office was open at the time of the visit and was stocked with other sanitary wares. The committee represented both genders adequately.

In all the other centres visited where the managers were males the representation was about 20% females and 80% males. The managers controlled the activities of the center, held on to the records and finances, instead of allowing the financial secretary, treasurer and the secretary to

keep the records. The sanicenter activities revolved around the males, who took decisions and passed them down to the other members. This has affected the sustainability of the

project, because the centers are not run the way they were conceived to run. Women, we have found are the ones in charge of sanitation duties at home. They tried to account for most of the monies realized from sales and actually ploughed such money back to the production. In addition, the sanicenter office was open at the time of the visit and stocked the center with other sanitary wares. The committee represented both genders adequately.

The women should by right, head / manage sanicenters, since they are in charge of sanitation duties at home and in addition, if the objective of setting up the sanicenters is to be achieved. It is sad to note, that despite the huge funds UNICEF and the government have invested in the project, none of the states could be rated as very good (60 points and above). The sanicentres are supposed to be open daily to serve the communities but more than 90% were closed at the time of visit. The managers and key members (males) were away either on the farm, political party houses or other public institutions. It took repeated visits to meet them for an interview. They were not fully occupied with the sanicentre activities. There were cases of diversion of supplies to other personal uses.

The impact of the intervention on sanitation habits of the communities

The establishment of the sanicenters, production of the sanplat and installation of sanplat latrines has no doubt impacted on the lives of the communities. Many households now have latrines and as such no longer defecate in the bush and surroundings. However, there are many more households still without latrines. The sanicentres are not working to capacity or else many more households would have latrines, hygiene education and improved sanitation habits. Other sanitary activities such as ORT production, water security, waste management, which should be taken up seriously by the sanicentres are not being addressed, with states like Abia, Imo and Anambra scoring zero and the highest being Benue State with only 2.7%. [see table 1]

Learning points

The analysis of the findings show that sanicenters that were motivated performed better, therefore motivation is a key factor in community participation and sustainability.

The motivational factors include:

- Steady supply of materials such as cement, rods, moulds, pushcarts, water tanks, etc. from the government and UNICEF.
- Supervision/ visits from the Sanitation Officers
- Community acceptance of the low-cost technology.

Way forward

- The priority for the provision of basic services should be sustainability.
- The issue of motivation and effective participation of users of facilities should be viewed critically in project design and implementation for the project to be sustainable.
- The place of the female gender is seen as critical for the sustainability of the project.
- Community Management has to be supported, therefore capacity building / trainings need to be made available to the key implementers of community projects for sustainability.
- Supply of basic services should be tied to demand for such facilities, that way the communities will have a sense of deep responsibility and commitment to the services so provided.

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