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**WATER, SANITATION AND HYGIENE:
SUSTAINABLE DEVELOPMENT AND MULTISECTORAL APPROACHES**

**Improving sanitation through sanitation centre:
A case study of Chediya, Nigeria**

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Sanitation coverage is generally low in Nigeria especially in rural areas where only about a third of rural population has access to sanitary means of excreta disposal. One of the options that have been implemented in the country is the SaniCentre concept which was introduced in 1995. The concept at inception was instrumental to accelerated sanitation promotion but this could not be sustained as indicated in the assessment of SaniCentres conducted in 1998 which prompted the refining of strategies for delivery thereby leading to the introduction of privately managed SaniCentres. Chediya SaniCentre is one of those privately managed centres that has been functional since establishment in 2004 and has contributed to improving sanitation uptakes in many communities. Notwithstanding the low level of functionality of SaniCentres, the privately managed centres possess a lot of potentials that could be harnessed for scaling up sanitation development as demonstrated by Chediya SaniCentre.

Background

The water and sanitation coverage are generally low in Nigeria and are among the worst in the world. Although the 2008 report of WHO/UNICEF Joint Monitoring Program (JMP) for Water Supply and Sanitation reported an increase in access to improved sanitation coverage for Nigeria from 26% in 1990 to 30% in 2006, these levels of coverage are unacceptably low considering the vast human and material resources available in the country. Some of the direct consequences of these low level of coverage are high infant and under five mortality rates. Apart from malaria, diarrhea diseases account for the highest mortality and morbidity rates amongst under 5 children. According to Federal Ministry of Health report on diarrhoea survey, it is estimated that over 200,000 deaths occur annually among children due to diarrhoeal diseases in Nigeria.

Several approaches have been adopted in the past towards ensuring sustainable sanitation development and these have contributed to marginal increase in the level of coverage recorded in the country. Some of these approaches have recorded pockets of success in various parts of the country without an integrated plan for scaling up to give the required growth that would guarantee improved coverage. One of the approaches that have contributed to sanitation development in the country is the SaniCentre concept.

Sanitation Centre (SaniCentre) is a concept based on the principle of integrated program implementation, community empowerment, social mobilization, income generation and system development. SaniCentre is a retail outlet for the sale of hygiene and sanitation materials and a place where technical assistance on sanitation (such as low cost latrine designs, contacts of local artisans who can construct latrines, advice on suitable latrine designs for specific locations) and other Water, Sanitation and Hygiene related matters could be obtained at community level. Essential fast moving hand pump spare parts can also be obtained at the centre. The centre also serves as a focal point for coordination of all Water, Sanitation and Hygiene related activities at community level.

The main objectives of the concepts are: to ensure sustained access to sanitation materials and hygiene promotion; provide opportunities for skills development and income generation; and, encourage community participation and management.

The SaniCentre concept was introduced in Nigeria in 1995 and the modalities for service delivery have been constantly refined based on the outcome of assessments conducted in 1998 and 2006. At the inception of the concept, the centres were mainly managed by the Community Water, Sanitation and Hygiene Committees (WASHCOM), but this was later found to be ineffective, hence the introduction of privately managed SaniCentres under the supervision of WASHCOM. The privately managed SaniCentres have proved to be effective in sanitation promotion as confirmed by the last assessment of SaniCentres conducted in 2006 where all the fully functional SaniCentres in the country were privately managed. One of such successful models in the country is that of Chediya in Zamfara State.

Chediya sanitation centre

Chediya is a rural community in Zamfara State with an estimated population of 2,200. The SaniCentre concept was introduced to the community in 2004 as part of Federal Government of Nigeria/UNICEF Water, Sanitation and Hygiene Program intervention. Prior to the intervention, the level of sanitation and hygiene in the community were very poor and from several mobilization and hygiene promotion activities conducted by Zamfara State Rural Water Supply and Sanitation Agency and the WASH Unit of Tsafe Local Government, the community agreed to develop action plans to improve on the situation. One of the major components of the action plan was the establishment of a SaniCentre to be managed by a private artisan under the supervision of the community WASHCOM.

Technical supports in form of training and orientation on construction of various forms of latrine, hygiene promotion, book keeping and management of SaniCentres were provided by the State Agency and LGA WASH Unit. With the support of UNICEF and the State Agency, some construction and hygiene promotion materials were provided to the community at the inception of the program. These materials together with the ones provided by the community were expected to be managed on revolving basis to support the establishment and management of the SaniCentre. Based on agreed criteria such as honesty and hard work, a private artisan was appointed by the community WASHCOM as the SaniCentre manager in 2004.

Through the activities of the SaniCentre, all households in Chediya now have sanitary latrines and the level of hygiene practices has improved. Over 260 household latrines have been constructed since the inception of the SaniCentre operation in 2004 and the operation has gone beyond the community to other communities within and outside the State. With the attainment of 100% sanitation coverage in Chediya, the main focus of the centre is now on hygiene promotion to sustain the level of latrine coverage and hygiene practices in the community as well as aggressive marketing to other neighboring communities to promote sanitation. These are yielding positive results as more communities within and outside the state are demanding for services from the centre.

Apart from the initial technical support provided by the State Rural Water Supply and Sanitation Agency and the LGA WASH Unit, the Community WASHCOM has been coordinating and supervising the operations of the SaniCentre within the framework of the overall WASH program in the community while the SaniCentre manager provides day to day management and ensures effective operation of the centre. The State Agency and LGA WASH Unit conduct regular monitoring visits to the centre to ensure strict compliance with the agreed guidelines for the operation and management of SaniCentres. The involvement of the State Agency and LGA WASH unit is limited to quality control and assurance of the activities of the SaniCentre.

The activities of Chediya SaniCentre are being sustained through the income generated from sales of hygiene promotion materials such as soap, plastic buckets, detergents, brooms, dustbins as well as from the production and installation of latrine slabs. More than half of the income is from the production and installation of latrine slabs. Depending on the type of latrine, the average unit cost of production and installation of latrine slab is about US\$10. Over US\$2,610 has been realized from production and installation of latrine slabs while the centre has generated about US\$ 2,200 from other activities. The available records from the centre show a total income of over US\$4,800 and expenditure on procurement of latrine construction and hygiene promotion materials of about US\$3,000 over a four year period. The income generated can sustain the activities of the center and give room for reasonable profit for the manager.

Table 1. Income from Slab Production and Installation.		
Year	No. of slabs produced and installed	Total sales from slab production and installation (US\$)
2004	96	960.00
2005	52	520.00
2006	53	530.00
2007	60	600.00
Total	261	2,610.00

The operations of the SaniCentre have not only contributed to the overall sanitation development of the communities but also empower the manager economically. Prior to the operation of the SaniCentre, the manager was a bricklayer and a peasant farmer with income not enough to sustain his family. His fortune changed positively with his appointment as the SaniCentre manager for his community. He has been able to generate enough income from the operations of the SaniCentre to make his life and that of his family relatively comfortable. Within the four years of operation, the manager has been able to build his own shop which now serves as the SaniCentre, rebuilt his house and can conveniently send all his children to school.

Lessons learnt

The success achieved in Chediya SaniCentre can be attributed to the commitment of all stakeholders especially the community WASCOM and the manager who has been managing the centre and ensuring its full functionality. Some of the lessons learnt from the operation of the SaniCentre include:

- Assignment of clear roles and responsibilities to all stakeholders for implementation of the project. This has reduced duplication of efforts, waste of scarce resources and, has improved synergy in service delivery.
- Empowering communities to take leadership in project implementation would guarantee sustainable sanitation development.
- Need for regular monitoring and evaluation of program approaches to determine their viability and effectiveness. This will ensure refining of strategies for effective service delivery.
- Incorporating income generation into SaniCentre operation has ensured sustained sanitation promotion activities.
- SaniCentres are better managed by private entrepreneurs who will ensure effective operation through proper management, community mobilization and social marketing involving creating demand for increased sanitation uptake and making the product (sanitation services) available where needed at affordable price.

Conclusion

Based on Chediya's experience, the privately managed SaniCentre approach has proved to be a successful model for scaling up sanitation development in the country. However, scaling up this approach would require concerted efforts by all stakeholders in addressing the major challenges that are generally confronting sanitation development in the country. A favourable enabling environment such as increase in political will and financial commitments from all level of governments; strengthening the institutional arrangement; effective sector coordination with clear roles and responsibilities for all stakeholders; and building the capacities of implementers at all levels needs to be created for scaling up of this approach.

Scaling up of this approach would involve active involvement and participation of all the stakeholders such as Federal, State and Local governments, Communities, NGOs, CBOs, International Development Partners, private sector and donors. The National Task Group on Sanitation comprising of all relevant federal ministries, agencies and organizations as well as International Development Partners involve in sanitation development at national level should be strengthened to provide effective sector coordination,

advocacy for increase level of funding, harmonization and enforcement of existing sanitation policies, resource mobilization, support the development of integrated plans for scaling up of the approach and monitoring of the implementation.

Based on lessons learned from Chediya's experience, the facilitation skills of the State Rural Water Supply and Sanitation Agency and LGA WASH Unit/Department need to be improved upon to be able to create the required demand for increase sanitation uptake at community level. For scaling up of the approach, there has to be sustained community mobilization and hygiene promotion to create awareness on the need for sanitary latrines which would guarantee the functionality of the privately managed sanicentres. Focus should be on strengthening the Community Water, Sanitation and Hygiene Committees to incorporate sanitation in the overall community development plans to be implemented thereby making it one of the priorities for investment.

Depending on the skills acquired by the operators, the privately managed SaniCentre has the potential of providing sanitation services not only to individual households but to schools, health centres, markets and other public places. The SaniCentre could be organized to be rallying point for providing sanitation services to the entire community. This approach can be integrated into the Community Led Total Sanitation promotion to facilitate easy access to latrine construction materials and services towards achieving the desired open defecation free communities.

With the present rate of sanitation development in Nigeria, it would be very difficult to achieve the MDG target for sanitation which according to the JMP report is not on track and will impede progress in all other Millennium Development Goals. If the MDG Sanitation target is to be achieved, innovative approaches need to be developed to scale up the successful models such as the privately managed SaniCentre concept in the country.

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