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**“Toilet wars”: urban sanitation services and the politics of
public-private partnerships in Ghana**

Joseph Ayee and Richard Crook

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INSTITUTE OF DEVELOPMENT STUDIES
Brighton, Sussex BN1 9RE
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Joseph Ayee is Professor of Political Science and Dean, Faculty of Social Studies, University of Ghana, Legon and Executive Director, Centre for Policy Research and Social Engineering (CEPRESE), Ghana. He is co-convenor of Programme 3, 'Effective Service Provision for the Poor', within the Centre for the Future State.

Summary

There is a continuing debate over the value of public-partnerships in providing public services in poor urban areas. Many policy-makers in the developing countries have been persuaded that the main problem with established direct public service provision lies in *principal-agent problems*, i.e. the alleged lack of incentive for regularly-employed public servants to provide a good service. They have therefore sought to involve local communities, citizens and the private sector more directly in the management of services. This paper examines the impact of the new forms of partnership between the public authorities and private/citizen-based organisations on urban environmental sanitation in the two largest cities of Ghana – Accra and Kumasi. It traces the history of public toilet policies in the two cities and analyses the factors that contributed to their relative failure in poor neighbourhoods. Toilets consistently have been poorly managed and have been the site of local political conflicts – *toilet wars* – despite efforts at franchising them and involving communities in their management. This is attributable to the politics of patronage at the urban level, the relationship between city government patronage and community level groups, and the failure of regulation. Public-private partnerships have not worked. The provision of reasonable sanitation facilities may require: full public provision of basic infrastructure; transparent, independent and rigorous regulation of any contracts for service provision given to non-state agencies; and the enforcement of “conflict of interest” laws applying to elected local representatives.

Contents

	Summary	iii
1	Introduction: public-private partnerships and the state in Africa	1
2	Public-private partnerships: the policy context	3
	2.1 Partnerships and services in Ghana	6
3	A case study in failure: urban environmental sanitation in Accra and Kumasi	7
	3.1 Ghana's environmental sanitation policy: objectives and challenges	7
	3.2 Profile of the two districts	8
	3.3 The public health crisis and sanitation services in Accra and Kumasi	11
	3.4 The sanitation issue and the role of public toilets	12
	3.5 History of policies in the two cities	13
	3.5.1 <i>Phase I: the committees for the defence of the revolution and the introduction of fees</i>	13
	3.5.2 <i>Phase II: the 1990s and the beginning of public-private partnership policy</i>	14
	3.5.3 <i>Phase III: the period 2000 to date with the appointment of new MCEs and the "new" privatisation policy</i>	17
4	The current situation	18
5	What went wrong?	21
	5.1 Urban politics and political patronage	21
	5.2 The relationship between city government patronage and community level groups	26
	5.3 The failure of regulation	28
6	Conclusion: lessons for policy on service provision	28
	References	31

1 Introduction: public-private partnerships and the state in Africa

Even though the state and non-state actors in Africa have worked together for centuries to solve societal problems, explicit demands for “partnerships” between the two sectors have become much more prominent in recent years because of changing ideas about the role of the state. The economic crises of the late 1970s and 1980s and the apparent lessons from international experience of the success of market-friendly economies have combined to produce what some people term a redefinition of the role of the state:

The boundaries between the state and the market have been redrawn, with important activities that used to be an integral part of state activity now in the hands of non-state actors, for and not-for-profit alike. At the same time the state sector is transforming itself continuously by rearranging the assignment of responsibilities, most notably through the decentralization of functions to local and regional governments and subcontracting specific functions to non-state actors.

Fiszbein (2000: 163)

By the late 1990s the need for a market-friendly economy had become widely accepted throughout sub-Saharan Africa. It implies a reduced role for the state in national economic management. The state is instead expected to provide an enabling environment for private sector economic activities by implementing appropriate economic policy reforms and providing the necessary legal and regulatory framework. It is also expected to provide some of the social and physical infrastructure, sometimes in partnership with community based organisations. Yet these new roles for the state are not necessarily easier and in many respects may be beyond the capacity of many developing country governments. For instance, “good governance” programmes suggested by donors may require that the state must initiate policies and programmes that, *inter alia* will create a conducive political, legal and economic environment, protect vulnerable groups, improve government efficiency and responsiveness, empower people and democratise the political system, decentralise the administrative system, close the gap between the rich and the poor, encourage cultural diversity and social integration, protect the environment and uphold gender equality (World Bank 1997; UNDP 1995 and 1997; Campbell *et al.* 1991; Nickson 1995; Peterson 1997; Collins 2000). These ambitious political and social goals require, at the very least, both political legitimacy and competent administration. Above all, if the state has to rely on non-state agencies in the private and citizen sectors to provide services which it once provided directly, then there is an enormous premium on its ability to regulate and manage public-private partnerships as well as sectors which have been fully privatised (Batley 1996).

We demonstrate here that the improvements in public service provision which are supposed to flow from introducing private sector practices and the disciplines of the market do not necessarily materialise if the politics of privatisation undermine both the “logic of the market” (customer-contractor accountability) and the state’s ability to regulate performance standards and contract conditions. This is particularly so with respect to services such as urban water, sanitation and solid waste collection where effective demand

is low, the service involves delivery to large numbers of poor households in logistically difficult situations (Joshi and Moore 2002) and there are very restricted opportunities for cost recovery (Obirih-Opareh and Post 2002). Here, the logic of public monopoly tends to be easily replaced with the logic of political patronage as a way of reducing private risk and securing sufficient incentives.

As has been well established, private sector participation in service provision can take many forms. There is a “maximalist-minimalist” continuum: at one end are systems based on pure community or user self-provision or private firms competing in the market leaving only a minimal role for the state; at the other extreme, can be found arrangements which still rely on public sector responsibility and funding, with only particular elements of service “contracted out” (Batley 1996; Kernaghan 1993; Pierre 1998; Stephenson 1991; Tennyson 1994; USAID 1997).¹ Our case studies in this paper are drawn from the “urban environmental sanitation” sector, classic public goods-type services such as sewerage and sanitation (human waste), drainage and solid waste collection. Generally, these are services which continue to require substantial public participation, and tend to be provided either by pure public provision of the main city-wide services combined with informal “self provision” at the local level and in the “informal” neighbourhoods, or through various mixes of public-private partnership. There are technical, economic and equity factors underlying the predominance of these mixed forms of provision.

70 per cent of the urban areas of sub-Saharan Africa lack formal, household-based public provision of drinking water, liquid and solid waste disposal, and main water borne sewerage is a rarity (Gaye and Diallo 1997). In the case of solid waste disposal, the mass of the poor urban population living in densely populated traditional or ever-expanding “informal” (shanty town) areas rely on publicly provided local area containers and dumps which are difficult to charge for or to make excludable. Similarly with sanitation and liquid waste, the poor rely mainly on various kinds of public, locality-based latrines and drainage systems, which have to be maintained and emptied through some form of collective provision.

Some of these services could in theory be provided by fee-charging private companies; but the negative externalities of exclusion would (and do) have major public health consequences. In the cases of both solid waste and sanitation, poor residents’ easiest option is to exit or free ride – i.e. to dump their waste wherever they can – unless charges are heavily subsidised (Post 1999). The economic reality is, therefore, that poor urban residents cannot or will not pay the full costs involved in providing a more effective solid waste collection, or in upgrading sanitation provision (Obirih-Opareh and Post 2002). It is possible, however, that people would be more willing to contribute if they could see an immediately visible benefit to their household and perhaps neighbourhood. It is for these reasons that new approaches using community-based micro-enterprises and community-based joint ventures to provide ‘local public goods’ (Batley 1996) have been tested over the past decade.

¹ Batley identifies ten broad types of organisational arrangement grouped under the World Bank’s five main “institutional options” for service provision: (i) public ownership and operation (which includes contracting – out); (ii) public ownership and private operation; (iii) private ownership and operation; (iv) community or user provision; (v) mixed (joint ventures between public and beneficiaries or public and private direct providers) (Batley 1996: 731).

In this paper we focus on a particular example of how new forms of partnership between the public authorities and private/citizen-based organisations have impacted on urban environmental sanitation in the two largest cities of Ghana, namely, Accra and Kumasi. Specifically, it traces the history of public toilet policies in the two cities and analyses the factors that contributed to their relative failure to improve the sanitation environment for poor neighbourhoods. Two broad sets of questions are addressed:

- What contextual variables affected the potential for viable partnerships to be formed in running public toilets and their chances of realising the kinds of productivity gains and spillovers predicted by the advocates of public-private partnerships?
- What lessons have we learnt about public-private partnerships that could be applied in other settings?

2 Public-private partnerships: the policy context

We may define public-private partnership as a broad range of arrangements that involve a combination of state and non-state actors for the fulfilment of traditional state functions such as health, water, education, sanitation and citizen security (Batley 1996; Fiszbein and Lowden 1999). Fiszbein (2000: 164) has pointed out that the common denominator of a partnership is the ‘pooling of resources (financial, human, technical and intangibles such as information and political support) from public and private sources to achieve a commonly agreed social goal’.²

Advocates of public-private partnerships suggest an impressive list of possible benefits and advantages. They are said to promote:

- More responsiveness to public need and a greater performance orientation.
- Expansion in the quantity and quality of public goods and services that can be produced, beyond the levels possible under pure private or pure public arrangements.
- Strengthening of partners in a number of ways so as to make them more effective in their own endeavours (Fiszbein 2000; Jones 2000).
- The addition of extra financial, human, technical and other resources from businesses, NGOs and from service beneficiaries themselves, which in turn allow for an expansion in the supply of public goods and services.
- Greater citizen monitoring of public services (Kernaghan 1993; Hawranek 2000).
- The creation of new capabilities in the process of establishing and being part of a partnership (Batley 1996; Fiszbein and Lowden 1999).

² Public-private partnerships may overlap with *co-production* arrangements, as defined either by Masud (2002) and Joshi and Moore (2003) – ‘institutionalised relationship between state agencies and organized groups of citizens, where both make substantial resource contributions’. See also Ostrom (1996). A key feature of co-production, in all these definitions, is that it leads to the blurring or dissolution of distinctions between producers and consumers, and between public and private spheres.

- Creativity and innovation, through combining the inputs and insights of individuals and organisations of different backgrounds and specialisms (Edwards and Dearkin 1992; Fosler and Berger 1982; Fiszbein 2000).

In short, much of the “advocacy” literature on public-private partnerships tends to emphasise the complementarities of interest and resources among state, political and private actors. Yet it is very unlikely that all of the above benefits are going to be obtained in practice, and in fact many possible drawbacks have already been identified.

In the first place, most of the policy literature on public-private partnerships is derived from the experience of industrialised, high income, “Northern” countries where the policy was first implemented from the 1980s onwards (Davis 1986; Edwards and Dearkin 1992; Fosler and Berger 1982; Squires 1989; Kernaghan 1993; Batley 1996; Nickson 1995; Hawranek 2000; Jones 2000; Spiering 2000). This was a context in which the state services were already a “going concern”, with near universal coverage. The state had a strong institutional capacity and the private sector was mature and large. Hence the creation of public-private partnerships was more in the nature of a transfer, in which cost recovery for the private operators was feasible and strong regulation at least possible, even if politically it was not always acceptable (Plummer 2002). The contrast with the situation in southern, especially African, states is obvious. Here the problem is more about the extension or creation from scratch of services for communities which currently lack them altogether, both in urban and rural areas.

It would seem unlikely that large scale, technically sophisticated private operators would have much incentive to provide better services to poor communities in the southern context, or much understanding of how to operate in those contexts. Even in the high-income country context, it has been acknowledged that public-private partnerships have tended to widen the gap in service provision between rich and poor (Devas *et al.* 2001). The private sector tends to “cherry pick”, leaving the state to provide “basic” or last resort service for the poor.

It is also clear that regulation and contract management, and hence improved service performance standards are likely to be problematic, for technical and capacity reasons alone (Batley 1996). And, as we argue below, the political context of privatisation in the typical African situation is such as to make effective regulation in favour of the poor even more unlikely.

Sustainability is a further problem acknowledged even in the advocacy literature (Tennyson 1994; USAID 1997; Fiszbein 2000). As pointed out by Fiszbein (2000: 174), ‘The circumstances under which a partnership is created tend to be idiosyncratic (and hard to predict) . . . partnerships . . . are largely episodic outcomes from temporary alliances rather than more enduring arrangements’. Furthermore, public-private partnerships appear to be vulnerable to changing political circumstances affecting the survival of the alliances that supported them in the first place (Fosler and Berger 1982; Fiszbein 2000).

One response to these difficulties is to use arrangements which maximise public ownership and control and hence the ability both to set “social objectives” for the private providers, and the capacity to ensure reversion of the service to the public whilst retaining the accumulated benefits of the private

investment. This is especially prevalent in the areas of urban sanitation, water and solid waste, where market competition is unlikely to provide services for the poor. For these services, various mixes of contracting out, management contracts and concessions, leasing of assets and even Build-Operate-Transfer are most frequently used (World Bank 1997; Kerf and Smith 1996; Batley 1996; Walsh 1995; Tennyson 1994; Sinclair 1999; Kernaghan 1993; Stephenson 1991; Pierre 1998). But even with these kinds of partnerships, the problem of ensuring more comprehensive and improved delivery to poor communities in the urban informal settlements remains, even where decentralisation of the responsible public authorities has been implemented; in fact, decentralisation itself raises worries about increased spatial inequalities (Collins 2000; Fiszbein 1997; Sindane 2000)

One response to problems of inequity, “market failure” and lack of political sustainability has been to pursue partnerships between the state and community-based and beneficiary groups, community businesses and micro-enterprises – what Plummer has termed the ‘small-scale independent providers’ strategy (Plummer 2002). However, policymakers frequently are over-optimistic about the willingness and capacity of poor communities to provide what are essentially public goods in the absence of public provision. This is what Devas refers to as “residualism” – the assumption that, when confronted with either the inability or the unwillingness of the public authorities to provide adequate public services, deprived local communities, will somehow spontaneously step in to provide the necessary funds, labour or organisational effort (Devas *et al.* 2001: 16). Underlying this assumption is the familiar, perhaps often romanticised, notion of the social solidarity of the slum, according to which the ethic of caring for one’s neighbours and friends in adversity translates into a strong spirit of collective action on local issues. The most optimistic advocates then go on to suggest that partnership action in itself has a feedback effect, strengthening the capacity of civic organisations, and building social trust (or social capital) (Edwards and Dearkin 1992; Fosler and Berger 1982; Fiszbein 2000).

In practice there are real problems of “collective action”. As many urban sociologists have long pointed out, especially in situations of mass unemployment, housing insecurity and immigration, urban poverty can just as readily lead to social fragmentation, anomie and the harsh competition which emerges from the struggle of individuals and households for daily survival (see Evans 2002: 14–16; Jaglin and Dubresson 1993: 298). Can the problems of lack of water supply, uncollected solid waste and insanitary conditions which make the lives of many urban dwellers so difficult be solved by an appeal solely to their goodwill or sense of public-spiritedness? What leads such social groups to transcend their individual concerns to engage in the collective organisation and action that is necessary if they are to make any organised contribution to the provision of these kinds of services? At first glance, the obstacles seem enormous. In the Ghanaian cases which we examine it is clear that political and material incentives played a very large role in the community based partnership strategies that emerged.

2.1 Partnerships and services in Ghana

In Ghana, citizen-based organisations like Town Development Committees, Youth Associations and Home-Town Development Associations have a long history, including a history of cooperation with government in the provision of village and town communal facilities (Badu and Parker 1992; Brown 1990). The Town Development Committees were a formal part of the local government system in the 1960s and 1970s, but were replaced by the so-called “Unit Committees” after the District Assembly reforms of 1989 – originally as part of the aspiration of the Rawlings government to create popularly elected “revolutionary” organs at the grass-roots level. Given the continuing failure of the Unit Committees (Crook 1999), the developmental and service provision roles of the Town Development Committees have been continued by citizen-based organisations such as the Residents Associations, Parent-Teacher Associations, Youth Associations, Town or Area Development Associations and urban “home town” associations. The latter tend to be most vigorous and effective in the middle and upper income areas of the cities, or, as in the case of Accra’s La Mansaamo Kpee and La Town Development Association, to depend upon the ‘patronage’ of elite elements and successful sons and daughters who have moved away (Yankson 2000).

Most of the studies of service partnerships between state and non-state actors in Ghana have tended to concentrate on the two main cities, Accra and Kumasi, to the exclusion of the majority of the other local government districts which by definition are more economically deprived. And within these two cities there has been an emphasis on the technical performance and environmental impact of privatised water supply or public-private partnerships for the provision of services like sanitation, education and health, whilst Post and his collaborators have done the most detailed work on solid and liquid waste management (Yankson 2000; Devas and Korboe 2000; Gough 1999; Gough and Yankson 2000; Post 1999; Obirih-Opareh and Post 2002; Frantzen and Post 2001). Some authors, echoing the points made in the general literature on the problems of implementing public-private partnerships in low income countries in Africa, have questioned whether, despite numerous donor-funded capacity-building programmes, local governments in Ghana have the capacity to manage partnerships (Laryea-Adjei 2000; Larbi 1998).

There have been few attempts, however, to analyse the political context within which public-private partnerships have been introduced, and hence the political pressures which have shaped the choice of partners and the effectiveness of performance monitoring. Whittington and others (2003) did carry out a major survey of popular attitudes to sanitation and the possible cost of sanitation improvements in Kumasi in the early 1990s, concluding that it was unlikely that the mass of the poor households which were reliant on public toilets would be willing to pay for anything more than upgrading to Kumasi Ventilated Improved Pitlatrines (KVIPs) for each dwelling – and even this would require public subsidy. The introduction of water closets (WCs) with local sewerage would require subsidies so large as to be politically unfeasible. With donor funding, public policy has continued to pay lip service to the idea that public toilets should be phased out in favour of household-based or dwelling place facilities, but without ever allocating sufficient funding beyond a pilot project. In fact the “household toilets” policy has never

happened because of the interest of the city government in using public toilets as revenue-raising (and hence patronage) devices, which has also suited the interests of those who benefited from a policy of private franchising of toilet management. The authors of a more recent study (King *et al.* 2001) argue, however, that poor households are not sufficiently interested in the “privacy” benefits of dwelling place facilities to be willing to pay anything, and that the best pro-poor policy would be to provide more and better public toilets.

Frantzen and Post (2001) also suggest that “political interference” is behind the failure of public-private partnerships to provide better waste management and sanitation services for the poor in Accra and Kumasi, but they go on to argue that “community control” of sanitation facilities is perhaps the only way of ensuring greater accountability of service providers to users. In the analysis which follows of the history of public toilet privatisation in Kumasi and Accra, we suggest that the political power of elected members and city officials, community politics and the patronage opportunities offered by this form of privatisation are inextricably linked and cannot be “depoliticised”, least of all at the community level. It is only when these realities are recognised that different and perhaps more effective policies can be developed.

3 A case study in failure: urban environmental sanitation in Accra and Kumasi

This section is devoted to the objectives of Ghana’s environmental sanitation policy, profiles of the cities of Accra and Kumasi, the public health crisis facing them, the role of public toilets and the three distinct phases of the history of environmental sanitation and public toilet policies.

3.1 Ghana’s environmental sanitation policy: objectives and challenges

Ghana’s *Vision 2020* document, the 2003 *Ghana Poverty Reduction Strategy*, and the *National Environmental Action Plan* for 1991–2000 have recognised environmental sanitation as an essential factor that would contribute to the health, productivity and welfare of the population. The environmental sanitation policy formulated in 1999 is aimed at developing and maintaining a clean, safe and pleasant physical environment in all human settlements and promoting the social, economic and physical well-being of all sections of the population. The policy comprises of a number of complementary activities, including the construction and maintenance of sanitation infrastructure, the provision of services, public education, community and individual action, regulation and legislation (Republic of Ghana 1999). The principal components are: collection and sanitary disposal of wastes, including solid waste, liquid waste, excreta, industrial wastes, clinical and other hazardous wastes; stormwater drainage; cleansing of thoroughfares, markets and other public spaces; control of pests and vectors of disease; food hygiene; environmental sanitation education; inspection and enforcement of sanitation regulations; disposal of the dead; control of animal rearing and stray animals; and monitoring the observance of environmental standards. If these services are provided reliably and regularly, the policy envisages that they would go a long way to ‘mitigate the negative effects of social and economic activity in human settlements’ (Republic of Ghana 1999: 2).

As in any other developing country, one of the socio-economic problems facing Ghana is the growing inadequacy of its urban infrastructure and services in the face of a fast growing urban population. Urban population growth rates are high, ranging between 3.2 and 4.8 per cent over the past two decades. In the mid-1990s nearly half the population of Accra had incomes below the World Bank's absolute poverty threshold (Amuzu and Leitmann 1994). The severe inadequacy of urban infrastructure and services – such as roads, water supply, sanitation and solid waste management – is a major constraint on the productivity of urban households and enterprises and, consequently, on national economic development. Conservative estimates indicate that over the period 1990–2000 about US\$600 million equivalent was required just to rehabilitate basic infrastructure and services in the five largest towns of Accra, Kumasi, Tema, Sekondi/Takoradi and Tamale (Republic of Ghana 1999).

The urban crisis is most evident in the areas of solid waste management and sanitation. In Accra, around 30 per cent of residential areas are served by solid waste house-to-house collection services (Post 1999) and only 16 per cent of “households” have access to water closets (WCs), mostly connected to septic tanks (Amuzu and Leitmann 1994).³ In Kumasi, house-to-house collection is much less, at around 5 per cent (involving 700 houses) (Devas and Korboe 2000). In the other main cities of Tema, Tamale and Sekondi-Takoradi less than 30 per cent of the population have an acceptable household toilet facility (Republic of Ghana 1999), while in the rural areas the situation is worse. Both solid and human waste mostly is disposed of in an insanitary manner. This poses serious risks to human health and the environment, including the dwindling water resources. Inadequate or absent storm-water drainage causes flooding in most settlements and has been particularly serious in Accra in recent years. Vector-borne diseases such as malaria and bilharzia are rife due to the virtual absence of pest and disease-vector control programmes and insufficient and ineffective hygiene education. This situation has a serious health impact, with more than half of all reported diseases related to environmental pollution (Republic of Ghana 1999).

3.2 Profile of the two districts

According to the 2000 Population and Housing Census, Ghana's population of 18.4 million people live in about 48,000 settlements, of which 185 are classified as urban, i.e. having populations in excess of 5,000. Nearly a third of Ghana's total population live in urban areas. The two largest cities, Accra and Kumasi account for 58 per cent of the urban population. Accra is the national, regional and district capital while Kumasi is a regional and district capital. Both cities face urbanisation problems because of the influx of people from the rural areas.⁴

Three metropolitan areas in Ghana – Accra, Kumasi and Shama Ahanta East – are governed by Metropolitan Assemblies. The Assemblies comprise two-thirds elected – but non-party – members, and one-third government appointees. Central government also appoints the Metropolitan Chief Executives.

³ Amuzu and Leitmann (1994) put the house-to-house collection rate at 11 per cent of the population.

⁴ According to the 2000 Population Census, Accra Metropolitan District has a population of 1,700,000 – although Obireh-Opereh and Post (2002) put it at 3 million – covering an area of 300 square kilometers; whilst Kumasi has 1,000,000 covering an area of 220 square kilometers.

Each Assembly has a Presiding Member who is elected by at least a two-thirds majority of all the members. The Presiding Member convenes and presides over the Assembly meetings, and chairs the Public Relations and Complaints Committee, which receives complaints made against the conduct of members and staff of the Assembly. The Metropolitan Chief Executive is the chair and a full member of the Assembly's Executive Committee, whereas the Presiding Member elected by the Assembly Members is not— ostensibly in order to forestall power struggles and possible personality clashes between the two. The District Coordinating Director – a civil servant – is the secretary to the Assembly.

As a result of the complex socio-economic, urbanisation and management problems which confront the three metropolises, Sub-Metropolitan District Councils were created below the Metropolitan Assemblies. Accra Metropolitan Assembly now has fourteen Sub-Metropolitan District Councils (increased from the original six in September 2003⁵) while the Kumasi Metropolitan Assembly has four.

To provide managerial and technical back up in the performance of their functions, the Metropolitan Assemblies currently have local authority over 16 line ministries and departments (such as Waste Management, Health, Agriculture, Urban Roads, Industry and Trade, Social Welfare and Community Development, Education, Youth and Sports). The functions of the Assemblies, as contained in Section 10 (3) of the 1993 Local Government Act (Act 462) include:

- To be responsible for the overall development of the district and to prepare and submit for approval a district development plan and a budget. The development plan goes through the Regional Coordinating Council to the National Development Planning Commission for approval and the budget to the Minister of Finance;
- To formulate and execute plans, programmes and strategies for the effective mobilisation of the resources necessary for the overall development of the district;
- To initiate programmes for the development of basic infrastructure and provide municipal works and services in the district;
- To ensure, through control of all physical planning in the district, the development, improvement and management of human settlements and the environment;
- In cooperation with appropriate national and local security agencies, to be responsible for the maintenance of security and public safety in the district.

In addition, the individual Establishing Acts for each of the two Metropolitan Assemblies list 86 specific responsibilities, including:

- To promote and safeguard public health;
- To regularly inspect the metropolitan area for the detection of nuisance or any condition likely to be offensive or injurious to health;
- To establish, install, build, maintain and control public latrines, lavatories, urinals and wash places;

⁵ *Daily Graphic*, 3 September 2003.

- To establish, maintain and carry out services for the removal of nightsoil from any building and for the destruction and treatment of such nightsoil; and
- To provide, maintain, supervise and control abattoirs.

The functions of the Metropolitan Assemblies relating to waste management and sanitation have been extended in the Environmental Sanitation Policy published in May 1999 by the Ministry of Local Government and Rural Development. This document enjoins them and District Assemblies to set up structures with effective mechanisms to coordinate waste management with other aspects of environmental sanitation.

Metropolitan Assemblies perform four distinct functions with respect to environmental sanitation:

- Waste management, which is carried out by the Waste Management Departments. The Assemblies are to provide the services, either directly or indirectly through private contractors or franchisees. They are to maintain an in-house capacity to provide at least 20 per cent of the services directly. Where the Waste Management Department contracts, franchises or licenses private sector service providers, it is responsible for imposing sanctions on and correcting infractions against environmental standards by them according to the provisions of the relevant agreement or license.
- Public health management, which is performed by the Metro Public Health Department. Most of the current staff of the Metro Public Health Departments were transferred from the Ministry of Health under the decentralisation programme and experienced deterioration in their salaries and conditions of service.⁶
- Environmental monitoring and enforcing environmental standards and regulations, which are performed by an Environmental Protection Division within the Metro Public Health Department in collaboration with the Environmental Protection Agency.
- As well as providing environmental sanitation services, the Metropolitan Assemblies are to monitor their effectiveness, take action to resolve any problems identified, make short-term and strategic environmental sanitation plans to respond to community needs and wider environmental considerations, and ensure good public relations. These roles are the responsibility of the Waste Management Departments.

In Accra, the Waste Management Department was originally a special agency of central government responsible for both liquid and solid waste. After 1989 it was put entirely under the budgetary control of the Accra Metropolitan Assembly, and subsequently decentralised further to the Sub-Metropolitan Districts. This proved to be a serious blow to the Departments. The Sub-Metropolitan Districts were then systematically starved of the funds and the capacity to administer even minimal services. The service got

⁶ They were moved from Health Service to standard civil service contracts.

progressively worse until privatisation not only seemed the only option, but was fervently supported by most citizens. By 1999 the Waste Management Department collected only 18 per cent of all waste and its staff numbers had dropped to a handful. One study described it as ‘virtually dismantled’ (Obirih-Opareh and Post 2002). The 1998 decision to give the waste collection contract to a Canadian/Ghanaian company, City and Country Waste, was made without any consultation with the Waste Management Department or even with the Accra Metropolitan Assembly. This itself left staff feeling sidelined and demoralised and certainly in no mood to help the new system succeed (Obirih-Opareh and Post 2002).

The Waste Management Department in Kumasi is also wholly funded by and accountable to the Kumasi Metropolitan Assembly. There the privatisation process was under the control of the Franchise Management Committee, which was notorious during the 1990s for blatant and arbitrary political manipulation on the part of then Metropolitan Chief Executive (Post 1999). His behaviour resulted in the departure of some of the Department’s most competent senior officers (King *et al.* 2001).⁷ This was on the top of the planned reduction in staff numbers in the Waste Management Department from 250 in 1995 to 45 by the end of the decade. The cuts were intended mainly to affect labouring staff (Post 1999).

The Waste Management Departments are responsible for providing all the containers for the Central Communal Container system in both cities, and for organising or contracting for emptying of latrines and septic tanks. In 1999 Kumasi Metropolitan Assembly still spent 20 per cent of its budget on solid waste management, although its cost recovery was only 5 per cent of the expenditure. At the end of the 1990s, the cost of the contract with City and Country Waste in Accra was ten times the amount which the Metropolitan Assembly was spending on sanitation, and represented nearly twice the city’s total annual “own revenue” collection (Obirih-Opareh and Post 2002).

3.3 The public health crisis and sanitation services in Accra and Kumasi

Accra and Kumasi have major problems of inadequate water supply, sanitation, solid waste disposal, and transport infrastructure, as well as growing poverty and crime (Amuzu and Leitmann 1994; Devas *et al.* 2001; Devas and Korboe 2000). As regards sanitation, large proportions of the population in both cities rely on pit or bucket latrines of various types, or use what is locally called ‘free range’ (open defecation). The situation is worst in Kumasi, where 38 per cent of the population use public pit latrines, and a further 22 per cent have “home-based” (but normally shared) bucket or pit latrines. And it is estimated that 8 per cent regularly resort to “free range” (King *et al.* 2001). In Accra, it is estimated that 25 per cent of the population rely on public pit latrines (all in the poorest areas) and a further 5 per cent on bucket latrines (Amuzu and Leitmann 1994).

Solid waste collection in both cities relies primarily on what Post calls Central Communal Container systems — metal containers or skips placed at “transfer sites” which in principle can be emptied or uplifted by trucks. Local householders must bring their rubbish to the containers — or in many cases, to

⁷ The chief administrator of the city (Metro District Coordinating Director — a civil servant) was also forcibly transferred.

dumps which in fact lack containers. This system covers 70 per cent of areas in Accra, and all but a few high income housing estates in Kumasi (around 700 houses) which benefit from house-to-house collection (Post 1999; Obirih-Opareh and Post 2002; King *et al.* 2001). In Kumasi, only around 40 per cent of the transfer sites have skips and it is estimated that only 42 per cent of the total waste generated daily in the city is actually collected; and only around 33 per cent gets to a landfill site (King *et al.* 2001). In Accra, it is thought that around 60 per cent of total waste was collected before privatisation reforms began in 1995, and the rate has since improved to around 70 per cent.⁸

Thus the kinds of sanitation and solid waste collection systems which dominate in both cities generate a cross-over or interconnection between human and other wastes. This has serious public health consequences, but often is not recognised in the literature.

3.4 The sanitation issue and the role of public toilets

Public toilets have become an important feature in Ghanaian urban life for two main reasons. First, they have become the main facility for people in low income, densely populated or informal settlement areas. Second, and more important, the toilets serve the interest of public health. Without them, people in low income densely populated areas will be compelled to defecate in the “bush or beach”, which is likely to aggravate environmental health hazards in a country which is already prone to diseases such as malaria, diarrhoea, dysentery, cholera and bilharzia.

The history of public toilets in Accra and Kumasi can be traced back to the colonial period. Before colonial rule, residents in the two cities and other Ghanaian towns used pit-latrines located at the outskirts of the community to minimise stench and prevent flies, which were considered environmental hazards. However, as a result of population growth with its attendant public health hazards, the use of pit latrines became obsolete. Consequently, the British government introduced the household “bucket latrine” system with “nightsoil” collection, which became dominant. In line with their sanitation policies, the British government constructed public toilets in the early 1930s in Accra and Kumasi. The number of public toilets increased during the post-colonial period not only because of policies pursued by successive governments but also the practical problem of dealing with rising population in the two cities.

By the mid-1980s, there were 384 and 400 public toilets in Accra and Kumasi respectively. Both Metropolitan Assemblies delegated the running and maintenance of the public toilets to their Sub-Metropolitan District Councils, which by 1989 derived 60 per cent of their revenues from toilet user charges. The collection of public toilet fees has become a major revenue item because Sub-Metropolitan District Councils have never received adequate grants from the Metropolitan Assemblies to enable them to fulfil their obligations to provide services such as building, installing, and maintaining public toilets, lavatories and urinals and promoting and safeguarding public health in their areas. At the same time they have been denied adequate commission returns on the fees, rates and property tax which they collect on behalf of the Metropolitan Assemblies.

⁸ Calculated from figures given in (Obirih-Opareh and Post 2002: 106).

An additional impetus to the effective management of the public toilets came in the mid 1980s when the government adopted the World Bank/International Monetary Fund structural adjustment programme, which had as one of its components the rationalisation of the public sector work force. This affected all the sanitation labourers who used to clean the toilet facilities. Consequently, in order that the maintenance of these facilities would be efficiently done so that it did not affect local government revenue, the Ministry of Local Government and Rural Development mandated all District and Metropolitan Assemblies to collect fees for the use of the toilet facilities, which could be used for the cleaning and maintenance of the facilities.⁹

The proliferation in the number of public toilets in the two cities without adequate financing or fee income led to an inability on the part of local government administrative units to maintain the public toilets at a satisfactory level, both from the point of view of public health standards and in the eyes of the public users of these facilities (cf. Whittington *et al.* 1993). Policy for the provision of toilet facilities has therefore undergone a number of changes, reflecting both political and revenue imperatives.

3.5 History of policies in the two cities

The history of environmental sanitation policy and public toilet policies can be divided into three distinct “policy periods” or “phases”. Phase 1, the 1980s, saw the rise and fall of the Committees for the Defence of the Revolution and the introduction of fees. Phase II, the 1990s witnessed the beginning of public private partnership policies. In Phase III, covering the period 2000 to date, new Metropolitan Chief Executives (MCEs) were appointed and the “new” privatisation policy was introduced.

3.5.1 Phase I: the Committees for the Defence of the Revolution and the introduction of fees

Prior to the coming into power of the Provisional National Defence Council (PNDC) in 1982, the use of public toilets in the two cities was free. During this period the Accra City Council and the Kumasi City Council – the names by which they were called before the 1987/88 local government reform – managed public toilet facilities, which were cleaned by paid sanitation workers. Unfortunately, the workers and their supervisors were poorly motivated. This led to the poor management of the public toilets and a deterioration of sanitary conditions.

The PNDC’s populist approach to politics, with its insistence on the spirit of public participation and community ownership, motivated the People’s Defence Committee and later the Committees for the Defence of the Revolution (CDRs) to take over the management of the public toilets in the two cities. Minimal fees were charged to enable them to use the proceeds to maintain the facilities. The collection of the fees was quite easy because, with the populist wind blowing at the time, the users were ready to pay

⁹ In the Ashiedu Keteke Sub-Metropolitan District of Accra, for instance, as at August 2002 revenue from public toilets amounted to 9.5 million cedis (about £730) out of a total monthly revenue of 15 million cedis (about £1,160). (Interview with the Director of Administration, Ashiedu Sub-Metropolitan District Council on 22 August 2002.)

for what they felt would be a better, more “locally owned” service; Rawlings’ “revolutionary organs” were initially seen as bringing a more “dynamic” approach to local problems (Whittington *et al.* 1993). According to Frantzen and Post (2001), the involvement of the CDRs in the management of public toilets did indeed bring about some improvements.¹⁰ The momentum of these initial improvements was hard to sustain, however, as the CDRs began to misuse the fees, leading once again to poor maintenance and a decrease in the quality of the toilet facilities. This notwithstanding, the relatively good management provided during the early phase of the CDR experiment left a perception that public toilets could be run effectively by the “community”.

Following the implementation of an ambitious national decentralisation programme in 1989, the management of the public toilets in the two cities reverted to the municipal governments, now termed Metropolitan Assemblies. However, this was not without a few incidents. For instance, at Alajo, which is a suburb in the Ayawaso Sub-Metropolitan District in Accra, there was a tussle between the Sub-Metropolitan District Council and the CDRs of the area over the ownership of the public toilets. This led to the burning down of a CDR office (Aye 1993). Similar conflicts between the CDRs and the Sub-Metropolitan District Councils over who owned the public toilets were reported in other parts of the country. As in the past, the maintenance of the facilities faced difficulties since fees were not collected and the Accra and Kumasi Metropolitan Assemblies – henceforth AMA and KMA – had to use part of their resources, which were grossly inadequate, to maintain them.

In spite of the reversion of the toilets to the Metropolitan Assemblies and the attendant poor maintenance, the KMA found it worthwhile to construct a total of 12 public toilets in the Central Business District under the Kumasi Sanitation Project in 1989 on a pilot basis. The toilets were managed under the franchise agreement with the payment of not less than 20 per cent of gross revenue to the Assembly.

3.5.2 Phase II: the 1990s and the beginning of public private partnership policy

Since the creation of the democratically elected Metropolitan Assemblies and the 1989 decentralisation programme, policies for responding to the environmental health crisis in these cities have followed a similar “twin track”: (a) moving to privatisation of waste collection and public sanitation through franchising and contracting out; and (b) encouraging more community-based participation in the provision of local cleansing and sanitation services, principally through engaging “micro-enterprises” for local waste collection, and franchising management of public toilets to approved local businesses and community groups. Where citizen self-help groups and neighbourhood associations have sprung up, officials at the Sub-Metropolitan District level have been attempting to provide support for “clean-up” campaigns.

In Kumasi, the success from the franchising of 12 public toilets, initiated on a pilot basis in 1989, motivated the KMA to give all public toilets in the metropolis out on franchise management after 1992.

¹⁰ This has been confirmed by interviews held with some residents of Ayawaso and Kpeshie Sub-Metropolitan Districts in Accra and Asokwa and Subin Sub-Metropolitan Areas in Kumasi between July–December 2002.

Kumasi's Strategic Sanitation Plan for 1995–2005 envisaged an even larger role for the private sector in design and construction as well as operation and maintenance (Post 1999) and this new policy climate accelerated the increase in the franchising of the toilets.

In Accra, franchising of the public toilets started much later, in 1997. In the Kpeshie Sub-Metropolitan District 30 public toilets were built. Out of these, 17 toilets were franchised while the remaining 13 continued to be run by the Sub-Metropolitan District. Ayawaso Sub-Metropolitan District has 27 public toilets, which have all been franchised to private contractors. Policies for gradually franchising waste collection out to private contractors in the capital took a radical turn in 1999 when the government of President Rawlings virtually forced the city to give a monopoly contract for all solid waste collection to a single Canadian-Ghanaian company, City and Country Waste (Obirih-Opareh and Post 2002).

Three main factors explain the policy shifts of the post-1989 period:

(i) The influence of the World Bank's Urban IV Environmental Sanitation Project, which funded major infrastructural facilities such as landfill sites and technical equipment as well as promoting franchising and contracting-out. Other donors, notably the Germans, the Dutch and the British, have funded community education and community partnerships including micro-enterprises, e.g. DFID's AMEHI project in Accra.¹¹ The plan is to use community-based organisations to engage in clean up and maintenance activities. Some of the main tasks envisaged for public officials, such as Environmental Health Officers, will be to help train local leaders such as elected Assembly Members, Unit Committee (neighbourhood) Chairpersons and committee members from community based organisations in environmental and public health matters, and to help animate new community based organisations.

There have been linked policies to reduce dependence on public latrines by introducing community-managed local sewerage systems and shared household-based facilities in the densely packed multi-occupied traditional housing areas. In Kumasi, the UNDP/ World Bank Water and Sanitation Programme began subsidising the installation of Kumasi Ventilated Improved Pitlatrines as the cheapest and most acceptable form of household facility in the early 1990s (see Whittington *et al.* 1993). The latest phase of the Urban Environmental Sanitation Project has involved attempts to extend Simplified Sewage Systems from a few "middle class" housing estates to the more densely populated areas with multi-occupied large housing blocks. Such systems involve partnership between residents associations and the city government for regular maintenance. But there has been very little success in the new pilot areas as it is difficult to get either landlords or groups of households to agree on contributing to the cost. Landlords want the city rent controls reduced before they will invest.¹²

¹¹ Accra Metro Environmental Health Initiative; *amehi* is also a Ga term meaning 'the people are good'.

¹² According to some reports, KMA has not yet been included in the Urban V continuation programme because the city never made its agreed contribution to Urban IV (King *et al.* 2001: 178).

(ii) After the experiment of management through Committees for the Defence of the Revolution, the maintenance and funding difficulties which had characterised the public toilets under city government management reappeared with a vengeance. These problems were exacerbated by the continuing funding crises and never-ending retrenchments experienced in the decentralised government system (Crook and Manor 1998). This reinforced the appeal of a franchising or contracting-out policy which would simultaneously relieve the local government authorities of the maintenance burden and offer the prospect of an improved revenue stream.

(iii) Franchising and sub-contracting of revenue-earning (fee charging) public services became extremely popular with the newly elected local political elites both because of their potential for boosting public revenues and because they rapidly became prizes in the political patronage networks of the city governments. The public toilets in particular became crucial revenue earners for the Sub-Metropolitan Districts (SMDs) as the cash-strapped central city administrations increasingly ignored their legal obligation to share 50 per cent of all locally collected revenues with the SMDs. Toilet management and maintenance were formally “privatised” in 1994, but the franchises involved revenue-sharing agreements between the franchisees and the SMDs, and remained one of the few sources of revenue still under the control of the local SMD office. Sharing agreements seem to vary. For instance, in the Kpeshie and Subin Sub-Metropolitan Districts in Accra and Kumasi respectively, 70 per cent of the proceeds go to the private contractor while the remaining 30 per cent are taken by the SMD. However, in the Ashiedu Keteke and Asokwa SMDs in Accra and Kumasi respectively, 60 per cent of the toilet proceeds are taken by the private contractor. In Ayawaso SMD, Accra, revenue is shared in proportions which range from 70/30 per cent to 50/50 per cent to the contractors and SMDs respectively.¹³ Generally the SMDs themselves now rely on the toilets for around 60–70 per cent of their total revenues – which nevertheless remain totally inadequate.

Although the contracts were supposed to be given to registered local companies with demonstrated capacity, in practice the most frequent beneficiaries have tended to be the Assembly Members associated with each Sub-Metropolitan District, who have an intimate knowledge of what was happening in the local offices.¹⁴ Often they used front companies which were “community businesses” employing local people. Many were former leaders of Committees for the Defence of the Revolution (CDRs) from the 1980s, who continued to be dominant in local politics – which were (and remain) officially “non-party”. “Toilet wars” erupted when new generations of Assembly members were elected who wanted to challenge the dominance of the old CDR leadership. In effect, public toilets became politically protected business opportunities which, like taxis or bars in other cities, were given out as political favours. In Kumasi in particular the notoriously corrupt and dictatorial Metropolitan Chief Executive appointed by Rawlings in

¹³ Interviews with Revenue Officer, Ayawaso SMD (Accra) and DCD, Asokwa SMD (Kumasi) June 2001; Humphrey Macauley, Chair of Ayawaso SMD, June 2001.

¹⁴ The Local Government Act, 1993, provides that Assembly Members must disclose any financial interest they have in contracts awarded by the Assembly, but this does not seem to have prevented them obtaining such contracts.

1994, Nana Akwasi Agyeman, openly distributed the toilet contracts to 'loyal' Assembly Members, and denied them to critics (King *et al.* 2001). Under his regime, the Sub-Metropolitan Districts in Kumasi became virtually moribund as both revenue and patronage were centralised under the control of the Metropolitan Chief Executive and the Metropolitan Assembly departments. The realities of "toilet politics" in both cities – which have continued since 2000 (see below) – mean that politicians and officials are not as enthusiastic about attempts to end dependence on public pit latrines as many donors and other reformers would like.¹⁵

3.5.3 Phase III: the period 2000 to date with the appointment of new MCEs and the "new" privatisation policy

The national Environmental Sanitation Policy, published in May 1999 by the National Democratic Congress government, asked all the 110 District Assemblies to privatise the management of toilets for efficiency reasons. Most environmental sanitation services are to be provided by the private sector, including NGOs and community-based organisations, and supervised by public agencies, especially the Metropolitan, Municipal and District Assemblies. Where possible, environmental sanitation services are to be provided by the private sector on a full cost recovery basis, under franchise, or through concession agreements. Where full cost recovery is not possible, the Assemblies are required to enter into contracts with service providers. Some of the services to be provided include the construction, rehabilitation and management of all public baths and toilets, subject to the supervision and setting of maximum tariffs by the Assemblies (Republic of Ghana 1999). The New Patriotic Party (NPP) government took power at the December 2000 elections. In line with its commitment to private enterprise in the rebuilding of Ghana's economy, the NPP took up this policy enthusiastically.¹⁶ The new government's policy is to emphasise "real", transparent and competitive privatisation, in contrast to the franchising policies of the 1990s, which had become co-incident with patronage politics. In Accra, one of the first acts of the new regime was to use the power of the Ministry of Local Government to help the Metropolitan Assembly to abrogate the solid waste collection contract with City and Country Waste. This contract lacked transparency and, because it reduced indigenous Ghanaian firms to mere sub-contractors, undermined efforts by the World Bank and other donors to build a viable local business class in solid waste collection (Obirih-Opareh and Post 2002).

The new government immediately appointed two new Metropolitan Chief Executives for Accra and Kumasi – Solomon Ofei Darko and Maxwell Kofi Jumah respectively. Both are expatriate Ghanaians brought back from successful professional careers in the USA. Darko was an engineer, and Jumah was a city planner in New Jersey for over 20 years. Both had helped to finance the New Patriotic Party (NPP) from abroad and are personal friends of President Kufuor. The intention is clearly to bring in the dynamism of a North American-style "city manager" approach, hoping that this will ensure the

¹⁵ Ibid. and interview with Assistant DCD of Ablekuma SMD (Accra) June 2001.

¹⁶ The NPP slogan was 'the Golden Age of Business'.

implementation of the radical privatisation policy. But this was almost guaranteed to bring the new Chief Executives into conflict with established local political networks, even within their “own” party.

The legacy of the 1990s is that by 2000 most of the toilet management contracts were in the hands of Assembly Members, particularly in Kumasi. They were using them to supplement their allowances and sustain their ability to provide patronage to their constituents. At the same time the toilets had become crucial revenue earners for the Sub-Metropolitan Districts, yet remained poorly maintained. By the time of the 2002 Assembly elections, full scale political conflicts had developed between Assembly Members and the new Metropolitan Chief Executives, principally over their stated intention to introduce full transparency into the tendering procedures of the Tenders Committees of the Accra and Kumasi Metropolitan Assemblies. The elections themselves seemed to make little difference; indeed, the arrival of new cohorts of elected Members simply produced new, often violent conflicts between former and new Assembly members deriving from “direct action” takeover battles for physical control of the toilets between groups associated with different Assembly Members.

Jumah was convinced that the privatisation of the public toilets would bring a lot of extra revenue to the Kumasi Metropolitan Assembly. He argued that a recentralisation of management under the Waste Management Department was a necessary preliminary to full-scale privatisation. In support of this, he pointed out that during the brief period when management of the 300 toilets and their franchises had been returned to the Sub-Metropolitan Districts, the gross monthly revenue had fallen from 50 million cedis to 13.2 million cedis, and had only grown again, to 23.7 million cedis per month after the Kumasi Waste Management Department had taken them back into central control after August 2002. Given that user rates had gone up considerably in the same period, and statistics which showed that the most highly patronised toilets could each gross a monthly revenue of around 3 million cedis in 1999, he felt it was highly unsatisfactory that a Sub-Metropolitan District could only generate an equivalent amount from all the toilets in its area combined.¹⁷ Underlying these calculations is the continuing battle between Metropolitan Assembly and the Sub-Metropolitan Districts over division of revenues. But there seems little doubt that the fall in gross revenue yields reflected the extent to which toilet revenues were “sticking” at the District level.

4 The current situation

Despite nearly 20 years of experiments with various forms of toilet management — political groups (the Committees for the Defence of the Revolution), franchising to community businesses and direct management by the Sub-Metropolitan Districts of the Metro Assemblies — the actual situation of sanitation facilities in Accra and Kumasi as of early 2003 has not changed much. The problem derives basically from the interactions among uncollected solid waste, drainage systems (storm drains, ditches and streams) and sanitation technology. Bucket and pit latrines and septic tanks require maintenance and

¹⁷ Interview with Maxwell Jumah on 7 November, 2002.

emptying on a regular basis. Yet in Kumasi it is estimated that 90 per cent of human waste ‘remains in the urban environment’, mainly because of failure to empty the facilities or dumping of the cleared waste in streams, ditches, waste ground and solid waste rubbish dumps. “Free rangers” often use plastic bags (rather than queue for hours at a public latrine) and dispose of them on the rubbish dumps which accumulate around latrines, particularly abandoned ones. Even waste which is transported to landfills is not treated and leaches into rivers and streams, whilst household liquid waste goes into street ditches and drains (King *et al.* 2001). The uncollected solid waste which accumulates at “official” dumps therefore becomes increasingly contaminated with human waste (Obirih-Opareh and Post 2002). At the same time, households dump randomly all around official sites or in drains, streams and ditches again – often because children are tasked to do the dumping. Worse, even the collected rubbish is often dumped, not in the official landfills outside the city, but on waste ground, ditches and streams, often by private contractors. Thus all the main drainage systems of these cities, both constructed and natural, have become choked with a mixture of human and solid wastes, a blockage made worse by the massive increase in the use of plastic bags. This is generating a public health crisis with potentially serious consequences.

Sanitation is primarily a public health issue. The new NPP government is concerned with the deplorable sanitation facilities in the two cities. Even though the President and Minister of Finance had not mentioned the grave sanitation problems facing the cities in their 2003 Sessional Address and Budget Statement respectively, the government’s Poverty Reduction Strategy published in June 2002 does recognise the importance of sanitation and has suggested ways of dealing with liquid and solid waste management. For effective and safe liquid and solid waste management, Metropolitan and District Assemblies have been directed to undertake certain critical measures including rationalising and updating bye-laws to ensure safe management of liquid and human waste at the household level. In addition, they have also been required to embark on an aggressive marketing of the construction of domestic latrines and enforcing laws on provision of sanitation facilities by landlords.¹⁸ The construction of public toilets is to be restricted to public places. Information dissemination on safe sanitation practices and education of people on the link between poor sanitation practices, such as indiscriminate defecation and water related diseases have been intensified. Furthermore, simplified sewerage systems will be introduced for poor areas with high population density while alternatives to the Kumasi Ventilated Improved Pitlatrines based on new “appropriate technologies” will be introduced in poor areas with unfavourable terrain.¹⁹

Despite the stipulation in the 2001 Ministry of Local Government and Rural Development’s Environmental Sanitation Policy that, where possible, environmental sanitation services be provided by the private sector on a full cost recovery basis, toilet policies in Accra and Kumasi have not changed much. Both Metropolitan Chief Executives have introduced guidelines to promote competition in solid

¹⁸ Bye-laws in Accra for instance require all houses to have a domestic toilet facility, a law which has clearly been totally ignored for some time.

¹⁹ A simple dry composting toilet has been introduced in Accra (the VBT, or Van Biological Toilet) but take-up has been slow and it is only suitable for household use with small numbers of users (Interview with District Environmental Health Officer, Kpeshie SMD, Accra, 18 November 02).

waste disposal, with emphasis on local contractors. As indicated earlier, the contract with City and Country Waste was abrogated in Accra and the contract re-tendered to local contractors. The policy of privatisation of public toilets has been slow and piecemeal. The Kumasi Metropolitan Assembly would like to privatise 80 per cent of the toilets while the remaining 20 per cent would be managed by the Sub-Metropolitan District Councils. There is evidence to suggest that both Metropolitan Chief Executives, especially Jumah in Kumasi, are committed to full-scale franchising of toilets. But they cannot go all out to implement the policy because of the political blockage represented by Assembly Member interested in retaining the *status quo*. The Chief Executives need political support from their party hierarchy, but this seems not to be as forthcoming as one would have expected.

Apart from the political implication of pursuing a full-scale franchising of the toilets, there is also a financial implication. As indicated earlier on, the Sub-Metropolitan District Councils (SMDCs) depend almost exclusively on revenues from the toilets. Indeed, between 60–70 per cent of SMDCs' revenues are derived from this source. Fully franchising the toilets certainly will deprive them of funds unless there is a policy to ensure that the private contractors pay a percentage of their proceeds to the SMDCs.

If the principle of competitive bidding or tendering were to be followed, there would certainly be more transparency in the privatisation of the toilets. Bids are open to the public, although unfortunately Assembly Members have been told that they are qualified to apply. Jumah has expressed optimism that 'competitive privatisation is the only alternative to the poor management of, and low yields from, the public toilets'.²⁰

There is some evidence on the ground that the private franchised toilets in Accra and Kumasi are better maintained than those being run by the SMDCs and their sub-contractors. A limited survey of twenty users conducted in five randomly selected public toilets each in Accra and Kumasi in April 2003 revealed that users of franchised toilets were satisfied with general cleanliness and amenities, such as water, towel, toilet paper and lighting. Accordingly, the users pay more for private than for SMDC toilets. While some of the franchised toilets in Accra cost 100 cedis per visit, the SMDC charges 60 cedis. It is also instructive to note that the number of people relieving themselves in the bush or beach has reduced considerably because of the better services being offered by the franchised toilets. Some of the interviewees felt that the private fees are low enough to make the toilets a viable alternative to 'resorting to the bush to attend to nature's call.'

²⁰ Interview with Maxwell Jumah on 7 November 2002.

5 What went wrong?

A number of factors contribute to the poor management of the toilets and the conflicts or “wars” that their management generates. They include the politics of patronage at the urban government level, the relationship between city government patronage and community level groups, the political realities of collective action in poor communities and the failure of regulation.

5.1 Urban politics and political patronage

In subsections 3.5.2 and 3.5.3, we have traced how changes in regime both at local and national level have influenced policies on sanitation and their implementation. But it is difficult to exaggerate the extent to which the conflicts generated by the management of public toilets by local politicians and their clients are also a product of the realities of urban politics and their associated political patronage networks. From the days when E.T. Mensah (1982–1990), Nat Amarteifio (1991–1995) and Addoquaye Addo (1995–2000) were Metropolitan Chief Executives in Accra, and, especially Nana Kwasi Agyeman and Lt. Colonel Kwaku Korsah were Metropolitan Chief Executives in Kumasi, the management and control of public toilets have been a source of political patronage with which local and sometimes national politicians reward their clients.

Nana Kwasi Agyeman was appointed by Jerry Rawlings to be Metropolitan Chief Executives of Kumasi primarily because he was a “rogue” member of the Asante royal family who could serve as a useful local enforcer for the regime against a rebellious and sullen Kumasi public. Agyeman’s personal relationship with Jerry Rawlings enabled him to use the public toilets as a political weapon and bait to reward cronies within the Metropolitan Assembly and those found to be sympathetic to the cause of the National Democratic Congress (NDC) government.²¹ Those Metropolitan Assembly members who were critical of his behaviour as Chief Executive and seen to be supporters of the then opposition New Patriotic Party were denied the management of the toilets. Even when there was a stand off between Nana Agyeman on one hand and the majority of Metropolitan Assembly members on the other hand which eventually led to his assault on the Member of Parliament for Bantama, Dr Richard Anane, the Rawlings government backed Agyeman to the hilt and did not tolerate moves to remove him from the Chief Executive’s post by the Regional Minister, Nuamah Donkoh. It is also an open secret that Nana Agyeman used his close connection with Rawlings to instigate the removal of the more affable and politically balanced Regional Minister, Kojo Yankah, because he was seen as opposed to his use of the public toilets for patronage purposes. The removal of Yankah as Regional Minister led to his resignation from the NDC and active politics. The power which Presidential patronage gave to Nana Agyeman made him act as if he were invulnerable and above the law, to the extent that when his term of office ended in October 2000, he refused to leave his official house and never surrendered his official car and other Assembly paraphernalia to the Regional Minister. He did so only when the New Patriotic Party government, which took over

²¹ The NDC was created by Rawlings as a device for managing the transition from his military regime into an elected civilian regime after 1992.

power in January 2001, gave him an ultimatum to surrender the items or face the full rigour of the law (Ayee 2003).

There are numerous instances of conflicts generated by the toilets and the associated arm-twisting tactics of politicians. We will give a few examples. Herbert Macauley, was the chairman of the Ayawaso Sub-Metropolitan District Council (SMDC) in Accra from 1994–2000, the Assemblyman for Accra New Town, and a staunch NDC operative. He controlled all the toilets in his electoral area and rendered virtually no account to his SMDC. In 2000, after the change of government, Macauley's agents were replaced by a new group of people from the New Patriotic Party. Indeed, all over the six SMDCs of the Accra Metropolitan Assembly, toilet contractors changed whenever new Metropolitan Assembly Members were elected. After the swearing-in of new Metropolitan Assembly Members in November 2002, a group calling itself 'Concerned Citizens' took over all the toilets in Accra, with the overt or covert support of Assembly Members and people in higher authority. These takeovers resulted in violent clashes with the Ayawaso SMDC, especially in Nima, one of Accra's more notorious "slum" districts with a high proportion of poor families and foreign migrant residents. Here a group calling themselves 'NPP Boys' clashed with toilet contractors in November 2002. Similarly, in the East Mamobi electoral area of the Ayawaso SMDC, a new toilet which was completed in March 2003 could not be commissioned because of disagreement over who should manage and control it. The NPP Boys are also fighting AKO LARSEN, a registered private waste management company, over the control of the main septic tank at Kotobabi. In addition, there is a case in court between two claimants to the franchise of Sabon Zongo public toilet in the Ayawaso SMDC.²²

Similar conflicts over the management of public toilets have been witnessed in the four SMDCs of the Kumasi Metropolitan Assembly. In two of the cases, in the Asokwa and Subin SMDCs, the controversy was between a SMDC and a contractor related to one of the new NPP ministers. Even though the SMDCs had the right to take over the toilets in question, they could not do so because they felt deterred by the contractor's political connections. In many areas the history of the "contracts" awarded by the previous Municipal Chief Executives is so poorly documented that informal local gangs simply take over certain toilets by force after an Assembly Member loses his seat, as it is unclear who is supposed to be running them anyway.

Jumah's tenure as Metropolitan Chief Executive in Kumasi constitutes a challenge to existing entrenched patterns and expectations of 'business as usual', according to which a change of regime leads simply to a reallocation of patronage. This is most strongly felt in his new policy aimed at making privatisation more transparent and competitive. But at least three main factors impinge on Jumah's ability to implement his radical new approach:

²² Interview, District Environmental Health Officer, Ayawaso SMD on 20 April 2003.

- (i) The operation of public toilets continues to constitute a key source of income for the Assembly Members.
- (ii) Jumah's personal connections with the Kufuor presidency.
- (iii) His position in relation to the factions which exist within the Ashanti Regional New Patriotic Party.

(i) Public toilets remain an important source of income for those who operate them.²³ Using the crude estimate that an average net profit of around 5,000,000 cedis can be realised in a month in Kumasi, it can be appreciated why the former Metropolitan Chief Executive, Nana Akwasi Agyeman, was successful in using the management of the public toilets to win political support from the Assembly Members. During the 1990s, most Kumasi Assembly Members were not gainfully employed, and saw the management of the toilets as a useful source of income. Over 90 per cent of the Kumasi Assembly Members elected in 2002 are in gainful employment, mainly in engineering, electrical and building contracting and entrepreneurship. Nevertheless, they are equally interested in getting toilet management contracts, and oppose both direct franchising by the Assembly and full scale privatisation of the toilets on the "Jumah terms". The attitude of Assembly Members is well illustrated by the behaviour of the new Member for the Dadiesoaba electoral area. Just after the elections in August 2002, when he had not yet been inducted into office, he wrote to the out-going Assembly Member to hand over the management of the public toilet to him immediately. Even former Assembly Members who had opposed the franchise system when they were in office were among those who submitted their bids following a public invitation for tenders to manage the public toilets under the new franchise system. One reason for their continuing interest in toilet contracts is the high cost of becoming and then serving as a political representative. Unlike Members of Parliament, Assembly Members are not paid a salary – although they do get sitting allowances. However, they are expected to act as public patrons and have heavy social demands put upon them. In the first place, the cost of their campaign to get elected can be quite high, even though the Assembly elections are non-partisan. Some of the Kumasi Assembly Members claimed to have spent between 5,000,000 and 10,000,000 cedis on their election campaigns.²⁴ Once elected they incur constant "personal costs". One Assembly Member spends between 500,000 and 1,000,000 cedis (between £38.5 and £77) a month in meeting social demands. These include invitations from religious bodies for financial support in aid of church projects, protocol services and reception for dignitaries (government officials) who visit their communities, receptions for community members after monthly "clean up" exercises and occasional support to individual families and children who request help to pay school fees.²⁵

(ii) A second factor which poses an obstacle to the franchising policy in Kumasi is the fact that Jumah owes his position as Chief Executive to President Kufuor rather than to support within the New Patriotic

²³ Interviews with the operators of the Build, Operate and Transfer (BOT) by Ayee and Adamtey on 8 November 2002.

²⁴ Interviews with two KMA members on 9 November 2002.

²⁵ Interviews with two KMA members on 9 November 2002.

Party (NPP) in Ashanti. Not all sections of the NPP supported Kufuor after his nomination as presidential candidate. But as a resident of the USA for over 20 years, Jumah was able to collect money from both members and non-members of the NPP in the USA and other countries. It is estimated that he contributed over 70 per cent of the total funds that Kufuor needed to contest the election, and he made it very clear at the time that the funds were for Kufuor's campaign, not the party as such. As well as providing financial support, Jumah also played a major role in mobilising a substantial number of Ghanaians resident abroad to campaign for Kufuor.²⁶ When Kufuor won the presidential elections, he appointed Jumah to be the Kumasi Metropolitan Chief Executive. On the one hand, Presidential support obviously gives Jumah substantial power – although Kufuor does not use him in the same way that Rawlings used Nana Agyeman, the previous Metropolitan Chief Executive. On the other hand, it leaves him vulnerable to local factional challenges and to the usual resentment against the “returning exiles” from the USA and Europe felt by those who opposed the previous Rawlings regimes from within the country. Jumah's twenty-year sojourn in the USA clearly distances him from the undercurrents of local politics. Even though the New Patriotic Party has its roots, and its main power base, in the Ashanti Region, the party in Ashanti is divided into at least three factions: the Kufuor supporters; those supporting Kofi Konadu Appraku (current Minister for the New Partnership for African Development (NEPAD) and Regional Integration); and those who support Akuffo-Addo (the current Minister of Foreign Affairs). The latter two are Presidential hopefuls who are either aggrieved that Kufuor got the nomination or are seeking to replace him when his term of office expires.²⁷ So their hostility to Jumah – seen as “Kufuor's man” – makes his grip on local politics and the party very fragile. Hence his difficulties in pushing through policies unpopular with the party elite, including Assembly Members, who are not supposed to be partisan but in fact (as in the pre-2000 Assembly) are very clearly predominantly from the government camp.

(iii) A third factor is the not-too-friendly relationship between Kwaku Boafo (the Ashanti Regional Minister) on one hand and, on the other, Baah-Wiredu (the Minister for Local Government) and Jumah. It would have been logical to expect that the implementation of policy on the privatisation of public toilets by the Municipal Chief Executive would be supported by the Ashanti Regional Coordinating Council and the Regional Minister (Samson Kwaku Boafo), as they are all leading officials of the governing party. But here too personal rivalries, going back to competition for parliamentary seats, have created friction. When Kwaku Boafo took office, one of his first actions as Regional Minister was to transfer most of the key civil servants working for the Kumasi Metropolitan Assembly. Some believe that this was aimed at settling political scores. Despite Jumah's protests at the loss of key staff, who could have provided some continuity between the old and new administrations, the Regional Minister went ahead and transferred seven administrators and brought in from the districts replacements who had only limited experience of large-scale urban government. These initial actions led to a continuing lack of cooperation between the Kumasi Metropolitan Assembly administration and the Regional Minister. The new Kumasi

²⁶ Interviews with four KMA members on 9 November 2002.

²⁷ Interviews with four KMA members on 9 November 2002.

Chief Executive routinely refers matters of day-to-day administration to the Minister for Local Government and Rural Development rather than to the Regional Minister, even though the Local Government Act of 1993 provides that the Regional Coordinating Councils (RCCs) are the political heads of the Metropolitan, Municipal and District Assemblies in respect of their coordinating functions. These practices in fact short-circuit the normal processes through which the Regional Minister, who meets with the Minister for Local Government and Rural Development at Cabinet level, is meant to be the first point of referral and to take matters submitted by the KMA up to a higher level. At the regional level – and remembering that Kumasi is anyway the regional capital – this makes it difficult for the Kumasi administration to get the support of the Regional Minister when it is required.

These political differences and alliances within the ruling NPP have had an undoubted impact on policy making and implementation within the Kumasi Metropolitan Assembly (KMA). Many of these rivalries were played out during the election of a new Presiding Member of the KMA after the July 2002 Assembly elections. The business of the Assembly cannot proceed until a Presiding Member is elected, and s/he has to have at least a two-thirds majority of all the Assembly members. The Presiding Member can therefore play an important role in blocking or facilitating certain policy decisions. Opponents of Jumah led by the Boafo faction at first boycotted the election, saying it was a protest against Jumah's "unilateral" policy decision to "privatise" the public toilets.²⁸ They then put up their own candidate against Jumah's candidate, thus producing a stalemate in the election process. A Presiding Member was only elected after a "compromise" candidate was agreed and elected unopposed.

There is no doubt that the conflict over the choice of the Presiding Member was linked to the decision by Jumah to take over the management of public toilets and hand them over to private companies as part of his efficiency drive. So frustrated was Jumah that he called for the amendment of Section 17(3) of the Local Government Act (Act 462), 1993, that requires contestants for the position of Presiding Member to poll at least two-thirds of the total votes cast to emerge as winner. According to him even though the idea behind the Act was good, developments relative to politics, ethnicity and others have worked adversely against the system and defeated the very purpose of the Act.²⁹ In addition, the NPP factions have in one way or the other influenced the Regional Minister to oppose Jumah's policy of competitive and transparent franchising. Jumah has suggested that the Regional Minister disagrees with some of his policies, especially those relating to the privatisation of the toilets, because they remove the patronage element inherent in giving of management contracts to Metropolitan Assembly members.³⁰ Jumah's stance provokes constant challenges to his position as Chief Executive. Since his appointment there have been four attempts to get the Assembly to pass a vote of no confidence in him. In the latest attempt, in June 2003, two Assembly Members called on Jumah to resign 'in his own interest', and accused

²⁸ Their argument was justified by a reference to Legislative Instrument 1614 of 1990 which vests management of public toilets in the SMDCs.

²⁹ *Daily Graphic*, 16 October 2002: 12).

³⁰ Interview with Maxwell Jumah on 7 November 2002.

him of adopting ‘divide and rule tactics, creating division and confusion among the Assembly Members and bringing the development of the metropolis to a standstill’.³¹

Until March 2003, Jumah was able to rely on his ally, Kwadwo Baah-Wiredu, the Minister of Local Government and Rural Development to intervene to settle the impasse between himself and the Metropolitan Assembly. But a cabinet reshuffle in March 2003 transferred Baah-Wiredu to the Ministry of Education, Youth and Sports and he no longer has any direct ministerial oversight of the affairs of the Metropolitan and District Assemblies. One therefore needs to wait and see whether Jumah, without his “mediator and advocate” and in the face of renewed agitation to unseat him, will be able to survive in office and push through his new public toilet policies. It is even more clear that Jumah, without any real political base in Ashanti, relies entirely on the support of the President, both to hold on to office and to force through a policy which is not popular with both the majority of NPP leaders and the elected and appointed Assembly Members in Kumasi.

5.2 The relationship between city government patronage and community level groups

Official policies to encourage more community-based participation in the provision of local environmental sanitation have been met with a varied range of responses, not all of the type anticipated by the new creed of participatory, citizen-based development. In Ghanaian society there is already a strong tradition of voluntary community development and group social welfare organisation to build on. This typically is embodied in the ‘home town development association’, which brings together the residents of a long-established community (village, town or urban quarter) with its elite “diaspora”, who have connections and the ability to raise funds. Other types of voluntary organisation include youth associations, residents associations (in middle class areas), neighbourhood mutual welfare and social clubs, ethnic migrant associations, women’s groups and trade associations. Many of these kinds of groups came forward in Accra and Kumasi in the 1990s, some providing infrastructure such as clinics, schools and new toilets, others providing labour to tackle the problems of waste disposal, drainage and maintenance of sanitation facilities.³² But we cannot assume that collective action to solve problems such as lack of water supply and insanitary conditions emerges simply out of the goodwill of urban dwellers, especially those in the poorest areas. Most of the more successful community groups in these areas are linked to the

³¹ *The Ghanaian Times*, 13 June, 2003. There were two reactions to this demand: the first came from 35 KMA members who described those demanding the resignation of Jumah as people who have not been able to ‘draw a distinctive line between party politics, working as an assembly member and the pursuit of individual parochial and selfish interests’ (*The Ghanaian Times*, 13 June, 2003: 3). The second reaction came from the Asante United Front – an association dedicated to promoting peace and stability in the Ashanti Region – which not only urged the aggrieved KMA members to use the proper channels in seeking redress to their grievances but also cautioned that ‘posterity will not forgive the KMA members if out of sheer selfishness and greed they made themselves obstacles to the development of the metropolis’ and reminded them that their actions or inactions will form a vital part of the evaluation of the performance of the NPP government in the metropolis.

³² We are therefore not convinced by those who have argued that the spirit of associational life is much weaker in the urban setting, and that the contribution of community-based organisations to service provision in Kumasi or Accra is likely to be ineffective or weak (Post 1999; Devas and Korboe 2000; King *et al.* 2001).

“political machines” run by Assembly Members or other community leaders which they have funded through their toilet contracts and other “community businesses”.

For instance, the Unity Welfare Club in Accra New Town – a very poor multi-ethnic quarter, was, until the 2002 elections, organised by the elected Chair of Ayawaso Sub-Metropolitan District, Herbert Macauley. Members of the Club, and supporters in local ethnic associations, participate in environmental clean-ups and benefit from job opportunities and other largesse through the various “community business” contracts run by the Chairman. They are part of his political support base. In effect, the boundaries between voluntary collective action, paid work and publicly-funded “community business” have become deliberately blurred. As the Chairman himself recognises, very poor people need to be rewarded if they are providing a public good in their own time. In Kumasi, mutual benefit associations such as the Asawase Youngsters Club in Asokwa Sub-Metropolitan District, or the Ashdown Destiny Club in the Manhyia Sub-Metropolitan District, maintain similar mutually beneficial relationships with Assembly Members. Micro-enterprises for the provision of waste collection services in very poor areas such as Atonsu have recently been created through the networks of the newly dominant ruling party, the New Patriotic Party, its sympathisers on the Kumasi Metropolitan Assembly and its local brokers. The severe cost of not keeping on friendly terms with the local political system in the pre-2000 Metropolitan Assembly regime is illustrated by the fate of a Youth Association in the poor migrant area of Mossi Zongo. They dared to challenge a permit granted to a client of the former Metropolitan Chief Executive, to build over land upon which they were developing a new school. They eventually took it upon themselves to demolish the half-completed, offending construction. The Association leaders were arrested, severely beaten up, taken to court and had damages imposed which effectively destroyed them and the Association (King *et al.* 2001: 193).

In effect, many of the community-based forms of service provision that have developed in these two cities are urban “political machines”. Privatisation of public services has changed the political context in paradoxical ways. On the one hand, as direct public provision has diminished, the city governments and their representatives are less able to provide direct help or solutions to the environmental service crisis in any given local area. On the other hand, decisions on the allocation of publicly funded business opportunities and on which areas will benefit most from those contracts have become more politicised and more interconnected with the political relations between citizens and government.

In the case of the public toilets, possession of a “contract” for managing and collecting the revenue for these facilities is a crucial element in the provision of job opportunities and other linked earning opportunities which are of great significance to the urban poor. Hence the frequent violent conflicts when toilet contracts change hands as new contractors – often without any formal arrangement with the Assembly – attempt to forcibly evict the old ones. The management of toilets has become an instance of local exploitation of the poor by their neighbours – the ones lucky enough to have political connections.

5.3 The failure of regulation

The 1999 Environmental Sanitation Policy enjoins the Waste Management Department and Public Health Management Directorate of the Metropolitan, Municipal and District Assemblies to impose sanctions on and correct any infractions against environmental standards by service providers. They are to supervise and monitor the performance of managers of sanitation facilities and newly franchised (private) waste collection, latrine and septic tank emptying companies. In practice, the Waste Management Department and the Environmental Health Officers have been found to be helpless to challenge and sanction poor performance by politically protected contractors. The Chief Engineer of Kumasi Waste Management Department was suspended for six months in 1999 for attempting to challenge the decision of the former Metropolitan Chief Executive – a lesson not lost on the junior ranks (Crook 2002). In Kpeshie Sub-Metropolitan District, for example, the private contractor is a relation of one of the Ministers of State and even though he was not running his toilets properly he could not be sanctioned. In Subin Sub-Metropolitan District, the Assembly Members managing the toilets were not sanctioned by the Environmental Health Officers (EHOs) who feared the loss of their jobs. In cases where the EHOs have taken bold measures to apply sanctions, they have become laughing stocks at the community and regional tribunals. Magistrates and lay magistrates mock them for not being conversant with environmental sanitation regulations and the accused, when they are discharged, also add to the woes of the EHOs by further taunting them.

In effect there has been a decline in the power of officials and increase in the power of politicians and contractors, who now form a nexus of patronage relations that it is hard for officials to challenge. Although there is a clear conflict of interest in allowing elected Assembly Members or their “front” partners to hold city government contracts – and although this is formally banned by the Local Government Act (Act 462), 1993 – the government has turned a blind eye to this situation for many years. So the public toilets continue to remain overflowing and unemptied for months on end.

6 Conclusion: lessons for policy on service provision

Post (2001) has suggested that community involvement and even community ownership of local services might be solutions to effective regulation of service providers, particularly where “political interference” vitiates the benefits of privatised forms of management and provision. Many governments in developing countries, believing that the problem of ineffective delivery of services arises mainly from the principal-agent problem, have sought to involve communities and citizens more directly in the management of services. Donor agencies are giving strong support to these initiatives. Since the late 1980s, several World Bank-financed operations in developing countries have supported the de-monopolisation of service provision by encouraging not only private sector but also civic participation. Some countries in Africa, such as Ghana, Uganda, Zambia, Tanzania and Ethiopia, have begun to undertake social service delivery surveys, which identify relevant and useful indicators of service delivery performance, establish a baseline for these indicators, and set targets for future performance. The objective behind community involvement

in regulating performance is to increase accountability of service providers, to reorient the provision of services towards citizens' concerns and priorities, and to provide voice to those concerns and priorities.

Although at first sight the idea of community ownership and monitoring seems to be a laudable and practical alternative to the forms of public-private partnership which have clearly failed so badly in Ghana, success depends on the validity of the assumption that community groups will be independent of and able to challenge politicians. The experience of these Ghanaian cities shows that this is not always a correct assumption. Community groups in the poorest districts were frequently created by or dependent upon local politicians and in some cases were part of an urban "political machine". Thus the normal logic of electoral politics, which is that elected politicians are punished for poor performance, most especially in systems where elected politicians are supposed to bring government jobs and amenities to their localities, did not operate. Instead, the privatisation of the revenues generated by essential public services such as public toilets was siphoned off by politicians who either owned or protected them, in order to buy the support of crucial opinion leaders and community "vote-brokers". In such a system, the actual performance of the service becomes less important than the privately distributed pay-offs it generates.³³ And the lack of party competition in Ghanaian local government also reinforces the power of well-connected politicians to punish community groups who step out of line, as well as to reward those who accept the benefits on offer.

If public-private partnerships are to work better than those recently experienced by urban dwellers in Ghana, a number of different options are possible. First, if the benefits of genuine privatisation (competition, market discipline, sensitivity to customer satisfaction) are to be obtained, then contracts for the delivery of public services – especially essential services such as sanitation – need to be based on fully transparent and performance-based tendering procedures. Regulation and monitoring of contract performance must then also be independent and rigorous, and "conflict of interest" laws must be enforced.

Second, if the above seems politically unrealistic or unlikely, then more radical privatisation to community-based or user-group providers is a possibility, especially in areas where formal municipal services hardly reach anyway, and informal, self-help systems are the norm. The problem with these forms of *co-production* is, as noted earlier, frequently one of sustainability and capacity. To achieve the ideal goal of active beneficiary participation, well-resourced and well-established community organisations are needed. In countries like Ghana, these are more frequently associated with elite patronage of "home town" associations, rather than with poor, informal urban settlements. And if the city government is to genuinely support them, then the political connections between locality and "city hall" could come into play. So, like the first option, they are likely to be most successful if there is a city administration with a rigorous

³³ See the *World Development Report 2004* which acknowledges that clientelistic allocation of public goods and benefits can severely undermine the efficacy of electoral accountability (World Bank 2004: Chapter 5, 5.3).

commitment at top management level to effective systems of performance and resource management audit and enforcement of due process, combined with an organisational mechanism for making managers take seriously citizen satisfaction surveys and other user measures.

Third, because of the political and economic difficulties associated with the first two options, particularly in the case of poor urban communities in informal neighbourhoods, full public provision of the basic infrastructure and services needed to ensure public health and safety may still be required.³⁴

³⁴ This could be combined with a strategy of moving to viable forms of household-based provision which ultimately become a private responsibility removed from the public sector.

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