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IMPROVEMENT OF THE MANAGEMENT OF PUBLIC TOILET FACILITIES IN KUMASI

-ROLES OF PUBLIC AND PRIVATE SECTOR-

Ankie Frantzen



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MARCH 1998

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Ankie Frantzen
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Table of contents

Acknowledgements	1
List of abbreviations	3
List of maps, tables, figures and pictures	4
List of appendices	5
Preface	6
Chapter 1: Introduction	7
1.1 Background to the problem	7
1.2 Objective and problem statement	8
1.3 Research methodology	8
1.4 Organisation of the report	9
Chapter 2: Toilet facilities in Kumasi	11
2.1 General overview of Kumasi	11
2.2 Current situation	13
2.2.1 Types of public toilets	13
2.2.2 Satisfaction with public toilet facilities	16
Chapter 3: Plans and policies	20
3.1 The institutional framework for Kumasi's toilet facilities	20
3.1.1 The organisation and role of the KMA	20
3.1.2 The organisation and role of the WMD	21
3.2 Sanitary facilities and projects	22
Chapter 4: Privatisation of Public Toilets in Kumasi	26
4.1 Management of public toilets	26
4.2 Organisational aspects	28
4.2.1 Management by the Assembly Members	28
4.2.2 The role of the private contractors	29
4.2.3 Evaluation and monitoring	29
4.2.4 Views of the various actors	30
Chapter 5: Conclusions and recommendations	31
5.1 Conclusions	31
5.2 Recommendations	32
References	34
Appendices	35

List of abbreviations

CBD	Central Business District
CDR	Committee for the Defence of the Revolution
IMF	International Monetary Fund
KCC	Kumasi City Council
KMA	Kumasi Metropolitan Assembly
KSP	Kumasi Sanitation Project
KVIP	Kumasi Ventilated Improved Pit Latrine
MA	Metropolitan Assembly
MLGRD	Ministry of Local Government and Rural Development
MOH	Medical Officer of Health, KMA
RWSG-WA	Regional Water and Sanitation Group, West Africa
SSP	Strategic Sanitation Plan
TCPD	Town and Country Planning Department
UESP	Urban Environmental Sanitation Project
UNDP	United Nations Development Programme
WB	World Bank
WC	Water Closet
WMD	Waste Management Department, KMA

List of maps, tables, figures and pictures

		Page
List of Maps		
Map 1	Ghana	10
Map 2	Kumasi	12
List of Tables		
Table 1	Domestic Sanitation Service Coverage	13
Table 2	Type of Toilet Users Prefer Most and Least	15
Table 3	Satisfaction with Public Toilets in Kumasi	16
Table 4	Criteria for Usage Satisfaction	17
Table 5	Reduction of the use of public toilets by the installation of home facilities	25
List of Figures		
Figure 1	Inside-map of a typical public toilet facility	18
Figure 2	KMA-Waste Management Department Transitional Organisational Chart	23
List of Pictures		
Picture 1	Public toilet site at Alabar	19
Picture 2	Interior of the public toilet facility at Okyokohen	19

List of appendices

	Page
Appendix A: List of interviewed people	35
Appendix B: List of public toilet sites selected for interviews	36
Appendix C: Questionnaire for users of public toilets	37
Appendix D: Questionnaire for supervisors of public latrines	44

Preface

The University of Amsterdam, the University of Science and Technology and the Town and Country Planning Department in Kumasi have initiated a joint project to collect data for the Kumasi Metropolitan Assembly (KMA). Several topics were addressed, one of which was the provision of toilet facilities in Kumasi and private sector involvement in these facilities. The research presented here deals with this topic. This study is part of the cooperation between the three institutions.

Chapter 1: Introduction

1.1 Background to the problem

Like many African countries, the government of Ghana was, and still is, involved in a large-scale decentralisation and privatisation process. This is the result of the Structural Adjustment Programmes which the government agreed to implement with the International Monetary Fund (IMF) in 1983. Ghana is one of the success stories of the Structural Adjustment Programmes due to the measures it has taken in privatisation, decentralisation, reduction of civil service staff and increasing citizen participation.

Privatisation is a cornerstone of the Urban Environmental Sanitation Policy (UESP) in Ghana. This policy aims at 'strengthening and promoting the involvement of the private sector in the provision of environmental sanitation services' (World Bank, 1996, pp. 42). The District Assemblies in Ghana are responsible for managing the increasing amount of work performed by private contractors who will provide most infrastructure and services. This means that the District Assemblies would be moving towards smaller, more professional staffs focusing on planning, coordination and supervisory functions.

In the early eighties the operation and maintenance of public toilets in Kumasi deteriorated to unacceptable levels. In 1985, the Committees for the Defence of the Revolution (CDRs)¹ intervened, and took over control of the toilet sites from the Kumasi Metropolitan Assembly (KMA). The CDRs introduced public toilet user fees to finance sanitation and maintenance.

In the Strategic Sanitation Plan (SSP) for Kumasi, it is recommended that the KMA should move away from direct provision of public toilet services, and instead promote active involvement of the private sector (KMA, 1995, pp. 15). The private sector would then be involved in the operation and maintenance of the toilet facilities including the collection of user fees.

In accordance with the privatisation process, the KMA also privatised public toilet facilities. The management of the toilet facilities by CDRs did bring about some improvements, but not enough. In 1989, a pilot project to contract out management of public toilets was started in the Central Business District (CBD). During this project, most toilets outside the CBD were still being managed by CDRs. In 1993, the KMA decided to renew the agreements with the private contractors. From this point on, many toilet sites throughout the city became managed by private companies instead of CDRs.

¹ In 1982, Rawlings initiated 'People's Defence Committees' to create mass-participation at the local level in the 'revolution' and to create and foster public awareness and vigilance. After two years, the committees were renamed Committees for the Defence of the Revolution.

1.2 Objective and problem statement

Although the KMA did involve the private sector in the management of public toilet facilities in Kumasi, a number of problems remain. These are partly related to the quality of the contractors, inadequate monitoring and political factors. In January 1997, the KMA's Assembly members suddenly took over the management of the public toilets from the private contractors.

At present, the toilet sites are not managed well. The Assembly Members do not seem capable of providing adequate service to the users. Due to this inability, the toilets are beginning to deteriorate. Pressure is mounting from both inside and outside the local administration to reverse this decision and to once again contract out public toilets to private operators.

I decided to focus on these problems.

The aim of the research is to consider:

How can improvements be made in the provision of public toilet services in Kumasi, with a special emphasis on the potentials of the private sector?

The statement of the problem is:

What is the role of the public and private sectors in the provision of public toilet facilities in Kumasi, what are the problems in terms of the quality of the services and how could the management of public toilet facilities be best improved in the future?

This leads to the following specific research questions:

- What is the significance of public toilet facilities in Kumasi?
- What is the role of the various actors in the provision and management of public toilet facilities?
- What problems are involved in the provision and management of public toilet facilities?
- What plans and projects have been designed to address these problems and what has been their impact?
- In what way could the provision and management of public toilet facilities be improved by making better use of the capacities of the various actors?

1.3 Research methodology

To explain the relationships between the public and the private sectors concerning public toilet services, and to investigate the means for improving toilet facilities in Kumasi, various methods were applied. The research questions, as listed in § 1.2, served as guidelines throughout the study.

The research started with a review of the literature on Kumasi, toilet facilities and the privatisation process. Subsequently, open interviews were held with people from the Waste Management Department (WMD), City Engineers Department and some of the private contractors.

To obtain an overall picture of public toilet facilities and the problems connected with these facilities, a random survey was carried out. A questionnaire was designed to interview users and supervisors at seven different public toilet

locations in Kumasi. Ten users and the supervisor of the toilets responded to the questions at each location.² These seven locations represented the different kinds of toilets. Although the sample size of 70 respondents may seem inadequate, given the homogeneous nature of the users, the answers are quite indicative of the problems and the possible solutions expected from the public.

The information obtained from these interviews was then used for the next series of semi-structured interviews with people from the WMD, KMA, City Engineers Department, and with private contractors, the Assembly Members and others. The interviews focused on issues such as cleanliness, maintenance and other problems related to public toilet facilities, the relationships between the various actors involved in the provision of services and on the possibilities of improving these services. All these interviewees are listed on page 35. Most of these people were interviewed several times, in order to confront them with information and opinions obtained during previous interviews.

In addition to these interviews, I had a discussion with a group of private contractors, attended two educational programmes on household toilet facilities and followed the litigation between the private contractors and the KMA. This matter will be settled in court.

To complete the study, a seminar was organised at the end of the research period. All the interviewees were invited for this seminar except for the users and supervisors of the public toilets. Thus, everyone was invited who was involved in providing public toilet services in Kumasi. My preliminary findings and recommendations were presented at this seminar. More importantly, the seminar brought all these people together and gave them a forum to discuss this study's findings and recommendations.

1.4 Organisation of the report

This report is divided into five chapters. This chapter serves as an introduction; it presents the aim and statement of the research and the methodology employed. The results of the research are presented in the following chapters.

Toilet facilities in Kumasi are the subject of chapter 2. First, a general overview of Kumasi is given. This is followed by information about the current situation, and, more specifically, the different kinds of public toilets present and the users' satisfaction with these facilities.

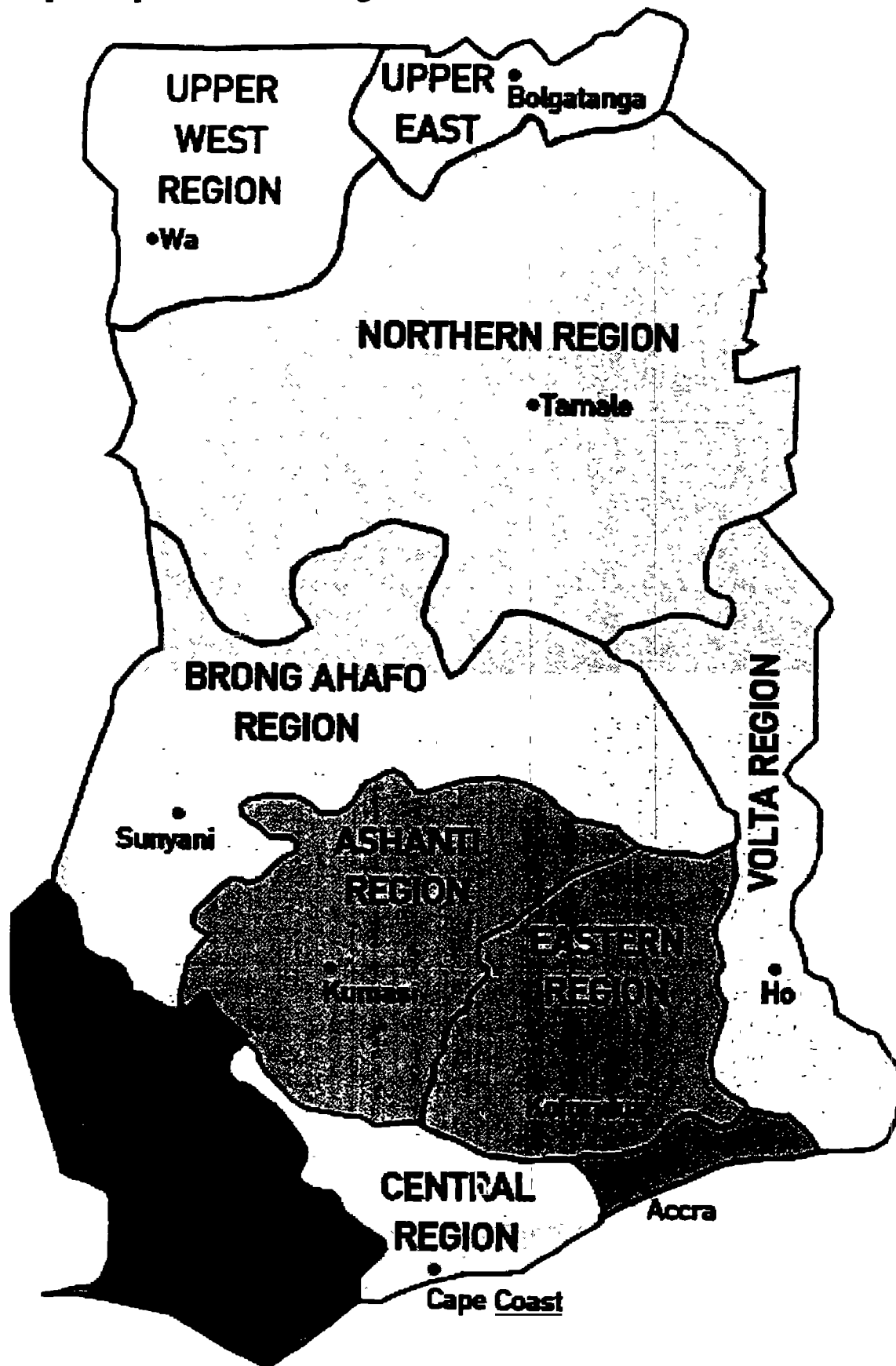
The next chapter deals with the plans and policies concerning public toilets in Kumasi through an examination of the institutional framework surrounding the toilet facilities. This chapter addresses the structure and role of the KMA and the WMD, and the sanitary facilities and projects.

Chapter 4 concerns the privatisation of the public toilets in Kumasi. In addition to the performance of public toilets, the organisational and financial aspects are also dealt with in this chapter. The role of the KMA and the WMD is raised as well, as is the role of private contractors in supplying public toilet facilities. Furthermore, the evaluation and monitoring of the management and maintenance of toilet sites and the opinions of various actors are treated in this chapter. The last part of the chapter reflects on the political aspects.

The last chapter contains the conclusions and recommendations.

² See Appendix A for the seven sites, Appendix B for the questionnaire for users and Appendix C for the questionnaire for supervisors.

Map 1: Map of Ghana showing the location of Kumasi



Chapter 2: Toilet facilities in Kumasi

2.1 General overview of Kumasi

Kumasi lies at the heart of the Ashanti Kingdom, once one of the largest and most powerful of all African kingdoms. Currently Kumasi is the second largest city in Ghana and the administrative capital of the Ashanti Region. It is located at the centre of the country, about 300 km north-west of Accra, the national capital (Map 1). The metropolitan area covers 150 km². In accordance with the decentralisation process, the Kumasi Metropolitan Area is made up of four submetropolitan districts: Asokwa, Bantama, Manhyia and Subin (Map 2).

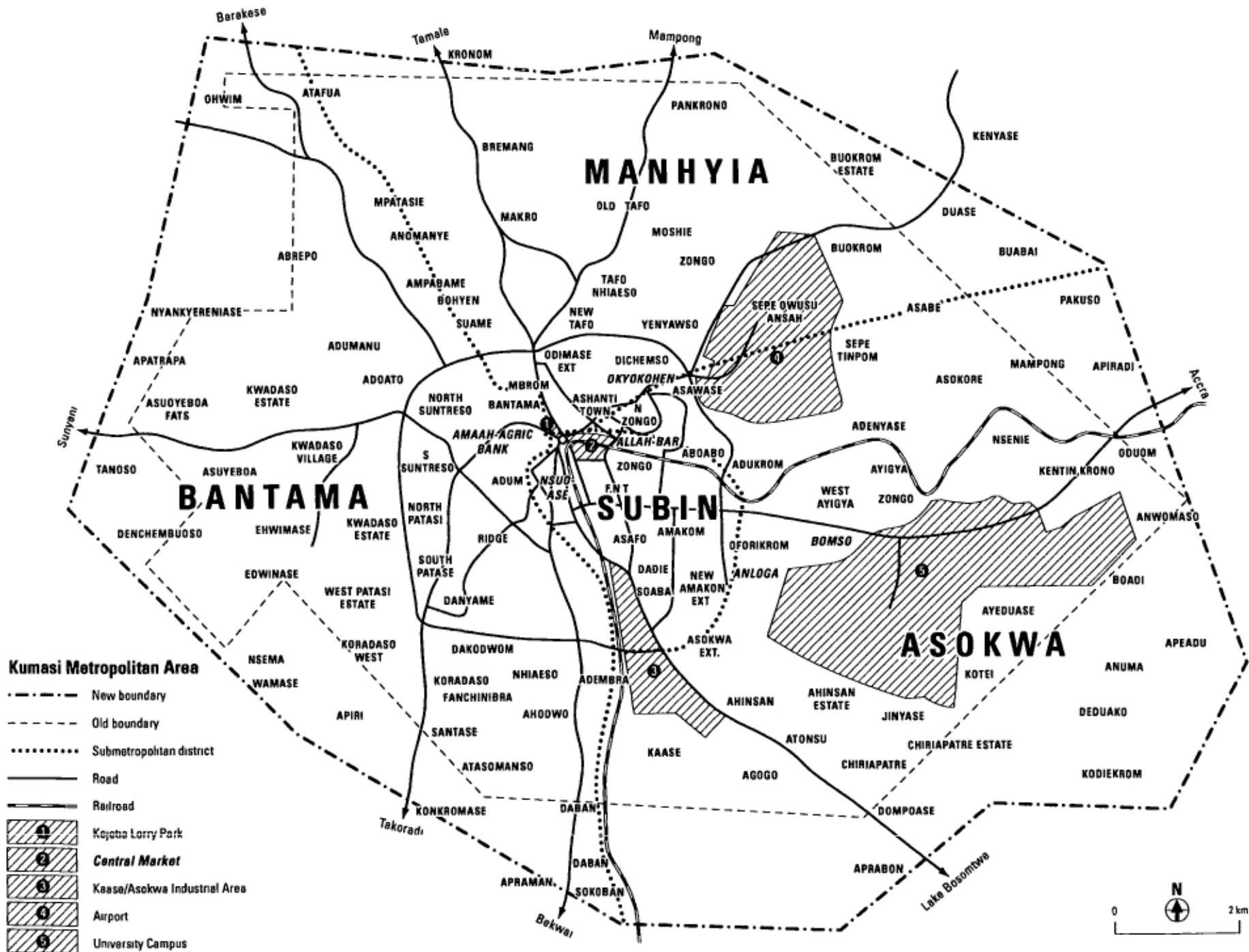
Between 1960 and 1970, the population of Kumasi grew from 218,000 to 345,000 — an annual growth rate of 5%. In the 1970-1984 period, Kumasi's growth slowed to 2.4%, which was lower than the national urban growth rate of 3.4% (Government of Ghana, 1993, pp. 4). We must bear in mind, however, that there is a great difference between official and unofficial population figures. Current unofficial estimates already set Kumasi's population at one million. According to the Development Plan for Kumasi, on the other hand, the population of the city was only 800,000 in 1996.

Trade, commerce, farming and mining are primary activities in the Ashanti Region of which Kumasi is the capital. Cocoa and high-quality hardwood are major export products. The city is renowned for its famous 8,000-stall Central Market, one of the largest in Africa. This market serves as a major centre of commerce not only for the Ashanti region but also for the rest of the country. Business in Kumasi is dominated by the informal sector however. Kumasi's location is strategic within the country. The city's central location in the national road network makes it an ideal commercial centre for both agricultural produce coming from the hinterland, and the distribution of goods across the country (Korboe & Tipple, 1995, pp. 270).

Living conditions in many parts of the city are poor and houses are very crowded. About 95% of all households live in multi-family buildings or 'compounds'. Most of these are single-storey buildings, but about 25% of all households live in multi-storey buildings (Whittington et al, 1993, pp. 734). Ninety per cent of all households live in a single room. The average household size in Kumasi is 4.6 people and the average number of people in a compound is about 50. These compounds have no room devoted specifically to cooking or washing. Many of these activities take place in the courtyard of the compound or in the street.

About 38% of the population in Kumasi use the 400 public toilets scattered throughout the city because they lack private facilities in their building or compound (Mensah, 1996, pp. 6). The current system of public toilets in the city is inadequate. The quality of services delivered is very poor, the number of facilities is insufficient and there is a general lack of maintenance (Mensah, 1996, pp. 39). Moreover, the human waste from public toilets is often dumped directly into the Nsubin river. These shortcomings have resulted in very high public health risks.

Map 2: Map of Kumasi showing the four Sub-Metropolitan Districts (including the seven public toilet sites selected for interviews)



2.2 Current situation³

'Generally, the levels of cleanliness at the toilet sites have improved considerably since the advent of the franchise management scheme. However, there is still a long way to go as far as the desired levels of service in terms of cleanliness are concerned.'

(Mensah, 1996, pp. 35)

In September 1996, when Anthony Mensah (WMD) wrote the text above, the cleanliness of public toilets was still improving. In January 1997, the situation changed. Contracts with private companies were not renewed and the KMA handed over the management of public toilets to the Assembly Members. Before describing the current situation, it is important to introduce the various types of toilet facilities present in the city.

2.2.1 Types of public toilets

About 38 percent of the official number of 800,000 Kumasi's inhabitants depend on public toilets. Most of these people have no facilities at home. Demand for public toilets is placed into two categories, namely, residents who have no toilet facility in their house, and visitors travelling or working in the area, especially in the CBD. Table 1 shows the number of people using the various types of toilets in Kumasi.

Table 1: Domestic Sanitation Service Coverage in Kumasi (KMA, 1990)

Sanitation System	No. of Units	Population		Population %	
		1990	1996	1990	1996
Public Toilets	400	229,000	304,000	38	38
Home Pan/ Bucket Latrines	5000	150,000	120,000	25	15
Home WC Septic Tanks	5000	144,000	200,000	24	25
Sewers	-	6,000	56,000	1	7
Home VIP Latrines	40	1,000	56,000	0.2	7
Traditional Pit Latrines	100	40,000	-	6.8	-
Indiscriminate Defecation	-	30,000	64,000	5	8
Totals		600,000	800,000	100	100

Sources figures for 1990 from Mensah, 1996, pp. 12, figures for 1996 are quoted from the Ministry of Local Government and Rural Development, 1996, pp 96.

There are 400 public toilet sites in Kumasi. The majority of these are located in the various neighbourhoods throughout the city. There are eleven sites in the CBD, which provide service to some 150,000 non-residents who frequent the CBD and its immediate environs every day (Ministry of Local Government and Rural Development (MLGRD), 1996, pp. 98). The remaining facilities are at special locations like schools and hospitals. About 64% of the toilets in town are aqua privies (see description below). Approximately 15% are bucket latrines, 20% are

³ The 'current situation' in this report refers to the March-July 1997 research period.

KVIPs and WC/Septic Tank system constitute the remaining one percent (Republic of Ghana, 1995, pp. 5).

Public toilets are dislodged (emptied) on a regular basis in Kumasi, about once or twice per week depending on the number of users at each site. This must be done more often during the rainy season. At busy sites like the central market, toilet facilities are dislodged about ten times a month. Depending on the contractor, a trip costs between 30,000 - 35,000 cedis.⁴ There is no difference between the type of sites concerning the price of desludging. At some locations this should occur more frequently because the pits often overflow. However, since the costs of desludging are so high, some public toilets at busy locations are not dislodged often enough.

The various types of public toilets in Kumasi are described below:

1) Aqua Privy

Aqua Privies are essentially small septic tanks located directly underneath a squatting plate. These have a drop-pipe which extends below the liquid level in the tank to form a simple water seal. To prevent odour, fly and mosquito nuisance, the water seal has to be adjusted with each use by adding water to the tank via the drop-pipe to replace any losses. Waste is deposited directly into the tank where it decomposes anaerobically (i.e. without oxygen) in the same way it would in a septic tank. The tank requires desludging. The main disadvantage of this system is that the water seal often breaks (Broome & Trattles, 1986, pp. 44). Most Aqua Privies in Kumasi were installed over 30 years ago, and they are now operating as holding tanks due to inadequate upkeep of the soak-away systems. Since water is no longer used to provide seals, Aqua Privy systems are often quite malodorous (Mensah, 1996, pp. 26).

2) Bucket Latrine

The Bucket Latrine — officially forbidden in Kumasi due to many deaths among conservancy workers from the extremely unhealthy working conditions — consists of a squatting plate or seat immediately above a 20-30 litre bucket, into which faeces and urine fall. Removal is sometimes called 'nightsoil collection' because it is carried out at night. The bucket can be removed by a small door at the back of the latrine. This system is condemned because the servicing is very unpleasant.

These latrines are usually poorly designed. As a result, they are not easy to keep clean. Generally they smell very bad and are breeding grounds for insects. At most sites, the system is very unhygienic (Broome & Trattles, 1986, pp. 44). The majority (66%) of the users interviewed during the study view bucket latrines as the least favourable option.

In the late 1980s, after most of the labourers who collected the buckets 3-5 times per week were laid off by the KMA, they began to operate as freelance contractors working without supervision (MLGRD, 1996, pp. 97).

⁴ 2000 cedis is the equivalent of about US\$1.

3) Kumasi Ventilated Improved Pit Latrine — KVIP

Traditional pit latrines have two main disadvantages: they usually smell bad and they attract flies and other disease-carrying insects that breed in the pits. For that reason, the Ventilated Improved Pit Latrine was developed, which exhibits none of these problems. A VIP is a traditional latrine to which a vent pipe, covered with a screen is added to minimise odour and fly problems. A VIP can have one or two pits which are usually lined with honeycombed cement block walls. It can be designed either with alternating (with two pits under each squatting slab) or non-alternating pits. The twin-pit alternating offset VIP was developed in Kumasi and is therefore referred to as the 'Kumasi Ventilated Improved Pit latrine' in Ghana. The twin-pit concept enables the contents of one pit (once filled) to decompose while the other is in use, provided that sufficient time is allowed (two years or more). Afterwards, the decomposed materials can be dug out by hand without any serious health risks. VIP latrines are very easy to maintain and, aside from regular cleaning and repairs, need no further attention until the pit is nearly full (Mensah, 1996, pp. 26).

4) WC

WCs have two main disadvantages: they are very expensive and they use large quantities of water. Moreover, most of the flushing devices break from extensive use. The WC toilet facilities currently in use in Kumasi are of the sitting type. Users accustomed to squatting (required for more traditional kinds of toilets) tend to continue this practice. The result is a fouling of the toilet bowl, wetting of the floor, and, more importantly, damage to the unit (Mensah, 1996, pp. 27). The WCs are not connected to a sewer system, but empty into concrete septic tanks underground. Most of the time it is not possible to use WCs due to a lack of water. In spite of this, 68% of the users during the survey report preferring WCs the most.

Table 2: Type of Toilet Users Prefer the Most and Least (1997) ⁵

Preferred toilet by users:	Most (%)	Least (%)
Aqua Privy	12	10
Bucket Latrine	12	66
KVIP	8	14
WC	68	5
Bush	0	5
Totals	100	100

Users prefer WCs because of the convenience, lack of stench and because they are very clean and easier to dislodge. Because of the stench, disposal problems and dirty environment, bucket latrines are less desirable. KVIPs were expected to be very popular but because of the desludging problems, the stench and the heat, they are even less popular than aqua privies and bucket latrines.

⁵ These figures were collected during the survey

2.2.2 Satisfaction with public toilet facilities

The history of the sanitation situation in Kumasi reveals that the Kumasi Metropolitan Assembly provides poor quality services as far as public toilets are concerned. In 1985 CDRs took over the management of the public toilets from the Kumasi City Council because of substandard maintenance (see also § 3.2 & 4.1). In 1989 a pilot project was set up within the framework of the Kumasi Sanitation Project that aimed to stimulate private sector management of several public toilets by using a franchise approach. Because the experiences were reasonably positive, the KMA decided to continue and extend this privatisation. However, for reasons discussed below (§ 3.2) the management was handed over to the Assembly Members in 1997.

At present, public toilets in Kumasi are not managed well. According to the users, services are very poor and have become worse since the Assembly Members took over control. The research has shown that only 10% of public toilet users in Kumasi are 'very satisfied' with the facilities they use most of the time. Of the 70 users interviewed during the research, 43% are not satisfied at all with the use of public latrines. The rest, 47%, are reasonably satisfied, but also complain about maintenance, cleanliness and/or user fees.

Of all the users interviewed for the survey, the users at Alabar (see picture 1, page 19) were the least satisfied, and 70% were 'not satisfied at all' with the public toilet, due to the lack of cleanliness and stench. Both the service (according to 40% of the users) and the cleanliness (50% of the users) at this location is poor. This location uses bucket latrines.

At the sites at Nsuo Ase (bucket latrines), Central Market (aqua privy) and Amaah Agric Bank (KVIPs), half of the users were not satisfied at all. Users in Anloga were the most satisfied with the latrine they use, namely the aqua privy, while 30% of the users were very satisfied and only 20% were not satisfied at all.

There is a clear relationship between the respondents who were satisfied with the facilities, and the type of facility present. Locations providing types of toilets users prefer most, score higher in the survey.

Table 3: Satisfaction with Public Toilets in Kumasi (1997)⁶

How satisfied are you with the public latrine you now use?	%
Very satisfied	10
Satisfied	47
Not satisfied at all	43
Totals	100

⁶ These figures were collected during the survey.

Common complaints about public toilets in Kumasi include:

- stench
- desludging problems
- too close to the houses
- buildings are dilapidated and must be modernised
- not enough cubicles
- other users are not careful with the toilets / misuse of toilets
- toilets can cause infections if not clean (people are afraid of contracting Aids from public toilets)
- not enough toilet paper
- lack of water, soap and towels for washing hands
- no night watchman
- very dirty, cleaning inside the toilets must be improved
- lack of light
- very dirty environment
- lack of periodic renovations and painting
- inadequate service for the money users have to pay
- inadequate water supply

Users of public toilets have to pay a user fee for each visit, 30 cedis for latrines and 50 cedis for WCs. Supervisors, hired by the Assembly Members who manage the toilets, are supposed to perform maintenance and sanitation from these user fees. However, these services left much to be desired. At all public toilet sites users received a scrap of newspaper as toilet paper. In addition, most sites have no water, no soap and no towels.

Table 4: User Satisfaction Criteria (1997) ⁷

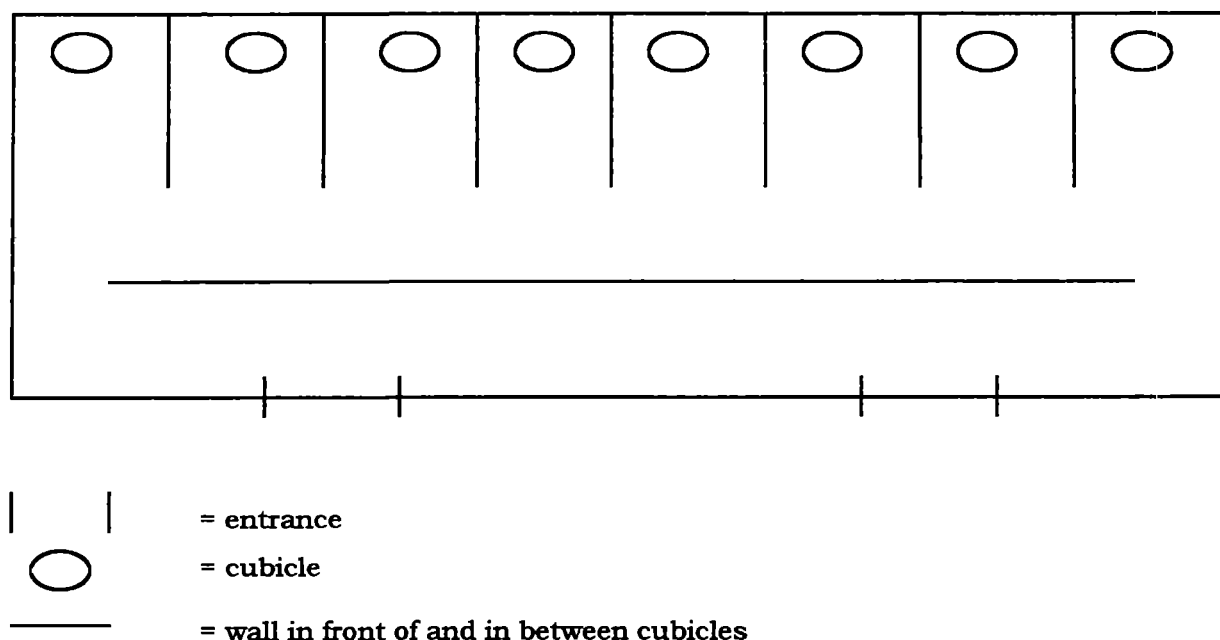
Criteria	Cleanliness %	Privacy %	Services ⁸ %
Good	23	57	11
Fair	43	34	24
Poor	34	9	65
Totals	100	100	100

Most users, 65 percent, are dissatisfied with the services offered at the public toilets because of the poor conditions. Only 11% think that the services are good. Fifty-seven percent are content with the level of privacy and 34% think that this is fair. Figure 1 as well as picture 2 (page 19) shows that little privacy exists for public toilet users. In spite of all the complaints about cleanliness during the survey, 23% of the users are satisfied with it, 43% consider the toilets fair and 34% are unhappy.

⁷ These figures were collected during the survey.

⁸ Services are not included in cleanliness and privacy. Services include, for example, emptying, renovation and painting of the buildings, the number of cubicles and the availability of toilet paper, water, soap and towels as well as the presence of a watchman.

Figure 1: Interior of a typical public toilet facility in Kumasi



As figure 1 shows, cubicles are situated next to each other. At most sites, in between the cubicles are walls at shoulder height. There are no doors in front of the cubicles. There is a wall at the front of the entrances to give users some privacy. A few wastebaskets are provided for the toilet paper.

Over half of the people using public toilets, 55 percent, think they do not get enough value for their money because of the poor conditions and services. About 41% of the users are willing to pay up to 80 cedis more if the situation improves.

Most sites are cleaned daily or several times a day. Labourers who clean the sites use disinfectants. At most locations there are two labourers. Supervisors have difficulties finding labourers to clean the toilet sites because of the abject working conditions. All sites have about two people to collect the user fees. After people have paid, they receive their toilet paper. At some sites, a watchman takes care of the building at night, while other sites simply close at night.

In addition to the Assembly Members who manage the public toilets personally, the Assembly Members also hire supervisors. These supervisors are responsible for the daily management of the toilet sites because most Assembly Members do not have enough time to do so themselves. Supervisors have to find labourers and fee collectors. They also have to take care of desludging and maintenance problems. Some supervisors manage multiple sites. Assembly Members pay a monthly wage to the supervisors. Their income varies from site to site, but nowhere is it well-paid. For their part, the Assembly Members earn a profit from managing the public toilet sites.

Picture 1: Public toilet site at Alabar, where users are 'not satisfied at all' due to the lack of cleanliness and stench.



Picture 2: Interior of the public toilet facility at Okyokohen. As at other sites, there are no doors in front of the cubicles. Thus little privacy exists for public toilet users.

Chapter 3: Plans and policies

3.1 The institutional framework for Kumasi's toilet facilities

Environmental sanitation is an essential component of the health, productivity and welfare of the Ghanaian population. All District, Municipal and Metropolitan Assemblies in Ghana are concerned about sanitation, drainage and waste management, and give it high priority in their development objectives. The Government's ten year (1991-2000) National Environmental Action Plan (NEAP) highlights sanitation and waste disposal as major issues (World Bank, 1996, pp. 41). In close cooperation with the World Bank, the government of Ghana prepared the Urban Environmental Sanitation Project (UESP) to improve environmental sanitation. These projects are partly related to the improvement of public toilets, as will be shown in this chapter. In Kumasi, the KMA is responsible for the implementation of these projects.

3.1.1 The organisation and role of the KMA

In 1962, Kumasi achieved an official status of a 'city' and with it, the creation of the Kumasi City Council (KCC). The KCC, like its predecessor the Kumasi Town Council (established in 1943), provides general public toilet services for the city as well as infrastructure. In 1988/89, with the creation of District and Metropolitan Assemblies, the status of Kumasi was elevated to that of a 'metropolis', thus making the KCC the Kumasi Metropolitan Assembly (KMA) (Salifu, 1995, pp.51).

The KMA is made up of 86 Assembly Members, sixty of whom are elected from their respective areas, and 25 of whom are appointed by the president. These last 25 represent various interest groups. The final member is the head of the KMA, the Chief Executive. He is both appointed by the national government and is a representative of this government. Since he must approve all contracts and plans in Kumasi, he is a very powerful actor.

The KMA used to be the sole provider of public toilets in Kumasi. In 1985, the CDRs intervened and started to manage most of the toilet facilities (see 3.2 & 4.1). After four years the KMA decided to start a pilot project to investigate the possibilities of privatising public toilet management. Between 1994 and 1997 almost all public latrines in Kumasi were managed by private contractors.

As mentioned above, Kumasi is divided into four submetropolitan districts: Asokwa, Bantama, Manhyia and Subin. Each district has its own Sub-Metropolitan Council and each of the KMA's four sub-districts is responsible for managing the public toilets in its area. All submetropolitan districts must prepare a sanitary management plan and a contract regarding sanitary site maintenance for both latrines and solid waste transfer. These management plans must include provisions for upgrading the facilities, fee collection, cleaning, repair and desludging. These plans inform the submetropolitan councils about the upkeep of the various public toilet sites in their districts. Contracts can be closed with community groups or private companies (Government of Ghana, 1993, pp. 12). Presently these contracts are closed with the Assembly Members. According to the Government of Ghana,

Unit Committees within the sub-districts (the smallest units within the political structure of the KMA) will be responsible for the installation of sanitation facilities. At present, however, these Unit Committees have not yet been officially established.

During the 1989-1996 period, the KMA was the official owner of the public toilet structures because they built the sites. However they agreed to contract these out to private contractors. The Assembly Members continue to manage the toilet sites but the KMA remains the owner.

These contracts change the role of the KMA in relation to the toilet facilities. The KMA moved away from direct provision of public toilet services and began to promote active involvement of both communities and especially the private sector in their delivery. To effect this change, the KMA established a Waste Management Department, staffed by management and engineering professionals responsible for guiding the implementation of the Strategic Sanitation Plan for Kumasi (Government of Ghana, 1993, pp. 12).

3.1.2 The organisation and role of the WMD

The KMA bears ultimate responsibility for waste management in Kumasi. To carry out this task, the KMA created an independent Waste Management Department (WMD) to fine-tune and periodically update the Strategic Sanitation Plan, mobilise resources to implement components of the plan, manage the tendering process for construction and service contracts, supervise the design and construction of sanitation facilities, and monitor the waste discharges (Government of Ghana, 1993, pp. 12). The liberalisation of the WMD was a precondition set by the British Overseas Development Administration for giving financial support to the WMD.

In 1990, the WMD was created by the annexation of the Mechanical Engineers Department and part of the Environmental Health Division of the Medical Officer of Health (MOH) Department, all of which were offices of the KMA (MLGRD, 1996, pp. 99). The WMD was created to harmonise the operations of the various departments and to establish a department dedicated to waste management problems.

The WMD is responsible for managing the collection and disposal of both human and solid waste in Kumasi. At present the WMD consists of five divisions, all which have their own tasks and responsibilities: Administration, Human Waste, Solid Waste, Landfill and Maintenance (figure 2, page 23). The Human Waste Division is most relevant to this study. This division, acting through four units (Contracts Monitoring, Community Liaison, Desludging Services and Latrine Construction), is responsible for the provision and management of the operation and maintenance of public toilets.

The Contracts Monitoring Unit administers the Operation and Maintenance management contracts under the franchise scheme (privatisation of public toilet facilities); the Community Liaison Unit, in cooperation with the Health Education Division of the KMA, works to promote community participation and health education; the Desludging Services Unit provides a septic tank emptying service for both domestic and public toilet facilities for a fee; and the Latrine Construction Unit coordinates the installation of both home and public toilet facilities. The Public Health Monitoring Unit of the MOH is expected to perform a regulatory function. Due to problems such as a low skill-level of the professional staff, and

weak planning and management capability, this unit is not performing optimally (Mensah, 1996, pp. 23).

The WMD Contracts Monitoring Unit is responsible for handling the operation and maintenance management contracts under the franchise scheme. This is done in cooperation with the submetropolitan councils because they had made management plans for their districts. Although the Contracts Monitoring Unit is charged with managing the procedures for public facilities, the submetropolitan councils bear final responsibility. Due to the shortcomings of the WMD, like insufficient contracts, mismanagement and poor supervision, a Franchise Management Committee was set up in 1996. Another reason for establishing this committee was to help the submetropolitan councils respond to the failures of the WMD, which were prompted by the never completely implemented decentralisation process. The Franchise Management Committee is made up of four KMA administrators, two Assembly Members, the Metropolitan Health Director, the City Engineer and a representative of the WMD.⁹

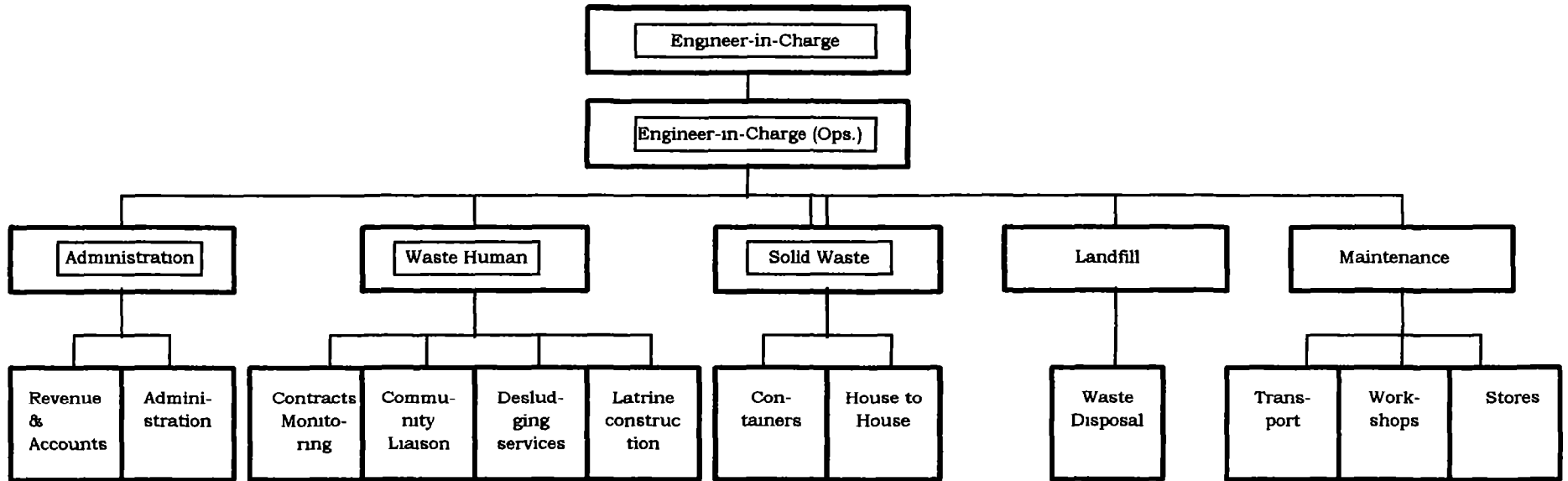
3.2 Sanitary facilities and projects

Public sanitary facilities in Kumasi date back to 1923 when the Kumasi Public Health Board introduced the Pan Latrine System. The Board had been established to conduct the planning, development and management of sanitary facilities in the city. Before the introduction of the pan latrines, the only public sanitary service was the pit latrine whose construction and maintenance was generally done at the communities' own initiative (World Bank, 1990, pp. 1). In 1939, a law was passed that required every house to be equipped with a latrine. The then Kumasi City Council (KCC) provided labourers who emptied the buckets two or three times a week for a monthly fee per house and used suction trucks to dislodge septic tanks (Mensah, 1996, pp. 11).

In the following years, a sewage system was constructed and installed in parts of Kumasi. In 1985, the KCC constructed 100 Kumasi Ventilated Improved Pit (KVIP) Latrines. Also in 1985, the KCC laid off 400 of its labourers in accordance with national labour rationalisation policies as enforced by the IMF and the Structural Adjustment Programmes. The pan latrine emptying services became privatised and fees were increased. Consequently, most households were forced to stop using their pan latrines and had to resort to the public toilets. The suspension of the labourers also affected the KMA's ability to manage the operation and maintenance of the public latrines, resulting in allowing the quality of service to deteriorate to unacceptable levels (Mensah, 1996, pp. 11). The Committees for the Defence of the Revolution (CDRs) and other community groups then intervened to restore the quality of service. This intervention led to the introduction of user charges for public toilets. Users paid for the cost of operation and the provision of toilet paper. This involvement of the CDRs in the management of public toilets brought about some improvements, but the sanitation levels remained unacceptable.

⁹ This information was obtained by Johan Post, University of Amsterdam, who conducted a series of interviews on this subject in January 1997

Figure 2: KMA Waste Management Department Transitional Organisational Chart (1992)



Source. Mensah, 1996, pp 22

In 1989, the UNDP and the KMA launched a pilot project called the Kumasi Sanitation Project (KSP). In this project, KVIPs were provided in private households reduce the use of public toilets at three test sites in Kumasi. During the project, most houses in the three areas were equipped with private sanitation facilities; 43 KVIPs were built in South Suntreso, 100 in Moshie Zongo and 50 in Ayigya.

Another pilot project of the KSP concerned the improvement of public latrines. One of the components was the improvement of the management by introducing privatising/franchise arrangements. The other was to renovate some of the existing public latrines. Within Kumasi's Central Business District (CBD), 12 sites were contracted to five private contractors (see 4.1). Through competitive bidding, contractors could indicate their ability to perform the services, and their equipment levels and present a proposal for the franchise management of the selected site (Mensah, 1996, pp. 31). By 1994, all the pilot projects had been completed.

The contracts with the five private contractors were evaluated in 1993. Throughout the implementation of the project, the private contractors were monitored by the KMA in terms of cleanliness, maintenance and timely payment of taxes. The franchise approach was not fully satisfactory, because, in general, the sites were not very clean. However, owing to the fact that the situation had improved a little, the KMA decided to renew the contracts. The KMA decided to establish four submetropolitan councils in Kumasi — Asokwa, Bantama, Manhyia and Subin — to be responsible for public toilet services. In 1994, arrangements similar to the franchise management scheme were established to organise the management of the public toilets in the respective submetropolitan districts of Kumasi. All private contractors could place a bid, including those which did not originally participate in the pilot project.

Recently the Urban Environmental Sanitation Project (UESP) has begun, a project which covers Ghana's five major cities: Accra, Kumasi, Sekondi-Takoradi, Tema and Tamale. This project came in response to the Urban Development Strategy Review conducted jointly by the World Bank and the Government of Ghana in 1993-94 (World Bank, 1996, pp. 11). The UESP has five components:

- 1 *sanitation,*
- 2 *storm drainage,*
- 3 *solid waste,*
- 4 *community infrastructure upgrading, and*
- 5 *institutional strengthening.*

(World Bank, 1996, pp. 12)

During the preparation of the project, each of the five Metropolitan Assemblies (MAs) in Ghana prepared a Strategic Sanitation Plan (SSP) which outlines its strategy for providing comprehensive sanitation services by the year 2005 (World Bank, 1996, pp. 12). The MAs used their SSPs to identify the specific sanitation sub-projects to be included in the UESP. The staff of the KMA-WMD, together with the UNDP/World Bank Regional Water and Sanitation Group, West Africa Office (RWSG-WA), produced an SSP for the 1990-2000 period. The plan is a response to the inadequate sanitation conditions existing in Kumasi and reflects the willingness of the KMA to take the necessary organisational and financial steps to provide affordable sanitation services for all segments of the population.

The underlying principles of the SSP are the need to review and adapt strategies as perception changes with experience, to incorporate better and evolving

techniques into the delivery of services, maintenance management and to progress as milestones are achieved (MLGRD, 1996, pp. 61). In 1995, the first major update of the SSP took place for the 1996-2005 period. The update of the original SSP had been necessary due to the changes in population between 1990 and 1995.

According to this update, the KMA will:

1. *strengthen and reorient its WMD to oversee implementation;*
2. *promote the provision of services by the private sector; and*
3. *seek financing for a mix of household, public and school facilities to serve the city's low and middle income households.*

(Republic of Ghana, 1995, pp. 1)

According to the SSP, the privatisation of the management of the public toilets and the provision of sanitation facilities in all homes is one of the main goals for the future. The latter is included in the Urban IV project, part of the UESP sanitation component. This project would help finance 1,700 household latrines (KVIPs) in Kumasi (expected to benefit a total of about 42,000 people). The project would bear 50% of the construction costs and the beneficiaries would contribute the other half. This three-year project started in August 1996 and is open to all people in Kumasi, except the Subin and Asafo areas, and is especially directed at the indigenous areas and one-storey buildings. Asafo is excluded because of its simplified sewage project implemented under the KSP. About 20,000 people in this area have been connected to the sewer system. Subin is excluded because it is a commercial area.

The installation of home facilities is expected to result in the decline of the use of public toilets in the future due to a reduced demand from residents.

Table 5: Reduction of the use of public toilets by the installation of home facilities (UNDP/KMA 1992)

Type of system	1991		2000	
	Population	%	Population	%
Sewers	6,000	1	200,000	26
Bucket Latrines	150,000	25	0	0
WC/Septic Tanks	144,000	24	130,000	17
Public Toilets	229,000	38	90,000	12
VIP Latrines	1,000	0.2	350,000	45
Traditional Pit and Open Defecation	70,000	11.8	0	0
Totals	600,000	100	770,000	100

Source. Mensah, 1996, pp 18

Table 5 does not provide a realistic impression of the situation. The population figures mentioned in the table are already out-of-date. In 1997, the official population was 800,000, but unofficially Kumasi has a population of about one million. The plan is to build 1,700 household facilities for about 25 people each. This means that 42,500 inhabitants will benefit from this project. Assuming a population of 800,000 inhabitants, this means a 14% decline in the use of public toilets, so 24% of the population will still have to use public toilets. If one assumes the current population to be 1 million, the decrease is only 11%. In that case, 27% of the inhabitants will still not have toilet facilities at home. In 1990, the population forecast for 2000 with a high growth rate of 3% was 774,694.

Chapter 4: Privatisation of Public Toilets in Kumasi

4.1 Management of public toilets

Management, as defined by the United States Environmental Protection Agency (Mensah, 1996, pp. 20) is 'the process of controlling, directing and handling a resource, facility or group of people. The management of the operation and maintenance of public toilets includes any actions taken to ensure the proper operation of the facilities to provide effective service to the users.' According to Mensah, these principles were lacking in the management of public toilet facilities in Kumasi during the years when the KMA was directly responsible. As was explained in the previous chapter, this was the reason why CDRs first took over the management of public toilets. This brought about some improvements. However, sanitation levels were still far below what could be considered as acceptable. Shortcomings in the management of both the KMA and the CDRs were:

- *inadequate cleanliness and maintenance which resulted in unsightly conditions at most facilities;*
- *overuse at some sites;*
- *lack of supervisory roles and poor coordination of financial accounting and monitoring procedures leading to low recovery of revenue generated from user fees; and*
- *inadequate supportive maintenance infrastructure, particularly the KMA's equipment holding.*

(Mensah, 1996, pp. 30)

In 1989, the KSP initiated a pilot project in the CBD. This project sought to establish the feasibility of the franchise management method of selected public toilets within the CBD. The 12 sites selected for this project are characterised by intensive use and consequently have the problem of overuse and insufficient upkeep. The high rate of use at these locations sparked the interest of private companies.

The main basis for the adoption of the franchise management scheme for the operation and maintenance management of public toilets is the granting the exclusive right to deliver services. The competition for this coveted status results in efficiency savings and the injection of innovative and commercial management into the industry (Mensah, 1996, pp. 30). Private contractors who were interested in this scheme could respond to an advertisement placed by the KMA. Registered bidders had to demonstrate their ability to perform the service, show that they had sufficient equipment and submit a proposal for managing the selected site. They also had to indicate which of the 12 sites they were interested in managing.

Nine private contractors presented their proposals. During the evaluation, the criteria considered were:

1. *General information and attachment,*
 2. *Business Plan,*
 3. *Experience,*
 4. *Special Considerations.*
- (Mensah, 1996, pp. 95)

The aim was to select well-established organisations that would be able to manage the latrines at hygienic levels and maintain the requisite standards. Finally, five companies were selected for the pilot project. After they were informed about their successful bid, they were asked to submit a detailed proposal within one week.

Both the KMA and the private contractors signed an agreement which clearly defined the responsibilities of the contracting parties. The KMA offered the 12 sites for a specific contract term and the selected private companies had to effect daily operation and maintenance of the facilities which adhered to set minimum standards of service. An appropriate percentage of the expected revenue, depending on the site, had to be paid as a surtax to the KMA or the submetropolitan councils. This amount had to be earmarked for major facility improvements, the building of new sites or to development infrastructure. Managers were responsible for minor maintenance at the toilet sites.

Throughout the CBD pilot project, most of the remaining public toilets in Kumasi (outside the CBD) were managed by caretakers appointed by the Electoral Areas' Assembly Members. These sites were located mainly in the neighbourhoods. The quality of service was relatively low in comparison to the CBD due to the absence of a monitoring mechanism (Mensah, 1996, pp. 34).

In 1992, during the pilot project, the Assembly Members attempted to take over the management of the public toilets from the private contractors. The matter had to be settled in court, and the ruling favoured the contractors.

In 1994 arrangements similar to the franchise management scheme were introduced for all the public toilet facilities in Kumasi. From this point onwards, competitive bidding was possible for all private companies in town. They had to follow the same procedure as during the pilot project.

In the course of the following years, public toilet facilities in Kumasi were managed by 44 private contractors. In 1997, the KMA, for political reasons, decided to transfer the management of public toilets from the private contractors to the Assembly Members. The affected entrepreneurs once again took the matter to court. However, even after several lawsuits, the judge could not reach a decision.

Almost all the actors involved in public toilet facility provision in Kumasi wanted the toilet sites to be privatised again. Even the Regional Minister of the Ashanti region ordered the Chief Executive of Kumasi to re-privatise the public toilets in July.

4.2 Organisational aspects

According to this study, the main problem of improving public toilet facilities in Kumasi are the organisational aspects. A multitude of actors, like the Assembly Members and private contractors, but also the KMA and the WMD, are involved in toilet services, with a notable lack of overall coordination. Because of the lack of clarity about the roles of the various actors involved in managing the public toilets, no one feels responsible, and services continue to deteriorate.

4.2.1 Management by the Assembly Members

As mentioned before, the KMA bears ultimate responsibility for the public toilets in Kumasi. More specifically: the Chief Executive of Kumasi makes all important decisions personally. In actual fact, however, the Chief Executive always has to give his consent before contracts before they can be signed. This implies, therefore, that the management of public toilets will not be returned to the private sector unless the Chief Executive agrees to it.

Apparently, the difficulty is that the Chief Executive does not want to reconsider his promise to the Assembly Members. The latter are very reluctant to relinquish control of the facilities because it provides an important source of revenue. This was probably an important reason why the present Chief Executive was voted into office.

Presently, the Assembly Members are managing the toilets, and this has caused some problems. First of all, there is the problem of supervision. Assembly Members have to report to the submetropolitan councils for the management of the public toilets. When the Chief Executive has granted his consent, the four submetropolitan councils are responsible for managing the operation and maintenance of the public toilets. When the private contractors managed the sites, the Assembly Members inspected them on behalf of the submetropolitan councils. Currently, the councils are still responsible for this supervision, so the Assembly Members are, in effect, monitoring themselves. This means that no one oversees the work done by the Assembly Members. Moreover, users no longer have an independent body at which to file their complaints. In the past, they could come to the WMD or to the Assembly Members with their complaints.

Furthermore, the Assembly Members do not pay a surtax to the submetropolitan councils. Due to insufficient funds, the councils do not have the money for major repairs. Therefore, the condition of the toilets is deteriorating. According to the present supervisors, another reason for this decline are the high costs of running the sites. They are not satisfied with the low user fees. As the research has shown, it is difficult at the moment to do even minor repairs. The facilities face many problems like blockages, water shortage, breakdowns of the plumbing, desludging and so on. It is not possible to discuss these problems with the Assembly Members or the submetropolitan councils due to lack of overall coordination.

It should be clear that the management of the toilets by the Assembly Members causes many difficulties. A third problem is the lack of experience of the Assembly Members in managing the public toilets. A final dilemma is the period of management by the Assembly Members. Elections for the Assembly Members take

place every four years. The next elections are due in 1998. It is not yet clear who will manage the toilets after the elections if they are not re-elected, the new Assembly Members or the Assembly Members who were removed from office. When the management of the toilet facilities is transferred to different people every four years, those responsible will not take good care of the sites because it is only temporary. During this period they can exploit the sites without investing in the facilities. As the years go by, the state of the public toilets will become worse and worse.

4.2.2 The role of the private contractors

In Kumasi, 44 private contractors used to manage the public toilet facilities throughout the city for several years. Their management was, according to the users, successful.

One of the possible disadvantages of privatisation is that it can give rise to a monopoly situation. However, because of the considerable number of contractors involved in liquid sanitation services in Kumasi, a monopoly situation is, for the time being at least, out of the question. Nevertheless, some contractors are more important than others and have larger enterprises (e.g. Albert Joseph & Co. Ltd, Planet Green and Sak-M & Co Ltd.). Almost all contractors are part of an organisation which meets every two weeks. One of the main topics discussed within the organisation is the above-mentioned lawsuit. Most private contractors have become unemployed since the Assembly Members began to manage the toilet facilities.

In addition to the successful management by private contractors, privatisation creates funds to develop much-needed infrastructure such as public toilet facilities. Finally, it provides more efficient services because the contractors have the necessary equipment to manage the toilet facilities, and they have a qualified staff.

4.2.3 Evaluation and monitoring

Evaluation and monitoring of public toilet facility management is necessary to improve the toilet services both now and in the future. Monitoring should be done regularly during the contracts with the Assembly Members or the private contractors. Inspections should also take place regularly, at least at the middle and end of the contract period, and this should be unannounced.

When monitoring, it is of primary importance to ensure that services are provided properly. Sites have to be clean, maintenance must be performed well, septic tanks have to be dislodged on time and the surtax must be paid regularly. Secondly, user satisfaction has to be measured. Furthermore, permanent monitoring must be done. This could be carried out by the submetropolitan councils, the WMD, a local committee or a group of users. The essential requirement is that the monitor is independent of the manager to prevent a potential conflict of interest. Users must have an independent body where they can file their complaints. The team must be able to monitor the situation at a site over time. That is why the team has to be permanent. To obtain better results, checks

must occur irregularly and unannounced. Fourth, meetings between the inspection team and the managers of the toilet facilities should meet regularly to solve any problems. Finally, monitoring arrangements have to be included in the contracts.

Strict criteria for evaluation should be established, with an emphasis on effectiveness, quality of service, and improving standards and user satisfaction. Furthermore, it is important to control the costs supervisors incur, perform a cost-benefit analysis and to control user fees and surtaxes. The negative as well as the positive aspects of management are equally important during evaluation.

4.2.4 Views of the various actors

Almost all the actors involved in providing public toilet services in Kumasi agreed that it would be better if the toilets were to become privatised again. Not only the private contractors want to manage the toilets themselves, but the WMD, the submetropolitan councils, the KMA and others feel that it would be better to re-privatise the toilets as soon as possible. Even some of the Assembly Members share this opinion. The research results clearly show that public toilet facility users also support privatisation.

When the toilets were in private hands they were managed better than they are now. Another argument for privatisation is that it enables the WMD, submetropolitan councils or local committees to make contracts with private contractors, thus definitively establishing the contract period and the amount of surtax due. Finally, when public toilets are run by private contractors, it is possible for the WMD, the local committees or the submetropolitan councils to conduct comprehensive inspection and control.

During a concluding seminar at the end of the study, a number of actors agreed that private contractors are better-equipped to manage the toilet facilities than the Assembly Members. In spite of this, the toilets still remained under the control the Assembly Members in September.

Chapter 5: Conclusions and recommendations

5.1 Conclusions

In the recent past, public toilet facilities in Kumasi have improved substantially. However, the effectiveness of the management leaves much to be desired, especially since the Assembly Members took over control of the toilet sites. This study showed that the management and maintenance of the toilet facilities are in great need of further improvement.

About 38 percent of Kumasi's population depends on public toilets. This number is not expected to decline significantly due to a predicted growth in population. Despite the installation of home facilities, the need for public toilets will continue to be great. Thus it is important to have clean and well-maintained toilets for all people who either lack facilities at home or who are visiting places like the CBD. Substandard sanitation and maintenance are currently major problems at most sites; service is very poor and the facilities are badly managed. Problems include stench, desludging, dirty sites and the lack of water, soap and towels. Furthermore, some sites are overused, do not have enough cubicles and most users are dissatisfied with the services. According to the research, only 10% are very satisfied with the public latrines they use the most at the moment. This low level of satisfaction must be addressed. Important goals in this regard include:

- reducing stench,
- better desludging services,
- more toilet sites and cubicles,
- water,
- cleanliness.

Financially, these goals are feasible since 41% of the users are willing to pay more if the conditions improve by paying more. If managers pay a surtax every month, there will be even more money available for major maintenance.

According to the research, organisational aspects are identified as some of the major causes of problems mentioned above. Due to lack of overall coordination and cooperation between the various actors, the management of the toilets is less effective than it could be. At present, no one feels responsible for running the toilet facilities. This is due to lack of clarity about the roles of the various actors involved in public toilet services.

Another important reason for the physical problems is the management of the toilets by the Assembly Members. This has created a monitoring problem. No one supervises the work of the Assembly Members and users no longer have an independent body at which to file their complaints. Furthermore, money to maintain the toilet sites and to build new sites is lacking because the Assembly Members do not pay any surtax. Finally, the Assembly Members lack experience in managing public toilets and they can be voted out every four years. It is not clear who will run the toilets after the 1998 elections: the new Assembly Members or the present ones. One can hardly view this system as an example of good management. It is better not to involve political interests in the management of such essential services as public toilet facilities.

Faced with all these considerations, toilet services continue to deteriorate in Kumasi. Further improvements require not only privatisation but the management and servicing of the public toilets must also become more efficient. This study will now conclude with some final recommendations for better management and improvement of public toilets in Kumasi.

5.2 Recommendations

As already stated, the level of cleanliness at the toilet sites have improved considerably since the franchise management scheme. However, there is still a long way to go to reach the desired levels of service. The conditions and services of public toilets in Kumasi are likely to improve if public toilets are privatised again in the future. As revealed by the research, the management of the toilets by private contractors instead of the Assembly Members was much more successful. To run public toilets effectively, it is important not to involve political issues in management. Thus, the most important recommendation of this study is to privatise the public toilet facilities. The aim must be to select well-established companies who are able to maintain the toilets at hygienic levels and meet the requisite standards. The criteria must be the same as that used during the franchise management scheme; general information and attachment, business plan, experience and special consideration.

Secondly, good management demands a clear separation between politics and public services. To obtain such a division the main problem, a lack of overall coordination, should be solved. Once this problem is done, sanitation services in Kumasi can be improved more easily and users will become more satisfied. To solve this problem a clear division of tasks must exist between the various actors involved.

To create this clear division of tasks, the KMA, through the WMD, must be responsible for determining the criteria considered for private contractors, for the agreement on contracts with private companies, for major maintenance of the toilets and for building new toilet sites. The managers of the toilets should, in turn, pay their surtax to the WMD. The WMD should also be responsible for monitoring the private contractors.

The four submetropolitan councils should be responsible for the selection of companies to manage the public toilet sites. Furthermore, these councils should be responsible for monitoring the private companies. In this case, the inspector must be independent of the manager. For users, it must be possible to complain to the submetropolitan councils about the management of the toilet sites. During the monitoring, strict criteria must be maintained regarding the delivery of services. These criteria must be made clear to the managers of the public toilets. It must be obvious to them what the consequences are when, for example, the toilets are not clean. It is only then that the problems listed above can be solved.

Effective monitoring and evaluation is necessary to solve the coordination problems. Ongoing monitoring and evaluation, coupled with strict criteria emphasising on effectiveness, quality of service, improving service standards and user satisfaction, will significantly clarify the roles of the various actors involved in public toilet services. Besides, this method of cooperation and coordination is easier than performing separate disjointed actions.

Another element that is important for improving public toilets is education.

It is also the responsibility of the users to help keep the site clean. Some users are concerned about infections caused by the toilets when they are not clean. Education programmes can teach the users how to avoid infections.

Finally, the KMA and WMD have to discuss possibly building new public toilet facilities in the future. At present, there is overuse at some sites and sometimes there are not enough cubicles. Despite the installation of home facilities, the demand will not decline significantly in the near future. When all managers pay their surtax, it is possible to perform major maintenance and build new sites.

As stated before, managing the toilets by private contractors instead of the Assembly Members was much more successful. Private contractors are willing to work hard to manage the sites because this generates profit. This is also the reason why they are willing to invest money in the toilet facilities and pay surtax. It is also to their benefit when the toilet sites are kept in good condition. Ongoing monitoring and evaluation will force them to continually service the sites. Presently, the Assembly Members are running the toilet sites simply to earn money. They are neither interested in the toilets nor their users. For the Assembly Members, being politicians, their primary focus is not the upkeep of toilets, and thus they are not prepared to invest money or find competent personnel. Therefore, the toilets are not being managed well by the Assembly Members.

These recommendations could be a solution to the problems of improving and managing the public toilet sites. Hopefully, this research will be a valuable contribution and will help stimulate effective and improved management of the public toilet facilities in Kumasi.

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Appendices

Appendix A: List of interviewed people

Kumasi Metropolitan Assembly

Akwasi Agyemang, N.	Chief Executive of Kumasi
Ampomah Mensah, C.	City Engineers Department Kumasi
Hammond, D.	Director KMA
Owusu-Akyaw, K.	Town and Country Planning Department Kumasi
Owusu-Ansah, S.	Medical Officer of Health Kumasi
Salifu, L.Y.	Sanitary Engineer, Urban IV-project, KMA
Tampuri, B.S.	Assistant Director KMA

Private Contractors

Agyemang, G.A.	Hygienic Quality Service
Harrison, I.M.	Small works contractor
Kwadgo, J.	Small works contractor
Kyei Mensah, N.	Sak-M Company Ltd.
Manu, G.	Small works contractor
Mensah Ephraim, A.	Albert Joseph & Co. Ltd.
Oppon-Niosour, Rev. S.Y.	Oppon-Niosour & Co. Ltd.

Waste Management Department

Danso	Head WMD
Mensah, A.	Assistant of head WMD
Mensah, J.C.	Community Development Officer

Submetropolitan councils

Adu-Boampong, K.	Bantama administrator
Afari, E.	Subin administrator
Akuoko, H.A.	Manhyia Medical Officer of Health
Beru, P.V.	Bantama WMD
Frempong Boadu, O.	Asokwa administrator
Fugah, Rev. S.K.	Asokwa government appointee
Osei, P.K.	Subin WMD
Osei M.	Manhyia administrator

Others

Antwi-Adjei, S.	Assembly Man of Nsian Asare, Kumasi
Asamoah, E.	Ex-KMA
Cornah, F.	Catholic Graduates for Action
Foli Drah, G.	Chairman Works Committee, Assembly Man
Kujan-Tira, T.	Ex-Assembly Man
Osei Kofi, J.	Catholic Graduates for Action
Valentin, J.	Catholic Graduates for Action

Appendix B: List of public toilet sites selected for interviews

- Allah-Bar
- Amaah-Agric Bank
- Anloga
- Bomso
- Central Market
- Nsuo Ase
- Okyokohen

Appendix C: Questionnaire for users of public toilets

1. Sex of respondent:
male / female
2. What is your age: _____
3. What is the highest level of school which you have completed:
never / primary / junior secondary / senior secondary / university / other
(specify)

4. Marital status:
single / married / divorced / widow
5. Do you have employment:
 - a) not employed
 - b) employed (what kind of employment)

6. If not employed, how do you pay the user charges:

7. Why are you using this public latrine:
 - a) no facility at home (GO TO PAGE 5)
 - b) working in this area
 - c) visiting this area
 - d) other (describe) _____
8. Do you usually visit only this public latrine or also other public latrines:
 - a) this public latrine
 - b) other (where) _____
9. Since when have you been using this public toilet/or other public toilets in Kumasi:
no. ___ days / ___ weeks / ___ months / ___ years
10. Has the price you have to pay for using the public toilets changed during this period:
 - a) no
 - b) can't tell
 - c) yes (describe) _____
11. How much do you pay to use the public latrine:
cedis per visit: _____
12. Are you satisfied with the amount you pay:
 - a) yes
 - b) no (describe)

13. Which members of the society are to be allowed in free or could be charged half tariffs
 children: free / half tariffs
 disabled: free / half tariffs
 old people: free / half tariffs
 others _____
14. Frequency of visit:
 ___ day / ___ week / ___ month
15. Total amount of money spent per
 ___ day / ___ week / ___ month for using the public toilet
16. Do you know how much money the members of your household -including yourself- are spending per day ___ / week ___ / month ___ using the public latrines
17. What type of service do you get for the money:
- | | |
|-----------------------------|-----------------------|
| a) anal cleansing materials | <input type="radio"/> |
| b) water | <input type="radio"/> |
| c) soap | <input type="radio"/> |
| d) towels | <input type="radio"/> |
| e) other (describe) _____ | <input type="radio"/> |
18. Has these services changed during the years:
- | | |
|-------------------|-----------------------|
| a) no | <input type="radio"/> |
| b) can't tell | <input type="radio"/> |
| c) yes (describe) | <input type="radio"/> |
| _____ | |
19. Which type of public toilet do you prefer most:
- | | |
|---------------------------|-----------------------|
| a) KVIP | <input type="radio"/> |
| b) bucket latrine | <input type="radio"/> |
| c) WC | <input type="radio"/> |
| d) aqua privy | <input type="radio"/> |
| e) other (describe) _____ | <input type="radio"/> |
20. Why do you prefer this type of sanitary system most:
- | | |
|----------------------------|-----------------------|
| a) type of sanitary system | <input type="radio"/> |
| b) money | <input type="radio"/> |
| c) easy to reach | <input type="radio"/> |
| d) other (describe) _____ | <input type="radio"/> |
21. Which type of public toilet do you prefer the least:
- | | |
|---------------------------|-----------------------|
| a) KVIP | <input type="radio"/> |
| b) bucket latrine | <input type="radio"/> |
| c) WC | <input type="radio"/> |
| d) aqua privy | <input type="radio"/> |
| e) other (describe) _____ | <input type="radio"/> |

22. Why do you prefer this type least:
- a) type of sanitary system
 - b) money
 - c) not easy to reach
 - d) other (describe) _____
23. What type of sanitary system does your household most frequently use?
- a) KVIP
 - b) bucket latrine
 - c) WC
 - d) aqua privy
 - e) other (describe) _____
24. How would you describe the condition of this public latrine:
- a) cleanliness good/fair/poor
 - b) privacy good/fair/poor
 - c) services good/fair/poor
25. How far did you have to walk to this public toilet
- a) no. of houses:
 - b) minutes:
 - c) no. of meters/yards:
26. How satisfied are you with the public latrine you now use:
- a) very satisfied (GO TO QUES. 28)
 - b) satisfied
 - c) not satisfied at all
27. If not satisfied, what has to change in the condition of public toilets in Kumasi:
- _____
28. Are you willing to pay more money for better conditions and services:
- a) no
 - b) yes (how much and for which conditions/services)
- _____
29. Do you prefer paying
per visit / per day / per week / per month
30. Why do you prefer this paying system:
- _____
31. Are you willing to pay for urinals:
- a) no
 - b) yes
32. What do you think of free urinals at the public toilet buildings:
- _____

33. What do you want to do yourself for better toilet facilities in Kumasi

34. What is your monthly income:
cedis per month:

35. What are the general problems in the use of public toilets:

- END -

NO FACILITY AT HOME

8. Do you usually visit only this public latrine or also other public latrines:
 a) this public latrine
 b) other (where) _____
9. Since when have you been using this public toilet/or other public toilets in Kumasi:
 no. ___ days / ___ weeks / ___ months / ___ years
10. Has the price you have to pay for using the public toilets changed during this period:
 a) no
 b) can't tell
 c) yes (describe) _____
11. How much do you pay to use the public latrine:
 cedis per visit: _____
12. Are you satisfied with the amount you pay:
 a) yes
 b) no (describe)

13. Which members of the society are to be allowed in free or could be charged half tariffs:
 children: free / half tariffs
 disabled: free / half tariffs
 old people: free / half tariffs
 others _____
14. Frequency of visit:
 ___ day / ___ week / ___ month
15. Total amount of money spent per
 ___ day / ___ week / ___ month for using the public toilet
16. How many adults live in his/her household:
 number of adults: _____
17. How many times per day does each adult of your household go to the public latrine:
 no. of trips per day ___ / week ___ / month ___
18. How many children live in your household:
 number of children: _____
19. Do you know how much money the members of your household -including yourself- are spending per day ___ / week ___ / month ___ using the public latrines

20. What type of service do you get for the money:
- a) anal cleansing materials
 - b) water
 - c) soap
 - d) towels
 - e) other (describe) _____
21. Has these services changed during the years:
- a) no
 - b) can't tell
 - c) yes (describe) _____
-
22. Which type of public toilet do you prefer most:
- a) KVIP
 - b) bucket latrine
 - c) WC
 - d) aqua privy
 - e) other (describe) _____
23. Why do you prefer this type of sanitary system most:
- a) type of sanitary system
 - b) money
 - c) easy to reach
 - d) other (describe) _____
24. Which type of public toilet do you prefer the least:
- a) KVIP
 - b) bucket latrine
 - c) WC
 - d) aqua privy
 - e) other (describe) _____
25. Why do you prefer this type least:
- a) type of sanitary system
 - b) money
 - c) not easy to reach
 - d) other (describe) _____
26. What type of sanitary system does your household most frequently use?
- a) KVIP
 - b) bucket latrine
 - c) WC
 - d) aqua privy
 - e) other (describe) _____
27. How would you describe the condition of this public latrine:
- a) cleanliness good/fair/poor
 - b) privacy good/fair/poor
 - c) services good/fair/poor

28. How far did you have to walk to this public toilet
- a) no. of houses:
 - b) minutes:
 - c) no. of meters/yards:
29. How satisfied are you with the public latrine you now use:
- a) very satisfied (GO TO QUES. 31)
 - b) satisfied
 - c) not satisfied at all
30. If not satisfied, what has to change in the condition of public toilets in Kumasi:
- _____
31. Are you willing to pay more money for better conditions and services:
- a) no
 - b) yes (how much and for which conditions/services)
- _____
32. Do you prefer paying
per visit / per day / per week / per month
33. Why do you prefer this paying system:
- _____
34. Are you willing to pay for urinals:
- a) no
 - b) yes
35. What do you think of free urinals at the public toilet buildings:
- _____
36. What do you want to do yourself for better toilet facilities in Kumasi
- _____
37. What is your monthly income:
cedis per month: ____
38. What is the monthly income of your household:
cedis per month: ____
39. What are the general problems in the use of public toilets:
- _____

Appendix D: Questionnaire for supervisors of public latrines

1. Sex of respondent:
male / female
2. What is your age: _____
3. What is the highest level of school which you have completed:
never / primary / junior secondary / senior secondary / university / other
(specify)

4. Who owns this public toilet:
 - a) KMA 0
 - b) private contractor (name) 0
5. Since when have you been running this public toilet:
____ months / ____ years
6. How much do you earn from user charges usually
cedis per day: _____
cedis per month: _____
7. How much visitors per day do you have usually
visitors per day: _____
8. What kind of users do you normally have:
 - a) residents 0
 - b) visitors 0
9. What kind of costs do you have per month usually in cedis
salaries: _____
desludging: _____
soaps: _____
toilet paper: _____
water: _____
electricity: _____
maintenance: _____
others (specify): _____
10. Do you have to pay taxes to the KMA:
 - a) no 0
 - b) yes (how much per month): _____ 0
11. What does the KMA offer you for that money:

12. What is your monthly income as contractor:
cedis per month: _____

13. How many people do work here:
 no. of labourers: ____
 no. of tariff collectors: ____
 no. of supervisors: ____
 no. of operators/contractors: ____
14. Can you find labourers for this work:
 a) yes 0
 b) no (why not): _____ 0
15. What do users have to pay per visit:
 cedis per visit: ____
16. Are you satisfied with that price:
 a) yes 0
 b) no (why not): _____ 0
17. What type of services do you deliver for this money:
 a) anal cleansing materials 0
 b) water 0
 c) soap 0
 d) towels 0
 e) other (describe) _____ 0
18. Has these services changed during the years:
 a) no 0
 b) can't tell 0
 c) yes (describe) _____ 0
19. Would you introduce new services:
 a) no 0
 b) yes (which services and what would be a fair price): 0

20. Are you interested in a paying system
 per visit / per day / per week / per month
21. Which members of the society are to be allowed in free or could be
 charged half tariffs
 children: free/half tariffs
 disabled: free/half tariffs
 old people: free/half tariffs
 others (describe) _____
22. Are some users unwilling to pay
 a) no 0
 b) yes (who and why) _____ 0

23. What do you do with users unwilling to pay

24. What kind of problems do you have to be aware of periodically
- | | | |
|----|----------------------------------|-----------------------|
| a) | blockages | <input type="radio"/> |
| b) | leakages | <input type="radio"/> |
| c) | water shortage | <input type="radio"/> |
| d) | breakdowns of plumbing mechanism | <input type="radio"/> |
| e) | desludging | <input type="radio"/> |
| f) | cleaning | <input type="radio"/> |
| g) | others (describe) _____ | <input type="radio"/> |
25. How can these problems be solved:

26. What are the opening hours of this public toilet
- | | |
|------------------|-----------------------|
| 24-hours per day | <input type="radio"/> |
| 7-days per week | <input type="radio"/> |
27. What's the difference between public toilets managed by KMA or managed by private contractors?

28. Do you interact with the KMA
how frequently, hours per month: _____

on what subject: _____

with which person: _____
29. Who's making decisions about sanitation conditions in Kumasi
sanitation services: _____
sanitation facilities: _____
sanitation sites: _____
30. Who determines user charges:
you (which method do you use): _____

outsider
(which outsider, relationship, do you have a say in the user charges):

31. Who takes care of the desludging:

32. Who should take care of the desludging:

33. What do you have to pay for desludging:
 cedis per week: ____
 cedis per month: ____
34. What kind of record keeping system do you use:
 a) none
 b) users a day
 c) money collect per day
 d) costs per day
35. Is there any association for operators:
 a) no
 if no, are you interested in an association: yes / no
 b) yes (do you get benefit from them, what kind of benefit):

36. Do you receive any external financial support
 a) no
 b) yes: KMA / World Bank / other (describe)

37. Do you think your services must be improved:
 a) no
 b) yes (what kind of services do you like to introduce):

38. How can sanitation services in Kumasi be improved:

39. What do you think of free urinals at the public toilet buildings:

40. What kind of realistic alternatives for sanitation conditions in Kumasi
 are possible in the future:

- END -





