



Quick Stakeholder / Context Analysis of Public Toilets in Kumasi, Ghana: Initial Recommendations for WSUP

Ken Caplan / BPD
June 2010

This document provides an initial situational and stakeholder analysis of public toilets in Kumasi, Ghana, and some reflections on channels that the WSUP-supported project might like to pursue or build on. The analysis is not intended to be comprehensive at this time, but to further the thinking on how best to support a programme that ensures that public toilets more effectively meet the needs of poor households in Kumasi. Although the situation may be somewhat different in other Ghanaian cities, this programme of work may very well lead to a wider influencing agenda in the country. The analysis is based on a series of interviews, site visits and a brief review of available literature over a 10-day period in June 2010. It is understood that there is likely to be further follow-up on this programme of work as the project continues to develop its strategy on public toilets for Kumasi.

The starting point and key assumption for this review has been that the current provision of public toilets in Kumasi does not meet an acceptable standard of quality and accountability. The team had the opportunity to visit several public toilet facilities in the city. A few of these were recently renovated or new builds and the standard of their service was impressive. The majority, however, represented a clear public health risk.

Acronyms

AM – Assembly Members

BOT – Build Operate and Transfer

EHO – Environmental Health Officers

KMA –Kumasi Municipal Assembly

PPP – Public Private Partnership(s)

ROT – Rehabilitate Operate and Transfer

SMD – Sub-Metropolitan District

WMD – Waste Management Department

WSUP – Water and Sanitation for the Urban Poor

Background

This section provides some historical background on those aspects of Kumasi's public toilets that are most relevant to a possible approach supported by WSUP.¹

Housing – Kumasi is considered the commercial capital of Ghana, located at several cross-roads in the country. Traditional wealth in the city is based on cocoa, timber, gold, and its position as the seat of the Ashante kingdom. The population is approximately one million, with a significant part of the population in the centre of the city living in rental property in large tenement housing (3-5 storey buildings that also have commercial functions) or in compound housing with 10-20 rooms.² Such tenement buildings historically relied on night soil systems or pan latrines for human waste disposal. However, this was outlawed in the 1990s as a public health hazard, since the pans were often dumped into open drains or on empty land. Banning pan latrines was a major impetus for the widespread reliance on public toilets.

Tenement blocks may have one or two toilets, shared by 20 or more families. The toilets may be connected to a septic tank that quickly fills up. Immediately after construction, a single landlord may have rented out the property to a number of families. Over time, such landlords may have parcelled out the property by dwelling or room to family members to take over as landlord. Thus a single building may now include properties owned and rented out by a number of landlords, the majority of whom are most likely not living on the premises.

As a result of this situation, estimates suggest that up to 70 percent of the population lives in rental accommodation (one of the highest percentages in African cities). Such accommodation is unlikely to provide individual toilet facilities for each resident family. Individual households will not have recourse to persuade off-site landlords, who do not have any incentive to invest, to improve sanitation facilities for their tenants. Consequently the number of people in Kumasi estimated to be regularly relying on public toilets is upwards of 40 percent of the population. Although wealthier populations will have access to toilets in their houses, the use of public toilets is very prevalent across all segments of society and cross-sections of the city.³

From the air, one can see vast numbers of unfinished construction projects taken on by individuals in the peri-urban areas or outskirts of a rapidly-spreading Kumasi. Homeowners only continue the construction as household moneys become available. These vacant buildings quickly turn into sites for squatters, hideaways, vandals, overgrowth, dumping and open defecation. It was suggested that most of this will

¹For a more comprehensive history, the reader is referred to Ayee and Crook, *"Toilet Wars": urban sanitation services and the politics of public-private partnerships in Ghana*. IDS Working Paper 213, December 2003. For by-laws, policy and procedures, the reader is referred to the National Environmental Sanitation Policy – updated version approved April 2010]

² Most of WSUP's initial emphasis has been on working with the Sub-District of Oforikrom. Most housing in this area is at ground level.

³ Nationally, Ghana's population is split almost evenly 50/50 in urban and rural areas. According to Joint Monitoring Program statistics, Ghana has the highest ratio of shared latrines in the world – 70 percent of people living in urban areas and 38 percent of people living in rural areas. Thus, over half the national population use a shared latrine.

become owner-occupied, with some provision made for rental accommodation to generate further income for the owner.

All new builds in Kumasi are required to prove adherence to the law and to be inspected by Environmental Health Officers (EHOs). EHOs are supposed to issue certificates of habitation - which includes certifying that a toilet has been installed - before the property can be occupied. (Several people suggested that this often takes place for owner-occupier properties, but that new builds for the rental market and particularly for poorer segments of society might very well be able to get around the regulations.) Whilst there was little evidence of significant new construction in the centre of the city, one public toilet operator near the central marketplace suggested that he had already seen a reduction in walk-in traffic in his privately-managed operation. He speculated that this was a result of laws stating that new builds must have a toilet facility. Whilst this may be reducing his numbers, competition from other, recently upgraded public toilets within easy walking distance was the more likely reason. (As discussed below, estimates of walk-in numbers are important as they are the key determinant used to calculate tax to be paid by public toilet franchisees to the city.)

Public Toilets – As noted above, approximately 40 percent of the population, or 400,000 people, make regular/daily use of 356 public toilet facilities across the city of Kumasi. Per facility then, this amounts to an average of 1,000 users per day for defecation, and potentially several thousand more for urination or menstrual hygiene purposes. (Some facilities offer separate areas for defecating or only urinating.) Such facilities usually consist of a row of toilet cubicles, with separate blocks for men and women. Different facilities with different service levels could be located on the same site or on adjacent sites. Service levels generally reflect how well the facility is maintained. Premium services may provide a ceramic squat toilet or western toilet, fans on the ceiling, doors on the cubicles, radios or other sound systems, an allotment of toilet roll on payment and entry into the facility, and may be tiled, nicely painted, and cleaned regularly. The other end of the spectrum consists of a hole in the floor with two foot pads, walls that are rarely if ever cleaned and are soiled with mud or faeces, little or no water for washing, no lighting etc.

Some public toilets are used at the community level by “regular” customers. Others, in the markets and city centre, have a more transient customer base. (Initially public toilets were constructed primarily around these transient sites – markets or public green spaces where funerals or other events were held – particularly as people had access to pan latrines in their homes.) With regard to these “community toilets”, it was said at one public toilet site in Oforikrom (a Sub-Metropolitan District on the outskirts of central Kumasi) that the community definitely felt the



new public toilet blocks were “for them”. It would appear that this distinction is a critical one in terms of the role the community might have in supporting the selection of an operator, or demands they might make with regard to cleanliness, price and opening hours. It may also influence the way the community might seek to protect the operating status from encroaching elected or public officials. As for the more transient sites, this connection with the user would be less evident. (*See general literature on this for more analysis including from India and other countries available on the internet.*)

The Kumasi Metropolitan Assembly (KMA) has determined that 20ps (Ghanaian Cedi 0.20 or GBP £0.09) is the maximum charge for using a public toilet. In practice, numerous public toilets around the city charge 30ps for a premium service.

However, some further away from the city centre only charge 15ps for a premium service, presumably because the franchisees recognise what

people are able and willing to pay. The charges for the different service levels are clearly posted on the entry gates of the facility.⁴ Thus an older, less well maintained site could charge 10ps, immediately next to another site that charges 20ps for a better maintained facility, and another that charges 30ps for a premium service. A quick observation of walk-in traffic in a few different locations in the market and central business district area of the town seemed to suggest that the 20 and 30ps were the preferred choice of a majority of users. However, the 10ps option seemed to be used more by younger men. One site near the main market in Kumasi offered an area for urinating that was free to the public. Further analysis may be required around



New build toilet facility that was to be opened within days of the team visit.

affordability and usage by different segments of society and through a gender analysis, based on whether such facilities are only used for defecation and what are the factors that influence “free-ranging” (open defecation).

Land for public toilets is allocated through a demarcation provision done by the Town and Country Planning Department of the Kumasi Metropolitan Assembly.

⁴ Technically school children (in uniform) and the aged are not meant to pay. None of the operators suggested though that certain populations could access the service for free though.

The Planning Department (presumably with support from the Waste Management Department) has a formula to determine what is needed for solid waste collection (transfer sites and landfill sites) and sanitation facilities. There is also supposed to be a process by which the municipality acquires the required land. In reality, the Assembly has “not really gone through this process of acquisition”. (More details on how this process works might be needed.)

As to the provision of public toilets, the city of Kumasi relies on three primary models: facilities run by Sub-Metropolitan Districts, by Assembly Members or by private franchisees.

Facilities run by the Sub-Metropolitan Districts (SMDs) – Each of the 10 SMDs has taken over the operation of public toilets in their area. In the absence of other significant revenue-generating options, SMDs rely on the public toilets as a substantial part of their internally generated budget. In theory, the SMDs remit 50 percent of their revenue to the Kumasi Metropolitan Assembly. The KMA is then supposed to send these funds back out to the SMDs or use them for wider city projects. It is unclear how this works in practice. Some suggest that the SMDs do not remit the funds to the KMA, as they do not trust them to send it back. Others suggested that the KMA receives the money from the SMDs but does not send much of it back for fear that it will be misappropriated.

Facilities run by Assembly Members – At present almost all of the 60 elected Assembly Members in Kumasi have the option to claim “ownership” over a public toilet. The Assembly Members usually contract out their operations and maintenance. The history of this arrangement is complicated and fraught with politics. In a nutshell, prior to 1993, a number of public toilets were privately managed or managed by community groups with an agreement that the operators could charge users. The system did not work well as operators could not cover their costs, and the upkeep of the toilets suffered as a result. (Around 1990, a new public administration system was put in place with Assembly Members then being elected by constituents in set jurisdictions.) In 1993, with the abolition of pan latrines as a catalyst for greater use of public toilets, Assembly Members seized an opportunity to forcibly take over public toilets in their jurisdiction from franchisees. The holders of the franchises took the Assembly Members to court with the then mayor of Kumasi refusing to get involved. The case went on for a year with the court eventually ruling on the side of the franchisees and the Assembly Members relinquishing their rights.

In 1994, Assembly Members unanimously agreed not to renew the franchisees’ licenses, so the Sub-Metropolitan Districts had to take over operations. The Presiding Member of the Assembly tried to intervene, but the Assembly Members threatened a vote of no confidence. The Presiding Member left office soon thereafter. His successor also tried to intervene but suffered the same fate. The mayor at the time, who was notoriously corrupt, decided to resolve the issue by giving one public toilet site to each supportive or loyal Assembly Member (Crook, p.7). However, some took over more than one facility and it quickly became enshrined practice for Assembly Members to “run” public toilets. In subsequent elections, it was perceived that public toilets was such a critical part of people’s lives that incumbent Assembly

candidates could easily use improved toilets as a way of manipulating voters to re-elect them, or that degraded toilets could be a launching point for new candidates.

In fact, the *Guidelines for the Provision, Operation and Maintenance of Public Toilets* issued by the Ministry of Local Government and Rural Development categorically states that “due to widespread abuse in the past, the practice of Assembly Members managing public toilets is not permitted.” Assemblymen are also debarred from “being involved in firms bidding for toilets within their own constituency.” In practice though, as discussed throughout this document, most Assembly Members continue to run at least one public toilet facility in their jurisdiction.

Facilities run by Private Franchisees under Build, Operate and Transfer (BOTs) contracts – Franchising of public toilets in Kumasi was initially introduced in the mid-1980s or early 1990s after a long period of public management. Lack of investment in public toilets by the franchisee and an adequate water supply quickly resulted in their degradation, partly due to a failure of the Aqua Privy technology, which required a water seal. In the mid-1990s, the KMA therefore introduced a revised system of BOTs or ROTs (Rehabilitate, Operate and Transfer) that allowed private business people to bid on the rehabilitation of old public toilet blocks or the construction of new toilets. A tender and bidding system was introduced with franchisees expected to find their own investment funds. They do not pay a contract signing fee but pay a tax to the SMDs that is calculated based on the number of projected users.⁵ The tax can be renegotiated with the KMA if walk-in traffic decreases. Initial calculations, prior to the issuing of the contract, are done by the Kumasi Planning Department in



conjunction with the Waste Management Department.

Subsequent calculations are carried out in conjunction with the SMDs on a yearly basis (*again see Guidelines for calculation forms*).

BOT and ROT contracts are generally signed for between 15 and 24 years, to allow for the franchisee to recover his/her investment and

ensure a profit. In practice, there has been no transfer back to the SMDs, the KMA or to other franchisees. The few business people interviewed during the week in Kumasi suggested that the business was attractive as it provided stable and secure income. (Using the most basic calculations, even assuming 500 users a day - half the municipal average assumed above of 1,000) - the gross income for the operator per

⁵ See *Guidelines for the Provision, Operation and Maintenance of Public Toilets*, Ministry of Local Government and Rural Development for calculation forms and other information on the bidding process.

day charging 10, 20 and 30 Ghanaian ps per user would equal US\$35, US\$70 or US\$105 per day or US\$12,775, US\$25,550 or US\$38,325 per year.)

Practically speaking, to call these arrangements BOTs or ROTs seems something of a misnomer, as none have ever been transferred back to the KMA or to a different operator, either for malfeasance or through a lower bid at the end of an agreed contract.

Upcoming Elections – At the time of writing, the next election is scheduled for October 2010. One option proposed by the WMD is for them to take back the Assembly Member sites during the period between the election and the new Assembly taking over. Whether or not this will work depends on whether those newly elected have done their homework and know that a public toilet comes with their election into post. It is also uncertain what the existing Assembly Members' response will be and whether they will try to hold on to the facility even if voted out. The winning party may decide to take over all public toilets, or not to interfere with those that are BOTs or ROTs, recognising that these are run by private companies with clear contracts with the City. It is uncertain how a transfer would work from one Assembly Member to another in terms of continuity for the community.

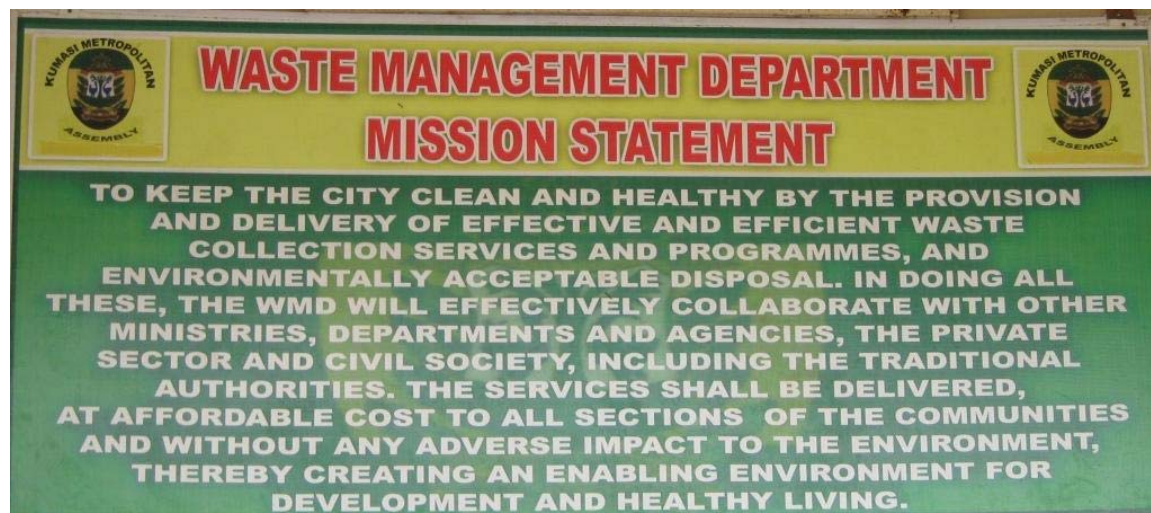
Key Stakeholders

Kumasi Metropolitan Assembly is made up of 10 Sub-Metropolitan Districts, which include 24 Town Councils. Within each Town Council jurisdiction, a Unit Committee is the most localised level of government looking after neighbourhood interests. The Unit Committee can draw up the arrangements for how income (either tax at 25% - 30% of estimated revenues or direct user fees) from public toilets in its jurisdiction will be used. The analysis below seeks to highlight some of the key interests, risks, and responsibilities that these different stakeholders have in public toilets in Kumasi.

[At a later stage, it would be helpful to further expand on the flow chart shown towards the end of the document that begins to underscore the relationships between different stakeholders in terms of financial flows, "contracts", and roles and responsibilities.]

Waste Management Department (WMD) – The WMD's key function or responsibility with regard to public toilets in the city of Kumasi is to ensure that the provision of the service is technically sound and meets the needs of the users. There is much room for different interpretation of roles between different authorities. However, broadly speaking, this responsibility translates into approving the design of new facilities or rehabilitation of older sites. However, the WMD plays a secondary role to the Environmental Health Department in ensuring that standards are met. Although franchise contracts are signed with the Sub-Metropolitan Districts, the WMD ensures that documentation (including contracts for and inspections of the facility) is handled and managed effectively. Although the primary function around new builds is with the Kumasi Planning Department, the WMD supports analysis of priority areas and levels of need around the city. It then supports the calculations around use to determine the operator investment recovery period and monthly surtax. Further information about the formulas used would be helpful.

With the exception of the BOTs, asset ownership of public toilets rests with the KMA. For BOTs, during the contract period, the asset ownership is with the franchisee. After that, ownership reverts to the KMA. The WMD facilitates the tendering process in each of the SMDs, although as stated above, the winning bidder signs the contract with the Sub-Metro (SMD).



In terms of internal capacity, the WMD staff tend to be more highly trained than other professional departments in the city. There are a number of civil, sanitary and mechanical engineers, but only one fully trained Public Health Officer, whose job (in contrast to the Environmental Health Officers discussed below) is more on the preventative side of public health issues.



According to the WSUP Project Manager in country, some \$50 million is received from donors for sanitation across Ghana. Presumably some of this finds its way to Kumasi. However, according to the head of the WMD, the Department does not currently receive funding from donors for public toilets. *(Further information should be sought from the*

World Bank and Water and Sanitation Program to understand more about their investments in sanitation in Ghana. Presumably some funding is available to Kumasi through the UESP2 programme that is working in five Ghanaian cities.) The WMD's income comes from municipal transfers, emptying charges for latrines (though some use private companies for this service)⁶ and tipping fees at landfill sites. As such, it does not

⁶ Cesspit emptying was primarily done manually at huge health risk to city workers. In the 1990s, the service was privatised but with much disgruntlement from workers and also from certain factions who saw emptying as a major source of revenue for the city. Initially the city had the only suction truck but in recent years various companies have bought their own.

receive any budget to engage in public toilets. However, the biggest challenge for the WMD around public toilets and probably other environmental issues in Kumasi, as stated in different ways in all of the related literature, is to find a way for the professional and technical staff to overcome the patronage relations between politicians and contractors.

Environmental Health Officers – EHOs are employed by the Environmental Health Department, which is a separate division from the WMD in the Kumasi Metropolitan Assembly. Like the WMD (and the KMA more broadly), structurally the EHOs' primary linkage is to the Ministry of Local Government. Thus they report both to the Coordinating Director (equivalent to the City Administrator or Municipal Manager) for the Municipality and to the Regional Environmental Health Officer. With regard to public toilets, their key function or responsibility is to detect and inspect "nuisances" or violations that might have an impact on public health and safety. Thus, whilst the WMD function is geared towards design and implementation, the EHOs' responsibility is more related to law enforcement in relation to public health standards and requirements. They are also responsible for hygiene promotion. In some instances, EHOs respond to complaints received from members of the community, but in most cases it appears that they are responsible for detecting such violations through routine walkabouts in communities. The remit for EHOs is wide, ranging from disease control to hazardous construction practices, to problems of drainage and air pollution. Their remit encompasses everything from public toilets to food vendors to household and industrial violations.

The city has a total of 203 environmental health staff. The majority of these are "Sanitation Guards" employed through the National Youth Employment Programme. It is uncertain whether such NYEP recruits are graduates from secondary school or have other formal training. Environmental Health Officers and Assistants undergo a formal training and certification programme. These 203 staff are divided across the 10 SMDs and rotated on a yearly basis, to prevent them from becoming co-opted through over familiarity with the areas they are covering. Their equipment and resources are extremely limited. EHOs have no budget to do community education, but rely on the KMA for an allocation of programme funds (which is promised yearly but never seems to materialise). Money from abatements and violations is paid through the courts to Central Government, with the understanding that 50 percent of these funds are supposed to come back to Kumasi.

Much like for the WMD, a key challenge for the EHOs with regard to public toilets is whether they can take on vested interests and hold politicians to account. They do receive occasional complaints regarding 2-3 Assembly Members in particular who are not managing their facilities properly. However, following these up is not easy - it appears difficult enough to hold the general public to account, given that police often need to be paid to arrest people who have not come forward when summoned by the courts.

As noted above, both the head of the WMD and the head of the EHOs report to the Metropolitan Co-ordinating Director. Based on discussions with representatives from each of these offices, it seems that collaboration between the two departments is

not particularly strong. Some further discussions would reveal what incentives and disincentives exist for further collaboration on both sides.

[As an aside and perhaps only marginally related to public toilets, what might be helpful for the EHOs is to find a way to more effectively categorise and support the logging of “notices for abatement” to see where the most serious infringements (by type and location) lie. This might allow the city to find a way to prioritise its efforts. As many as 200 notices are lodged each day across the city. Even analysis of one week’s worth of these would provide a useful baseline for the Municipality to understand the nature of both complaints and infractions.]

Kumasi Planning Department – The Kumasi Planning Department reports directly to the Mayor and is tasked with determining appropriate strategies to implement the legislation and decisions taken by the Assembly. With regard to public toilets, the Kumasi Planning Department is meant to support the development of the Kumasi Strategic Sanitation Plan. The last completed Sanitation Plan, led by WMD, covered the period up until 2005 and called for an increased role for the private sector in the provision of public toilets. However, there might be some conflicting messages coming from the National Environmental Sanitation Policy that seek to discourage construction of public toilets in residential areas in order to encourage the construction of more household toilets. If possible, WSUP should seek out a copy of the Kumasi Sanitation plan to understand any potentially conflicting elements with the National Sanitation Policy, to determine how best to support an updating process, and to better understand areas of compliance and policy for those construction projects that WSUP directly supports.

The Planning Department also has the responsibility of ranking projects for investment in order to determine how best to allocate public funds - although it was unclear to this researcher what criteria is used in determining the ranking. Once this is done, the Mayor then “ensures that the rankings also reflect the political interests of the city.” Specifically with regard to public toilets, the Planning Department does the number crunching to determine the profitability of a particular facility. These calculations combine the cost of construction or rehabilitation, projected operations and maintenance costs and the projected income from users at specific tariff levels. The challenge for the Planning Department is to avoid political interference from Assembly Members.

Assembly Members – The Assembly is the highest decision-making body in the city. The Mayor of the municipality is nominated by the President of the country, but the Assembly can accept or reject this nomination through a vote of no confidence. Assembly Members are elected every 4 years as unpaid legislators for the city. The role is supposed to be part-time, but some make it full-time, coming into the KMA offices several days a week. Technically the Assembly should be convening around 4 times a year to pass legislation, with Assembly Members receiving sitting allowances for these sessions. They operate at the local level with the Unit Committees, but are also meant to legislate at the more macro city level. This duality conflates many local and city-wide issues, which, according to one or two interviewees, leaves the 87-strong membership (60 elected and 27 as public servants) struggling to make decisions.

According to the literature (Role of City Governance, p.5), “Assembly Members do not seem to be highly regarded by the public, being accused of interest only in their “sitting allowances” and of failing to deliver development in their communities.” However, the sitting allowances are the only remuneration received by Assembly Members and were only reported to be roughly 12 Cedis per meeting (UK£5.50) - a relatively insubstantial income figure if meetings are actually so infrequent.

Assembly Members suggested that people do not understand their “plight” in relation to the costs associated with taking on the position. Each AM is expected to attend all community functions (funerals, school events, etc.) and to make

contributions and donations (and cover any travel costs they might have to get to the more remote parts of their jurisdictions). With only sitting allowances and without other related income streams, this makes the prospect of sitting as an AM quite expensive. Some stated that a new constitution could rectify this situation both by providing a salary to Assembly Members and by potentially reducing the numbers, which would also ensure that the elected body is more effective.

“Do you think we really want our names attached to toilets?”

60 Elected Assembly Members each manage a franchise site and many are probably using part of the income to run their local offices.

This is documented not through a contract with the City, but through a letter confirming the arrangement. Although they are meant to abstain from decision-making processes that involve any conflicts of interest, Assembly Members may also be shadow investors in other BOT contracting companies, or may support business people in getting rights to the land or permits. However, with regard to public toilets, Assembly Members are both “players and referees at the same time.” The KMA, of which the Assembly is the primary decision-making body, is supposed to ensure that environmental sanitation services are provided effectively.

“How can the KMA sign a contract with the Assembly Members? That would be like signing a contract with yourself. How can they be player and referee at the same time?”

It is possible that failing to meet the public toilet needs of their communities could be cause enough for AMs to be voted out of office, given the high usage among rental populations. It could also be the single ‘straw that breaks the camel’s back’, seen as a representation of their greed or incompetence. Public notice boards at each latrine site with information on the management arrangements would allow for greater accountability.

As stated above, the next election is in October 2010. It is unclear at this time whether public toilets will be a major part of the public discourse prior to the election. Voter turnout for local elections has been quite low (27 percent in 1998), presumably because people do not think that their vote makes much difference. *[It may be useful to have figures for more recent years and to understand the party dynamics around local elections.]* According to several Assembly Members, ideally they would not really want to be so closely associated with public toilets for fear of losing their seats.

[For WSUP, a greater understanding of how decisions are taken at the city level would be helpful. The literature (Role of City Governance) suggests that “Kumasi’s AMs ... are constrained by a system in which they have relatively little say in the decision-making. Executive responsibility lies with a smaller group of assembly members, chaired by the centrally appointed chief executive.” No mention was made of this executive committee or of the Co-ordinating Director except to say that both the head of the WMD and the head of the EHOs report to this position.]

Mayor – As noted above, the Mayor is nominated by the President and the Assembly Members “accept” the nomination. They can also pass a vote of no confidence. (The Assembly is not run by the Mayor but by a Presiding Member who is elected by at least a two-thirds majority of all the members.) When the Government changed at the beginning of 2009, all the mayors of major cities were replaced. This process took several months and blocked or stalled many initiatives. In several parts of the country, there were power struggles over control of public latrines. Unfortunately we did not interview the Mayor during the visit. It is thereby unclear what the current Mayor’s perspectives are on these issues.

In one or two of the interviews, the question was asked whether an elected Mayor (rather than a Mayor named by the President) would assist with improving public toilet services by more forcefully dealing with the issues noted throughout this document. One or two interviewees perceived that this would exacerbate the problem of politicising investment decisions, as the Mayor is less “political” as a function of not being directly elected by the people of Kumasi. Presumably though, he is connected to one or other national political parties and this might colour his engagement with the issues. One or two others felt that a locally-elected Mayor might be more responsive to local needs and priorities. *(See note above on the need to better understand decision-making in the city. Presumably this is something that Mr. Simmons of the Planning Department could help explain, as could the following websites: www.moc.gov.gh/modules; www.ilgs-edu.org; www.ghanadistricts.net/home.)*

Sub-Metropolitan Districts (SMDs)⁷ – The 10 SMDs are run by a Public Administrator, who reports to the KMA Assembly Members from that jurisdiction. The AMs then make the decisions pertaining to their particular jurisdiction. However, there may be tensions between the Administrator and the Assembly Members with regard to the management of the public toilets. The SMDs have an obligation (with support from the WMD) to ensure that services are provided and to safeguard public health in their areas. Given the inadequate channelling of funds to the SMDs to manage, rehabilitate or construct new infrastructure, revenues from public toilets play an important part in SMD finances. In each SMD, the SMD itself will manage some public toilets, some will be franchised out and some will be allocated to Assembly Members. An SMD may issue a caution to those that are not running their facilities properly. However, this is unlikely to occur with regard to AM-run toilets since AMs are the primary decision-makers in the SMDs. For toilets that are SMD-run, 50 percent of the income is supposed to be remitted to the KMA and 50 percent kept in the SMD. Again whether this happens in practice is not

⁷ (See Ayee and Crook, *Toilet Wars* for a more comprehensive discussion about the evolution of different roles, in particular that of the SMDs.)

known. Other public toilet revenue is derived from the tax that franchisees pay to the SMD privately-run facilities. It is unclear whether Assembly Member-run toilets make any financial contribution to the SMD. Thus proceeds from the running or franchising out of public toilets in each SMD are relatively substantial as a percentage of their budget. Logically, if they can, SMDs choose the most profitable public toilet as the SMD-run facility, even if they may outsource the actual operations and maintenance. A “gentleman’s agreement” between the Assembly Members and the SMD may determine who runs which toilet facility. At present, neither these arrangements, nor the income generated from public toilets, nor what the SMD spend their money on more generally is published or made transparent in any way. Even a process that begins with public notices at each facility stating who owns and manages it would be helpful.

[It is unclear what capacity different SMDs have to manage partnerships and contracts with the private sector. This could be an area for WSUP support.]

Unit Committees – Information was not really collected on this level of Government during the visit. It is unclear what decision-making authority is held at this level or how engaged local households are in influencing decisions for the community. More information is required.

Franchise Contract Holders – A franchisee may take control of a site that needs rehabilitation as a result of a call for tenders from the SMD, or they may be approached (as local business people) to support the community through a Build Own and Operate model (also signed with the SMD). A particular company or individual may run more than one facility as a franchisee. There is no signing fee or charge, but a tax is paid monthly that is based on the operating cost of the facility and projected revenues from a calculation of user numbers. Factors including location and foot traffic and the number of households within a certain range that do not have in-house toilet facilities are used to determine the calculation. Some sites may pay a 30 percent tax on net profit, whilst others may pay 25 percent if walk-in traffic is projected to be not as high. Sub-Metros do the assessments, with some support in terms of formulas (and training?) from the Kumasi Planning Department and actual number crunching from the WMD. It was unclear how frequently these numbers are revisited in order to upwardly or downwardly revise the surtax. Some suggested that this happened once a year; others said it happened twice a year.

“Ghanaians believe in short term investments. I like this [public toilet investment] because it is stable and secure for my family’s future.”

In theory, a site can re-let via competitive tender after the life of the contract. Such contracts average from 15-24 years based on the time it would take for the franchise holder to recover the construction cost of the facility. In practice at this time, contracts can be and are extended without having to bid against other operators. Several interviewees were asked if they could think of an instance when a license had been removed from a company, but no respondents knew of such a case. It was also not clear when the first contracts were let under this scheme. Presumably shorter contracts let in the 1990s would be coming to an end sometime soon.

As far as the investment funds are concerned, particularly for new builds, commercial credit generally proves too expensive and contract holders therefore tend to raise their own funds from family and friends or from other businesses or investments. Whilst the profit margins may not be as high as other investments, the one or two business people that we spoke to welcomed the steady income brought by public toilets. It was unclear whether investors had marked up their risk or negotiated their rates based on any perceived insecurity in being able to hold on to the asset. According to the WMD, a meeting is held yearly with representatives from all private operating companies of public toilets. *[WSUP may seek to find out more information about how this meeting is structured and what is discussed.]*

Public Toilet Managers / Staff – Initial discussions with different public toilet managers did not reveal them to be particularly influential. It might be useful to better understand what they see as the issues around public health, service delivery for the poor, etc. They were clearly running a business for someone else without much information about the contract or other arrangements that the facility manager had entered into with the City.

Landlords – As noted above, rental properties, particularly tenement buildings, now tend to be owned by a group of landlords, with the original landlord having died and parcelled out the property. Some of these “room-lords” might be on-site but many will not be. Discussions were not held with landlords during the visit, but several interviewees noted that it would be difficult to get landlords together, let alone to agree to contributing to the costs of in-house toilets, for a host of reasons. There are issues that need to be better understood around property taxes, how fractured the rental market is, rent controls, and how transient Kumasi’s renting populations are. One could imagine a tax levied on rental property owners who do not provide toilet facilities in order to pay for public toilets. (In theory, the by-laws of the city stipulate that toilets must be provided by landlords.) No doubt, though, this charge would be passed on to tenants in one way or another.

“...a fear of being evicted from the property may mean that tenants ‘don’t want to rock the boat’.”
[franchisee]

Users – The reviewer is not sufficiently qualified to comment on Ghanaian culture, having only visited the country a few times and for very short trips. However, a few things stood out that might need further exploration, or might shed light on some aspects of the users’ perspectives or the other issues described above with regard to other stakeholders’ incentives, risks and rewards around public toilets.

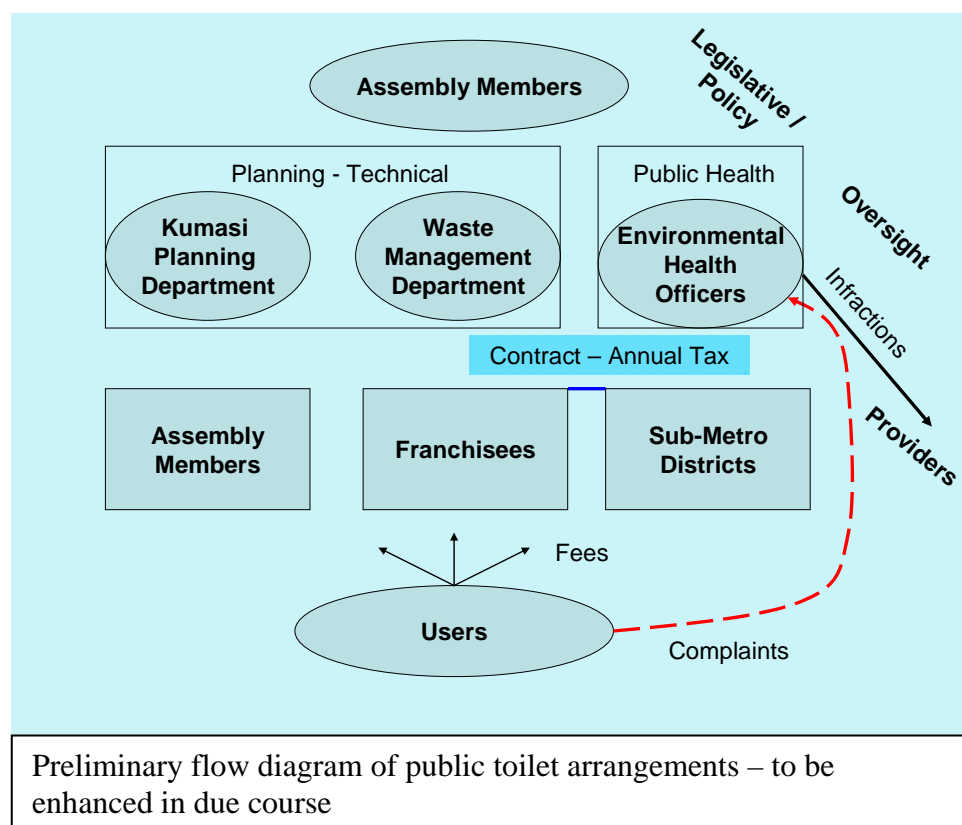
“...it’s not very likely that the poor would have the guts to confront these guys [franchise owners].”

It is quite possible that most segments of Ghanaian society do not know the rules and regulations regarding rental requirements for in-house facilities or around the provision of public toilets. No codes of conduct are published. Little information is presumably available about local government revenues and what is done with the resources. Several interviewees commented that Ghanaians, particularly poorer segments of society, are not accustomed to making demands on the system and that in general they are quite disillusioned about what

can be changed through their voice and initiative. This has several implications – e.g. that poorer renting populations would not be willing to make demands on landlords for fear of being evicted, or that poorer constituencies may not be willing to make demands on Assembly Members until election time.

Social capital needs to be better understood to determine what leverage points this angle might provide with regard to public toilets. For several interviewees, social capital seemed to be structured through the election of their representative Assembly Member. Voting out incumbents was stated to be the primary channel for voicing an opinion. One interviewee commented that historically more “spaces” were available for the general public to engage in debate with or demonstrate against authorities than exists today. There was no mention in any of the interviews of a two-way process today for this kind of public debate or protest regarding public policy or investments, with the exception of those households living around the Kumasi landfill site. One area that was mentioned, however, was the role of a vibrant media and the use of the radio airwaves to rather anonymously voice opinions. It was felt though that this form of engagement can be subject to political manipulation. WaterAid Ghana’s work on consumer voice and voices of the urban poor might be instructive in fleshing out this issue further.

For transient areas, particularly where there might be a range of choices within walking distance, users will determine what they can afford and then “vote” with their feet. There is thus no unifying force around facilities targeted at transient users to make demands on the operators. As to community toilet blocks, presumably demands and complaints can be lodged with the Unit Committee. In one, more community-based facility, one manager told of having to close the block for 2-3 days for rehabilitation. There was an outcry from the community as they thought the facility was being closed for good. A sign or some form of announcement might have prevented this response from users. Even basic communications could enhance these relationships.



Relationship to Public Toilets

Stakeholder	Mandate / Interest	Specific Incentive to Support Better Access	Disincentive or Difficulty in Supporting Better Access
Waste Management Department	Keep the city clean and healthy	Fulfils mandate	No financial gain apart from emptying service; Challenge of political interference
Kumasi Planning Department	Overarching planning for the city; Assess projects against criteria for investing		
Environmental Health Officers	Protect public health	Uncertain	Difficulty in addressing infractions due to insufficient capacity or politics
Assembly Members	Legislate for service delivery / Run one facility in their jurisdiction	Financial gain from running a facility; Services to constituents	Both referee and player

Landlords	Provide toilet facilities in property	Allows landlords to avoid regulations around providing toilets in premises	Not directly related to their interests
Franchisees	Contract; Stable income	Financial; Community reputation	
User			

WSUP's Role

The initial purpose of the visit was to conduct an assessment of the partnerships around public toilets and WSUP's relationship to them. However, with the two WSUP staff only recently recruited and programmes still in their infancy and the non-contractual "partnership" or platform elements of the relationships less easy to distil, a stakeholder analysis around the issue of public toilets was determined to be far more useful to the organisation at this time.

Recommendations are included throughout this document and summarised below. Certainly, the analysis lends itself to further channels of exploration, depending on where WSUP would like to focus its expertise and energies. Through this cursory scan of the current institutional arrangements regarding public toilets in Kumasi, there is a wide range of angles from which WSUP could tackle the issue. Whilst these will be inter-related, areas of focus could relate to accountability to the user through consumer outreach and information mechanisms; enhancing the accountability between the contracting agent and the contractor through better contract design, negotiation and regulation; understanding more about usage patterns (gender analysis, affordability and willingness to pay, people's medium or longer term aspirations to install toilets in their homes - thereby impacting on the business model for public toilets); or an understanding of the business models and calculations that would draw in private investors. Above all, there appears to be a political angle that is unavoidable, given that public toilets provide such a significant proportion of revenue for SMDs and Assembly Members.

Building on the analysis throughout this report, below are a series of further recommendations. (A summary of the recommendations can be found in the last section of the report.) Most are not technically oriented, but rather about finding ways to support getting the institutional arrangements right to make a difference with regard to the provision of public toilets in Kumasi.

In support of moving forward the Kumasi Strategic Sanitation Plan, WSUP could **provide assistance in a mapping exercise** that supports the Kumasi Planning Department and the WMD to more systematically map out where toilets are provided, what condition they are in, who is investing in them or contracted to maintain them, and roughly what the user numbers are or what is available to different demographics in the city. This might show where an investment programme for rehabilitation, as well as new builds, could link different facilities into more of a package deal. The researcher got the impression from the series of

interviews that, beyond knowing the overall total of public toilet sites (356), it was difficult to get a handle on the entire picture of public toilets in Kumasi. Even doing this kind of mapping exercise in one or two of the poorer Sub-Metropolitan Districts (presumably Oforikrom as a logical starting point) in support of the District Environmental Sanitation Strategy and Action Plans (DESSAP) would be helpful to identify need and investment requirements. EHOs might be encouraged to support this kind of exercise – thus enabling the start of a working relationship with that department. Upon completion, information on the different kinds of public toilet arrangements could be analysed and better understood. Even a simple pie chart that clearly shows the breakdown between Assembly Member-, SMD- and privately-run facilities would be helpful. This could be followed by expanding on the initial *flow chart above that shows the relationships between different stakeholders in terms of financial flows, “contracts”, and roles and responsibilities.*

Of interest to WSUP would be to **understand how Kumasi’s municipal finances actually work in practice.** This would help in determining what kinds of models would actually work in the system that currently exists. It would also be helpful to find allies that are interested in making the system more effective and accountable. Otherwise a BOT or community model could quickly be over-ridden by municipal or other capture. Such allies currently include the Head of the Kumasi Planning Department and the heads of the Waste Management Department and Environmental Health Officers. The Presiding Member of the Kumasi Assembly, if re-elected in October, might be receptive. With support from the World Bank’s Urban Environment programme, a meeting that brings these individuals together with the Mayor could put some of the issues highlighted in this document on the table.

Part of this mapping could include a **closer look into the contract forms and financial flows, to understand the business case for investors.** Practically speaking, as noted above, more information is needed on what levels of investment are required and what kinds of rewards the system provides. There was some initial discussion with the head of the WMD as to whether, instead of the more piecemeal approach currently taken around the city, sites could be consolidated; some have as many as three competing facilities, all offering a different level of service. Whilst the different service levels are desirable to ensure access for the poor, a more viable and efficient option might be for one facility to offer access to different levels of service in a uniformly regulated manner. Could such consolidation be encouraged through a buy-out plan, with enforcement of regulations ensuring that facilities are brought up to standard? Mention is made in the literature of a Franchise Management Committee for the city of Kumasi. WSUP would benefit from looking into the function and effectiveness of this Committee. No mention was made of the Committee in any of the interviews. WSUP could also **encourage greater transparency about these contract forms and public disclosure of public finance through a variety of means, including posting public notices on facilities about ownership and management.**

WSUP’s responsibility is to **keep the poor on the agenda** by consistently reminding all stakeholders that the greatest risk on the public health side is to poor urban

households. The head of the WMD stated that public toilets are less prevalent in poorer communities as there is less ability to pay. Would a less piecemeal approach also allow for a more contracted cross-subsidisation between public toilet investments in richer and poorer parts of the city in which public toilets are viewed more as a package rather than as individual facilities? In other words, could a contract be written and effectively overseen whereby a franchisee is given a public toilet to run (and/or rehabilitate/construct) in a profitable part of the town (even with different levels of service provided) under the proviso that the profits be used in part to cross-subsidise a public toilet facility in a poorer part of town. Of interest might be which authority within the Municipality issues these licenses – the business licensing arm of the Municipality, the WMD or the public health officials. [There may be lessons from Dar es Salaam that would be instructive here.]

Ensuring that the enabling environment encourages investors (who are not fearful that their facility will be unduly taken from them) would allow for varying levels of service to be offered that still preserve both dignity and management of any public health concerns. If the politics can be successfully removed from the system in one or two SMDs, **is there a role for an Output-Based Aid approach that essentially underwrites or encourages the investor?** BPD's work with the World Bank may be instructive as long as accountability mechanisms can be ensured to the user, the provider and public health goals.

WSUP could **work with an association of or individual investors / entrepreneurs to refine the business model**, potentially packaging a series of contracts into a credit line from different sources (such as the African Development Bank; it is understood that commercial banks would be too expensive.) WSUP could also work alongside the WMD and EHOs with an association of franchisees to ensure that the public health objectives are met through targeted education and awareness campaigns. This might in turn encourage users to expect more from the service providers. Practical, technical aspects could be reviewed - for example, the capture and use of rainwater to reduce reliance on GWCL supplies.

WSUP could **make linkages to the secondary or related service areas**. For example, linkages could be made to urban agricultural users of compost, although transport costs, storage delays while the waste composts down, competition with more readily available fertilisers, and attitudes to reuse of human waste may all prove challenging.⁸ Some analysis would be helpful of past attempts at composting sludge and solid waste and why it did not take off as an approach. Companies with vacuum trucks might be interested in a different arrangement that yields profits rather than costs in tipping charges or results in illegal dumping. Hygiene-related companies like soap manufacturers might also be interested in making the links. Tapping into the Global Handwashing Partnership's work in Ghana or advertising contracts with soap companies may suggest ways of providing the service that could reduce the tariff whilst maintaining or increasing the profits of the provider. Whilst food cannot legally be sold on these sites, other products or services could – washing services, washing products, etc.

⁸ With regard to the demand for human waste as fertiliser, according to the head of the WMD, a pilot programme was recently tried with impressive results.

With regard to focusing on the poor, WSUP should **reach out** (through CARE or otherwise) **to other organisations that are working in poor urban neighbourhoods** to understand their efforts either at slum upgrading, work with landlords, improving public accountability or other related programmes. It should also seek to understand more about the World Bank's UESP, the UNDP's Kumasi Sanitation Project and other donors' related efforts.

WSUP should also perhaps **look into the School Management Committee model and the Solid Waste Franchise Model** as possible approaches that can be adapted to the management of public toilets. This, combined with a greater understanding of the approach by EcoTact (David Kuria) in Nairobi, is worth reviewing. This approach might shift public perceptions around public toilets by making them more attractive and allowing them to contribute other commercial services to the community. (The Nairobi approach is different though, in that the business model engages the community more effectively, almost seeing the community as the contracting agent rather than the City, and shares out the revenues.) Analysis of the Solid Waste Franchise Model might also shed some light on how the landfill and waste sites work in Kumasi. Helping to get this right could have enormous impact on public health and environmental sanitation.

In terms of capacity building, the EHOs have a clear and articulated need which includes support with transport, computers and learning materials, as well as increasing their knowledge base through workshops and training courses. There is no doubt that WSUP should be working in some way with the EHOs, particularly around the hygiene promotion elements of the Oforikrom programme. With uncertain impact, however, it is unclear that providing equipment should be a priority for WSUP at this time, with the exception perhaps of mapping exercises.

WSUP London staff expressed a primary interest at the start of the work in the regulation of public toilets. Much of this document grapples (directly and indirectly) with this challenge from a stakeholder perspective. In essence, regulation seeks to create predictability in the face of dynamic negotiations around both norms and standards of delivery and practice. Three main elements in relation to this study are 1) maintaining a safe environment, 2) ensuring an accessible and viable quality of service, and 3) ensuring financial viability for both the provider and the user.

Whilst policies may be in place and model contracts being used, WSUP can certainly make a contribution to all three elements primarily by forging more effective links between different pieces of the puzzle. Ensuring that appropriate "regulations" (through policies and appropriate "contracts" or agreements and procedures) are in place is only one element. Regulation is however a function of providing both incentives and enforcement. Fleshing out more clearly who fulfils different regulatory functions, given the vested interests of different parties and the lack of capacity of others, will be critical in ensuring that the system meets the needs of all three objectives in the paragraph above. Again, though perhaps not structured along the lines of the three regulatory objectives, this document provides several starting points for further analysis and some actions in the short term.

A further **area of inquiry is the gender dimensions** of public toilet provision. In terms of actual provision, do women find the services offered safe, convenient and

affordable? Are there differences in use between the different service levels? Are there differences in perception across the city – or based on whether the blocks are community or transient in nature? Whilst we spoke briefly with one female Assembly Member, due to her time constraints, we did not have the opportunity to see if she had any different perspectives on the issue than her male colleagues. Similarly, analysis could be conducted on the use by the aged, disabled and young.

It was not at all obvious during the visit whether forums already exist to address the issues laid out in this document. It seems unlikely given the stalled efforts to create a Sanitation Plan. A process recommendation would be to **convene a (informal) meeting that brings together representatives of different stakeholder groups to review and debate the issues brought forward in this document**. This might afford the opportunity for different stakeholders to articulate and agree on how WSUP might best support a process of improving the provision of public toilets in Kumasi. The timing of such a meeting – whether before or after the elections – would logically be the decision of WMD in conjunction with the KMA. Depending on who was involved in the meeting (how wide the invitations were to different stakeholders), a clear recommendation would be to start with the more factual analysis. This would reflect information (still to be collected from the WMD) around the breakdown of ownership and management of the 356 public toilet facilities in the municipality. It would then look at the contracting mechanisms, policies and regulations around operations and maintenance. From these aspects, a more nuanced conversation could then be constructed around various ways to make the system more accountable to users and/ or more joined up.

Summary List of Recommendations

To assist the reader and following the initial line of inquiry for the study, the recommendations below are collated from across the entire document and organised loosely around process, further stakeholder analysis that may be helpful for the sector, and further information and analysis that would assist WSUP in determining a role in supporting public toilets in Kumasi.

Process Recommendations

- Suggest that WMD convene a(n informal) meeting that brings together representatives of different stakeholder groups to review and debate the issues brought forward in this document
- Seek to be invited to annual meeting between WMD and franchise owners.
- Provide support to joint WMD/EHO mapping exercise for where public toilets are currently provided, who manages it and how finances flow.
- Make links with association of or individual investors / entrepreneurs to refine the business model. Explore whether cross-subsidising or other benefits could be derived from lumping facilities serving different parts of town in to single contracts
- Make linkages to secondary or related service areas (agricultural users of compost, for example)

Stakeholder Analysis

- Further refine flow chart that shows the relationships between different stakeholders in terms of financial flows, “contracts”, and roles and responsibilities. Link this to a table that shows incentives and interests.
- Further analysis around affordability by different segments of society. Gender analysis of how services are used. Review WaterAid Ghana’s work on consumer voices and voices of the urban poor to better understand social capital and accountability drivers.
- Increase understanding of incentives for collaboration between WMD and EHOs.
- Increase understanding of party dynamics and the potential influence of local elections on public toilets.
- Increase understanding of the capacity of SMDs to manage PPPs and contracts.
- Encourage greater transparency on contract forms and disclosure of public finance.

Information and Analysis for WSUP

- Review Kumasi Sanitation Plan to understand any conflicting elements with the National Sanitation Policy, determine how best to support an updating process, and to better understand areas of compliance and policy for those construction projects that WSUP directly supports.
- Seek further information on municipal procedures: how decisions are taken at the city level (for example, is there an Executive Committee that takes decisions on behalf of the city?); how Kumasi’s municipal finances work in practice; and how land acquisition process for public infrastructure works.
- Seek further information on World Bank/WSP UESP2 programme.
- Make links to Dar es Salaam to determine if there are lessons that can be shared from Dar’s experience with public toilets.
- Look more closely at contract forms and financial flows to understand the business case for investors. Explore whether there is a role for Output Based Aid to encourage or underwrite investors.
- Reach out to other organisations working in poor urban neighbourhoods.
- Look into School Management Committee model and Solid Waste Franchise model to determine if lessons learned can be applied to public toilets.

People Met

- Issaka Balima Musah – WSUP
- Samuel – WSUP
- Lukman Salifu – WasteCare Associates / CEO
- Anthony Mensah – Director, Waste Management Department
- Mr. Donkor – Public Health Officer for Waste Management Department

- Simmons – Head of Planning for the City of Kumasi
- 7 Assembly Members – with primary discussion with the Assembly Chair / Presiding Officer
- Public Toilet (BOT) Manager – Adum (Adjacent to hotel)
- Public Toilet (BOT) Manager – Bantama
- Public Toilet (BOT) Franchise Contractor – Oforikrom

Related Reading

Ayee, J. and R. Crook. *“Toilet Wars”: Urban sanitation services and the politics of public-private partnerships in Ghana*. IDS Working Paper 213: December 2003.

Crook, R. *Urban Service Partnerships, street level bureaucrats and environmental sanitation in Kumasi and Accra, Ghana: coping with organisational change in the public bureaucracy*. Working Paper for “Making Services Work for Poor People” World Development Report Workshop, 4-5 November 2002.

Darko, K. *Developing Partnerships in the Delivery of Urban Services*. (Internet Search): Undated.

Fuest, V. et al. *Mapping the Water Sector of Ghana: An Inventory of Institutions and Actors*. Center for Development Research, Bonn: Undated.

Government of Ghana: Ministry of Local Government and Rural Development. *Guidelines for the Provision, Operation and Maintenance of Public Toilets*. Prepared by Carl Bro a/s, PEM Consult and OMS Ltd. Ghana: January 2003.

Public Toilets in Urban India: Doing Business Differently. WSP Field Note: December 2007.

Role of City Governance in Reducing Urban Poverty: A Case Study of Kumasi, Ghana. Author Unknown, Internet Search, Undated.