

LIQUID WASTE MANAGEMENT IN URBAN AND RURAL GHANA: PRIVATISATION AS GOVERNANCE?¹

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Introduction: governance and the politics of sanitation

In a chapter on the politics of public sanitation between 1920 and 1940 in Windhoek, Namibia's capital, Gewalt (2000: 125–144) tries to find an explanation for the fact that “after years of consistent protest and demand on the part of location residents, there was no improvement in public sanitation facilities”. The author leads us through a series of graphic quotes from official reports, letters and newspaper clippings about the horrible state of sanitation in the town. In one report from 1925 we read:

In Windhoek proper, there are trenches, but these have developed into cesspools and the stench coming from them is unbearable. Some of these trenches have been in use (open) for more than a year and the natives complain bitterly of their filthy conditions. In an experience of 25 years I have never seen anything worse (Gewald 2000: 133).

A few years later, in 1929, a German newspaper reports:

... everyone can imagine what odours there are emanating during the hot and rainy season. It is simply unbearable. But it must be endured. ... Some of these WCs stand in the middle of the location. Is it surprising that the mortality was so high of late? Shall we only pay our taxes or should we not also be allowed to elect people to our liking who are concerned about our welfare? (Gewald 2000: 136).

Township inhabitants used this situation to protest against the South African colonial administration and those who cooperated with the administration, with only limited success. Gewalt concludes by listing

¹ A slightly different version of this text was published in a special issue on “The governance of daily life in Africa” (Van der Geest & Obirih-Opareh 2002).

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four reasons for the authorities' lack of concern about public sanitation. One reason was the "squeamish unease in talking about and dealing with an issue which was generally felt to be below the level of suitable discussion". The second reason referred to the costs involved. The third was that the authorities wanted to discourage the African inhabitants from settling permanently in the town and the last was that they regarded the inhabitants as uncivilised, and not deserving of decent sanitary facilities (Gewald 2000: 144).

Visiting some of the poor neighbourhoods of Accra in the beginning of the 21st century one would imagine oneself walking through Windhoek in 1925. It happened to the two authors of this paper when they went to 'inspect' two public toilets in Nima, which is one of the most densely populated suburbs of Accra. The toilets were located in an open space between the houses and the road. Women and children were selling foodstuffs only a few yards away. The same space held two containers for solid waste disposal, which were overflowing. Goats were searching for food in the rubbish on the ground near the containers.

Both toilets had 16 squatting holes, eight for each sex. People visiting the toilet had to pay a small amount to the caretaker. In one toilet the pit was completely full and the faeces came up to and over the brim of the holes. Used toilet papers were lying about or had been deposited in large baskets, which were almost blocking the passage. The stench was as enormous as the physical and visual filth. For one not used to it, it seemed a miracle that people managed to relieve themselves in such conditions and reappear from the toilet totally spotless.

Close to one of the toilets, in the open air, was a huge container in which night-soil collectors emptied their buckets containing faeces from private houses. The buckets, which they used for their work, were standing next to the container. Little children often did not enter the toilet but defecated behind the toilet in the open space. Apparently they could not spend the money or they preferred the 'fresh air'.

While we were inspecting the place, taking some pictures and discussing the procedures with the caretaker, a group of people assembled around us and expressed their anger and dismay about the sordid sanitation conditions in their neighbourhood. They talked about unfulfilled promises of the city authorities and accused them of total lack of concern and of stealing the money allotted to the construction of proper sanitation facilities.

Toilets and governance

If ‘governance’ can be taken to mean, as Stoker (1998) suggests, the successful management of community affairs through a mixing of public, private and voluntary actors, sanitation is an excellent case to test the workings and adequacy of governance. In the area of sanitation public and private concerns and manners of addressing them come together. Defecation, which is a private and intimate activity, constitutes a public problem both in terms of health risk and environmental pollution. It may, therefore, be expected that the “blurring of boundaries and responsibilities” and the importance of “self-governing networks of actors”, which Stoker (1998: 18) mentions as key elements of governance, will manifest themselves in the management of human waste.

Governance, with its emphasis on (governmental support of) autonomy of actors, reminds one of a concept, which was popular a few decades ago in the domain of health policy: Primary Health Care (PHC). The term is no longer used in health policy plans as it conjures up a too-optimistic picture of people’s ability and determination to solve their problems by their own means. The term also assumes an overly positive image of the determination of governments to contribute to sustainable improvement at the level of local communities.

Almost two decades ago, one of us argued that PHC meant different things to different stakeholders with different (often conflicting) interests at different levels of social and political organisation (Van der Geest et al. 1990). For representatives of international agencies, PHC was a—somewhat utopian—ideal to realise “Health for all by the year 2000”, a prescription for health—and overall—development from below. For national governments in developing countries, PHC was first of all a strategic term and buzzword to increase foreign financial aid and reduce spending on local health care. For local inhabitants, PHC meant a cut in government support, ‘second-hand health care’, and ‘forced self-reliance’.

In this paper we raise the question what governance of public sanitation means to different people at different levels of social organisation or to different parties in the sanitation management. What interests us most is how the daily failure of governance—the absence of an efficient sanitation policy—can be understood taking into account the interests that different parties have in waste removal. We will present and discuss two cases of sanitation in Ghana, one rural, one urban, and suggest

that the poor management of human waste epitomises the limitations and failures of governance in present-day Ghana.

Toilet research

Doing research in and around toilets is not popular among anthropologists and other social scientists. Ethnographic studies focusing on toilet use and cultural habits of defecation hardly exist. One conspicuous exception is a study by Ndonko (1993) describing the resistance of local inhabitants to government-imposed toilets in Cameroon. There are many reasons, however, why anthropologists *should* devote attention to the topic, its mundane character, for example (are anthropologists not interested in everyday life?). Another reason could be their own experiences with toilets during fieldwork. It is well known that many anthropologists (figures are not known) feel rather uncomfortable about toilet use in the field and develop nasty problems with their defecation. It could not move them, however, to turn this into a research topic. Yet, many anthropological interests are believed to have an autobiographical origin.

The most likely explanation for the scarcity of anthropological studies of defecation is the nearly universal disgust to human waste, which prevents them from taking it up as an issue to be researched (cf. Van der Geest 2007).

That very neglect of one of the most basic facts of life (biologically and socially) prompted the authors of this study to direct their attention to the social, cultural and political implications of toilet use in two Ghanaian locations.

The first author stumbled on the topic while doing research on meanings of growing old and care of older people in a rural town in Ghana. The problems and paradoxes around toilet use presented themselves spontaneously when conversations turned towards care of older people and the importance of respect. Toilet use proved a crucial issue in the older people's views on good care and dignity (cf. Van der Geest 1998, 2002a). His research consisted of lengthy—often animated—conversations on the topic and occasional visits to their public and private toilets. Once, he and his assistant briefly accompanied the nightsoil collector on his nocturnal tour (Van der Geest 2002b).

The second author carried out an extensive study on solid waste collection in the capital city of Accra (Obirih-Opareh 2002). His interest was on the impact of Ghana's policy of decentralisation and

privatisation on the practice and performance of service delivery in solid waste removal. Alongside this research he also carried out some investigation into liquid waste management. He interviewed consumers, service providers and policymakers, studied administrative documents, conducted a questionnaire-based research among consumers and visited public toilets and disposal sites.

Public and private toilets in Accra

Policy-makers of the Accra Metropolitan Area (AMA) responsible for liquid waste management face a dilemma: should they promote and improve public toilet facilities in the city or should they encourage and assist inhabitants to have their own toilet in the house? Many homes in Accra do not have their own toilet. Toilets and bathrooms in houses in the central business areas have sometimes been converted into rooms and stores. As a result, the residents of such homes rely on public toilets, which may be inadequate and face serious maintenance problems. According to the metropolitan authority, public toilets are meant for visitors to the city and not for residents. The opposite is the 'rule' however. Public toilets have become permanent features for many residents in Accra as places to ease themselves. Accra faces acute sanitation problems and severe pressure on the few public toilet facilities available. These are manifested in unsanitary conditions in and around most of the public toilets, poor and dilapidated infrastructure for liquid waste management, inadequate funding for maintenance, poor sanitary habits, deficient management of existing toilet facilities, indiscriminate defecation in open spaces, into water bodies and drains, irregular collection of liquid waste from septic and other storage tanks, as well as from pan latrines, and limited connections from houses to the central sewage system.

Existing facilities

The existing toilet facilities in Accra, both private and public, include pan (or bucket) latrines, pit latrines, septic tank latrines, KVIPs (a particular type of storage tank), and water closets (WCs) with or without connection to the central sewage system. There are two types of public toilet ownership, namely (i) those built by the local authority, and (ii) those built by private firms and individuals for commercial purposes. Privately built public toilets are few in number. The public toilet facilities

are inadequate compared to the size of the population lacking toilet facilities in their houses and the demand for them. Long queues could be observed during early morning and evening rush hours. According to residents, some people defecate in empty spaces because of (i) the cost of a visit to a public toilet, (ii) a lack of toilets in the vicinity, (iii) long distances between public toilets and their houses, and (iv) the untidiness of the toilet facilities.

The infrastructure of the Accra central sewage system is inadequate. In 1999, there were less than 1,000 units connected to the central sewage system (GW&SC 1999). In most places, the infrastructure for waste management is either non-existent or in a deplorable state. As Akuffo (1999) noted, there are about 18 sewage systems and sewage treatment plants in Accra, but none of them is operating according to plan. The system that was built for Central Accra in the early 1970s by the Busia government is no longer adequate. There are few connections and insufficient links to water to enable flushing. In Accra, liquid waste management has broken down due to a lack of human, logistic and financial resources. The present approach based on harangue, sermonising and clean-up campaigns is not helpful. There is a need for injection of capital into the system, including strengthening existing institutions. Investments in plants and equipment in the present circumstances of complete institutional breakdown are clearly not the right approach.

If availability of toilet facilities and the method of removal and disposal are indications of level of development, the city of Accra cannot be rated high on the scale of development. A survey of toilet facilities in Accra by the AMA in 1992 showed that:

- 40% of the population had access to private toilets discharging into septic tanks or cesspools (and a small number into the sewage system);
- 25% used public toilets where a fee is charged per visit. There were about 127 public toilets in Accra;
- 20% still used private pan (or bucket) latrines;
- 5% had access to private Kumasi Ventilated Improved Pit Latrines (KVIPs) (explained further below) and
- 10% of the population had no access to any toilet facility and defecated in open spaces or made use of ‘flying toilets’ (see below).

Private (household) toilets are owned, maintained and used by individuals while public toilets are operated on a commercial basis. Toilet

facilities with connections to the central sewage system pay connection fees. This includes registration fees and monthly charges. Owners of toilet facilities without connections to the central sewage system pay fees for removal and transportation of their liquid waste to designated sites for treatment. Service providers are periodically engaged to remove the waste from toilets with septic storage tanks. Various fees are paid to the service providers depending on the type and capacity of the facility.

The KVIP is a traditional latrine to which a vent pipe, covered with a screen, is added to minimise odour and fly problems and with alternating sludge holding compartments. 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 (Post 2001: 33). The KVIPs were supposed to be built in areas with porous soil so that the liquid found in the toilet could be absorbed by the soil, leaving the scum to be scooped out for use as manure in gardening and agriculture. Unfortunately however, the soil in Accra is clayish and as a result cannot absorb the liquid from the toilet as expected. The toilet is therefore always wet and needs dislodgement by suction pumps.

Bucket or pan latrines are emptied during the night, usually by workers from the northern part of the country. This 'night soil' collection from buckets or pan latrines has been fully privatised since December 1987. The Waste Management Department (WMD) provides surface and underground storage facilities and collection vehicles to empty the tanks. New pan latrines are not allowed. Houses with buckets or pan latrines have been ordered to convert them to KVIP latrines or use available public toilets.

Removal and transportation of waste

The type of toilet facility determines the way the waste is removed and transported to disposal sites. Liquid waste from toilet facilities with sewage connections is transported automatically to the disposal point through the sewage system. Night-soil collectors empty pan latrines and carry the waste to central collection points (cesspools). The big containers are normally lifted at night and emptied at a treatment plant or approved disposal sites.

Toilets with septic storage tanks are emptied by service providers i.e. WMD of the AMA, private agencies or in the case of Labadi, by

a community-based organisation (La Mansaamoo Kpee). Quasi-public organisations such as SSNIT, the University of Ghana, (Legon), and the security services; (army, police, prisons, etc.) have their own liquid waste collection and transportation services to designated sites.

Institutional arrangements for collection and removal of liquid waste in the metropolitan area differ and can be summarised as follows: (i) cesspit emptying service for private households with a water carriage latrine system, (ii) public toilets' dislodgement for septic tank latrines, KVIPs, and WCs, (iii) surface containers for pan latrines, and (iv) the central sewage system. Each type of household facility has its own specific arrangement for removal.

The frequency of waste removal is directly linked to the type of facility and its capacity. Pan latrines are emptied twice or thrice a week to a central cesspit surface container, which in turn is removed every night, hence the name 'night-soil'. However, irregular liquid waste collection is the rule rather than the exception. Toilet facilities without a connection to the central sewage system (WCs, KVIPs, and septic tank latrines) are emptied when they are full, varying from once in six months to once in three years, depending upon their sizes and the number of people using them, as well as the frequency of visits

Who have an interest in toilets?

There are three types of stakeholders in the world of toilets: service providers, consumers and policy-makers. Our survey showed that service providers are satisfied with the present functioning of the institutional arrangements, but that 87% of the consumers prefer WCs connected to the sewage system. The position of policy-makers, as we will see, is ambivalent.

Service providers

There are three main types of service providers in Accra, namely (i) providers of toilet facilities, (ii) managers of toilet facilities, and (iii) those who remove and transport liquid waste (i.e. night-soil collectors and suction truck operators). Each of these has its own interests, depending on how much it gains from the service.

Public toilet service providers want more public patronage in order to make more profits. Public toilet operators are content with the institutional arrangement for provision, utilisation and payment, cost recovery, and cost-sharing arrangement, even though there is room for

improvement. The housing code requires every household to have its own toilet, but taking into account the profits earned from the operation of public toilets and the lucrative payments of user-fees for removal services, the discontinuation of public toilets is unlikely to occur in the near future. Suction truck operators want households to continue using septic storage tanks and public toilet operators want residents to continue relying on their facilities.

Consumers

Owners of toilets with a sewage connection pay fees and monthly charges to the Ghana Water and Sewage Corporation (GW&SC). For all other categories of toilet facilities without connection to the central sewage system, suction truck operators empty the storage tanks periodically. The removal of liquid waste is carried out by either the Waste Management Department (WMD) of the AMA or by private contractors. However, well-to-do households prefer WCs connected to the central sewage system to spare them the inconvenience and agony of searching for service providers to empty their septic storage tank whenever it is full. Besides, when the toilet is removed or dislodged, it leaves a terrible stench in the area for hours, if not days. Pan latrines need emptying twice or thrice a week. Irregular collection poses a severe sanitation problem, including stench. Flies are always abundant in the place. Besides, pan latrines have outlived their usefulness in the city and are a nuisance, particularly to the immediate neighbours. If toilet facilities are not emptied regularly, they pose health hazards and become breeding grounds for vectors of disease.

Though service consumers are relatively satisfied with the functioning of the institutional arrangements for provision and management of toilets, more suction trucks must be provided to prevent long queues for waste removal. Owners of public toilet facilities think the institutional arrangements for the provision, utilisation and payment (cost recovery, cost-sharing arrangements, etc.) are good. Users of public toilets, however, want cleaner and more pleasant toilets at affordable prices. The households prefer WCs connected to the sewage system. In their absence, they want efficient and affordable suction truck services. Pan latrine owners want efficient services from night-soil operators.

Policy-makers

Policy-makers would prefer central sewage facilities covering the entire metropolitan area. However, in the present economic situation, this

seems almost impossible. Although WCs connected to the central sewage system are preferred by all residents, poverty prevents most households from having their own toilet. For them, the public toilet remains the only choice. Policy-makers also acknowledge the high propensity for increased demand for public toilets as more and more houses spring up without their own toilet facilities. Besides, the growing number of homeless people will further increase the reliance on public toilets. To combat this problem, policy-makers search for better institutional arrangements for liquid waste management.

Policy-makers consider the institutional arrangements for provision, utilisation and payment (cost-recovery, cost-sharing arrangements, etc.) for liquid waste management as functioning well, even though they acknowledge that there is room for improvement.

Future policy dilemmas

Most respondents agreed that decentralisation in itself does not solve the problems of waste management unless it is backed with fiscal transfers to enable lower government structures to manage the responsibilities entrusted to them. Some residents want wider coverage by the central sewage system whilst others expect more from strict enforcement of housing regulations: new houses should have their own private toilets. At the same time, more and decent public toilets with neat and pleasant surroundings must be developed to take care of those without access to private toilets. As the operation of public toilets becomes more lucrative, so will the corruption in its revenue management. Ghana has a poor maintenance culture. The situation is worst in the waste management sector. The majority of the people think that the decision to lease or contract out the management of government-owned public toilets is the best policy so far. This has indeed led to improvements in the conditions of most of the public toilets. Privatisation has led to competition in the management of public toilets and suction truck service provision. This will improve even further, of course, if revenues for their maintenance are handled properly. Contract awards should therefore be made in terms of efficiency, transparency and capability.

The best policy for AMA seems a two-pronged one. Obviously, an overall policy of 'one house, one toilet' is not realistic for the time being. Financial constraints, both public and private, would not permit such a programme. Therefore, in the meantime, and for the poorer areas of the metropolis, the local government should embark on a thorough

improvement of public toilet facilities. ‘Improvement’ includes among other things: cleaner sanitary conditions, better management, easier access and more privacy. Privatisation and external contracting, if executed in a ‘humane’ and reasonable manner, can help to achieve this objective.

Public and private toilets in a rural community

Defective toilet facilities are particularly depressing in densely populated places such as the townships of Accra. The lack of facilities in rural places causes less direct inconvenience if ‘nature’ is near and mercifully hides and ‘digests’ the traces of human pollution. Moreover, many of the inhabitants are—at least part-time—farmers and have the possibility to relieve themselves on their way to the farm or on their farm. Cofie et al. (2005), in a study of peri-urban agriculture in Northern Ghana, found that most farmers (64% of a sample of ninety) welcomed human waste and used it as fertiliser on their land. Timmer et al. (1999) made similar observations in Mali. But in rural areas too, inefficient human waste removal may cause problems and irritation.

The small town of Kwahu-Tafo (in Southern Ghana), where one of the authors carried out anthropological fieldwork, may serve as an example of rural coping—and lack of coping—with inadequate liquid waste management.

In 1996, there were two public toilets, each with twelve squatting holes (six for each sex), in Kwahu-Tafo. This means there were just 24 public facilities for the entire town of about 5,000 inhabitants. Some people had to walk about ten minutes to reach a public toilet (to and fro twenty minutes). In addition there were semi-public toilets in two schools, which could be used by both teachers and pupils. The number of private latrines (almost all bucket latrines) was unknown. The sanitary inspector estimated their number at sixty. Finally, there were about ten private pit latrines and ten WCs, one in the chief’s house, the others in the Catholic mission and the teachers’ bungalows of the Technical School.

In and around public toilets

It is impossible to say how many people were in fact using the public toilets. Estimates varied from one-third to eighty percent of the population, which in absolute figures would be 1,000 to more than 4,000

people. Unknown is also the number of people who did not use toilets at all but eased themselves in the 'bush' at the edge of town or on the way to their farm. Some people defecated into a plastic bag and dumped the bag behind the public toilet or somewhere out of sight (so-called 'flying toilets').

The combination of plastic and human faeces is no doubt the most appalling form of pollution taking place in Ghana. Apparently some people view the plastic bag as a handy, portable and disposable, private toilet. It seems an attractive compromise: one can defecate at home and yet one is not stuck with the unpleasant presence of a permanent toilet in the home.

If we take a conservative estimate of forty percent of the people visiting the public toilet, it means that every day, about 2,000 people used 24 holes, that is almost ninety per hole, per day. Taking into account that both toilets were closed from about 9 pm until 5 am, one can conclude that the holes were occupied every five minutes. On the average both public latrines would receive about 1,000 visitors per day. When we discussed this with the caretaker of one of the latrines, however, he estimated a number of only about 200–300. He based his calculation on his daily income. Whatever the exact number, it is not surprising that there are queues early in the morning as most people prefer to ease themselves before they start the day.

For elderly people the way to the public toilet seems particularly uncomfortable. It may be far and the conditions do not befit their status of respected elder. Most elders therefore used a private latrine, either in their own house or in that of a kind neighbour. They were also likely to avoid the morning rush hour if they had to go to the public toilet (cf. Van der Geest 2002a).

Visiting a public toilet is not 'free'. The caretaker of the toilet (who is also responsible for cleaning the place) took twenty cedis (about US\$ 0.01) from each visitor. In that way the old coins, which have lost nearly all their value, were still useful (the same amount was charged for a bucket of water from the public tap). The caretaker of one public toilet was observed sitting in a small kiosk with a pile of cut newspapers in front of him. He handed each customer one sheet and received twenty cedis. If customers brought their own paper, he said, they only had to pay ten cedis. Each day he had to pay 3,000 cedis to the sanitary inspector. He could keep whatever he earned above that amount. Funerals and other busy days were golden times for him.

The privatisation of public toilet management has certainly improved conditions. The squalor that the author noticed about two decades earlier, when the public toilets were free and under the responsibility of the local authority had disappeared. The place was relatively clean but the immediate surroundings had become a dumping place for all kinds of dirt. First there was the town's official refuse dump (*sumina*), which was about fifty meters away from the toilet. Between 6 and 7 in the morning there is a constant traffic of children and women carrying the waste they swept from their compound and dumping it on the *sumina*. Right behind the toilet another 'sumina' had come into existence: town inhabitants emptied their chamber pots there, the labourers who cleaned the KVIP put its contents there, and—worst of all—some people brought their faeces in plastic bags and deposited them at the same spot. They did this usually at night when no one could see them. As we mentioned before, the combination of plastic with faeces is particularly pernicious as it prevents the faeces from decomposing.

Private bucket latrines

The sanitary and cultural conditions surrounding the private bucket toilet also deserve our attention, although no one has ever conducted a systematic survey of them. In 1994 the buckets were emptied every week for 800 cedis a month. That sometimes buckets overflowed may be due to the fact that the owner failed to pay his monthly dues or that the work force could not cope with their task. A man, who is referred to as *Krumi*,⁴ emptied the buckets in the night. *Krufoò* earned 50,000 cedis per month, according to the sanitary inspector. I suspect that they got some extra rewards from the different houses they serve.

Natives of the town would never think of performing this kind of dirty work "...even if they paid me ten times as much", as one man stated. The work is extremely unpleasant. The *Krumi* carries a container on his head in which he empties the bucket. He has a broom to clean the bucket and a lantern to find his way. The bucket is behind a small door on the outside of the house. He has to carry the container for a long distance to a dumping place on the outskirts of the town.

The *Krufoò* are literally 'people of the night'. They are the personification of the local horror of shit and have to make themselves and

⁴ A *Krumi* (plural: *Krufoò*) was originally someone from Sierra Leone, but presently most night-soil collectors are from Northern Ghana or Burkina Faso.

their load invisible. Just opposite the window of the room where I was staying was the bucket of the neighbour. Once a week I woke up when the *Kruni* came to empty the bucket, not because of the noise he made—he moved as silently as a mouse—but because of the stench drifting into my room.

It is unlikely that there will be any *Krufò* in the near future. Those who are doing the work are getting old and no one wants the job anymore. Their children attend school and have other ambitions. In 1998 there was only one *Kruni* in Kwahu-Tafo. The man was getting old and could hardly cope with the work. He had no successor. Two years later we held some interviews with him and observed his style of working and his way of protecting himself against the stench and the dangers of his job. By then he was sharing the work with another *Kruni* (Van der Geest 2002b). It is unlikely that all bucket latrines will have been replaced by pit or KVIP latrines (as the official policy stipulates) by the time these two men stop their work as night-soil collectors.

Discussion and conclusion: Governance of daily life

There is hardly any activity, which involves so directly governance of daily life, as the daily visit to a toilet. Defecation should take place everyday in Ghana. One ‘missed day’ constitutes a health risk in the popular cultural perception (Osei 1987; Van der Geest 2003). If we accept human ‘well-being’ as the best criterion of good governance, sanitation presents itself as a crucial test of governance. In the quality of toilet facilities we discern medical as well as social and political indicators of welfare. Toilets are significant markers of social status (Jenkins 1999; Jenkins & Curtis 2005) and political power. Various authors, from Douglas (1966) to Curtis (1998), Lea (1999), Green (1999) and Gunawan (2005), have argued that experiences of dirt and cleanliness have far-reaching consequences for self-esteem, social identity and physical and mental health. What conclusions can be drawn from the two cases in this paper?

Our observations on the management of human waste in Accra as well as in the rural community of Kwahu-Tafo show a lack of concern and initiative with regard to sanitation both from the government and the local community. It is mainly the ‘invisible hand’ of small entrepreneurs that succeeds in bringing about modest improvements in the quality of sanitation. Let us briefly look at the different actors.

Proper sanitation, one would expect, is one of the most convincing legitimisations of politics. Individual initiative can hardly achieve building effective infrastructural facilities to dispose of human waste, but state resources can. Public authorities have the ‘chance’ to prove their concern about the well-being of their citizens by providing sanitary amenities and thus strengthening their political support in the community. That ‘chance’, however, is hardly utilised. Local authorities, both in urban and rural areas, have a poor record when it comes to the building and maintenance of sanitary facilities.

Three of the four reasons suggested by Gewald (2000: 144) to account for the lack of political will to improve sanitary conditions in Windhoek almost one hundred years ago, still apply to Ghana today. Financial constraints are obvious factors—or excuses—to explain the government’s inertia in sanitary matters. Most shocking is the fact that the racist attitude of the South African government towards the Herero population in the 1920s can still be detected in the discriminatory behaviour of Ghanaian politicians to the poor members of their society. Having access to their own clean private toilets, they close their eyes to the squalor of public facilities on which their less fortunate co-citizens rely. “Squeamish unease” and outright discrimination conveniently merge into politics of neglect (see also Frantzen & Post 1999).

Surprisingly, local inhabitants and users of public facilities also do little to improve the situation. If good governance involves both ‘governors’ and ordinary citizens, we may conclude that both sides lack initiative in this respect. We call this lack of initiative ‘surprising’ because it seems to contradict a strong cultural concern about cleanliness as a physical and moral state. During our visit to the public toilets in Accra people complained bitterly about the authorities’ lack of concern and their failure to improve sanitary conditions, but they themselves showed no initiative to do something about it either. Their concern about cleanliness did not motivate them to take sanitary governance into their own hands; it rather seemed to discourage them from doing anything. Elsewhere one of us (Van der Geest 1998) has proposed that cultural rules of cleanliness have led to the paradoxical situation that people cope with the daily confrontation with dirt by keeping defecation at bay, both geographically and mentally. Governance of sanitation is mainly a matter of not thinking about it. Ironically, this applies to political authorities as well as to local inhabitants.

Entrepreneurs who are able to make a profit out of the management of public toilets and the collection of human waste from private bucket

latrines provide the best 'governance'. The slight improvements, which have been achieved in the management of liquid waste, seem to be mainly the result of the incentives of privatisation. Private caretakers of public toilets have tried to make the visit to the toilet less unpleasant by keeping the place relatively tidy. In densely populated areas ownership of toilet services has now become an attractive asset and may lead to strong entrepreneurial and political competition (Ayee & Crook 2003). Examples of this entrepreneurial development have been reported from Accra (Obirih-Opareh 2001), the rural town of Kwahu-Tafo (this article) and from the city of Kumase (Frantzen & Post 1999; Post 2001).

The performance of the night-soil collector (van der Geest, 2002b) is another example of private enterprise. Ironically, it is the inadequacy of public services responsible for the further disposal of human waste, which thwarts the good performance of the toilet manager. In Accra failure to empty the storage tanks in time causes an overflowing of the toilet holes. In Kwahu-Tafo they deposit the contents of the KVIP tank right behind the toilet turning the place into a mess.

From the limited evidence of our observations in Accra and Kwahu-Tafo we are inclined to conclude that both policy-makers and users of public toilet facilities have their 'reasons' to remain inactive with regard to the improvement of public toilets but that some effect may be expected from the privatisation of public toilets. Privatisation should not be restricted to the management of the facility, however, but also include the further removal of liquid waste.

Organising the use of human waste for compost/fertiliser seems an interesting option that serves two purposes: waste disposal and manure, provided it is carried out without causing harm to human health. Unfortunately, the mere idea—though widely accepted in East Asian countries—is disgusting to the Ghanaian population. Ironically, it is already practised surreptitiously in many places, apparently without the knowledge of consumers and authorities. Good governance of daily life in both urban and rural Ghana could thus lead to both better sanitation and agricultural production, if politicians *and* the general public are able to 'change' their minds.

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