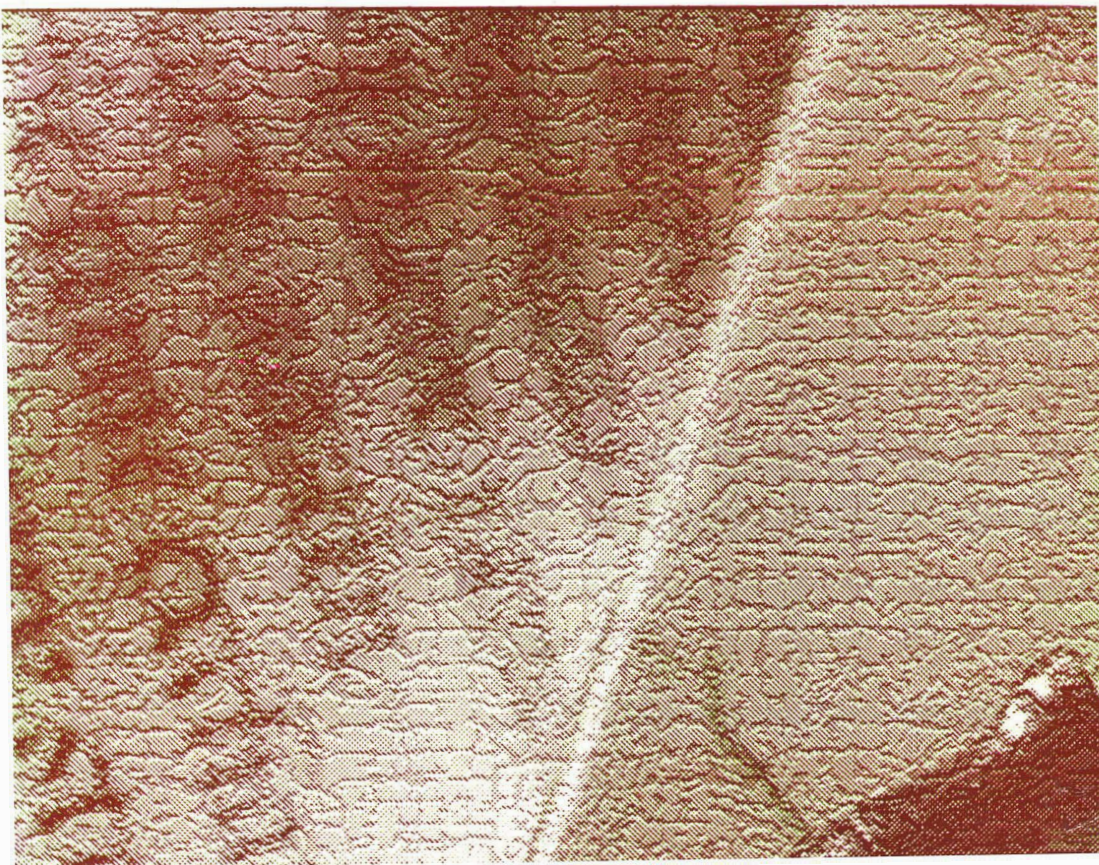




Toilet and Sanitation in Ghana

By

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INTRODUCTION

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Waste management is a crucial issue in preventive health. In 1980 the WHO launched a decade, which was to lead to proper toilet facilities for everybody in the world by the year 1990. The health implications were clear, but there was insufficient understanding of the social and cultural aspects of people's habits of defecation. This publication addresses both sanitary and social aspects of toilet behaviour through three case studies in southern Ghana. The objective is to draw attention to the urgency of a new policy of sanitation and waste management based on good understanding of people's ideas and practices concerning defecation. Indeed the public health is the public wealth. This may be achieved through effective public health and environmental education accompanied by the provision of the appropriate and affordable sanitary facilities.

Health implications

Human excreta usually carry all sorts of organisms, which may cause disease on infection through contamination. These organisms or agents include viruses and bacteria commonly termed germs and parasites, which include protozoa and helminths or worms. A number of these agents or infections depend for their persistence on passing from the excreta of one person to the mouth of another. Auto

or self-infection occurs among a few like the seat-worm. There are also a few of them e.g. hookworm and schistosomes which gain entry into the body by directly penetrating through the exposed skin on contact.

There are many obvious and also unsuspecting conditions, behavioural and environmental, which enhance the transmission processes, and these are readily encountered in endemic populations particularly developing countries. In these places one observes the indiscriminate disposal of human excreta in the immediate surroundings and environment. Where some efforts have been made to dispose of them, these may not have been proper or adequately effective. Yet all these infections are likely to decrease in the population or community with the implementation of measures to properly collect the excreta and dispose of them or treat them. The proper management of liquid waste should therefore greatly enhance public health. In this regard it is necessary to appreciate certain factors which have bearing on excretal transmission and the agents involved.

The viruses and bacteria and some protozoan germs in human waste require no period of latency and are immediately infective. Moreover only a tiny dose of infection of the germ is enough to cause illness in the affected person since the germs multiply rap-

idly on entry into the human system. The requirements for the safe collection and disposal of such waste must therefore be very stringent, far more so than for the other agents, the worms.

Most of the helminths or worms require a period of latency to be infective and therefore would not be immediately infective on evacuation. Some may even require intermediate hosts. The requirement for the collection and disposal of excreta containing such disease agents are less stringent than those for the germs discussed above. Moreover they often require repeated doses of infection to elicit the disease conditions.

With the above in mind, the management of liquid or human waste to ensure safe and healthy environment requires careful and deliberate appreciation of the factors necessary to avoid and eliminate contact with the agents of disease. The merits and short comings of all the management practices in use should be carefully assessed and implemented with all the necessary hygienic conditions which may otherwise undermine the efforts of the management practices adopted; pit-latrines, bucket-latrines, KVIPs, septage systems, treatment of liquid waste on collection and the subsequent use of composts developed from them having ensured the destruction of all pathogens during the treatment process.

The aim of all these provisions and measures in liquid waste management must be to isolate the population from their excreta and disease infection

agents and thus ensure sound public health in the communities.

Thus there is the absolute need to prevent indiscriminate defecation in the immediate surroundings of human habitation, settlements, labour camp sites and refugee centres. If the provision of pit-latrines is the affordable solution, this must be done. In that case the area must be hygienically maintained, preventing access by flies, which may spread faecal matter containing the germs i.e. viruses, bacteria and protozoan parasites. The surroundings must be dry to prevent infection by hookworms. The selected sites for pit-latrines must take cognisance of underground water systems and wells to avoid contamination through seepage. If it is bucket-type latrines that are appropriate or affordable, these must take into consideration the health implication of the removers and carriers. The final deposition sites must also consider the environmental implication of such dumping as in the case of pit-latrines, and also possible contact with surface water bodies.

The management systems that involve final treatment should take relevant aspects of the above into consideration in addition to the quality and safeness of the effluent to be discharged into natural drains or streams. In addition, the safeness of compost derived from the treatment and its use in food production must be borne in mind.

Social aspects

Practices concerning dirt are firmly embedded in social and cultural tradi-

tions. Perception and tolerance of dirt vary between and within cultures and so do concepts of privacy and shame.

A remarkable phenomenon in Ghana's management of liquid waste is the 'popularity' of public toilets. The majority of the population (exact figures are hard to come by¹) have no private toilets and do not seem particularly worried about the lack of such a facility. Apparently, for many people building or renting a house, a toilet is not a priority. Some seem to prefer *not* to have the toilet on the premises. In Accra, as Obirih-Opareh mentions in his contribution, existing toilets may even be transformed into rooms or stores forcing the inhabitants to resort to public places of convenience.

Such preferences and practices run counter to recommendations by the WHO and other international agencies which stipulate that each household should have its own facility. Assuming that public facilities are kept less clean than private ones, one may expect that the former carry greater health risks for their occupants than the latter.

The impression exists that Ghana is quite unique in its wide-spread use of public toilets (cf., Van der Geest 1999). This publication investigates why this may be the case. It further explores the social, cultural and economic factors leading to hazardous dealing with human waste. Concepts

of cleanliness and attitudes to towards bodily excretions usually are the most entrenched in human cultures. Attempts to influence people's management of waste should therefore start from a clear understanding of such cultural and social practices. Up to now, however, such understanding hardly exists in any documentary form.

Research and policy

Defecation is not a topic which is freely discussed in ministerial offices or university lecture rooms. It rather is surrounded and obscured by feelings of embarrassment and disgust and is hidden from public debate. 'Shit' is not a proper topic for academic discourses or policy statements. In spite of their keen theoretical interest in the concept of pollution, social researchers have overwhelmingly neglected defecation in the research efforts.²

Similarly, policy-makers have turned a blind eye on the problems of toilet and sanitation, apparently because of their utterly unpleasant character. Post, in his contribution, makes the ironic comment that policy-makers – as well as most researchers – can afford to neglect the dreadful state of many toilets in the community because they themselves do not have to rely on them. They have more comfortable places to relieve themselves.

The three papers in this publication are an attempt to reverse this tendency

¹ Figures for Accra, provided by Stephen et al. 1994 and Konadu-Agyemang 1998, are difficult to interpret. The former, for example, report that in 1990, 30% of the population resorted to public toilets, 20% had their own private toilet and 50% 'shared' a toilet with others in the house. It seems, therefore, that the majority use semi-public toilets, but exact descriptions of such 'semi-public' facilities are lacking.

² An exception is Ndonko's study of social and cultural aspects of defecation in two Cameroonian societies. Flavien T. Ndonko is an anthropologist from Cameroon (Ndonko 1993).

of avoidance and to draw attention to the importance and urgency of the matter. The paper on Accra, by Nelson Obirih-Opareh, is based on research on 'Decentralisation and waste management in the Accra Metropolitan Area', funded by the Netherlands-Israel Development Research Programme (NIRP). The Kumasi paper, by Johan Post, results from a co-operative project of the Kumasi Town and Country Planning Department, the Department of Planning of the Kwame Nkrumah University of Science and Technology, and the Institutes of Planning and Demography and Development Research of the University of Amsterdam. The paper on the rural town of Kwahu-Tafo, by Sjaak van der Geest, is derived from his anthropological study of old age and care, financed by the Sociology and Anthropology Department of the University of Amsterdam. All four authors of this publication take part in the NIRP research project on Decentralisation and waste management.

Notes

1. Some of the ideas discussed in this chapter were published in an earlier article (Van der Geest 1998).
2. We thank Johan Post and the participants of a 'round table' on liquid waste management at STEPRI/CSIR for their constructive comments. This chapter is a first exploration of an important but neglected domain of human thought and behaviour. We are aware that more anthropological fieldwork (participant observation) needs to be done to reach an understanding of the 'paradoxes discussed here.

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TOILETS, PRIVACY AND PERCEPTIONS OF DIRT IN KWAHU-TAFO

Sjaak van der Geest

During my stay in the rural town of Kwahu-Tafo, in the Eastern Region. I came across a peculiar paradox in people's way of dealing with waste. On the one hand, they were extremely concerned with cleanliness and removing dirt from their bodies. On the other hand, the way they actually got rid of human waste was so inefficient, that they were continuously confronted with what they most detested: filth, in particular, faeces.

That paradox was particularly striking in the public character of toilet behaviour. The apparent absence of concern about the lack of privacy in their toilets is puzzling. If people are so horrified about dirt, especially human faeces, one would expect them to be very particular about safeguarding their privacy during a visit to the toilet.

That puzzle is directly related to the conception of 'dirt'. Dirt, according to the famous anthropologist Mary Douglas, is "matter out of place". But we should keep in mind that it is always in the eyes of people that something is either in or out of place. The experience of dirtiness is inherently social. Other people's body excretions, with which we are confronted are endlessly more 'dirty' to us than our own because they are relatively more 'out

of place'. Most people have no problem managing their own faeces but are disgusted by the idea of having to handle other people's. They may be willing to take care of the excreta of close relatives, for example small children, but not of 'strangers'. Faeces are intimate substances which should remain 'in place', i.e. in the intimacy of the person who produces them. Being confronted with other people's excreta is an extreme case of seeing - and smelling - matters out of place. That is probably the reason that in most - but not all - cultures defecation is done in private. It saves members an extremely dirty experience. The strong emphasis on the different use of the right and the left hand shows the same concern about dirt.

Why do people give so little priority to having their own toilet in the house and seem to prefer to daily visit the public toilet, sometimes at a considerable distance from where they live? There may be economic reasons. To build a toilet costs money which could be saved by using a public facility. But economics alone cannot explain the situation. Why, after all, does everybody in Kwahu-Tafo have his/her own private bathroom but not a private toilet? Is a simple toilet really so expensive? There must be other reasons.

They are historical and cultural and they are linked to the town's residential pattern.

Dirt and cleanliness

If there is anything dirty in Mary Douglas' sense of the term, it is human faeces. In my own culture, in the Netherlands, their place is in a 'no man's land', a territory unseen and untouched by human beings. Human faeces are hygienically handled by technical devices which make them disappear almost immediately, first under water, then underground. They leave no trace, not even their smell.

Only the faeces of small children are an exception. They are allowed to stay a bit longer above the ground and even pass through human hands, mostly those of their mothers, although cleverly designed diapers make it more and more possible to avoid contact with children's faeces as well. In general, one could say, however, that the faeces of children, are less 'dirty' than those of older people.

The faeces of sick and elderly people who have become incontinent or cannot visit the toilet, are more problematic. They require professional treatment. The fact that we need a special category of workers, nurses, to deal with that type of faeces confirms that they are really dirty. By assigning a profession to remove them, we make sure that they remain far from everyday life. They are restricted as much as possible to certain places and handled by 'specialists'. The system seems to work.

It does not work in Kwahu-Tafo

and I assume in most other places in Ghana. Poor sewage and a defective toilet system in particular, one could argue, are caused by poverty and lack of development. Nevertheless, there is also reason for surprise. That they have not developed a more efficient and a more private system of getting rid of faeces is puzzling if one takes into account their concern about dirt.

Dirt is a key concept in the Akan perception of the human being. Dirt is something unwanted, something one should get rid of. Ideas about dirt and cleanliness pervade the entire culture. There are several terms which refer to dirt. *Efi* is dirt which, according to some, comes from outside and attaches to the body, to clothes, to objects, or to a house. It has a temporary character. A man coming from his farm is dirty (*ne ho ayè fi* or *ne ho wò fi*) because of the work he has been doing. It is not his habit to be dirty. A child playing in the mud is dirty, as is a yard which has not been swept.

Atantaneè (lit. nasty or hateful things) is dirt which is more detestable. Most people use the term for dirt coming from inside the body: vomit, phlegm, menstruation blood, urine, or faeces. When a latrine is dirty with human faeces, people say: *Èhò yè tan*.

As in most languages, terms of 'dirt' assume much wider meanings. They are metaphorically applied to social, moral and aesthetic phenomena. Dirty = ugly = unattractive = nasty = bad = uncivilised = shameful = not respected.

Conversely, cleanliness (*ahoteè*) is the pre-eminent metaphor to express

positive appreciation. Clean = beautiful = attractive = good = civilised = respectable. The most common term referring to being clean is *te*, which means 'to be open' or 'to be clear'. *Èhò te* must be understood to mean that the place is clear, free from unwanted things, dirt. *Ne ho te* is a compliment saying that the person is beautiful, attractive. In Ghanaian English, the expression 'she is neat' is almost synonymous with 'she is pretty', with the connotation that she is also beautiful in a moral sense, 'pure'.

In summary, bodily cleanliness stands for physical and moral attractiveness, whereas dirt symbolises physical and moral decay. Dirt, or rather the abhorrence of it, plays a central role in people's world view. To say that someone is dirty, is almost a rejection of the whole person. Cleanliness of the body (the skin, the orifices, the teeth, the nails) and cleanliness with regard to housekeeping, clothing, or one's children, constitutes a basic condition for a person's attractiveness. Physical beauty and sexual attraction are commonly explained in terms of cleanliness.

Sanitation in Kwahu-Tafo

There are four public toilets, each with twelve squatting holes (six for each sex), in Kwahu-Tafo. Two of them have been closed, one for about three years and one four months ago, both due to maintenance problems. It means just 24 public facilities for the entire town. (While I was writing these lines, I heard that one of the remaining toilets had been closed as well, because

it was full. Twelve toilets for 5,000 people...). It also means that some people have to walk about 10 minutes to reach a public toilet (to and from twenty minutes).

In addition there are semi-public toilets in two schools, which can be used by both teachers and pupils. The number of private latrines (almost all bucket latrines) is unknown. The sanitary inspector estimates their number at sixty. Finally, there are about ten private pit latrines and ten water closets, 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 are in fact using the public toilets. Estimates vary from one third to eighty percent of the population, which in absolute figures would be 1,000 to more than 4,000. Unknown is also the number of people who don't use toilets at all but are easing themselves in the 'bush' at the edge of town or on the way to their farm. Some people defecate into a plastic bag and dump the bag somewhere out of sight.

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 people visiting the

public toilet, it means that every day, about 2,000 people use 24 holes, almost ninety per hole per day. Taking into account that both toilets are closed from about 9 pm to 5 am, one can conclude that the holes are occupied every five minutes. On the average both public latrines would receive about one thousand visitors per day. When I discussed this with the caretaker of one of the latrines he estimated a number of only about two to three hundred. He based his calculation on his income per day. 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 painful. It may be far and the conditions do not befit their status of respected elder. Most elders therefore use a private latrine, either in their own house or in that of a kind neighbour. They are also likely to avoid the morning rush hour if they have to go to the public toilet (cf., Van der Geest 2000).

Visiting a public toilet is not 'free'. The caretaker of the toilet (who is also responsible for cleaning the place) takes twenty cedis (about one dollar cent) from each visitor. In that way the old coins, which have lost nearly all their value, are still useful (the same amount is charged for a bucket of water from the public tap). The caretaker of one public toilet I visited was sitting in a small kiosk and had a pile of cut newspapers in front of him. He handed each customer one sheet and received twenty cedis. If they brought

their own paper, he said, they would pay only ten cedis. Each day he had to pay 3,000 cedis to the sanitary inspector. He could keep what he earned above that amount. Funerals and other busy days were golden times for him.

The place was relatively clean but the immediate surroundings had become a dumping place of all kinds of dirt. First there was the official *sumina* of the town, about 50 meters away from the toilet. But right behind the toilet another '*sumina*' had come into existence: inhabitants of the town emptied their chamber pots there, the labourers who cleaned the KVIP put its contents there, and - worst of all - many people brought their faeces in plastic bags and deposited them at the same spot. They did this in the night when no one could see them.

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. The buckets are emptied in the night by a man who is referred to as *Kruni*¹, although he originates from the North. *Krufoò* earn 50,000 cedis, per month, according to the sanitary inspector. I suspect that they get some extra rewards from the different houses they serve.

No native of the town would ever

think of performing this kind of dirty and poorly paid work. Neither would they be willing to do this work if it were well paid. ("Even if they paid me ten times as much"). The work is extremely unpleasant. The *Kruni* 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 Akan horror of shit and have to make themselves and 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 *Krufoò* 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 Kwahu-Tafo there was only one *Kruni* who could hardly cope with the work. He was getting old and there was no successor.

Why?

I asked one of my research colleagues why people in Kwahu-Tafo use such primitive and defective methods to get rid of their faeces. Why are there hardly any pit latrines in the town?

Why, I asked further, did they give such a low priority to toilet facilities while they were so extremely concerned about dirt and abhorred faeces?

It was poverty in the first place, he answered. People can't afford to build good toilets. I objected that even poor people build a simple and efficient pit latrine next to their house. There were also technical problems, he added. In some places, when you dig a hole, water will enter. In other places rocks prevent you from digging a hole. It still did not answer my question of course. Why did so many people give the highest priority to getting rid of bodily waste and the lowest priority to doing it efficiently and cleanly? The 'hygienic puzzle' remained.

My explanation is that people detest human dirt so much that they don't even tolerate it near their house. The fact that they had to pass through dirty places and faeces in public toilets was a consequence which they simply put out of their mind. They don't greet anybody on their way to the place, they pretend that nobody sees them. They go silently and forget about it: a mental solution for a very physical problem. In the light of Douglas's theory, the seemingly insouciant public style of defecation in is puzzling. But visitors to the public toilet seem to have other - mental - solutions to preserve their privacy in a crowded toilet.

People try to remove dirt from their midst by placing it outside the world where they live. Traditionally, toilets are situated at the outskirts of the town and the filthiness of the place is tolerated because it is at the outskirts. Go-

ing to that place is of course a moment of discomfort but the advantage is that one can again leave the place and return to the world of cleanliness. By building a toilet in the house, one would continuously have human faeces in one's direct vicinity. By not building a toilet in the house - which would in a sense liberate one from being confronted with other people's dirt - one keeps dirt at bay. Building your private toilet at some distance from your house, in your garden, is often impossible due to the rather crowded situation in the towns. Moving your toilet ten metres away would take it into the house of your neighbour. The toilet therefore is in or near the bush, out of sight; it is the backstage where one goes silently. People try to remove that ultimate dirt out of their houses, out of their towns, and out of their heads. They try to ignore it. That's how they cope with it, almost by pretending it does not exist.

Human faeces are considered dirty when they are found in our midst, but when they can be removed out of sight we don't seem to be worried anymore. This idea invites for the dumping of waste, both liquid and solid, at the outskirts of the town. We should realise, however, and we will soon discover, that the outskirts are also part of the town and can no longer be ignored. Often they are also the entrance to the town and most importantly the place we visit daily to answer to nature's call. By making the toilet and its surroundings clean, going to the toilet could become a happier experience, which, in my view, it

should be. After all, it is a place where we are relieved of a burden, where we, as we say, *ease* ourselves. Literally a place to relax.

What to do?

What should be our advice to policy-makers? There are at least two sides to the sanitary condition in Kwahu-Tafo and, for that matter, most other rural towns in the country, which deserve our attention. There is the question of discomfort and the problem of health risks.

Waste management is a crucial issue in preventive health. In 1980 the WHO launched a decade which was to lead to proper toilet facilities for everybody in the world by the year 1990. That campaign has hardly been noticed in Ghana but if it had been implemented, it would probably not have changed much in people's defecation behaviour. The health implications of poor sanitation are clear, but there is insufficient understanding of the social and cultural aspects of people's habits of defecation. This brief article has drawn attention to the social and cultural context of toilet behaviour. The situation in Kwahu-Tafo suggests that many people are likely to prefer using public toilets but that they would favour cleaner toilets. Proper management of the toilets and their immediate surroundings would greatly improve health conditions in the town.

Talking about comfort, undoubtedly, most people would like to have a water closet in their own house but few will be able to afford the costs. As long as the technical and financial

possibilities for private toilets remain limited, we may expect that a large number of people will continue to frequent the public toilet. Local governments, with the assistance of private entrepreneurs, should take measures to improve the conditions in and around the public toilet to allow the visitors to ease themselves at ease. At the same time, the construction of simple, affordable, clean private toilets, with septic tanks, should be encouraged. For many, it would turn a daily unpleasant and threatening experience into an enjoyable and safe start of the day.

Notes

Some of the ideas discussed in this chapter were published in an earlier article (van der Geest 1998). I thank Johan Post and the par-

ticipants of a 'round table discussion' on liquid waste management at STEPRI/CSIR for their constructive comments. This chapter is a first exploration of an important but neglected domain of human thought and behaviour. I am aware that more anthropological fieldwork (participant observation) needs to be done to reach an understanding of the 'paradoxes' discussed here.

1. A *Kruni* was originally someone from Liberia.

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PUBLIC OR PRIVATE? A POLICY DILEMMA OF LIQUID WASTE MANAGEMENT IN ACCRA

Nelson Obirih-Opareh

Introduction

Rapid urbanisation and the unplanned nature of estate development of many cities and towns in Ghana have brought severe problems to their development. One of such problems is the lack and poor management of places of convenience. 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 forcing residents of such homes to rely on public toilets. 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 sanitation problems. 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, and deficient management of existing toilet facilities. There is also the problem of 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

of houses to the central sewage system.

Policy dilemma

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? Using the World Bank Urban IV Project loan facility for sanitation improvement, the local authority has embarked upon joint projects with landlords to expand the number of houses with private toilet. On the other hand, the AMA is expanding and maintaining public toilets to run on commercial basis. It has also invited private firms and individuals to build and operate toilets. The nature of facilities for the public toilets, some of which have bathrooms attached, do not lend credence to the idea that these facilities are for visitors. The question therefore is: what is the policy of the local authority with regard to public toilets? Should the communal toilet system be maintained? To what extent does the provision of more and better public toilets undermine the policy that requires every house to have its own toilet facility? Since the introduction of user-

fees, public toilets have become a lucrative source of income. As a result, operators of commercially run toilets will not be very enthusiastic about the discontinuation of public toilets.

Objectives

The objectives of this paper are to: (i) identify the causes of the problems of liquid waste management in Accra and the measures put in place to address them, (ii) highlight the changes brought about as a result of the decentralisation and privatisation policies in liquid waste management, and (iii) assess the effectiveness of the institutional arrangements that have evolved as a result of the changes with a view to suggesting possible ways to improve the situation.

Historical background

With a few exceptions (e.g. Tema and Akosombo) all towns and cities in Ghana grew from small traditional village set-ups, characterised by unplanned nature of housing development, and where communal solutions were found to common problems. One such communal solution was the public toilet. As the villages grew, these communal ways of solving problems persisted. Most cities and big towns in Ghana could be described as big 'overgrown' villages. The magnitude of liquid waste problems in cities like Accra with large population is far bigger than that of the villages and small towns, where communal toilets are built at the outskirts of the town or village to make up for the lack of toilet facilities in the individual homes. Why,

in spite of the inconvenience of not having a toilet in the house, do a large number of people not have access to a private toilet, and rely on public toilets? Several reasons account for this.

According to some residents, the crux of the matter is economic. The initial cost of building a decent toilet is very high for the poor. He prefers daily visits to the public toilet where he spends little sums as user-fees to paying large sums of money to build and maintain his own toilet. Besides, in areas where there is no central sewage system, the periodic removal of waste from the toilet is also expensive. Another possible explanation is technical. Most urban centres face severe water shortage. Without water, a modern private toilet using a flush system cannot operate. The free use of public toilets also discouraged the building of private toilets. In the olden days, all public toilets were used free of charge whilst people with private toilets had to pay various charges. This was a disincentive to poor landlords to construct their own private toilet. Until the mid-1980s when user-fees were introduced for public toilets, a visit to a public toilet was free of charge.

One simple type of household toilet before the advent of Kumasi Ventilated Improved Pit (KVIP) in most of the towns and cities was the pan latrine toilet. A nightsoil collector empties the buckets periodically - twice or thrice a week - into his container and carries it on his head to central cess-pool storage containers. This system had proved unsuitable because of its environmental and health hazards. Car-

rying such buckets on the head is increasingly being regarded as disgusting and inhuman. Besides overcrowding, poor housing planning with small spaces in between houses, particularly in the poor and deprived areas, meant that one's pan latrine would be at the entrance of another person's house. A worse case scenario would be where the pan latrine is right in front of the window or bedroom of a neighbour. The central sewage system is limited to only a small area (i.e. Accra Central, Ministries, and parts of Dansoman) and there has not been any appreciable increase in its coverage since the 1970s. The cost (and difficulties) in getting rid of the waste when the storage tanks get full is a big bother to many households. A visitor to a public toilet does not bother himself about how the waste is removed. His only concern is the cleanliness of the facility.

Measures to address the problems

By the early 1980s, liquid waste management in the urban areas was in a poor state. In Accra, the situation was compounded by the long strike action of conservancy labourers. The communities mobilised people to clean toilets and their environs. In the absence of funds to maintain the system, residents agreed to pay user-fees to visit public toilets. This provided a reliable source of funds for maintenance of the public toilets. Since then, many changes have taken place in the liquid

waste management sector, particularly after the introduction of the district assembly concept and decentralisation policy into local government administration in 1988. Some of the policies the metropolitan authority tried over the years to solve the liquid waste problem proved successful whilst others failed. For instance, bye-law requiring every house to have its own toilet was neither enforced nor complied with. The old toilet systems (the bucket-removal type - popularly called 'pan-trines'), whose management was fully privatised, is still in existence though they should have been phased out long time ago by converting them to KVIP using a loan facility³ under the World Bank Urban IV Project for sanitation improvement.

Public toilets have become major sources of revenue to the local authority and its operators, since the introduction of user-fees in the mid 1980s. In 1992, the AMA decentralised liquid waste management to the sub-metropolitan assemblies whilst retaining supervisory and monitoring roles.

The high profit margin in liquid waste management led the local authority to resist private participation. By the 1990s, the pressure on existing public toilets was too high for AMA alone to cope with. It reluctantly allowed private participation into its 'gold-mine'. In 1997, some level of privatisation was allowed in liquid waste management. This afforded the private sector opportunities to partici-

³ This facility enabled the AMA to assist landlords to put up their own toilet facilities of KVIP or WCs in a cost-sharing arrangement. In this arrangement, the AMA provides the plan, the materials, and the personnel to build the toilet, whilst the landlord bears part of the cost. The landlord provides an initial part payment of the cost of construction and pays the remaining sum by monthly instalments over a period of three years or so depending on the size of the loan.

pate more formally in liquid waste management. Until then, the AMA had a monopoly in the management of public toilets, which was considered as a 'gold-mine'. Some public toilets were leased or contracted out to private agencies and individuals to operate on commercial basis, whilst retaining ownership. These agencies and individuals pay some specified amount to the AMA as operational fee, etc. Since then, there has been considerable improvement in terms of numbers and quality of service of public toilets. The surroundings of most of them have also improved.

Toilet facilities in the Accra Metropolitan Area

The existing toilet facilities in Accra, both private and public, include pan (or bucket) latrines, pit latrines, septic tank latrines, KVIPs, and WCs with or without connection to the central sewage system. There are two types of ownership of public toilets, namely (i) those built by the local authority, and (ii) those built by private firms and individuals for commercial purposes. The types and numbers of publicly built toilet facilities available in the sub-metropolitan assemblies of AMA are as follows: Ashiedu Keteke - 26, Ablekuma - 40, Osu Klottey - 19, Okaikoi - 11, Ayawaso - 28, and Kpeshie - 34. Privately built public toilets are few in number. The public toilet facilities are inadequate compared to the size of the population without toilet facilities in their houses. Long queues could be observed during early morning and evening rush hours. According to resi-

dents, some people defecate at empty spaces because of (i) costs of a visit to a public toilet, (ii) lack of toilets in the vicinity, (iii) long distances of public toilets from their houses, and (iv) the untidiness of the toilet facilities. In October 2000, user-fees ranged from ₵70.00 to ₵150.00 per visit, depending upon the facility. The AMA determines the user-fees.

The existing infrastructure of the Accra central sewage system is inadequate. In 2000, there were less than 1,000 units connected to the central sewage system (GW&SC 2000). In most places, the infrastructure for waste management is either non-existent or in a deplorable state. According to officials of the (WMD) there are about 18 sewage systems and sewage treatment plants in Accra, but none is functioning properly. The system, which was built for Central Accra in the early 1970s, is in a deplorable state. There are few connections and scarcely any water for flushing.

Availability of toilet facility, and method of removal and disposal are indications of level of development. A survey of toilet facilities in Accra by the AMA in 1992 shows that

40% of the population have access to private toilets discharging into septic tanks or cesspools;

25% use public toilets for a fee per visit.

20% still use (private) pan latrines; where a fee is charged per visit.

5% have access to (private) KVIPs; and

10% of the population have no access to any toilet facility, thus defecate

in open spaces.

The critical shortage of toilet facilities in Accra is obvious from these figures.

Cesspit service

The AMA and private firms carry out cesspit service with suction trucks. In addition to these, other organisations such as the Volta River Authority, the security services (the Army, the Police, the Prisons, and the Fire Service), University of Ghana, Ghana Civil Aviation Authority, etc. run their own suction trucks to empty cesspits of staff bungalows. These organisations discharge at treatment plants of the Waste Management Department (WMD).

Pan latrine service

Night-soil collectors empty the pan latrines during the night. Liquid waste collection from pan latrines has been fully privatised since December 1987. The Waste Management Department provides surface and underground storage facilities and collection vehicles to empty the tanks. New pan latrine is not allowed. Houses with pan latrine are to convert to KVIPs, WCs or use available public toilets.

KVIP latrines

Most of the initial KVIPs installed in several locations in the city as public and private toilets were pre-financed through a revolving fund of the German Technical Co-operation (GTZ) as support for the phasing out of pan la-

trines. The major phase in the conversion of pan latrines to KVIP began in late 1987 with the establishment of the Urban Sanitation Improvement Team (USIT) in the Waste Management Department. This unit comprises representatives of the Metropolitan Medical Officer of Health and the Metropolitan Engineer to facilitate approval of building permits for conversion of pan latrines to KVIP latrines. It was then envisaged that the promotion of the project would be maintained and additional funds secured to enlarge the revolving fund for the project. The KVIPs were supposed to be built in areas with porous soil so that the liquid could be absorbed by the soil, leaving the scum to be scooped out for use as manure for 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.

Public septic tank latrines

Most of the public toilets in the city have septic tanks. They are normally found in areas without a central sewage system. The tanks have to be emptied periodically by suction trucks.

Liquid waste treatment sites

The liquid waste from septic storage tanks, together with the waste from the central sewage system, is collected at three treatment plants: Achimota (with a capacity of 55,000 metric

⁴ The number of public toilets in Accra has increased considerable following the privatisation policy which allowed private firms and individuals to build and operate their own public toilets for commercial purposes.

tonnes), Teshie (10,000 metric tonnes), and Korle Gonno (33,000 metric tonnes). However, these treatment plants find themselves in various degrees of disrepair and are not functioning properly.

Central sewage

The central sewage system is provided, controlled, maintained and owned by the Ghana Water and Sewage Corporation (GW&SC). Sewage infrastructure requires tremendous level of capital outlay. Areas with toilet facilities connected to the central sewage line include Accra Central, Tudu, Central Lorry Park, the Ministries, Osu and Dansoman. Dansoman has its own central sewage system, which is not connected to the rest. The Dansoman sewage system was constructed during the Dansoman Housing Project by the Acheampong government. This line is connected to a treatment plant, which flows to the sea.

Houses with toilet facilities connected to the central sewage system pay connection fees to the GW&SC. This includes registration fees and monthly charges. Owners of toilet facilities without connections to the central sewage, pay various types of fees for removal of their liquid waste. Houses with toilets that use septic storage tanks engage service providers periodically to remove the waste and pay various fees depending on the type and capacity of the facility.

Institutional arrangement for liquid waste management

Institutional arrangement in this paper is defined as a fixed pattern of

relationships - usually laid down in regulations or contracts, but sometimes based on a non-written understanding - between two or more actors with respect to the collection and disposal of liquid waste. This results in an economic activity that has some sort of physical manifestation such as building, equipment, and vehicles. There are three identifiable groups of actors in liquid waste management: service providers, consumers, and policy makers. The institutional arrangements for liquid waste management are far more complex than solid waste management. Three levels of liquid waste management could be distinguished: provision of toilet facilities, management of toilet facilities, and removal of toilet liquid waste.

Provision and management of toilet facilities

There are three main types of providers of toilet facilities in the AMA. These are: (i) publicly provided toilet facilities, i.e. built and owned by AMA (WMD), (ii) privately built household toilets (for private use only), and (iii) privately built commercial public or communal toilets. Toilets provided at offices of public and private organisations are excluded from the study.

From a technical perspective, toilet facilities could be grouped into four types: (i) water closet (WC) with sewage connection; (ii) WC without connection but with underground septic storage tank; (iii) KVIP with underground septic storage tank; and (iv) Pan latrine. Public toilets provided by AMA, private firms and individuals are

similar to the ones provided by households. The difference is the number of seats available. Pan latrines do not occur in the public domain.

Following the privatisation of some aspects of liquid waste management in 1997, private firms are now permitted to participate in the provision of toilet facilities on commercial purposes. Two forms of facility provision are identifiable. First, build, owned and operate (BOO) system in which the private firms or individuals build their own public toilets and operate for commercial purposes. Second, build, operate and transfer (BOT) system in which the firm or individual build a public toilet, operate it on a commercial basis and transfer it to the local authority. Normally, toilets under the BOT system are built on sanitary sites belonging to the AMA. The AMA leases the land to the entrepreneur for a period of about 20 - 25 years. It is anticipated that, the latter would be able to re-coop the investment during that period. These measures are aimed at providing more toilet facilities to the people and improving the infrastructure and the management of liquid waste in the city.

Four major categories of liquid waste management could be distinguished: (i) publicly owned toilets operated by the AMA (WMD) itself, (ii) publicly owned toilets operated by private agencies on lease or contract basis, (iii) privately owned household toilets managed privately for household use, and (iv) privately owned communal toilets operated on a commercial basis.

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 from the toilet facility to disposal point through the sewage. 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 treatment plants or approved disposal sites.

Toilets with septic storage tanks are emptied by suction service providers: WMD, private agencies or in the case of La by a community based organisation (La Mansaamoo Kpee). Quasi-public organisations such as SSNIT, University of Ghana (Legon), and the security services (the Army, the Police, the Prisons, and the Fire Service) - have their own liquid waste collection and transportation services.

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

Frequency

The frequency of removal of the waste is directly linked to the type of facility and its capacity. Pan latrines are emptied twice or thrice a week to

central cesspit surface container, which in turn is removed everyday in the night hence the name 'night-soil'. However, irregular collection of waste is the rule rather than the exception. Toilet facilities without connection to the central sewage system (WCs, KVIPs, and septic tank latrines) require service providers to empty their tanks when full. A survey carried by this writer in 1999 and 2000 shows that the frequency of waste removal for those with septic storage tank facilities range from six months to three years or more, depending upon the type and capacity of storage facility and the number of people using the facility. Normally, household toilets take a longer period to fill-up than public ones.

Mode of payment

There are different modes of payment in the liquid waste management sector. Owners of toilet facilities with sewage connection pay registration and monthly charges to the GW&SC. Owners of all other categories of toilets without connection to the central sewage system pay fees to other service providers. The service providers include the AMA, AMA's accredited agents, non-AMA's accredited agents, and a community-based organisation (La Mansamoloo Kpee). Quasi-public organisations such as Cocobod, SSNIT, and University of Ghana, which provide their own services, pay discharge fees to the AMA. The Security Services - the Army, Police, Prisons, and Fire Service - which also have their own service trucks do not

pay any fees for the discharge of waste. All categories of public/communal toilets with or without connections to the central sewage system pay registration and licence fees to the AMA to operate as commercial entity in the metropolitan area. Owners or managers of all non-sewage public or communal toilet facilities pay fees for dislodgement to service providers. Operators of toilets owned and operated by the AMA pay all revenues to the AMA. Operators of privately managed AMA toilet facilities pay dislodgement fees to service providers including the AMA.

The owners of communal toilets charge user-fee per visit. Income generated from the user-fees is used for their maintenance and operation. The fees are subject to approval by the AMA. In most cases, however, particularly in the private-private arrangements, the rates are fixed by service providers without the involvement of AMA, but within approved range. The fee may differ from one type of facility to the other. For example, the fee for WCs differs from that of septic tank latrine or KVIPs. WCs with sewage connection attract higher rates than those with frequent water shortage. Factors such as cleanliness of the environment, provision of toilet rolls, etc. affect the price of the service. Most people settle for modest services with affordable prices even though all the service consumers prefer WCs with a sewage connection.

Stakeholders perception of the functioning of the institutional arrangements

There are three identifiable actors or stakeholders in liquid waste management: service providers, service consumers and policy-makers.

Service providers: There are three main types of service providers, 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 interests depending on how much it gains from the service. Though the housing code requires every household to have its own toilet, discontinuation of operation of public toilets is unlikely to occur in the near future. This is due to three main reasons. First, many households do not want to provide their own KVIPs or WCs. Second, there are segments of the population who are homeless and may therefore have no access to any other form of toilet facility besides the communal type. Third, the operation of public toilets is a lucrative business to both the operators and the local authority because it has high demand for its services and it is cost-effective.

Service consumers: Rich households prefer WCs connected to central sewage to spare them the inconvenience and agony of searching for service providers to empty their septic storage tank whenever they are full. Besides, when the toilet is being removed or dislodged, it leaves terrible stench in the area for a long period of time. Irregular collection of waste from

pan latrines is very prevalent. Flies are always abundant in the place. Many residents think pan latrines have outlived their usefulness in the city. and are nuisance, particularly to immediate neighbours. If toilet facilities are not emptied regularly, they pose health hazards and become breeding grounds for vectors of disease.

Houses with septic storage tanks want provision of more suction trucks to prevent long queues for them. Users of public toilets on the other hand want cleaner and more pleasant toilets at affordable prices. The households prefer WCs connected to sewage. In its absence, they want efficient and affordable suction truck services. Pan latrine owners want efficient services from night-soil operators.

Policy-makers: Policy-makers prefer central sewage facilities for the entire metropolitan area. However, this seems impossible in the present economic situation. Poverty also prevents most households to have their own toilet. For them, the public toilet remains the only choice. Policy-makers also acknowledge the 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. Policy-makers think that its twin policy that requires every house to have its own toilet facility, whilst at the same time improves public toilets and increases their number and accessibility through private sector participation would go a long way to mitigate the problem.

The most feasible, achievable and efficient system

Though the most efficient system of the liquid waste management is the 'water closet (WC) connected to central sewage system, majority of people do not have access to this facility. Only a limited number of WCs are connected to the central sewage system. For areas without a sewage system, WCs with septic storage tank provide the next best alternative. Irregular water supply in some areas affects their operation, however. For poor and deprived areas, the KVIP is the best alternative since it does not require water to function. However, the initial cost of building a KVIP and its maintenance, including the periodic removal of waste put it beyond the reach of many households. In view of this, policy-makers have embarked upon measures to increase and improve public toilets for the large portion of the population, whilst at the same time, encouraging the expansion of household private toilets.

According to some people, the real problem of management of public toilets in the past was not centralisation per se, but insufficient money to run them efficiently. In the absence of cost-recovery and inadequate government funding the result was poor maintenance. The problem has reduced through the introduction of user-fees since the 1980s, decentralisation of the waste management system since 1992, and privatisation of some aspects of liquid waste management some years later. Public toilets are operated either by contracting out or franchising. The

invitation of private firms and individuals to build and operate public toilets on commercial basis has greatly helped liquid waste management. As long as the economic situation of the majority of the people remains very poor, public toilets will remain an essential feature of liquid waste management in Accra.

Conclusion

As public or communal toilets are becoming a permanent feature of the Ghanaian society, steps must be taken to ensure that more and decent public toilets with neat and pleasant surroundings are provided to take care of those without access to private toilets. As the operation of public toilets becomes more lucrative, the desire for profit must not override sanitary requirements. The local authority and service providers must take steps to overcome the country's poor maintenance culture, which is worse in the waste management sector. Leasing or contracting out the management of government owned public toilets and private sector participation have indeed led to improvement of public toilets. Besides bringing in additional resource and private sector managerial thinking, privatisation has led to competition in the management of public toilets and provision of suction truck service. These will improve even further if the revenues so generated are used for their maintenance.

Since the AMA's policy of 'one house, one toilet' is not realistic for the time being as far as the poorest segment of the population is con-

cerned, the local government in partnership with the private sector should embark on a thorough improvement of public toilet facilities. 'Improvement' includes among others: cleaner sanitary conditions, better management, easy access and privacy. Privatisation and contracting-out, as described in this paper, if executed in a 'humane' and reasonable manner can help to achieve this objective. Where financial resources allow for it, a policy of encouraging toilets in private houses should be pursued. It is to be expected that the coverage of a private home-based toilet system will gradually in-

crease. The AMA should facilitate that process.

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MANAGING LIQUID WASTE: THE CASE OF PUBLIC TOILETS IN KUMASI

Johan Post

Introduction

The Kumasi authorities are somewhat ambiguous when it comes to their view on public toilets. While these facilities provide people that are deprived of household latrines with a place to ease themselves and ensures that human excreta are contained and conveyed off-site properly, at the same time their almost proverbial dirtiness is a thorn in the flesh of many officials. From the point of view of public health public toilets are considered both a burden and a boon. However, in the course of time the balance has tipped to the more negative side.

Development of public sanitary facilities in Kumasi dates back to 1923 when the Kumasi Public Health Board introduced the pan or bucket latrine system. Earlier on residents used pit latrines, which were normally situated at the outskirts of the community at such distances that bad smell and flies around the pit could not trouble the houses in the community. However, rising population densities in urban areas made the use of this rudimentary system increasingly problematic. Besides, the British colonisers found it necessary that houses and offices were equipped with their own sanitary facilities (Gordon 1997). The buckets were emptied two or three times a week by government employed con-

servancy labourers and the contents was disposed of well outside town in order not to endanger public health. This innovation marked the start of public sector delivery of sanitary services to the city's inhabitants.

In the 1930s the first public pan latrines were introduced in Kumasi. Although legislation was passed in 1939 requiring every domestic dwelling to be provided with a latrine, public facilities have remained very important ever since. Currently nearly 40% of the Kumasi households rely on about 290 public toilets at 200 sanitary sites around the city (KMA, 1995: 5). Public latrines using the traditional pan system still constitute 15% of the total. In the course of time, however, technologies have been improved. In the 1940s the aqua privy - locally known as 'bomber' because of their tendency to accumulate methane that occasionally explodes (Whittington e.a. 1993: 736) - was introduced¹. The majority of public latrines (64%) is of this type. Another 20% is equipped with the KVIP technology, while the remaining 1 % uses the WC-septic tank system (KMA 1995: 5)².

The public toilets used to be owned and operated by the municipal government. However, in the course of the 1980s the neo-liberal praise of market-led development and the idea of roll-

ing-back the state made themselves felt in Ghana. The concept of privatisation - in the case of public services more accurately called public-private partnership - became a centrepiece in the country's reform policies. Partly on the insistence of (international) donor agencies the government decided to change its role from 'direct provision' (also called 'production') of services (the act of physically producing and delivering a service) to 'indirect provision' (the business of ensuring that a service is available). This change was also carried out in the domain of public toilet management.

In the following analysis an attempt will be made to assess the appreciation of public toilets by their users. Subsequently, prevailing views on the part of local government officials on the role and design of public toilet facilities are described and discussed. Finally, the vicissitudes of public-private arrangements in the management of these facilities are disclosed. The argument draws on research conducted by Ankie Frantzen in Kumasi in 1997 (Frantzen 1998; Frantzen and Post 1999)³.

Satisfaction of users

Currently public toilets in Kumasi are rather poorly managed. According to the users, services have become worse since the Assembly Members took over control early 1997. In fact, only ten percent out of the total of 70 respondents is 'very satisfied' with the facility they use, while 47 percent is reasonably satisfied and the remaining 43 percent is not satisfied at all.

There is a clear relationship between satisfaction rates and the type of facility patronised. The users of the seven sites examined during the research disliked the bucket latrine the most (66% of the users had a negative opinion about this type). The most popular type is the WC; 68% of the users appreciated this type, especially while they are convenient. This corresponds to the prevailing view on what constitutes a good toilet, e.g. the most sophisticated and western-like type. However, in actual fact the closet and the floors require frequent cleaning because they become dirty very fast. Therefore, public toilets with WCs, similar to all the other systems, score low on the assessment criteria 'cleanliness'.

An outstanding feature of the satisfaction-research was the small number of complaints about the lack of privacy. Only 9 percent of the users interviewed was dissatisfied about this issue. 57 percent of the users classified privacy as 'good', while 34 percent thinks privacy is 'acceptable'. In contrast with the village people investigated by Van der Geest (Van der Geest 1998:6), who ignore each other during toilet visits and avoid communications on their way there, users in Kumasi do have conversations during toilet visits (personal communication by Joop Valentin, a Dutch priest working in Kumasi)⁴.

Users of public toilets mention a great number of problems which contribute to their dissatisfaction. Apart from grievances about dirtiness, pollution of the surroundings, stench and

the lack of amenities (water, soap and towels), users also complain about the obsolete structures, the limited number of cubicles, the inadequacy of water supply, the small size of the dispensed toilet paper, the misbehaviour of other users, the absence of a nightguard and finally the high cost of use compared to the level of services. The user charge of a public toilet in Kumasi at the time of the study (1997) was 30 cedis a time (1.5 dollarcent). Children and the elderly pay less or nothing at all. If a public toilet facility is equipped with WCs the fee rises to 50 cedis per visit. For this amount the user gets half a sheet of newspaper which is thrown in a basket after use. In neighbourhoods primarily inhabited by Muslims, a bottle of water replaces the toilet paper.

The managers of the public toilets use the revenues to maintain the building, to keep the toilets clean and to pay for the employees. Also the septic tanks, compartments or buckets have to be emptied regularly. In reality desludging is often postponed until the moment that tanks and buckets start overflowing. This is another reason why 55 percent of the users think that they do not receive enough services for their toilet fees. It is hardly surprising that there are frequent arguments between the users and the money collectors. Users do not want to pay for dirty toilets. On the other hand approximately 40 percent of the visitors is willing to pay more for clean toilets. The maximum amount people are willing to pay is about 80 cedis a visit. However, there appears to be no

sound reason to adjust the fees upward considering the fact that examples exist where profitable management is linked to adequate servicing. Furthermore, public toilets mostly serve lower income groups for which a rise in the toilet fees could be a serious problem which might incite them to go and relieve themselves in the bush.

Governmental view on sanitation

Since the end of the eighties various actions have been taken in Kumasi to improve public toilet facilities. In 1989 UNDP (United Nations Development Programme), ODA (the British Overseas Development Association), and the KMA launched a pilot project called the Kumasi Sanitation Project (KSP) that included the transfer of public latrine management in the city's Central Business District to the private sector. It marked the start of a new way of thinking about urban sanitation that culminated in the design of the Strategic Sanitation Plan (SSP) for Kumasi. In the plan the idea of having a uniform technology all over the city was abandoned and replaced by a more a flexible approach with the choice of technology being based on considerations of technical feasibility, costs, and user perception. It also introduced the concept of public-private partnerships as a leading principle in sanitary service delivery (see below). A major stake of the SSP was to promote the use of private toilets (at the expense of public facilities) and to arrange for safe storage and professional disposal of human excreta.

Until quite recently there has been

an unmistakable reluctance on the part of the local government to face up to the problem of dirty toilet facilities. For many years the KMA turned a blind eye to the alarming death rate among the labourers collecting the buckets and depositing their contents into tanks at various sanitary sites. Due to inadequate design, lack of maintenance and very intensive use of pan latrines in urban situations, the toilet facilities are extremely dirty and a real threat to public health. However, the problem was banned from collective conscience and made less visible by having conservancy workers do their job at night. The authorities only started to confront this huge problem after a television documentary showed the disgusting practices to a broader public (personal communication by Chris de Veer). In the SSP the ban on the use of pan latrines now figures number one on the list of minimum service standards.

It is probably due to external interference that the local government in Kumasi (and elsewhere in Ghana for that matter) came to reconsider the problem of inadequate sanitation that was previously glossed over and trivialised. Donor insistence has undoubtedly contributed to sanitation policies becoming more systematic and coherent. Nevertheless, some of the policy choices are more telling on the attitudes of planners and decision-makers than on the usefulness and desirability of toilet facilities from the point of view of the users. To a certain extent one can say that officials and external experts agreed with each other on certain basic assumptions. Thus,

the goal was to have a toilet facility in every house, based on the idea that such a facility would be cleaner, more convenient, and would offer more privacy to its users. As a consequence the building of new public toilets was only approved at public places like markets, light industrial areas and transport terminals. Existing public toilet facilities in poorer neighbourhoods, though not banned, were supposed to be phased out and did not receive any public money for maintenance. After some time it turned out that these goals were set too high, amongst others because the government was not able to raise enough money to subsidise the construction of private facilities in the houses (matching resident contributions). Furthermore, investment in houses is not very attractive for several reasons including tight rent control and collective ownership situations (Tipple and Willis 1989; Korboe 1992). The reins were loosened a little. The KMA declared its intention to promote improved operation and maintenance of neighbourhood public facilities and to seek finance to rehabilitate them. (KMA 1995: 9). In actual fact the authorities even went a step further by allowing the construction of new public toilets in low-income residential areas (c.f. the establishment in 1998 of a new facility in the Atonsu neighbourhood for which costs were shared between the KMA, the residents and the Dutch municipality of Almere). However, the design of these facilities was 'upgraded' as planners required the use of water flushing toilets rather than

simple latrine slabs despite the fact that the latter are much cheaper, less vulnerable and easier to clean.

The above mentioned choices undeniable reflect Western ideas on appropriate defecation. This takes place in privacy (almost secretly), comfortably sitting and should not leave any visible or smellable traces. The Ghanaian political and governmental elite has largely adopted these ideas and unthinkingly pushes its beliefs on the entire population. However, although many ordinary people adhere to the same sanitary ideals, they are living in a world in which they cannot conceal their visit to the public toilet and have to accept dirtiness and inconvenience. They simply "think away" the problem (c.f. Van der Geest 1998: 10). Of course, that discrepancy between ideal and reality hardly exists for those who, due to their privileged position in society, do not need to patronise public facilities. This also helps to explain why officials have been so half-hearted in dealing with the deterioration of public toilets. Other reasons are presented in the section below.

Experiences with public-private partnerships

The third question under discussion concerns the experiences with public-private partnerships in the provision and management of public toilet facilities. For many years cleaning and maintenance of the facilities was carried out under responsibility of the local government. However, the overall deterioration of public servicing in the course of the 1980s, due to adjustment related

budgetary cutbacks and staff retrenchment, also affected conditions at many of the latrines. Therefore, responsibility for their management was assumed by grassroots political organisations, the so-called Committees for the Defence of the Revolution (CDRs). These committees appointed public latrine managers who in turn hired ticket attendants and cleaners (Whittington et al 1993: 736). They also introduced user charges to pay for the costs of operation and maintenance of the facility. In fact, this turned out to be the first step towards privatisation of sanitary services.

The involvement of CDRs in the management of public toilets brought about some improvements. However, the CDRs were severely politicised and unrepresentative organs, and therefore, could not count on generous support by the population. They were accused, for example, of improperly using the toilet fees. Anyway, after a promising start the quality of services decreased again making the situation fit for intervention (Mensah 1996: 30). In 1989 the KSP was launched involving a specific effort to improve public toilet management. Five contractors were selected to run the public latrines in the city's CBD. Throughout the duration of the project, the performance of the new managers was monitored by the KMA in terms of cleanliness, maintenance of equipment, and timely payment of taxes. The public-private partnership was a mix between a franchise and a lease approach, because the KMA wanted operation, minor maintenance and daily management to

be franchised, but to remain proprietor of the fixed assets in order to justify taxation – monthly payment of a 20 percent surtax on the gross revenues – as a kind of return on their previous investments. Despite some problems with the cleanliness of sites the KMA, incited by its sponsors, decided to renew the contracts. In 1994 similar arrangements were established for the management of all the other public toilets in Kumasi. Through competitive bidding 44, mostly small, contractors were selected based on a critical assessment of their ability to perform the service and on the feasibility of their business plans (Mensah 1996: 31). Most of these contractors worked with managers that were made responsible for day-to-day operation of the facility.

According to the present users the public toilets were cleaner and better kept during the period of privatised management (1994-1996) than nowadays. Since January 1 1997 public toilet management is in the hands of the Assembly Members of the KMA. This is due to a political manoeuvre at the expense of toilet visitors. In order to win votes for his re-installment the current chief executive of Kumasi discontinued private contracts and handed management of public toilets over to the Assembly Members. However, most of the new managers irresponsibly economised on cleaning and maintenance in order to increase their earnings. Furthermore, they were not required, for political reasons, to pay surtax that the municipality needs to keep facilities up to the minimum. This

explains why the state of the public toilets in Kumasi once again deteriorated sharply.

At first sight it seems strange that management by the Assembly Members turns out so badly. They are the elected representatives of their areas – usually a neighbourhood or part of a neighbourhood – and are expected to have an obvious interest in keeping good relationships with their constituency. However, it turns out to be very difficult for Assembly Members to fulfil the high expectations bestowed on them by their voters. Exceptions aside, it is almost impossible to meet the claims of his/her supporters considering the chronic shortage of local government means. On the contrary, being the representatives of the local administration they are expected to persuade the people to pay their taxes, while simultaneously inciting them to contribute to community development projects. Therefore, the average Assembly Members soon sees popular trust evaporate and, in response, he/she adopts an attitude of opportunism and/or indifference (Crook 1993). It is hardly surprising that only an occasional Assembly Member succeeds in getting re-elected. Keeping this in mind it is easier to understand their hardly concealed greed in the exploitation of public toilets. A subsequent question is why users do not take any action on the mismanagement of public toilet facilities by the Assembly Members. This is closely linked to the nature of the relationship between users (clients) and Assembly Members (patrons). An Assembly Member is a powerful per-

son having crucial connections within the governmental apparatus. It is not only socially improper but also not expedient to let down on this person, not to say openly denounce of his/her conduct. In other words, the dependency relationship vis-à-vis the elected representative obstructs a purely businesslike approach.

Although Assembly Members have never really been publicly exposed the complaints about the situation have meanwhile got through to the politicians. The chief executive was put under severe pressure to again transfer management to the private sector. In the course of 1998 he seemed willing to do so telling the Assembly Members that they had only themselves to blame. To the surprise of many, however, in December 1998 he once again entrusted the newly elected Assembly Members with the management of the toilets in their areas. The only difference is that the latter will now have to work under a contract with the KMA-WMD making it easier to sanction bad performance and to levy surtax. An important disadvantage of the Assembly Members acting as private contractors is the fact that these local politicians are not automatically good 'entrepreneurs'. Besides, it is by no means certain if sufficient safeguards are built-in to avoid history repeating itself.

Meanwhile opinions of the users of public toilet facilities are very clear. They want value for money – primarily meaning clean and usable facilities – and that is something that, until now, only private contractors have been able to provide. A private contractor is

forced to offer quality on penalty of losing the contract or not receiving permission to participate in new tenders. The obvious advantage of open competition in contracting out the management of public toilets is swift and effective sanctioning in the event of malpractice. However, in that case it is important that the community gets a say in performance monitoring. One should realise that the option of moving to another public toilet if services at the nearest place prove to be substandard is not realistic. Therefore, the inhabitants need to have a place where they can easily file their complaints. A good possibility, also because of its proximity, is to involve neighbourhood organisations in the control of public toilets. A local landlord association but also the newly elected unit committees can do that. They should not only inform the government about the quality of services but also discuss eventual complaints directly with the private contractor so he/she can address these immediately.

Conclusion

The analysis amply demonstrates the need to raise service standards of public toilets in Kumasi to an acceptable level. Even if it were only for reasons of public health something needs to be done about the current situation. Closing down public toilets is not an option considering the large group of people without access to private facilities and the improbability of these facilities being installed on their premises in the near future. This is especially true for low-income and

highly congested areas with poor water supply. The government assumes that most inhabitants prefer a toilet at home to the use of a public toilet for reasons of privacy. Convincing evidence did not support this assumption. Public toilets are sufficiently well shielded from the public eye to give users a feeling of privacy. The preoccupation with privacy seems to be more something of planners and decision-makers with their Westernised views than of the actual users of the toilet sites.

The extensive list of complaints on the part of the interviewees show that they favour clean and well kept (e.g. usable) toilets for an acceptable price. Both planners, decision-makers and managers of public toilet sites should take this into account. Therefore, public latrines have to be provided with equipment that is easy to clean and cheap to operate. Despite the popularity of WCs both with the government and the general public they do not really satisfy these requirements.

The local government has to face the fact that public toilet facilities will be indispensable in the city for a long time to come. It is very important that the KMA takes a clear and consequent policy-stand vis-à-vis the construction and management of these facilities. During the last two decades the situa-

tion of the public toilets appeared to be best when private contractors were responsible for the day-to-day operation of the toilet. Private operators work more efficiently and also invest more in proper maintenance in order to satisfy their clients and safeguard future exploitation. However, privatisation requires 'the guiding hand of the state' to become effective. The local government should focus on planning and project identification, procurement and contract management, performance monitoring, health and pollution control, information services, and financial management and accounting. This is a formidable task that the KMA has only recently started to take up. Unfortunately, political interference is a constant threat to public-private partnerships. This danger can only be contained if civil society is able (or enabled) to resist. In the case of the public toilet facilities greater accountability can be achieved by having the users, through their representatives, perform a supervisory function at management level. Community control has to become an integral element of public-private arrangements. Only then can public-private partnerships be expected to lead to a considerable improvement in the management of public toilet facilities.

1. Aqua Privies are essentially small septic tanks located directly underneath a squatting plate. These have a drop-pipe which extends below the liquid level in the tank to form a simple water seal. To prevent odour, fly and mosquito nuisance, the water seal has to be adjusted with each use by adding water to the tank via the drop-pipe to replace any losses. Waste is deposited directly into the tank where it decomposes anaerobically (i.e. without oxygen) in the same way it would in a septic tank. The tank requires desludging (Broome & Trattles 1986:4-1).

2. A Ventilated Improved Pit Latrine (VIP) is a traditional latrine to which a vent pipe, covered with a screen, is added to minimise odour and fly problems. In Kumasi the VIP with alternating sludge holding compartments was developed. 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. This type of latrine is very easy to maintain and, aside from regular cleaning and repairs, need no further attention until the pit is nearly full (Mensah 1996:26).

3. The research by Frantzen consisted of a series of multiple interviews with officials from the KMA and various departments in Kumasi, private contractors and Assembly Members. It also comprised a random survey of users of seven public toilet sites representing the different types of latrines and the various kinds of areas in town (Frantzen 1998).

4. The originally assumed importance of privacy has to do with Western presumptions. Users in Kumasi are apparently less concerned about privacy. It is also important to realise that urban residents using public toilets usually belong to the same social stratum. One can safely say that people in higher societal positions have private toilet facilities at their disposal.

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