

Urban Service Partnerships, 'Street-Level Bureaucrats' and Environmental Sanitation in Kumasi and Accra, Ghana: Coping with Organisational Change in the Public Bureaucracy

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This is an empirical case study of 'street-level' officials in a classic 'regulatory' public agency: the Environmental Health Department in Kumasi and Accra, Ghana, where privatisation and contracting-out of sanitary services have imposed new ways of working on Environmental Health Officers. Both internal and external organisational relationships are analysed to explain the extent to which these officers have adapted to more 'client-oriented' ways of working. Their positive organisational culture is credited with much of the positive results achieved, but was not sufficient to cope with the negative impact of politically protected privatisations on the officials' ability to enforce standards. Nor could it entirely overcome the deficiencies in training and incentive structures which should have accompanied the changes in service delivery.

1 Introduction

How do public service agencies cope with the shift to public-private partnerships which has dominated reform of service provision in developing countries over the past twenty years? Particularly in Africa, the severe decline, or even collapse, in state capacities which followed the economic crises of the 1980s and the subsequent structural adjustment programmes made the idea of a radically downsized state seem the only viable option. This enforced reduction in the role of the state was given strong ideological underpinning in the 1990s by Osborne and Gaebler's neo-liberal manifesto, which argued that the state must 'steer not row', and use the market to 'buy' services for its citizens, seen as consumers (Osborne and Gaebler, 1992). This meshed well with the increasingly dominant doctrines of New Public Management which focused on transforming public services into results-oriented organisations driven by performance measures and incentives, and the application of market disciplines to the contracting-out or privatisation of public services (Minogue, 1998: 18; Batley and Larbi, 2004: 15).

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Nevertheless, the 'second generation' of public service reforms in the 1990s recognised that market failure and the public or merit goods characteristics of certain services made an element of public provision and regulation essential, and hence a whole range of public-private partnerships was spawned: contracting-out, leasing and franchising, joint ventures and co-production with NGOs, and community and user groups (Batley, 1996; Post, 1999; Batley and Larbi, 2004: 129-33; Grindle, 2002).

In all the discussions and the many studies which have accompanied these 'second-generation' reforms, it is widely recognised that service provision through public-private partnerships involves changes in the role of public agencies, from 'direct provision' to setting policy frameworks, contract management, performance monitoring, regulation, standard setting and enforcement (for example, pollution control) and public education (Batley, 1996; Post, 1999). These are not necessarily easier or cheaper than direct provision; in fact they are more difficult in agencies composed of underpaid and poorly qualified staff, which have suffered continuing attrition and staff cuts during the years of structural adjustment. As Grindle (2002: 9) notes, 'it is not at all clear that governments unable to provide basic services to the poor will be any better at providing and implementing satisfactory regulatory regimes for education, health and water services by other providers ...'.

Collaboration with new forms of citizen-based or beneficiary organisations represents an even more radical challenge to traditional forms of state organisation, linked as they often are in current democratisation agendas with parallel attempts to enhance citizen participation and 'voice'. Even if one assumes sufficient 'complementarity' between collaborating state and non-state providers for the operation to be, in principle, viable, one cannot assume an automatic and reciprocal 'openness to the role of co-producer' on the part of public officials (Evans, 1996). For such provision to work, public officials need to be more flexible, more responsive to client or public needs and cultures, and more performance-, as opposed to rule-, oriented. These new ways of working may involve more onerous and time-consuming tasks (for example, more consultation), changes in delivery practices, more information and access and more complex co-ordination.

Such changes in behaviour will not happen by themselves; they require internal reform of public agencies, aimed particularly at providing appropriate incentive structures, developing new organisational cultures and, if necessary, recruiting or training new staff. They probably also require an improvement in the political legitimacy of governments at all levels; encouraging citizens' groups to engage in collective action to provide public goods in co-operation with public authorities requires the kind of trust and working relationships which are frequently totally absent. Indeed, political relations between poor communities and city governments are more typically characterised by hostility and deep mutual mistrust, as noted in recent studies of Kumasi, Ghana (Kessey, 1995; King et al., 2001). One of the most extensive comparative studies of the performance of public service reforms in developing countries ever carried out has concluded that, although there were some improvements in a few cases, particularly in urban water supply, successful implementation of reform was 'patchy' and the whole process 'more challenging than reformers might have thought' (Batley and Larbi, 2004: 236). It identified two main reasons for the relative lack of success: (i) the difficulties of implementing contract management, regulatory and enabling roles, which were on the whole 'poorly performed'; and (ii) the lack of

public engagement in or support for the reform process, which meant that 'constituencies for change' were weak. Yet detailed studies of these organisational and political elements for particular agencies and sectors remain rare; the problems are recognised but remain in the realm of 'something which ought to be addressed', but nobody knows quite how.¹ It is for this reason that the World Bank has accepted that building the 'capacity' to undertake such reforms requires a long process of 'strategic incrementalism' (World Bank, 2004: 180).

In this article we use a case study of the environmental or public health departments in two African cities, Kumasi and Accra in Ghana, to examine the impact of emerging forms of public-private partnership on a classic 'regulatory' public agency. The officials of these departments – Environmental Health Officers (EHOs) – belong to a service which dates from colonial times; until they were 'decentralised' to the Ministry of Local Government in the 1990s, they were line-ministry civil servants working under the Ministry of Health. They are faced with monitoring the provision of a group of urban public services which have failed badly to keep pace with rapid urban growth and yet are very difficult to 'marketise' or contract-out in ways which will ensure even minimal provision to poor and informally settled areas of the city. This is because services such as cleansing and drainage, public food hygiene, waste collection and disposal, and sanitation retain substantial 'public goods' characteristics (Batley, 1996: 729).

Although in theory households could be charged for, and excluded from, waste collection and sewerage, in practice the majority of the population in these cities, as in most of tropical Africa and Asia, do not have sewerage connections (being reliant on pit latrines), and waste is dumped at central container points by households themselves. The level of demand or willingness to pay for such services is thus low or at least difficult to ascertain, yet the negative externalities of not providing them effectively are horrendous, as the environmental conditions of these cities testify. 'Pay to dump' schemes have routinely failed (Addo-Yobo and Ali, 2003; Cotton et al., 2002) and 'free rider' problems abound with both waste and sanitation (World Bank, 2004: 162). The market conditions and service characteristics are thus quite different from those of urban piped water supply and it is not easy to establish an appropriate 'institutional home' (Cotton et al., 2002; Nickson and Franceys, 2003:4). So these services continue to be subsidised by public, usually municipal, authorities and provided either directly by these authorities or by sub-contracted private operators. (User charges are only collected in 'middle-class' or formally settled estates where house-to-house collection and household-based septic tank-emptying services can be offered.)

The Ghanaian EHOs now find themselves at the fulcrum of various contradictory pressures: on the one hand, they continue to be held responsible for the substantive problems of public health caused by a failure in public sanitary services of crisis proportions; on the other hand, their power to intervene directly has been reduced

1. Even the best recent studies on how to develop more client-oriented, responsive and effective public services in developing countries have not been primarily concerned with the situation facing public services subjected to contracting-out, public-private partnerships and 'co-production'; see Casely (2003); Grindle (1997 and 2003); Tendler (1997). One exception is Joshi's work on Joint Forest Management in West Bengal (Joshi, 1999). See also Fiszbein and Lowden (1999); Masud, (2002). The classic study of organisational factors in developing country public service performance remains Leonard's study of agricultural extension agents in Kenya, carried out in the 1970s (Leonard, 1977).

through the adoption, under strong donor pressure, of privatisation or contracting-out of services and the replacement of enforcement methods by 'participatory citizen engagement' based on public education and persuasion. These policies have brought with them new ways of working, with respect both to political accountability and to relationships with the public. How have they coped and is there any discernible impact on public service performance?

2 Public service reform and 'street-level bureaucrats': an organisational culture approach

Our research on the Ghanaian EHOs is based on a number of theoretical assumptions about organisational change in the state agencies of underdeveloped countries. First, drawing on the insights developed originally by Lipsky (1980), and developed in more recent empirical studies by Wade (1992), Tandler (1997), Grindle (1997), Joshi (1999) and Caseley (2003), we assume that the management structure, management style, motivations and responses of 'street-level', or 'front-line', workers are key elements in changing a public service agency into a more performance-oriented and 'client-responsive' organisation. These insights led us to make a special study of the basic grade of EHOs, those who spend their working lives travelling round their 'patch' of the city, engaging with householders, food sellers and processors, and contractors dealing with sanitation, cleansing and waste collection. As Lipsky (1980) argued, 'street-level' officials are the ones who have to deal with ordinary members of the public on a daily basis; with many public services such as agriculture, forestry, public health, water supply connections or policing, these citizen-official interactions take place outside the formal and protective environment of an office, and their performance is extremely difficult to monitor.² Yet the relations between front-line workers and the public, their levels of job satisfaction and the attitudes of their trade union or staff association have all been shown to be crucial determinants of attempts to improve organisational performance.

Secondly, given that front-line workers are crucial, we asked: what determines the success of any attempt to make them more 'client-oriented' and to develop their performance in more challenging new tasks? Particularly in sub-Saharan Africa, low-level officials are almost guaranteed to be underpaid, under-resourced and demoralised, and with perhaps a negative attitude to the public, and successful examples of organisational change are rare. In this study, we set out to explore and test a range of possible determinants of the changes which did (or did not) occur in the performance of the Environmental Health service, in particular the extent to which they understood and put into practice the new approaches. The following factors, divided into two main types, were expected to be important:

- internal organisational factors. What was the role of the particular organisational culture of the EHO service, as manifested in the informal workplace relationships and values of the officers? What was their level of organisational commitment and work motivation, particularly 'public service

2. The problem identified by Lipsky is similar to the classic administrative problem of the 'ramified field bureaucracy' described in Kaufman's study of the American Forest Ranger (Kaufman, 1967); see also Leonard (1977).

motivation'? What was the management style and what demands and responses did that impose on the lowest level front-line officers? What incentives and/or sanctions did the organisation provide for them to adapt to the new ways of working (for example, pay, promotion, better equipment, training opportunities, etc.)?

- external factors. To what extent did the officers' relationships with the public – communities, businesses as well as householders – create either demands or incentives for them to do a good job? Did citizens and the public media create a form of public accountability or was their impact negative? And how did horizontal accountabilities to political authorities and other government agencies impact on their performance?

Our primary hypothesis was that 'organisational culture' factors would play a key role in explaining how the EHOs were adapting to new expectations.³ And our main expectation was a pessimistic one; it was anticipated that the demoralisation and disruption caused by the reorganisations of the previous years, the political context and well-known problems of poor pay and conditions would make it very unlikely that much by way of successful adaptation or performance improvement would have occurred. But the results, as will be shown, were somewhat surprising in that they revealed some quite positive outcomes, linked mainly to the positive impact of a strong team-based organisational culture.

The data on the front-line EHOs and their organisation were collected using a combination of participant observation (accompanying officers on their daily rounds), elite interviews and a questionnaire survey of 85 officers (virtually the total workforce) in four selected Sub-Metropolitan Districts (SMDs) of Accra and Kumasi. In Accra, the selected districts of Ayawaso and Kpeshie are both 'mixed' areas with some high-income neighbourhoods but predominantly high-density, low-income settlements, such as Ayawaso's infamous multi-ethnic Nima and Accra New Town slums. In Kumasi the selected SMDs, Asokwa and Subin, are inner-city, traditional high-density districts with mixed poor and wealthy neighbourhoods. The surveys included the 'front-line' manager in each case, the District EHO.⁴

3 The context: recent reforms in Accra and Kumasi

3.1 Dimensions of the environmental health crisis

Accra, the capital city of Ghana, is a sprawling, unplanned urban agglomeration which is growing at a rate of 4.3% per annum (Laryea-Adjei, 2000). Its official population was

3. This is not to say that we deny the importance of pay incentives and sanctions based on rigorous systems of performance measurement, as proposed by the New Public Management approaches which have dominated public service reform worldwide for the past two decades. But there is increased scepticism about the ability of agencies without basic management information systems capacity to implement the 'management-intensive' approaches of NPM. And it is also evident that, in organisations permeated by patronage and political favouritism, it is very difficult to generate trust in the objectivity of the appraisal systems upon which performance-related pay must depend (Nunberg, 1995).

4. Supplementary data on public perceptions of the EHOs were drawn from a survey of 1,000 randomly selected public toilet users in Accra, Kumasi and Sunyani; see Centre for the Future State, IDS, www.ids.ac.uk for a report on this survey.

put at 1.7 million in 2000, but unofficial estimates suggest it is as high as 3 million (Obirih-Opareh and Post, 2002). Kumasi, with a population of around 1 million, is the ancient capital of the Ashanti Empire, now the administrative and commercial centre of the Ashanti Region. Both cities are governed by elected, but non-party, Metropolitan Assemblies (MA), with central government-appointed Chief Executives, and are subdivided into Sub-Metropolitan Districts (SMDs), each with its own elected Chair and District Co-ordinating Director (the latter is a civil servant).

Both cities have major problems of inadequate water supply, sanitation, solid waste disposal, and transport infrastructure, as well as growing poverty and crime (Amuzu and Leitmann, 1994; Devas and Korboe, 2000). As regards sanitation, large proportions of the population in both cities rely on pit or bucket latrines of various types, or use what is locally called 'free range' (open defecation) (King et al., 2001; DFID, 2002). Solid waste collection in both cities relies primarily on what Post calls Central Communal Container (CCC) systems – metal containers or skips placed at 'transfer sites', which in principle can be emptied or uplifted by trucks. Only a few high-income housing estates benefit from house-to-house collection (Post, 1999; Obirih-Opareh and Post, 2002; King et al., 2001). Local householders must take their rubbish to the containers, or, in many cases, to dumps which in fact lack containers.

The kinds of sanitary and solid waste collection systems which are dominant in both cities generate a cross-over or interconnection between human and other wastes which has serious public health consequences, although this interconnection is seldom recognised in the literature. The problem derives basically from the interaction between uncollected solid waste, drainage systems (storm drains, ditches and streams) and indiscriminate dumping of the contents of latrines and septic tanks. Human waste also accumulates at solid waste dumps, in plastic bags. Thus all the main drainage systems of these cities, both constructed and natural, have become choked with a mixture of human and solid wastes, a blockage made worse by a massive increase in the use of plastic bags.

3.2 Policy responses: privatisation and public-private partnerships

Ghana's official Environmental Sanitation Policy, launched by the previous National Democratic Convention (NDC) government in 1999, envisages that all environmental services (waste management, cleansing and sanitation) will be provided either on a full cost-recovery basis by private companies or by service providers under public contracts. This policy has been adopted enthusiastically by the 'pro-business' government of the New Patriotic Party (NPP) since 2000, with an emphasis on encouraging local rather than foreign business (see Obirih-Opareh and Post, 2002; Ayee and Crook, 2003). Household-based pan latrines are still serviced by a myriad of small contractors who generally dump illegally.⁵

The NPP government also appointed two 'expatriate' Ghanaians to be the new Metropolitan Chief Executives (MCEs) of the two cities, who pledged to pursue privatisation and contracting-out vigorously and to attempt to enforce town planning,

5. Interviews with S.K. Kpodo, Deputy Director of Accra MA (AMA) Waste Management Department, 18 October 2002; Dr Dela Attipoe and Dr Armah, Carlbro International /Ministry of Local Government and Rural Development, 18 October 2002.

land-use and sanitary regulations. The Accra MCE lasted only three years, and the Kumasi MCE left office to become an MP in 2004.⁶

The privatisation and contracting-out policies have been strongly supported and funded by international donors, most notably the World Bank's Urban IV Urban Environmental Sanitation Project (UESP), the German GTZ's support for the Waste Management Department, and DFID's Accra Waste Project. Support for contracting-out has been accompanied by funding of major infrastructural facilities such as landfill sites, underground holding tanks for liquid waste, and technical equipment.

3.3 Community-based participation in service provision

A second major strand of policy has been the shift to encourage community-based participation in the provision of local cleansing and sanitary services, principally by encouraging citizen self-help groups and neighbourhood associations, public education campaigns and franchising waste collection and public toilet management to local 'micro-businesses' and community groups.

Thus DFID's Accra Metropolitan Health Initiative (AMEHI) project of 1998-2002 was a major programme with three components: community health education combined with encouragement of community action (formation of awareness groups, neighbourhood campaigns); developing the institutional capacity of Accra MA (AMA) to promote environmental health, particularly through involvement of and training offered to the EHOs; and improving inter-departmental and sectoral information management.⁷ Some of the main tasks envisaged for the EHOs were to help train local leaders, such as elected Assembly Members, Unit Committee (neighbourhood) Chairpersons and Community-Based Organisation (CBO) committee members in environmental and public health matters, and to help animate new CBOs.

The most significant and locally self-sustaining programme under the community participation initiative has, however, been the policy of contracting-out management of public toilets and local cleansing and maintenance jobs to 'community businesses'. The opportunities presented by such a policy were quickly appropriated by local political interests linked with the city governments, most notably the elected Assembly Members, who were allowed to create 'front' businesses to run the lucrative public toilet contracts. The revenues generated were shared with the SMDs and became a major element of their formal revenue base. In fact, the new NPP Metropolitan Chief Executives appointed in 2000 came to see the 'community-based' toilet franchises as a prime obstacle to the implementation of a properly managed and commercially viable public-private partnership policy.⁸ Such a situation also has a strong impact on the work

6. See Ayee and Crook (2003) for a full account. The AMA's MCE was defeated by his inability to withstand a media campaign which highlighted the lack of any visible change in the mountains of rubbish littering the city, and powerful political support for the vested interests which opposed his reforms. The new Accra MCE is an NPP party stalwart. The Kumasi MCE spent four years under constant attack from local political vested interests and only survived because he was backed personally by the President.

7. *amehi* is also a Ga term meaning 'the people are good'.

8. In Kumasi, for instance, aggrieved Assembly Members tried four times between 2002 and 2004 to pass motions of no confidence in the centrally-appointed MCE, Kofi Jumah. Recently created micro-enterprises for the provision of waste collection services in the deeply deprived Kumasi neighbourhood of Atonsu are clearly dependent on the networks of the newly dominant ruling party, the NPP, and its sympathisers on the KMA (Ayee and Crook, 2003).

of the EHOs, in that their power to regulate and improve the performance of those providing sanitary services even at the community level has been much diminished and subjected to political manipulation (see Ayee and Crook, 2003).

3.4 Decentralisation and restructuring of environmental health services

A third policy response has been to decentralise the provision of public services. The Metropolitan Assemblies for Accra and Kumasi were set up under the decentralisation reforms of 1988/9, later consolidated in the 1993 Local Government Act. As many commentators have noted, the democratic element of the decentralisation (an Assembly with two-thirds elected members) was combined with a deconcentration of up to 22 line Ministries to the district level, which were henceforth to be under the political authority of the District/Municipal/Metropolitan Assemblies (Crook and Manor, 1998). But fifteen years after the reform, most of the line Ministries are still not entirely under the control of the local governments, and in some cases such as Health and Education have been taken out of the local government system altogether, becoming autonomous 'agencies' under central control. The EHOs, however, did experience a genuine transformation in their working conditions and lines of accountability as a result of the reforms. Before decentralisation, the Environmental Health Division was one of the technical divisions of the Ministry of Health. The EHOs were transferred to the Ministry of Local Government and Rural Development (MLGRD) in January 1995 and now operate under the overall direction of a Unit of the Policy Division, which used to be called Human Settlements and Environment Division (HSED).⁹

In fact, the problems which had plagued the environmental health and sanitation services for many years were only compounded by the decentralisation reform. This was principally because the transfer was not accompanied by the transfer of appropriate resources, competences, and technical and managerial capacity. The local government authorities lacked the institutional and technical structures to support environmental health, and manpower ceilings were set which prevented recruitment of adequate numbers of staff, particularly the more qualified grades.¹⁰ Even worse, the EHOs suffered a worsening in their pay by moving from Health Service scales to lower, standard Civil Service scales.¹¹ The basic grade EHO is currently paid around 4.8 million cedis per annum including allowances (around £480).

At the level of the Metropolitan Assembly city governments, the EHOs are now employed either by the Metropolitan Public Health Department (Accra) or by an Environmental Health Division within the Waste Management Department (WMD) (Kumasi). But close links have developed with the respective WMDs: many EHOs have

9. The Policy Division (formerly HSED) was established in 1999 within the MLGRD to support the District Assemblies in some of their key roles.

10. For instance, between 1995 and 1999 the number of Technical grade officers in post fell by 14% (452 to 390) representing an average complement of only 4 officers per district – although in practice many rural districts have none in post. But the number of sub-Technical or basic EHA posts increased by 18% (1505 to 1776), representing a 'deskilling' of the service which is the exact opposite of what is required by the new policy context (Interview with Kweku Quansah, Senior Environmental Health Technologist, Accra, 29 June 2004).

11. A particular grievance is that, under the old Ministry of Health scales, the basic grade Environmental Health Assistants were on the same scale as community health nurses. Now, the EHAs are on level 7, whilst the nurses are on level 9.

been seconded to the WMD, or carry out public health monitoring functions for it. In Accra, it is the Chief EHO who runs the WMD and all the sanitary and cleansing staff. One of the reasons for this is probably the decimation of the WMD itself under the impact of both decentralisation changes and the contracting-out of most of its direct service activities.

In Accra, Waste Management was originally a special government agency for the capital, responsible for both liquid and solid waste. After 1988/9 it was put entirely under the budgetary control of the AMA, and subsequently decentralised further to the Sub-Metropolitan Districts. This proved to be the death knell of the WMD. The SMDs were systematically starved of the funds and the capacity to administer even the most minimal of services, and the service grew progressively worse to the point where privatisation not only seemed the only option left, but one fervently supported by most citizens (Obirih-Opareh and Post, 2002). In 2002 the responsibility for monitoring the whole of the contracted-out waste collection system throughout this sprawling city of 3 million people was in the hands of a chief officer and his four assistants, assisted by a deputy in each of the then six SMDs.¹² The SMD officers had no transport and many of their offices lacked even a telephone or basic office equipment.

The WMD in Kumasi, within which the EHOs work, is also wholly integrated into the KMA budget and accountable to the Kumasi Metropolitan Assembly. There the privatisation policy was under the control of the Franchise Management Committee, which was notorious for its blatant and arbitrary political manipulation by the then MCE (Post, 1999). Indeed, his behaviour resulted in the departure of some of the department's most competent senior officers (King et al., 2001).¹³ This was on top of the planned reduction in WMD numbers from 250 in 1995 to 45 by the end of the decade, which was intended mainly to affect labouring staff (Post, 1999).

Compared, therefore, with the other 'decentralised' line Ministries which have in practice retained their budgetary and personnel administration ties to their parent Ministries in Accra, the EHOs of the old Ministry of Health have been much more comprehensively integrated into the local government system. Unfortunately, they have become associated with a department which was itself a Cinderella of the local system. The EHOs have never been happy with the transfer, not least because they think their conditions of service would have been better if they had remained under the Ministry of Health. But the discontent also arises from a feeling of disconnection with what they still feel is their true home in terms of training, outlook and 'culture'. Indeed, EHOs have sent several petitions without success asking to be reintegrated into the Ministry of Health, noting that they 'speak the same language', and suggesting that their interests cannot properly be represented by the Ministry of Local Government, which does not understand their peculiar circumstances, conditions of service and career progression.¹⁴

12. Interview with S.K. Kpodo, Deputy Head of AMA WMD and Head of the Monitoring Unit, 18 October 2002.

13. The chief administrator of the city (Metropolitan District Co-ordinating Director – a civil servant) was also forcibly transferred.

14. Interview with W.A. Marfo, Head, Environmental and Sanitation Unit of the MLGRD, 22 June 2004.

4 Policy change and the organisational response

4.1 *Changes in duties and performance expectations*

The three sets of policy changes described above – privatisation and contracting-out, the shift to community-based participatory and micro-business service provision, and radical decentralisation and reorganisation of the environmental health service – have together created new expectations of the EHOs, either through new duties or demands that old ones be performed in different ways.

Known since colonial times as the ‘Tankas’ (Town Council officials), the traditional role of the EHO has always been that of ‘sanitary inspector’, a quasi-police officer whose job was to enforce bye-laws and statutory health regulations on households, preparers and vendors of food, abattoirs, markets, restaurants and schools, and check that the necessary health certificates were in order. Colonial regulations on disposal of waste and stagnant water in urban areas were particularly stringent because of the constant campaigns against mosquitoes and infectious diseases. Hence one of the main tasks of the EHO was and still is to tackle householders and landlords who allow insanitary latrines to be constructed, or who create a public nuisance through poor maintenance or, worse, dispose of waste into gutters and storm drains. They did also have health education duties, and were expected to explain the reasons for basic hygiene regulations to food vendors, or to go into schools. But their popular nickname – ‘Samman-Samman’ (i.e. ‘Summons-Summons’) – is sufficiently evocative of their public image; they are seen as officials whose function is to harass and prosecute ordinary citizens. They have the power summarily to prosecute offenders and bring them to court with only 48 hours notice, where they are certain to be fined – currently 120,000-200,000 cedis (between £12 and £20), which is quite a substantial sum. This traditional image, combined with the constant failure of city governments over the past decades to provide effective services, has left a legacy of public apathy and even hostility to the idea of co-operating with city health regulations.¹⁵

The new approaches introduced since the 1990s therefore face an uphill task, particularly the idea of voluntary community support for and participation in environmental health services. The changes in duties and expectations which have accompanied the new policies fall into three main categories.

First, consequent upon their closer integration with Waste Management Departments, the EHOs are now expected to help supervise and monitor the performance of the new ‘franchised’ (private) waste collection and cleansing companies doing city-wide collections, latrine and septic tank emptying companies and managers of sanitary facilities. This involves them in dealing with both multi-billion cedi contracts with foreign transnationals and local Ghanaian medium and small companies. Difficulties are compounded when, as is common, the foreign companies sub-contract to smaller local contractors who operate at one remove from the requirements of the

15. Other research on the WMDs of the city governments paints a gloomy picture of a routine bureaucracy which is still characterised by a ‘largely prescriptive, procedural and authoritarian’ culture geared to enforcement of regulations, yet so weak as to be generally incapable even of performing these traditional functions very effectively! (Post, 1999: 208).

main contract, and apparently routinely flout performance standards (Obirih-Opareh and Post, 2002).

Secondly, in addition to their old duty of inspecting household nuisances and public establishments, they must monitor the public health standards of the micro-enterprise 'community businesses' doing house-to house collections, or public cleansing, and public-toilet management and maintenance contractors. In Accra, in particular, large numbers of households still have pan latrines which require regular emptying; this service is now entirely in the hands of private contractors who are charged by the AMA for dumping the excreta at ten designated holding tanks throughout the city. Needless to say, the contractors routinely dump illegally in drains, around public toilet areas or streams.¹⁶ Another common abuse is for householders with septic tanks to connect them to nearby public storm drains to allow easy (and free) emptying.

Thirdly, there is now an even bigger emphasis on the duty of EHOs to help animate community participation. They are supposed to encourage and facilitate local CBOs to engage in clean-up campaigns – unblocking storm drains, preventing illegal dumping, cleaning up tips – which may involve getting the Metro Assembly to provide tools and equipment. They are also expected to help educate and train community leaders and the members of various groups, as in the AMEHI campaign. They therefore have to confront all the sensitivities and difficulties of local community politics and the patron-client relations which exist with city politicians (for example, the Assembly Members' toilet contracting companies).

4.2 Coping with the new roles?: the nature of the workforce

How well equipped are the EHOs to take on these new roles? Even without taking into consideration the impact of cutbacks in equipment and staffing, the survey of officers in the four case-study SMDs revealed a workforce with relatively low levels of education and training (Table 1). 39% of the officers were women, a relatively high number for a public service of this kind. Most of the respondents (76.5%) were basic grade Environmental Health Assistants, which was reflected in the fact that 70% of them had only an old Standard VII or Middle School Leaving Certificate (MSLC) combined with the two-year Rural Health or Environmental Health Certificate from the Schools of Hygiene at Ho and Tamale (73%). Given that the basic entry-level qualification recognised by the Ghanaian public service is now the General Certificate of Education (GCE) or the recently introduced Senior Secondary School Certificate Examination (SSSCE), the low status of such qualifications in Ghana's contemporary formal sector job market is very evident. A few of the more senior officers had the post-secondary Environmental Health Diploma from the Korle-Bu Teaching Hospital School of Hygiene in Accra, or a Royal Society of Health Diploma. But as many senior officers commented, both this Diploma and the basic Certificates are still based on a 'medical' public health perspective combined with basic legal knowledge. Only recently has a

16. In one notorious case the contractors were found to be dumping in other people's septic tanks, an abuse which came to light only when the main contractor responsible for emptying the septic tanks was fined for letting them overflow, and decided to put a night watch on the tanks in question.

new grade of Environmental Health Technologist been introduced, based on a post-diploma university course offered at the University of Cape Coast.

The new policies had, however, exposed the EHOs to a lot of more recent 'in-service' training; 93% of all respondents said they had been on various short in-service training courses. Although they were positive in a general way about the value of such courses, 28% of the officers could not really remember what subjects had been covered. For those who could remember, the two sets of lessons which had been most successfully retained concerned 'ways of tackling sanitation issues' using a 'systematic approach' (67%) and better ways of 'enforcing compliance with sanitation rules', summarised in an acronym, ESICOM (Expanded Sanitation Inspection Compliance) (41%). A number of problems were raised, however, about the effectiveness of the training, involving basic issues such as failing to give them handouts to take away (much of the vagueness of their recollections was due to the fact that some were better at taking, and keeping, notes than others); the shortness of the courses; and the disincentives created by not providing refreshments or allowances. There was general agreement that the training offered needed to be improved, primarily by consulting them about what was needed to address practical problems which arise in their daily, street-level experiences. But when asked about further training needs, there was also a hankering after a more 'professional' training which would give them the same kind of recognition as nurses, pharmacists or other health professionals, a recognition which could only come from university-level or overseas courses.

Table 1: Educational level of EHOs, by age (%)

Age	No.	Std 7, MSLC	Secondary/TTC	Post-secondary
25-30	10	80.0	10.0	10.0
31-35	12	91.7	8.3	0.0
36-40	18	77.8	22.2	0.0
41-45	16	81.3	12.5	6.3
46-50	19	44.4	55.6	0.0
51+	10	50.0	40.0	10.0
All	85	70.2	26.2	3.6

It was also evident from the survey that this was an 'ageing' workforce, in that 53% of the respondents were over 40 years old, and 34% over 45, which is quite high for the Ghanaian public services. But it is important to note that their low educational level was not associated with the fact that they were mainly older people who had left school before GCEs had become more common. On the contrary, it was the *younger* officers who were the worst educated; between 80% and 90% of the under-40s had only MLSC, compared with 50% and under of the over-45s (Table 1). And these younger, more poorly educated officers were concentrated in the two Accra SMDs: in Ayawaso and Kpeshie 66.6% and 62.9% of the officers were under 40, compared with Subin where 75% were over 40, and Asokwa where 90% were over 40. Combined with the fact that 53% of them had been EHOs for over 15 years, yet were still at the basic grade level, a picture emerges of a service suffering real problems of recruitment at the entry

level, and lack of prospects or career progression for those who had been in post for a long time.

4.3 Changes in attitudes and practices

In spite of their low levels of education and professional qualification, and the impression that their in-service training was relatively ineffective, the outcomes in terms of their responses to and knowledge of the new policy approaches have been surprisingly positive. The majority of officers seem to have picked up the new officially approved approaches to environmental health. When asked to describe how their job had changed in the past five years, 71% gave answers using phrases such as 'a shift from fault finding to public education', 'educating the public', a move to 'health promotion', greater public consciousness of health issues, etc. Only 2.4% said the job had not changed much. And when asked in an open-ended question to describe what they most liked and disliked about the changes, 76% of them said that what they most liked was the fact that the nature of the job had improved, that their relationships with the public had become 'more humane' and that the public no longer saw them as enemies. This was further reinforced by responses to questions about how they perceived their relationships with the public. We asked 'what do you feel about the attitude of the public to you in your area?', to which 67% gave positive answers along the lines of 'now the public respect us', 'there is a change for the better, the public is more friendly'. But a substantial minority (23%) expressed negative attitudes ('the public is never appreciative of what we do'; 'it is less encouraging', etc.). So there was clearly still a significant minority who had not really 'bought in' to the new approach, or simply felt that it was not working.

The EHOs also clearly made a distinction between 'the public', meaning householders, traders, etc., and business contractors, since their responses to the question of how they would deal with contractors who were not doing a good job produced a far more punitive response: 64.3% said they should be immediately prosecuted and have their contracts terminated, and a further 3.6% said they should be blacklisted or even jailed! Clearly they view contractors as people who are paid to do a proper job, and who should know what is required, as opposed to ordinary citizens who may genuinely require education and persuasion.

Some doubts may also be raised about the extent to which the officers had fully internalised the new ideas in their daily practice. Respondents were asked to say how they saw the EHO's job by comparison with other public services; this was intended to reveal how they perceived what they were doing in terms of its overall culture and purpose. Here, 58% of officers said their service was 'like the police', or 'like the military'. This response suggests that an authoritarian view of the job as one of enforcement of regulations still persists. In fact, this is not surprising, considering the scale of the abuses and intractable problems which they face on their daily rounds, and the attitudes of the contractors with whom they are dealing. Many of them feel that ultimately there is a need for enforcement after 'persuasion' has failed.

4.4 *Explaining responses to change*

(i) Motivation and job commitment

Observation of the objective situation facing the EHOs, as well as qualitative interviews, suggested that their morale and commitment to the job were likely to be very low. The problems of illegal waste dumping and lack of sanitation could seem insurmountable, and they lack the most basic resources to do the job. In the four SMDs surveyed none of the EHOs who were supervising the collection of refuse had any protective clothing. They have no vehicles, and therefore have to take ‘*tro-tros*’ (private transport mini-buses) to begin rounds which start at 6.00am and finish at 6.00pm, and then walk around their patch. The loss of the transport allowances they had enjoyed when they were under the Ministry of Health was a particular grievance, and many claimed that they had to use their own money to hire a taxi to take a police officer to effect arrests or serve summons. (They frequently compare themselves with community nurses, who have motorbikes.) In one SMD, there was not even a telephone in the local area office of the Environmental Health Department. On top of all this were their grievances about the salary reductions and changed conditions of service consequent upon their transfer to the Ministry of Local Government.

The survey data in fact showed that it was the lack of equipment and resources that was one of the things they most disliked about the job – mentioned by 79% of respondents, as opposed to 62.5% who cited poor salaries. Yet when one of the standard tests for low morale – an active intention to find another job – was applied, the results were less dramatic than might have been expected; 24% of respondents (both men and women equally) said they were definitely looking for another job, primarily because they were disappointed with the prospects and conditions of service. This group was predominantly (76.5%) composed of those who had joined the service more recently, since 1995. Over a third of those looking for another job were considering the ‘security’ sector – police or military – and another 20% expressed an interest in getting a bank job.

Perhaps even more surprising, when they were asked to give an overall opinion on whether they were satisfied with their job, 72% were prepared to say they were ‘somewhat satisfied’, and only 22.4% ‘somewhat’ or ‘very’ dissatisfied. Given the politeness (and tendency for ironic humour) of Ghanaian culture, ‘somewhat satisfied’ has to be interpreted as a cautious reluctance to dismiss totally the value of the job whilst not being enthusiastic about it. Given their low educational qualifications, particularly the younger officers, there is also no doubt an element of fatalistic resignation about the reality of their situation, which is that some job, no matter how poorly paid, is better than none in their present circumstances. But this can hardly be seen as a strong or secure basis for the kind of motivation required to undertake the new and difficult tasks facing the service. Their apparent enthusiasm for the new approaches therefore requires further explanation.

(ii) Organisational culture

The EHOs clearly share a strong sense of corporate solidarity and team membership, in some ways very similar to that of a professional or uniformed service which has to deal with members of the public on a daily basis (paramedics, police, transport staff).

- Informal work relationships: they work closely together (the rounds are done in pairs, with regular alternations), and they eat and chat together in their work breaks. According to the survey data, 97% are members of the national Ghana Environmental Health Officers Staff Association (GEHOSA), 99% would attend social occasions with their workmates in their hometowns, and 73% say they would discuss a personal problem with a workmate.¹⁷ These informal work relationships obviously give them a strong sense of belonging to a 'team', a characteristic which was observed in practice.
- Shared values: they also tend to have a quite strongly shared understanding of their mission, an understanding which is quite idealistic and 'service-oriented' compared, say, with the Internal Revenue Service officers who have been interviewed (Joshi and Ayee, 2004). More than half (54%) say they became EHOs for reasons to do with the inherent worth or interest of the job, and 73% agreed that the 'main purpose' of the Department is to promote public health and environmental health services.¹⁸
- Management style: the positive organisational culture is supported by a generally hands-on and supportive management style, at least at the front-line manager level, where their immediate bosses are the District EHOs. Almost all (98%) said that their managers come on the house-to-house and street rounds with them either frequently or occasionally, and over 70% said they would feel able to discuss a work problem with their immediate boss, or with the district administrator of the SMD (13%). The management style is participatory in that they have regular monthly team meetings at the SMD level at which work is planned, current cases discussed and staff issues raised.¹⁹
- Appraisal system: even more striking is their perception of the staff appraisal system, which is carried out mainly by the District Environmental Health Officer (DEHO): 99% think it is fair, and it is clear from respondents' analysis of the content of the appraisals that the predominant emphasis is on being a good team member and on organisational commitment, rather than on performance. The criteria most frequently mentioned as being important for appraisal were: 'relationship with fellow workers', 'regularity at one's post', 'responsiveness to duty' and 'punctuality'. Performance criteria such as 'achievements' and 'what I have done during the year' were only 7% and 2.4% of responses!

(iii) External factors: relations with the public and political authorities

As noted above, two-thirds of the officers interviewed felt that their relations with the public were positive and had indeed improved as a result of the new policy approaches. As other researchers have also noted, for 'street-level' public workers to feel that the

17. Membership of GEHOSA is more or less automatic, but it is a functioning organisation, and provides modest benefits such as funeral contributions or help during sickness. The Kumasi branch had had problems with alleged embezzlement at the time of the survey, which were being dealt with very openly. Their meeting place had been taken away from them by the former Kumasi MCE.

18. Other major kinds of reasons included the influence of friends and relations, particularly parents (18.3%), and 'not able to get any other kind of job' (12%).

19. A number of these meetings were observed and they were generally business-like but friendly and co-operative affairs.

members of the public with whom they deal respect them or are at least not openly hostile, makes their daily lives more tolerable and plays a significant role in levels of job satisfaction (see Tendler, 1997; Grindle, 1997). This may well be an explanation of why, in spite of the strength of the demotivating factors, only 24% of them were looking for another job and why so many expressed a cautious satisfaction with their lot. But the categories of ‘feeling that the public were negative’, strong dissatisfaction and looking for another job did not overlap as strongly as might have been expected. Although a higher proportion of those who saw the public as negative were somewhat or very dissatisfied compared with those who found the public positive (37% to 19%), public attitudes were not reflected in the likelihood that they would be looking for another job. In fact, the holding of ‘negative’ and authoritarian views of the job was associated more closely with age and lack of education than with concerns about how the public perceived them.

Table 2: How would you compare the way you work as an EHO with other public services? Is it like ...? By age (%)

Age	Police	Military	Education	Social Welfare	Health Service
25-30	77.8	0.0	0.0	0.0	22.2
31-45	75.0	16.7	0.0	0.0	8.3
36-40	50.0	16.7	5.6	5.6	22.2
41-45	33.3	0.0	13.3	33.3	20.0
46-50	47.4	5.3	15.8	10.5	21.1
51 +	30.0	0.0	10.0	0.0	60.0
All	50.6	7.2	8.4	9.6	24.1

Table 3 Perceptions of public attitudes to EHOs, by age (%)

Age	Negative	Positive	Balanced ^a
25-30	10	90	0.0
31-35	58.3	40.7	0.0
36-40	23.5	76.5	0.0
41-45	20	73.3	6.7
46-50	16.7	84.3	0.0
51+	10	80	10
All	23.3	73.3	2.4

Note: a) ‘Balanced’ refers to the reply ‘some feel we are a nuisance, others appreciate us’.

Thus 78% of 25-30-year-olds and 91.7% of 31-35-year-olds saw the service as being like the police or the army, and younger officers also had a more negative view of their relations with the public: 58.3% of 31-35-year-olds gave a negative view of how

they considered the public viewed the EHOs, compared with the mean of 23.3% (Tables 2 and 3).²⁰

Thus it was the younger officers, generally less well educated, and those who had shorter service who were less committed to the job and to its organisational culture, particularly the new ways of dealing with the public, whereas the older officers were more involved and more responsive to the rewards that came with an improved relationship with citizens. But only a few were actively looking for another job, mainly those who had joined the service quite recently.

Another aspect of the EHOs' relationship with the public which has to be recognised is that their position as enforcers of regulations obviously provides a potential for 'rent-seeking' behaviour. The summons is in fact a very potent weapon, as residents do fear going to court, not just because of the money, but also the social humiliation. When a householder appears in court dressed in their best clothes, it is well known that the magistrate will make comments such as 'you can come here in your fine clothes, yet you live in a filthy house'. On the whole, however, the EHOs are not notorious for using their powers to extract pay-offs, perhaps because of the 'transparency' of their situation; what they do is very public and members of the public are not slow to complain or bring accusations against them, unlike the police. And yet ordinary citizens are only too ready to offer bribes, often to the embarrassment of the EHOs. Nevertheless, the popularity of 'persuasion' and a 'friendly approach' may also be linked to the potential for 'deals' which exists in this kind of situation. It may be to the mutual benefit of all parties if a friendly agreement can be reached to abate a nuisance or breach of the rules. So it is only residents who continue to be hostile after friendly approaches who will be prosecuted. Different officers can therefore be met with hostility or welcome, depending on their amenability to do deals and the scale of the problems. It was also observed that younger female officers were generally better at persuading offending householders or traders to see the error of their ways.²¹

By contrast, the relationships which existed between the EHOs, the political authorities and public leaders were not a positive force for sustaining and encouraging the new approaches. The EHOs feel constantly let down by a perceived lack of support from elected Metro Assembly members, local Unit Committees, chiefs and other community leaders. They explained that, whenever they attempt to enforce a summons against a householder, a market trader or a landlord, they are met with interventions from politicians and opinion leaders, putting pressure on them for the offenders to be let off. To some extent they understand and tolerate this as a typical feature of what they call 'Ghanaian culture'. But when it comes to trying to deal with local contractors, the situation is even worse. Confronting the Assembly Members who have the public toilet

20. Note that age was a more powerful predictor of these negative or authoritarian attitudes than length of service with the respective Metro Assembly, although there was, as might be expected, some relationship. 66% of those who had joined after 1995 felt the service was more like the police or army, compared with 50% of the pre-1995 cohort; and 29% of the post-1995 cohort saw public attitudes to EHOs as negative compared with 20% of the pre-1995 cohort.

21 This point is drawn from observation by researchers who accompanied officers on their rounds, and was attributed by EHOs themselves to 'female' skills of negotiation. But the survey data do not necessarily support the view that women officers generally enjoyed more positive relationships with the public. On the contrary, 33% of women officers expressed quite pessimistic or negative views about how they felt the public viewed EHOs, as opposed to 16% of men. And a slightly higher percentage of women officers characterised the job as 'like the police or army' than men (61% to 56%).

franchises has obviously been a ‘no-go’ area until, in Kumasi at least, the MCE began a campaign to end the abuses. But the problem extends beyond the toilet operators to the whole range of cleansing companies and waste collection contractors, which are seen as protected because they are owned by senior officials of the Metropolitan authorities themselves, or by relatives and friends of politicians and high-ups, especially in Accra.²² The scam operated by Waste Collection contractors in Accra is notorious; although they are meant to be paid by tonnage delivered, the cards recording deliveries are signed off in advance by officials in the pay of the companies. Some of the EHOs complained that, when they brought cases to court against such people, they would be mocked and humiliated by the lawyers and judges who would accuse them of not knowing the law, and they would have to witness the offenders getting off scot-free.²³

The EHOs also feel that their concerns are not taken seriously by senior officials at the headquarters levels of the Metropolitan authorities. One officer in Kumasi commented: ‘Look, my friend, the KMA has never taken action on reports that we submit. The reports go and nobody hears anything from them. This was not so with the old MoH ...’.²⁴ They felt that the AMA/KMA were more interested in physical structures such as hospitals and roads. According to them, health education to achieve the prevention and minimisation of disease would be more cost-effective than the construction of more hospitals with their expensive staffing levels.

5 Conclusions: prospects for new forms of partnership-based service provision

5.1 Organisational culture and relations with the public

Given the generally difficult and negative conditions affecting their organisation, it is difficult at first sight to explain how EHOs have been able to adapt fairly positively to the new working practices demanded of them. Their conditions of work, equipment and salaries are poor, they are poorly trained, they feel deeply aggrieved about the changes imposed on them by decentralisation, and the external accountabilities to which they are subject are undermining rather than supporting their efforts. The only positive elements are their strong internal organisational culture and their generally good relations with the public. They clearly have a strong sense of team identity and group solidarity, as shown in their shared norms of ‘working for each other’ and their belief in the intrinsic value of the goals they are trying to achieve. Their regret is that they cannot perform their jobs better. This spirit enables them to retain a good sense of organisational and job commitment even in the most adverse conditions. These norms are reinforced by a positive local management style which is supportive of that solidarity.

The fact that the majority of the street-level officers have a positive view of public attitudes to them also helps to keep them going. They see and appreciate the obvious benefits to be gained from a more co-operative relationship with the public, as promoted by the new emphasis on public education and developing relationships with community

22. Interviews with former Directors of Accra MPHD and WMD, 18 October 2002.

23. Interview, Kpeshie SMD, MPHD office, 18 November 2002.

24. Field Report by Ronald Adamtey, June 2003.

and neighbourhood groups. The best officers seem to welcome the initiative and are able to develop good relations with the CBOs. Those who do not share this view – the younger officers – are the least committed to the job and the most likely to leave if they can. The study suggests that their new ‘community animator’ role therefore seems to be the one most likely to achieve some limited success. Provided that the KMA and AMA can make some tangible contributions, the best officers can establish good personal relations with community groups. At the moment, this is limited to supplying wheelbarrows, shovels and brooms to ‘community clean-up’ campaigns, and participating in helping with the organisation and direction of such campaigns. The chief WMD officer in Kumasi was quite enthusiastic about this and personally went around on a lorry dropping off equipment. These are, of course, temporary palliatives since storm drains quickly become choked and illegal dumps grow again in the absence of an effective city-wide public service!

Nevertheless, for the EHOs to become a more effective force with higher morale they need to be given some concrete ways of showing residents that the situation can be improved as a result of people listening to their advice. They could then have some satisfaction that they were achieving something. Practical help and results might also help to mitigate the destructive legacy of years of poor performance by the Metropolitan Assemblies which has created a vicious circle of public disillusion, unwillingness to contribute or pay taxes, falling revenues and reduced capacity.²⁵ Our linked random sample survey of 1,000 public toilet users in Accra, Kumasi and Sunyani revealed that 88% of citizens rated the cleanliness of gutters and drains in their neighbourhoods as ‘bad or very bad’, and 77% had a similar view of the quality of waste collection. So when they were asked to evaluate the work of EHOs, the objective situation dominated their response: although 60% were prepared to admit that EHOs could sometimes do a useful or even a good job, 58% could not see that their work had had any real impact in improving the sanitary services or cleanliness of their neighbourhoods.²⁶ By any standard, it is unrealistic and unfair to expect humble front-line workers to tackle something as fundamental as the lack of legitimacy of city government. This is a mountain to climb which requires good leadership at the very top; otherwise the real potential of local civil society action is likely to be dissipated or to lead into ‘exit’ options. In fact, the lack of political support from the political authorities themselves for the EHOs’ work is undoubtedly the most negative factor threatening the prospects of the new policies for service delivery.

5.2 Dealing with the politics of public-private partnerships

The shift to service provision through contracting-out, franchising, community micro-enterprises and encouragement of service provision by CBO-MA partnerships has radically changed power relations within the public service bureaucracy and between officials and the public. In effect, there has been a decline in the power of officials and

25. See Crook and Manor (1998); Crook (1999) for a general analysis of this problem in Ghanaian local government.

26. It is important to note that this was not an abstract opinion; over 80% of respondents said they had seen the EHOs in their area inspecting the performance of the waste contractors. They are thus well-known figures on the street. See Centre for the Future State, IDS (www.ids.ac.uk) for a report on this survey.

an increase in the power of politicians and contractors, who now form a nexus of patronage relations which is difficult for officials to challenge. (Indeed sometimes, as in the case of the public toilet contractors, they are the same people!) The plan to transform and expand the roles of EHOs and the WMD managers in the ways envisaged has to confront the very real difficulties presented by this new structure. The officers feel with some justification that they lack the power or the means to make much of an impression. In their view, tackling the contractors who are failing to perform effectively in solid waste collection, whether by franchised motorised collection at dumps or house-to-house by community enterprises in the areas without motor access, requires a much tougher approach than the persuasive and 'educational' one that might work with householders or small traders. Yet what use are their new inspection and monitoring powers, in the face of the political connections of the contractors? The Chief Engineer of Kumasi WMD was suspended for six months in 1999 for attempting to challenge the decision of the former MCE, a lesson not lost on the junior ranks (Crook, 2002). In Kpeshie SMD, for example, one of the worst public toilet contractors is a relation of a high-up national politician, and so could not be sanctioned, and such stories were repeated in all the SMD case studies. The activities of the Franchise Management Committee in Kumasi also emphasise that the decisions have been taken out of the hands of the 'professionals'.

New hope was generated after the NPP electoral victory and the appointment of the new Kumasi and Accra MCEs. It was felt that their professionalism and 'outsider' status would generate a shock factor which could cut through all the vested interests. Their mandate was to privatise and contract-out vigorously even against the opposition of Assembly Members. They have tried, without much success, to reverse the damaging legacy of fear and distrust created between politicians and top civil servants by previous officeholders. At the management level, it was hoped that they would encourage a new breed of managers – 'champions of change' who could see an interest in pursuing the goal of a more professional regulatory and enabling public sector, along the lines of Dunleavy's 'bureau-shapers' in the Thatcherite transformation of the British civil service (Dunleavy, 1986).²⁷ But four years later, the Accra MCE had been sacked after failing to make any real impact and the probity of the privatisations themselves was in question. And Kofi Jumah in Kumasi gave up to become an MP in the 2004 elections.

5.3 Organisational change and new ways of providing public services

In much of the discussion on moving to an 'enabling' state, the necessity for public organisational change, particularly in the capacity of basic or front-line officials to adapt to regulatory and more client-responsive roles, has been relatively neglected. The present study has shown how, even in very negative circumstances, a group of street-level bureaucrats were able to generate positive responses to a shift towards community-based environmental sanitation and cleansing provision. It confirms the key importance of organisational culture, not only in determining whether or not organisational change

27. In the case of Joint Forest Management in West Bengal, it was rank-and-file trade unions which championed the reform; in Ceara state, Brazil, it was powerful political pressure from a reforming governor and party, with allies in particular Ministries.

processes are likely to be successful, but also in showing the value of strategies aimed at enhancing motivation and providing greater job satisfaction. A positive organisational culture can often be built on the sense of doing a job which is valued by the public and in which work relationships themselves help to make a difficult job bearable. Hence the importance of management styles and informal working practices.

In Ghana, however, the impact of the accompanying policy of privatisation also shows the limits of even the most positive organisational response, based as it was on their own team culture and their informal relations with the public. These factors were not sufficient on their own to cope with the political complexities and changes in power relations which accompanied the privatisations and the emergence of a wide range of service providers, some of them politically protected at high levels, others rooted in the 'machine politics' of local communities and their patrons. Nor could they be sufficient without a real change in the incentive structures, recruitment and training and resources available for such a vital public service.

Finally, if the benefits of genuine privatisation (competition, market discipline, sensitivity to customer satisfaction) are to be obtained, then contracts for the delivery of public services – especially essential services such as sanitation – need to be based on fully transparent and performance-based tendering procedures. Officials charged with regulation and monitoring of contract performance have to be given the power to be independent and rigorous, and 'conflict of interest' laws must be enforced. In Ghana, the politics of privatisation is likely to challenge all of these requirements at national, regional and local government levels, unless the 'reformists' represented by certain elements in the new regime are able to establish a more commanding position.

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