

Research Summary #15 - "Toilet Wars": Urban Sanitation Services and the Politics of Public-Private Partnerships in Ghana
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This paper forms part of a five year research programme under the Centre for the Future State, based at the Institute of Development Studies. Below is a summary of principal findings. Further details are available at www.ids.ac.uk/gdr/cfs/index.html

Introduction

This case follows attempts over a period of twenty years to improve urban sanitation in the two largest cities of Ghana - Accra and Kumasi - by contracting out the management of public toilets to private business and involving community based organisations. It explains why these initiatives have failed, essentially because the franchises were captured by politicians for whom the management and control of public toilets were important sources of revenue and patronage. It suggests that the benefits of market discipline and community participation do not necessarily materialise if the state does not have the capacity to regulate and manage public/private partnerships, and community organisations lack independence. The case underlines the need for any institutional arrangements to be designed to take full account of the political and institutional context.

Urban Environmental Sanitation in Accra and Kumasi: Problems and Policies

The background to this case is a huge and increasing public health problem in both Accra and Kumasi brought about by the failure of urban infrastructure to keep pace with a rapidly growing population. The provision of urban sanitation is problematic because, while there are major public health risks in failing to provide adequate services, provision is relatively costly, and there is low effective demand and therefore willingness to pay. The problems were compounded in Ghana by a decision in 1989 to decentralise responsibilities for sanitation and waste management to municipalities, with wholly inadequate funding and staffing.

Prior to 1982 the use of public toilets was free, with poor management by sanitation workers. Following mixed experience during the 1980s with management by the local Committees for Defence of the Revolution, a twin track approach was adopted in the 1990s, with contracting out of management to approved local businesses, complemented by the involvement of community groups in cleaning and maintenance.

Failure and the Reasons Behind it

These efforts to introduce market discipline in order to overcome the 'principal/agent' problem of poor public provision got derailed by patronage politics. Contracts were supposed to go to registered local companies with proven capacity. Instead they came under the control of members of the Metropolitan Assembly who set up front companies to win the business. The contracts were an important source of income for unpaid Assembly Members, and also for Sub-Metropolitan District Councils which had responsibility for sanitation services (they were so starved of funds that their share of income from the management of toilets accounted for some 60% of their total revenue). Control of toilets was also a vital source of patronage, allowing Assembly Members to reward

supporters with jobs and favours. Attempts by the NPP government elected in 2000 to introduce more transparent, competitive tendering arrangements generated violent conflicts with Assembly Members and Sub Metropolitan District Councils.

The expectation that community level participation would generate pressure for improved service delivery was also disappointed, because most of the active groups were created by or dependent on politicians. They relied on links to Assembly Members for jobs and other benefits, and in effect were part of their political support base. Attempts to challenge the authority of Members were suppressed. The intuitive appeal of community ownership and monitoring as a practical alternative to public-private partnership depends on community groups being sufficiently well-established and resourced to be able to operate independently. This was not the case in poor areas of Kumasi and Accra.

Conclusion

The effect of privatising the management of public toilets was to fuel patronage politics. Decisions about the allocation of publicly funded business opportunities became politicised, and the power of officials to enforce public health regulations declined. The case is a warning against relying on particular institutional arrangements to create new relationships of accountability, without thinking about how politics might shape the incentives of key players; whether the state has the capacity and incentives to manage and regulate the new arrangements; and whether community groups are able to operate with some autonomy. The authors suggest that privatisation can work if there are transparent, performance-based tendering procedures; and more radical privatisation to community groups may be an option if there are well-resourced, independent community organisations operating under conditions of rigorous city administration and performance monitoring. But given the political and economic difficulties associated with the first two options, full public provision of the basic infrastructure and services needed to ensure public health and safety may still be required. This could be combined with a strategy of moving to viable forms of household-based provision which ultimately become a private responsibility.