

**Urban service partnerships, 'street level bureaucrats'  
and environmental sanitation in Kumasi and Accra,  
Ghana: coping with organisational change in the public  
bureaucracy**

**by**

**Richard Crook  
Research Fellow, Institute of Development Studies  
University of Sussex, Brighton**

**October 2002**

**Prepared and Presented at the  
'Making Services Work for Poor People'  
World Development Report (WDR) 2003/04 Workshop  
held at Eynsham Hall, Oxford**

**4-5 November 2002**

## **Urban service partnerships, 'street level bureaucrats' and environmental sanitation in Kumasi and Accra, Ghana: coping with organisational change in the public bureaucracy.**

Richard C Crook, IDS

### **Environmental sanitation: the inevitability of public participation.**

Throughout the burgeoning cities of the developing world, private sector participation in the provision of public services, in all its various forms, is a well established trend. Full privatisation to a competitive market with no role for government is, however, less common than might be supposed. Most services particularly the classic 'public goods' of sewerage and solid waste management, are still provided either by pure public provision of the main city-wide services combined with informal 'self provision' at the local level, or through various mixes of public- private partnership which can range from contracting-out of delivery and franchising through to joint ventures with companies or co-production with 'beneficiaries' -- community and user groups (Batley, 1996, p. 733).

In the urban areas of sub-Saharan Africa, 70% of which fall outside public provision of drinking water, liquid and solid waste disposal (Gaye and Diallo, 1997), and in which main water borne sewerage is a rarity, the term 'environmental sanitation' is used to describe the intimately connected problems of sanitation (human waste), drainage and solid waste collection. These services continue to demand state public participation, both financial and in direct provision, for a combination of technical, economic and equity reasons.

House- to- house collection of waste, for which user fees could be charged, tends to be confined to high-income, low density areas which can be reached by motorised collection vehicles; the densely populated traditional or ever-expanding 'informal' areas rely on publicly provided local area containers and dumps which are difficult to charge for or to make excludable. Similarly with sanitation and liquid waste, the densely populated areas rely mainly on various kinds of public or residence- based latrines and drainage systems which have to be maintained and emptied through some form of collective provision. The economic reality is that poor urban residents cannot or will not pay the costs involved in providing a more effective solid waste collection, or in upgrading sanitary provision (Post, 2002). Even a shift to local area sewered septic tanks with WCs entails regular water supply and capital costs which one study of Kumasi estimated would cost more than 17 times the amount required to provide KVIPs<sup>1</sup> to each house, and would require an 80% public subsidy, based on a survey of household 'willingness to pay' (Whittington et al., 1992).

Some of these services could in theory be provided by fee charging private companies; but the negative externalities of exclusion would (and do) have major public health consequences. Both with solid waste and sanitation, poor residents' easiest option is to

---

<sup>1</sup> Kumasi Ventilated Improved Pit latrines

exit or free ride, unless charges are heavily subsidised (Post, 1999). It is for this reason that new approaches using community based micro-enterprises and community based joint ventures to provide 'local public goods' (Batley, 1996) are being tried in an attempt to deal with the rather predictable consequences of trying to make the poor pay for the endemic crises of urban life. It is possible that people would be more willing to contribute if they could see an immediately visible benefit to their household and perhaps neighbourhood. Ultimately, however, it is an equity question; currently, public environmental sanitary services reach mainly the high income areas of cities which are nevertheless receiving the benefits of public subsidy, even where those service are privatised and chargeable. Even the recent shift to a totally private contracted-out waste collection system in Accra has increased the city government's deficit on the waste collection service by 40% and necessitates central government subsidy of the contract (Post, 2002). That amount of public subsidy should surely be used to benefit the poor as well as the wealthy areas of the city, areas which are less able to contribute to 'cost recovery'.

### **The public agency side of the 'partnership equation'.**

It is clear, therefore, that even the shift to various combinations of privatised provision on a fee-for-service basis, public-private partnerships and community- based 'coproduction' does not relieve city governments of their public responsibilities in the areas of environmental sanitation and solid waste collection. This is because (notwithstanding the equity arguments): (i) , pricing the poor out of the benefits of such services has highly negative public health consequences and (ii) the economics of such services require continuing public subsidy (and hence at the very least monitoring and oversight), whilst in the poorer districts some form of public or collective provision remains the only viable method of sustaining minimum levels of public and environmental health standards. The public agencies are in effect left with the most difficult jobs which are unattractive to the 'private sector'. Private sector participation cannot therefore be seen a way of avoiding the problems of improving public service performance, even when the current capability of many city governments inspires only paralysing demoralisation amongst their employees, despair on the part of donors and deep hostility and cynicism on the part of their citizens!

It is well recognised that service provision through public -private partnerships involves changes in the role of public agencies, from 'direct provision' to project identification, contract management, performance monitoring, standard setting and enforcement (e.g. 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 Programmes.

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 coproducer' on the part of public officials (Evans, 1997). 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, (e.g. more consultation), changes in delivery practices, more information and access and more complex coordination.

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 city governments; encouraging citizens groups to engage in collective action to provide public goods in cooperation 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). Yet these continuing problems of public sector reform have been consistently underplayed or neglected in research and evaluation of public-private partnerships.<sup>2</sup>

In this paper, I shall examine these issues by looking at the impact of emerging forms of public-private partnership on the public agencies which deal with environmental sanitation in two African cities: Kumasi and Accra in Ghana. The analysis draws on ongoing research which focusses on officers of the Environmental Health and Waste Management Departments, and the issues which they face in coping with new policy initiatives for encouraging citizen-based or community joint ventures at the local level, combined with a simultaneous radical contracting-out of the main city-wide services to private commercial companies. The Environmental Health Officers (EHOs) are a group of public officials who find themselves at the fulcrum of various contradictory pressures: on the one hand, the substantive problems of public health caused by a failure in public sanitary services of crisis proportions; on the other, pressures arising from the commercial and political thrust of the new policies. And from a third direction, strong pressure from donor agencies and donor-funded programmes to develop PPPs and community-based or participatory local provision. They therefore form an excellent case-study for investigating the following key questions:

- What changes in the organisational culture, incentives and structures of state agencies are implied by a shift towards more multi-agency, partnership-based or private provision of public services?
- How do staff who are already demoralised and struggling with poor pay, lack of technical capacity and public hostility, deal with difficult new tasks and ways of

---

<sup>2</sup> Some of the best recent studies on how to develop more client-oriented, responsive and effective public services have focussed on changing organisational cultures and attitudes to the public, but unfortunately not specifically in the coproduction or PPP context --see (Tendler, 1997, Grindle, 1997). An exception is Joshi's work on Joint Forest Management (? ). Thompson's review of lessons from the famous Philippines National Irrigation Authority programme also has some relevance (Thompson, 1995)

working, including the 'externalisation' of political control over the services they are monitoring or providing ?

- What is the impact of their performance on the new 'partnership' ways of providing urban services?

### **The context: recent reforms in the provision of environmental sanitation services in Accra and Kumasi**

#### ***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 put at 1.7m. in 2000, but unofficial estimates suggest it is as high as 3 m. (Obirih-Opareh and Post, 2002). Kumasi with a population of around 1.0m., 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 (Greater Accra Metropolitan Assembly -GAMA and the Kumasi Metropolitan Assembly -KMA), with central government- appointed Chief Executives , and are subdivided into Sub-Metropolitan Districts (SMDs), each with their own elected Chair and District Coordinating 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). The situation is worst in Kumasi: there, 38% of the population use public pit latrines, and a further 22% have 'home-based' (but normally shared) bucket or pit latrines. And it is estimated that 8% regularly resort to 'free range' (King et al., 2001). In Accra, it is estimated that 25% of the population rely on public pit latrines (all in the poorest areas) and a further 5% on bucket latrines. Widely differing estimates of the proportion with access to WCs connected to septic tanks have been given, from 70% of the population (Muller 1997) to only 16% of 'households' (Amuzu and Leitmann, 1994). Only the central business district and between 1-5% of the population are connected to a central sewerage system.

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 . Local householders must bring their rubbish to the containers -- or in many cases, to dumps which in fact lack containers. This system covers 70% of areas in Accra, and all but a few high income housing estates in Kumasi (around 700 houses) which benefit from house-to-house collection (Post, 1999; Obirih-Opareh and Post, 2002; King et al., 2001). In Kumasi, only around 40% of the transfer sites have skips and it is estimated that only 42% of the total waste generated daily in the city is actually collected; and only around 33% gets to a landfill site (King et

al., 2001). In Accra, it is thought that around 60% of total waste was collected before privatisation reforms began in 1995, and the rate has since improved to around 70%.<sup>3</sup>

The kinds of sanitary and solid waste collection systems which dominate in both cities generate a cross-over or interconnection between human and other wastes which has serious public health consequences, although this interconnection is not often recognised in the literature. The problem derives basically from the interaction between uncollected solid waste, drainage systems (storm drains, ditches and streams) and sanitary technology. Bucket and pit latrines and septic tanks require maintenance and emptying on a regular basis. Yet in Kumasi it is estimated that 90% of human waste 'remains in the urban environment', mainly because of failure to empty the facilities or dumping of the cleared waste in streams, ditches, waste ground and solid waste rubbish dumps. 'Free rangers' often use plastic bags (rather than queue for hours at a public latrine) and dispose of them on the rubbish dumps which accumulate around latrines, particularly abandoned ones. Even waste which is transported to landfills is not treated and leaches into rivers and streams, whilst household liquid waste goes into street ditches and drains (King et al., 2001). The uncollected solid waste which accumulates at 'official' dumps therefore becomes increasingly contaminated with human waste (Obirih-Opareh and Post, 2002). At the same time, households dump randomly all around official sites or in drains, streams and ditches again (often because children are used for this task). Worse, even the collected rubbish is often dumped, not in the official landfills outside the city, but on waste ground, ditches and streams, often by private contractors. 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 the massive increase in the use of plastic bags.

### ***Policy changes and responses***

Since the early 1990s, policies for responding to the environmental health crisis in these cities have followed a similar 'twin track' ; (a) moving to privatisation of waste collection and public sanitation through franchising and contracting out; (b) encouraging more community-based participation in the provision of local cleansing and sanitary services, principally through engaging 'micro-enterprises' for local waste collection (households to CCCs), and franchising management of public toilets to approved local businesses and community groups (often run by elected Assembly Members). Where citizen self-help groups and neighbourhood associations have sprung up, officials at the Sub-Metro level have been attempting to provide support for 'clean -up' campaigns.

Kumasi's Strategic Sanitation Plan for 1995-2005 envisages in an even larger role for the private sector in design and construction as well as operation and maintenance (Post, 1999). In Accra, policies for gradually franchising waste collection out to private contractors took a radical turn in 1999 when the previous government of President Rawlings virtually forced the city into giving a monopoly contract for all solid waste collection to a single Canadian-Ghanaian company, City and Country Waste (CCW) (Obirih-Opareh and Post, 2002). Recent developments have strengthened the emphasis

---

<sup>3</sup> Calculated from figures given in (Obirih-Opareh and Post, 2002, p. 106).

on maximum privatisation. The election of the New Patriotic Party (NPP) government under President Kufuor in 2000 led to the appointment of new Metropolitan Chief Executives to the two cities, pledged to carry out the government's declared policy of emphasizing private enterprise to build Ghana's economy. In Kumasi in particular, an 'expatriate' Ghanaian who has lived and worked in New Jersey, USA for the last 15 years (and helped to bankroll the NPP) became Chief Executive and has tried to bring a new, 'American city manager' dynamism to the management of Kumasi (not without conflict!). His policy is to pursue privatisation and contracting-out vigorously and to attempt to enforce town planning, land use and sanitary regulations.<sup>4</sup>

Most of these policies have been funded and supported within the context of the World Bank's Urban IV Urban Environmental Sanitation Project, which has also funded major infrastructural facilities such as landfill sites and technical equipment. Other donors, notably the Germans, the Dutch and the British, have funded community education and community partnerships including micro-enterprises, e.g. DFID's AMEHI project in Accra.<sup>5</sup> The plan is to use CBOs to engage in clean-up and maintenance activities. Some of the main tasks envisaged for public officials such as Environmental Health Officers will be to help train local leaders such as elected Assembly Members, Unit Committee (neighbourhood) Chairpersons and CBO committee members in environmental and public health matters, and to help animate new CBOs.

### ***'Toilet wars'***

Policy on sanitation has been particularly affected by the political implications of changes in modes of provision. On the one hand, both KMA and GAMA have since the early 1990s been trying to reduce dependence on public latrines and move towards household based facilities. In Kumasi, the UNDP/ World Bank Water and Sanitation Program began subsidising the installation of KVIPs as the cheapest and most acceptable form of household facility in the early 90s, (see Whittington et al., 1992). More recently, the latest phase of the UESP has been attempting to extend Simplified Sewage Systems (SSS) from a few 'middle class' housing estates to the more densely populated areas with multi-occupied large housing blocks. Such systems involve partnership between residents associations and the city government for their regular maintenance. But there has been very little success in the new pilot areas as it is difficult to get either landlords or groups of households to agree on contributing to the cost. Landlords want the city to ease rent controls before they will invest.<sup>6</sup>

On the other hand, public toilets continue as an important element in overall provision because privatisation policies have turned them into both crucial revenue earners for the SMDs and prizes in the political patronage networks of city governments. The public pit

---

<sup>4</sup> He has ordered the cancellation of 'co-production' style revenue collecting agreements with trade associations such as the Metro Traders Union on the grounds that they are corrupt and inefficient (Interview with KMA Chief Finance Officer, April 2002).

<sup>5</sup> Accra Metro Environmental Health Initiative; *amehi* is also a Ga term meaning 'the people are good'

<sup>6</sup> According to some reports, KMA has not yet been included in the Urban V continuation programme because the city never made its agreed contribution to Urban IV (King et al., 2001, 178).

latrines upon which the mass of the population are dependent were originally provided free by the city governments. In the 1980s, the toilets fell under the 'control' of Rawlings local 'revolutionary organs', the Committees for the Defence of the Revolution who, it was felt, could bring a more dynamic approach to their management and maintenance (Whittington, et al., 1992). The CDRs were able to charge entry fees as a 'reward' for their maintenance activities. With the formation of the elected Metropolitan Assemblies in 1989, management of the toilets was decentralised to the SMDs which continued with the arrangement but took a cut of the tolls being raised. As with any other kind of revenue yielding service, however, toilets (like taxis or bars) became the subject of wars of control between CDRs and elected Assembly Members (AMs). In 1994, toilet management and maintenance was formally privatized, on the basis that only registered local companies which had the requisite capacity could be given contracts which included a revenue sharing agreement. This reform did not, however, take them out of the political arena. CDR leaders and AMs were able to form companies to take on the contracts, and the revenue is now shared between the contractors and the SMDs in proportions ranging from 70/30% to 50/50% to the contractors and SMDs respectively.<sup>7</sup> In Kumasi in particular the notoriously corrupt and dictatorial MCE appointed by Rawlings in 1994, Nana Akwasi Agyeman, openly distributed the toilet contracts to 'loyal' AMs (and denied them to critics!) (King, et al., 2001). The SMDs themselves now rely on the toilets for around 60-70% of their total revenues (which nevertheless remain totally inadequate). This is because in both cities the Metro Assemblies have been ignoring their legal obligation to share 50% of all locally collected revenues with the SMDs. The realities of 'toilet politics' mean that both city politicians and officials are not as enthusiastic about attempts to end dependence on public pit latrines as many donors and other reformers would like!<sup>8</sup>

### ***Community-based organisations in the new service provision structure***

Official policies to encourage more community-based participation in the provision of local environmental sanitation have been met with a varied range of responses, not all of the type anticipated by the new creed of 'participatory', citizen-based development. In Ghanaian society there is already a strong tradition of voluntary community development and group social welfare organisation to build on, most typically embodied in the 'home town' development association which brings together the residents of a traditional community (village, town or urban quarter) with its elite 'diaspora' (those with connections and the ability to raise funds). Other types of organisation include youth associations, residents associations (in middle class areas), neighbourhood mutual welfare and social clubs, ethnic migrant associations, women's groups and trade associations. Many of these kinds of groups came forward in Accra and Kumasi in the 1990s, some providing infrastructures such as clinics, schools and new toilets, others providing labour to tackle the waste and drainage problems and maintenance of sanitary facilities.<sup>9</sup>

---

<sup>7</sup> Interviews with Revenue Officer, Ayawaso SMD (Accra) and DCD, Asokwa SMD (Kumasi) June 2001; Humphrey Macauley, Chair of Ayawaso SMD, June 2001

<sup>8</sup> Ibid. and interview with Assistant DCD of Ablekuma SMD (Accra) June 2001

<sup>9</sup> Thus differ from pessimistic view of other studies, find no evidence of CBO contribution.

In Accra, the La Mansaamo Kpee (LMK- La Town Development Association), for example, is a classic example of a home town association with elite patronage which has successfully provided a range of services. But its degree of 'partnership' with the GAMA is somewhat limited. Other more locally based groups provide services in ways which interact with or depend upon the political patronage networks of local community leaders and Assembly Members. The Unity Welfare Club in Accra New Town ( a very poor multi-ethnic quarter), for instance is organised by the elected Chair of Ayawaso SMD; members of the club (and supporters in local ethnic associations) participate in environmental clean ups and benefit from job opportunities and other largesse through the various 'community business' contracts run by the Chairman. They are part of his political support base. In effect, the boundaries between voluntary collective action, paid work and publicly-funded 'community business' have become deliberately blurred. As the Chairman himself recognises, very poor people need to be rewarded if they are providing a public good in their own time.

In Kumasi, mutual benefit associations such as the Asawase Youngsters Club in Asokwa SMD, Kumasi or the Ashdown Destiny Club in Manyhia SMD, maintain similar mutually beneficial relationships with AMs, hoping to draw in the support of the authorities in return for their local public contributions and (conditional) political support. Micro-enterprises for the provision of waste collection services in very poor areas such as Atonsu have recently been created through the networks of the newly dominant ruling party, the NPP, its sympathisers on the KMA and its local brokers. The severe cost of not keeping on friendly terms with the local political system in the pre-2000 KMA regime is illustrated by the fate of a Youth Association in the poor migrant area of Mossi Zongo. They dared to challenge a permit granted to a client of the MCE to build over land upon which they were developing a new school, and eventually took it upon themselves to demolish the half-completed, offending construction. The Association leaders were arrested, severely beaten up and then taken to court and had damages imposed which effectively destroyed them and the Association (King et al., 2001, 193).

In effect, many of the community- based forms of service provision which have developed in these two cities share some of the characteristics of an urban 'political machine', with the difference that the citizens and members of these associations are not simply 'vote fodder' within a hierarchally structured political organisation. They are seeking the benefits for themselves and their communities or groups which might result from the success of their own leaders in tapping into the connections of political patrons. In their turn, the political patrons need such support to pursue their political and business ambitions. In this sense, privatisation of the provision of publicly funded services has changed the political context in paradoxical ways; on the one hand, as direct public provision has diminished, the city governments and their representatives are less able to provide direct help or solutions to the environmental service crisis in any given local area. On the other hand, decisions on the allocation of publicly funded business opportunities and on which areas will benefit most from those contracts have become more politicised and more interconnected with the political relations between citizens and government.

## **Environmental Health Officers and Waste Management Departments**

What has been the impact of these radical changes to the provision of environmental sanitation services on the public agencies of the two cities?

### ***Changes in organisational structure and personnel.***

Until the decentralisation reforms of 1989, when up to 22 line Ministries were decentralised and made politically accountable to the District /Metropolitan Assemblies, EHOs worked under the Ministry of Health. Since their allocation to the District level, EHOs have formed a Metro Public Health Department (Accra) and an Environmental Health Division within the Waste Management Department (WMD) in Kumasi. But very close links have developed with the respective WMDs: many EHOs have been seconded to the WMD, or carry out public health monitoring functions for the WMD. In Accra it is in fact 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 1989 it was put entirely under the budgetary control of the GAMA, and subsequently decentralised further to the SMDs. This proved to be the death knell of WMD; as the SMDs were then systematically starved of the funds and the capacity to administer even the most minimum of services, the service got progressively worse to the point where privatisation not only seemed the only option left, but one fervently supported by most citizens. By 1999 it collected only 18% of all waste and its staff numbers had dropped to a handful --one study describing it as 'virtually dismantled' (Obirih-Opareh and Post, 2002). The decision to give the monopoly waste collection contract to CCW was made without any consultation with WMD or indeed with the GAMA itself, thus leaving staff feeling side-lined and demoralised and certainly in no mood to help the new system succeed (Obirih-Opareh and Post, 2002).

The WMD in Kumasi is also wholly integrated into the KMA budget and accountable to the KMA. 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).<sup>10</sup> This was on the 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, to the other 'decentralised' line Ministries which have in practice retained their budgetary and personnel administration ties to their parent Ministries in Accra, the Environmental Health officers of the old Ministry of Health have been much

---

<sup>10</sup> The chief administrator of the city (Metro District Coordinating Director - a civil servant) was also forcibly transferred.

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. Yet it is worth emphasising that the WMDs are still responsible for providing all the containers for the CCC system in both cities, and for organising or contracting for emptying of latrines and septic tanks. In 1999 KMA still spent 20% of its budget on solid waste management, although its cost recovery was only 5% of the expenditure. The cost of the CCW contract in Accra is ten times the amount which GAMA was spending at the end of the 90s, and represents nearly twice the city's total annual 'own revenue' collection (Obirih-Opareh and Post, 2002)!

### *Changes in duties/functions*

The old civil service line officers are still the Environmental Health Officers, from Chief EHO through Assistant CEHO to Senior EHO and EHO. The basic grade is paid around 4.3 million cedis (£430 per annum). At the SMD levels there are basic locally recruited officers called Health Inspection Assistants. There is also a parallel cadre called Environmental Health Technologists, who are responsible for analysis and testing of public health risks. Their initial training still assumes a 'medical' public health perspective, being given by the School of Hygiene at Korle Bu Medical School. Their traditional role was that of 'sanitary inspectors', enforcing bye-laws and statutory health regulations on households, food sellers, restaurants and schools, and checking that the necessary Health Certificates were in order. They did also have Health Education duties, going into schools for instance or explaining basic hygiene to food vendors. They have the power to summarily prosecute offenders and bring them to court with only 48 hours notice, where they are certain to be fined -- currently 120-200,000 cedis (between £12-20), which is quite a substantial sum. (The new Chief Executive of KMA has recently introduced 'on the spot' fines as part of his 'get tough' policy on cleaning up the city).

With their closer integration into the work of local government Waste Management Departments, their duties have both changed and expanded. In the first place are they are now expected to play a major role in supervising and monitoring the performance of the new 'franchised' (private) waste collection and cleansing companies doing city-wide motorised collections. In Accra, this now involves dealing with a multi-billion cedi contract with a foreign transnational -- which has already sub-contracted much of the work to smaller contractors who are thus operating at one remove from the main contract, and apparently routinely flout performance standards (Obirih-Opareh and Post, 2002). In Kumasi the more open ended and gradual development of the privatisation policy was supposed to involve WMD managers in identifying and procuring suitable contractors (although this function was in practice sabotaged by the politicisation of the Franchise Management Committee). 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. Thirdly, there is now an even bigger emphasis on their duty to encourage local CBOs to engage in clean-up campaigns -- unblocking storm drains, preventing illegal dumping, cleaning up tips -- as well educating members of various groups and training community leaders, as in the

AMEHI campaign. They have therefore to confront all the sensitivities and difficulties of local community politics and the patron-client relations which exist with city politicians (e.g. the Assembly Members' toilet contracting companies).

How well equipped are they to take on these new roles? Purely in terms of resources and capacity there are obvious major problems: years of cutbacks have reduced both 'front line' and senior manager staffing levels. There is also a crippling lack of equipment and transport. The Chief of the Public Health Department in Accra complained for instance that the EHOs got 'T & T and refreshments' from DFID funding while they were initiating AMEHI campaign work, but after that there was nothing, which means it is very difficult to sustain.

The new duties also, as noted earlier, demand a change in organisational culture and behaviour, from inspection and enforcement to more responsive and flexible interactions with the public and with contractors, and a more sophisticated understanding of financial and performance data. The change is even more dramatic for the WMD managers, used to wrestling with day-to-day problems of delivering a basic (and generally poor) direct service without much accountability to the public. What little research has been done 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). On top of these difficulties is the general demoralisation that comes from years of facing dual privatisation and PPP campaigns perceived as aimed solely at destroying the organisation.

How valid is this picture of the problems facing the EHOs and the WMD in their new role? The reality of the 'partnership' policies in practice was investigated initially through focussing on a group of officers working in the Asokwa Sub-Metro District of the KMA. Our starting point was to try to understand the nature of the daily job as it is experienced by the 'street level' basic grade officers, the EHAs, rather than look at the higher level officers in the Monitoring and Health Units in the central city offices. What do they actually have to do, and how do they relate to the citizens they encounter? What is the organisational culture underlying their behaviour?<sup>11</sup>

### **The EHOs in Asokwa SMD of Kumasi**

There are 22 officers assigned to this District, which has around 24 identified neighbourhoods or areas in the south-central area of the city . Only two or at most 3 officers can cover each area at any one time, which is not enough according to the EHO in charge. The EHAs have no transport and complain of inadequate T & T allowance, so they walk around the assigned patch all day. Two areas were selected for observation: Asawase, which is a traditional, densely populated quarter of old Kumasi, where some of our CBO partnership cases are located, and Atonsu, a much poorer area on the outskirts of the city with a more mixed population. The main problems which EHOs face in these areas are those of public health, sanitation and solid waste management.

---

<sup>11</sup> Data was collected using qualitative interviews and participant observation.

Atonsu, for instance, is an area of the District characterised by extremely dense, poor quality housing. It lacks proper roads, drainage or sanitary facilities and there are no skips (large containers) for solid waste as vehicles cannot enter. There are only two KVIP public toilets for a population of around 10,000, resulting in long queues at 'peak times' (King et al., 2001, 176). During the rainy season it is constantly flooded. Land areas earmarked for dumps were reportedly sold by the local chief. The condition of the area is therefore deplorable, with uncollected solid waste scattered everywhere, either in plastic bags or simply scattered, stagnant water and other health hazards.

Residents of the area, in the absence of any systematic or effective solid waste collection, deal with waste disposal by any means open to them, household by household. Bags of rubbish are piled up around houses, or illegally dumped in gutters (worsening the flood situation) or on bits of waste ground during the night. Attempts were made to dump on the edge of nearby Trapatre, a more middle class housing estate, but dumpers have been driven away by residents armed with guns. A favourite spot which has developed spontaneously is the local 'tro-tro' (bus) station, where every morning bags are dumped, producing a heap which residents perhaps hope will one day be cleared by the KMA if it gets big enough.

Asawase is a more traditional area of Kumasi, also densely populated with large multi-occupied, multi-household 'storey' houses. As many as 100-200 people can inhabit one of these large houses. It is better off than Atonsu in that it seems the majority of houses have septic tanks (accurate figures are not yet available) and there is, in theory, running water supply to the area. But according to the EHAs, the water is not flowing in many parts, making the use of WCs impracticable, so a lot of the multi-occupied houses have a shared KVIP. Some houses still have the old pan latrines. There are also public KVIPs, as in Accra, run by Assembly Members and /or their clients. As in Atonsu, solid waste disposal and blocked storm drains and gutters are a major preoccupation of residents and of CBOs such as the Asawase Youngsters Club.

In Atonsu, in pursuit of the 'micro-enterprise' policy, contracts were given by new KMA administration to 4 local contractors to run tractor collection operations, but the record so far is one of disappointment and mutual recriminations on both sides. Residents say the contractors are not doing the job properly, rubbish is uncollected and the little that is collected tends to fall off the trailers as they go around, creating more mess! These are complaints which are constantly relayed to the EHAs when they go around challenging residents about the state of the area. The contractors, on the other hand, say residents won't pay the small charges which are levied and that the main KMA dump they use was flooded. What is clear is that the situation is bad, and that from the perspective of the EHAs it is out of their hands as the contractors are NPP clients who cannot be challenged. It is possible, however, that if complaints go high enough the new Chief Executive might well take action as he is not necessarily a friend of all the local elements of the NPP ( a motion of no- confidence in him was brought in recently by the predominantly NPP-sympathising elected Assembly members.).

The EHAs therefore have to concentrate on dealing with individual households and community groups where they exist (none have been reported for Atonsu so far). Because the EHAs are well known in these areas, their mode of operation involves a difficult balance between being a 'friend of the people' and using the 'big stick' of court summons which everybody knows they carry behind their back-- rather like the dilemma of British 'bobbies on the beat'. When they see badly infested houses, or overflowing pit latrines they can issue a 48 hour notice to clear up, or order a landlord to close down pit latrines. They can recommend a contractor to rebuild proper KVIPs, but the landlords have to pay.

Some of the officers observed, particularly the younger, female ones, tried to have 'persuasive' friendly relations with householders, and to put into operation the 'community animator role which is being enjoined by their new training. It is obvious, however, that deals can be struck with people who are threatened with court action. But residents who continue to be hostile after friendly approaches will be prosecuted. The summons is in fact a very effective 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 the magistrate will make comments such as 'you can come here in your fine clothes, yet you live in a filthy house'. Different officers can therefore be met with hostility or welcome, depending on their amenability to deals and the scale of the problems which residents feel the EHAs should be able to do something about. In Atonsu, the situation facing the EHAs is not easy, however, since the EHAs seem unable to help with the waste collection crisis, and officers are somewhat demoralised.

## **Conclusions**

### ***1. 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-KMA 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 an increase in the power of politicians and contractors, who now form a nexus of patronage relations which is very difficult for officials to challenge. (Indeed sometimes, as in the case of the 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. In their daily lives, the officers are still expected to deal with the continuing and overwhelming crises of waste management and insanitary conditions. Yet they feel with some justification that they lack the power or the means to make much of an impression. Their most effective weapons remain threatening individual households and landlords with prosecution for obvious bad practices and conditions which they as individuals could remedy. But 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, is another matter. Of 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 himself suspended for six months in 1999 for attempting to challenge decisions of the then MCE, a lesson not lost on the junior ranks. And the activities of the Franchise Management Committee in Kumasi also emphasize that the decisions have been taken out of the hands of the 'professionals'. It remains to be seen whether the new MCE of Kumasi will change the way in which the administration is run.

## ***2. Organisational culture and changing relations with the public***

Preliminary research on the 'street level' EHOs and their managers suggests that their new 'community animator' role seems in fact to be the one more likely to achieve some limited success. Provided that KMA and GAMA can make some tangible contributions, the best officers can establish good personal relations with community groups, and they seem to welcome the initiative. At the moment this is limited to supplying wheel barrows, shovels and brooms to 'community clean up' campaigns, and participating in helping with the organisation and direction of such campaigns. Nevertheless the chief WMD officer in Kumasi was quite enthusiastic about this and personally goes around with the lorry dropping off equipment. These are, of course, temporary palliatives since storm drains quickly become choked again and illegal dumps grow again in the absence of an effective city wide public service! But 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. Then they could 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 city governments which has created a vicious circle of public disillusion, unwillingness to contribute or pay taxes, falling revenues and reduced capacity.<sup>12</sup> 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 very real potential of local civil society action is likely to be dissipated or to take 'exit' options.

## ***3. Changing organisational attitudes to the new service system***

Again this is not easy given the way in which privatisation and PPPs were introduced in these two cities. The prevailing attitude of the public service workers could be described as a combination of resentment, hostility and fear. Getting front line workers to even care about implementing the new duties requires that these public agencies address the issues of individual incentives and working conditions. Better training, greater sense of 'professionalisation' are possible steps. Doing something about the real lack of capacity (staff numbers) and pay levels would seem desirable but unlikely unless the economic situation improves -- and the government accepts that its shift to the private sector requires an effective public administration. At the management level there is also a need for 'champions of change' who can see an interest in pursuing the goal of a more professional regulatory and enabling public sector, along the lines of Dunleavy's 'bureau-

---

<sup>12</sup> See (Crook and Manor, 1998) for a general analysis of this problem in Ghanaian local government.

shapers' in the Thatcherite transformation of the British civil service.<sup>13</sup> It is only such highly educated and motivated managers who can operate at the 'political ' level and deal with the intense pressures coming from the privatisation logic. The powerful new MCEs in both cities could reverse the damaging legacy of fear and distrust created between politicians and top civil servants by previous officeholders if they so chose.

---

<sup>13</sup> (Dunleavy, 19 ). 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.