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**Bringing toilets back to Kumasi's compound houses:
landlord and tenant behaviours and motivators**

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In the low-income urban communities of Kumasi, Ghana, a large part of the population live in compound housing, where they often share the same living space with more than 20 tenants. Partly resulting from the high prevalence of public toilets in the city, the vast majority of these tenants have no access to 'in-house' sanitation. Led by the Kumasi Metropolitan Assembly, a five-year strategy is being prepared to promote increased adoption, access, usage and maintenance of compound toilets in Kumasi's low-income communities. This paper shares the results of a desk and field-based study commissioned to inform the strategy: among the key challenges to be confronted are the clarification of responsibilities between landlords and tenants with regards to financing sanitation improvements, and the need to motivate landlords - at the hub of compound level sanitation governance - to improve the situation for the betterment of their tenants.

Introduction

Ghana's second city, Kumasi, is characterised by an unusually high prevalence of public toilets, which in turn has contributed to a high number of low-income urban residents without access to any form of 'in-house' sanitation. In response to this situation, the Kumasi Metropolitan Assembly (KMA), with support from Water and Sanitation for the Urban Poor (WSUP) and funding from the UK Department of International Development (DFID), plans to increase the level of household sanitation in the city's low-income communities and in compound houses in particular. Compound house is a widespread form of housing in urban and rural West Africa characterized by multiple occupancies. The plan aims to achieve this through the formation and implementation of a five-year strategy, currently in the latter stages of formulation.

In order to inform the strategy, a literature review was conducted to determine the sanitation-related behavioural determinants of the low-income residents of Kumasi. The literature review incorporated over 60 journal papers and reports describing sanitation facilities and practices in Kumasi and other major urban areas of Ghana. The review was supplemented by field work in the three target areas for the implementation of the strategy: Ayigya Zongo, Oforikrom and Abuakwa. Nine focus group discussions were conducted with landlords and tenants in compounds with and without toilets, together with in-depth key-informant interviews. The field work encompassed a survey of 352 households in total, distributed across 56 compounds having at least one functioning toilet in their premises.

This briefing paper presents selected findings from both the literature review and field work. It first provides an overview of the current state of compound sanitation in Kumasi, underlining the rationale for the intervention soon to be launched. The paper identifies the definition of responsibilities between landlords and tenants for financing sanitation improvements as one of the core issues to be addressed in the KMA strategy.

The current state of sanitation in Kumasi

According to figures collected by KMA in 2008, over a third of Kumasi's population (38%) are dependent on the use of public toilets, 56% use toilets within their living space, and the remaining 6% practice open

defecation. These figures reflect the situation at the citywide level, and do not differentiate between neighbourhood or housing type. Of the *existing* household sanitation facilities, a breakdown for type of sanitation is provided in Table 1. It should be noted that bucket toilets (sometimes referred to as pan toilets) were officially phased out by the municipality in 2010.

| Table 1. Breakdown of existing sanitation facilities in Kumasi in 2008 (adapted from KMA nd) | |
|--|--|
| Type of household sanitation facility | Percentage of household sanitation facilities (%) |
| Water closet (septic tanks) | 45,5% |
| Bucket toilet | 22% |
| Sewerage system | 14,5% |
| Pit toilet | 18% |

In the low-income areas of Kumasi, the most common form of habitation is ‘compound housing’: multi-room dwellings where a number of households live together, typically around a central courtyard, and often sharing the same bathroom, kitchen and common space (see figures 1 and 2). There are few statistics on sanitation facilities specific to compound housing - particularly in the target areas for this intervention - but the data available indicates that the problem of inadequate sanitation is pronounced for compound residents. For example, a field survey conducted in Kumasi in 2010 found that only 19% of compound houses had access to adequate sanitation: this represents a huge disparity with people living in other types of housing, of whom 73% had access to adequate sanitation (UN-HABITAT 2011, 47).



Figure 1. Compound house and street in Oforikrom



Figure 2. Compound courtyard in Ayigya Zongo

Declining number of compound toilets

Evidence suggests that the number of toilets in compound housing in Kumasi is not merely stagnant, but rather decreasing. Three reasons for this trend have been identified in the literature. Firstly and resulting from the National Environmental Sanitation Policy, bucket toilets (previously common in compound housing) have been “actively discouraged” in Ghana since 2010 (MLGRD 2010:36): such toilets are officially no longer permitted in Ghanaian cities. Secondly and even before this policy was introduced, a large number of bucket toilets were closed down by landlords because of increased maintenance demands resulting from a higher number of tenants, in turn the result of rising demand for accommodation. This trend was pronounced in the target areas Oforikrom and Ayigya Zongo, valued for their proximity to central Kumasi and their suitability for small businesses and trade. Thirdly and again linked to rising demand, many

landlords converted spaces previously used for bucket toilets into rented rooms and failed to replace them with new facilities (Van der Geest and Obirih-Opareh 2008, 209; Adubofour, Obiri-Danso and Quansah 2013). It can be evidenced that high population growth in these low-income communities, combined with the phasing out of bucket toilets, has exacerbated the widespread lack of sanitation provision in compound housing.

Arrangements for existing compound sanitation in Kumasi

In order to inform the KMA strategy it was important to understand how *existing* toilets are used and managed. Below we summarise findings relating to access, maintenance and management of existing compound toilets in Kumasi:

Presence of a compound toilet does not guarantee access

Literature suggests that tenants in Ghana have very little control over their sanitation infrastructure: having a toilet in a compound unit does not guarantee access (Jenkins and Scott 2007, 2439; Mazeau 2013). The survey of target areas confirmed access as a significant issue. Analysis of the survey data revealed a number of different access arrangements for the 41 compounds where this could be accurately measured, illustrated in Figure 3. Factors influencing the level of access for a given tenant were found to include ownership arrangements for the compounds; the visibility of the landlord (i.e. if they were ‘live-in’ or ‘absentee’); the specific pre-agreed arrangement between landlord and tenant; and the number of toilets within the compound.

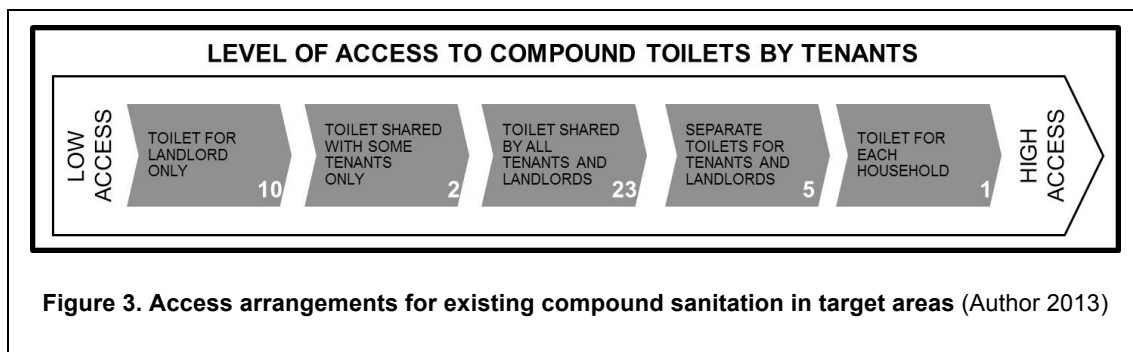


Figure 3 indicates that where a toilet existed, a majority of tenants did have access to the facility (typically shared with the landlord). However in almost 1 in 4 compounds the landlord had exclusive access to the toilet and in two of the surveyed cases access to the toilet was limited to specific tenants. In the latter scenario, tenants had financed sanitation improvements themselves as a collective, but defaulters were not allowed to use the facilities. A female tenant noted how such an arrangement can be counterproductive: “There is this woman who refused to contribute when we were building the toilet. We never allowed her to use it when it was completed. Because of that she resorted to dumping faeces into the drains in front of our house”. There were no indications of children being denied access to the toilets in the surveyed compounds.

Management and maintenance of existing compound sanitation facilities

Survey data indicated that arrangements for the on-going maintenance of existing compound toilets were similar across the three target communities. In every compound a roster of some form existed, through which selected users took turns in cleaning the facilities. This was usually done by a group of women residents (and sometimes children) on either a daily or weekly basis. Reports suggested that cleaning was not performed properly in many cases, and this was a common cause of disagreements between tenants.

The survey pointed to de-sludging as the key maintenance issue: in a majority of cases where toilets had either been de-commissioned or were out of use, the inability to de-sludge was identified as the cause. This was attributed both to technical factors (i.e. it had become impossible to access the pit and de-sludge) and behavioural factors (i.e. residents were not willing to pay for the costs of de-sludging). The need to devise sustainable maintenance arrangements is a significant challenge to be overcome in increasing the number of functioning compound toilets in the target areas.

Impact of public toilets on demand for compound sanitation

In order for the KMA strategy to reflect the local and national context, it is essential to take account of the high prevalence of public toilets and to assess the consequences for up-take of improved compound sanitation. The literature review and field work confirmed an over-reliance on public toilets in the three target areas and in Kumasi as a whole. The study indicated three ways in which public toilets influence the up-take of compound sanitation:

1. The presence of these facilities has a direct causal effect on the adoption of household toilets by landlords and/or tenants: some landlords use the presence of public toilets as a justification for not installing toilets in their compounds (a stock response is to direct an enquiring tenant towards the public toilet when the issue of compound sanitation is raised) (Addai 2009).
2. It is important to ask who stands to profit from public toilets: the proliferation of these toilets in low-income communities is said to question the commitment of politicians to in-house sanitation. In Kumasi, public toilets are constructed by the municipal assemblies, and managed by a combination of the assemblies and sub-metropolitan decentralized units (Caplan 2010). It was argued in both the literature and key-informant interviews that representatives from the assemblies encourage the adoption and use of public toilets, and view these toilets as a reliable source of revenue. The case of a now disused public bucket toilet in Abuakwa was cited as an example of the assemblies placing revenue generation above public health interests: the assembly continued to operate the toilet even after these types of toilets had been banned by legislation. Referring to the Abuakwa case, an Environmental Health Officer stated: “The Assembly was virtually dragged to court before they stopped using and demolished that health hazard”. Though we do not assert that such attitudes are widespread, vested interests must be acknowledged and confronted as a genuine barrier to the scale-up of compound sanitation in Kumasi.
3. It was argued in the literature that there is simply no space for compound toilets to be constructed. The survey suggested that in fact space is not an insurmountable barrier, and could be overcome by a determined landlord: for example, most compounds in the target areas had space that could be converted into a toilet if the landlord chose to do so.

Financing sanitation improvements: who is responsible?

At present no subsidy is planned for the construction of new compound latrines under the five-year KMA strategy, meaning landlords and/or tenants will have to bear the full cost. The study therefore aimed to provide insights into viable financing options for new compound latrines. As stated in the literature and confirmed in survey findings, landlords are the key decision-makers regarding all improvements to housing conditions in the target communities, including toilet installation. This means that i) any effort to improve sanitation facilities within compounds needs the landlord’s consent, and ii) decisions about how these improvements should be financed reflect the landlord’s preference.

Many of the landlords participating in the study believed that tenants should fund these improvements because tenants are the main beneficiaries. As a landlord in Oforikrom explains: “Why do you think I would want to build a toilet? Of course, it’s for the tenants. They are the ones who are going to use it and therefore don’t you think it is fair that they contribute to building the facility?” In addition to the view that tenants should contribute to the financing of new toilets, landlords generally believed that this contribution should be included as part of the rental advance (taken for periods of up to four years). We held reservations about recommending this arrangement as part of the KMA strategy: it implies a one-time payment that many tenants wanting to contribute would not be able to afford. Giving tenants the option of paying in phased instalments over time could provide an alternative, more inclusive financing arrangement.

It emerged through the study that landlords and tenants have opposing views on financing the sanitation facilities. Most tenants believed that a toilet is fixed infrastructure and belongs to the landlord, immaterial of who finances construction: as it is the landlord’s property, the landlord should finance the toilet. Tenants and landlords held opposing views not only about financing sanitation improvements, but also in relation to access, daily maintenance and the emptying of the toilets. These disagreements clearly contributed to some tenants being denied access to the facilities, as shown earlier in Figure 1.

Motivating landlords to finance sanitation improvements

Though most landlords believed that all residents living in the compound should share the cost of constructing and managing a new toilet, this is not the only factor underlining their reluctance to improve sanitation facilities on their property. One important lever to be explored in the KMA strategy is the upgrading and better enforcement of existing bylaws. These bylaws explicitly state that each household needs its own toilet: they apply to all households, both existing and newly constructed, and fines can be imposed for non-compliance. The majority of landlords in the study were aware of the regulation that every compound must have a toilet: if this is the case and they have not taken steps to install a toilet, it can be inferred that either fines are not sufficiently punitive and need to be increased, or landlords do not expect the regulations will be properly enforced. This is ultimately the responsibility of the Environmental Health and Sanitation Department, and is a lever to be maximised as the new strategy is formed.

A second reason why landlords fail to comply is that tenants do not consider the existence of a toilet to be a requirement for renting a property. This was reflected across the target areas, and is evident in the views expressed by a tenant in Oforikrom: “In these areas you hardly find toilets on compounds so it is not a problem to use the public toilets. If there is a toilet in the house and I am allowed to use, it is a plus for me”. Housing Agents in the target communities confirmed that this attitude was commonplace, stating that a toilet on the compound carries weight for prospective tenants but the lack of sanitation facilities does not prevent them from renting a room in the property. In contrast to landlords, many tenants are poorly informed about existing regulations and the role of different stakeholders, and perceive it is not their place to raise these issues with the landlord. The review identified that tenants lack the fora to express their views on sanitation facilities; this is particularly true for those who need it most such as women, children and people with disabilities. Tenants are dependent on their assembly members or on the capacity of community organizations to make their voices heard, but few organizations are actively lobbying for better infrastructure (Devas and Korboe 2000). Indeed, the review did not identify any active union or association of tenants, with the result that most take a passive role and expect changes to be initiated by their landlord or by local government. In response to the above, there is a role for the KMA strategy in promoting the creation of new fora through which tenants can express their views on sanitation, and in providing an environment for discussions between tenants and landlords to take place.

Conclusion

The strategy now being formed by KMA to promote compound sanitation in Kumasi is an ambitious initiative, with the potential to achieve citywide scale and to influence sanitation provision at the national level in Ghana. The literature review and field work referenced in this paper were designed to ensure the strategy takes full account of prevailing sanitation-related behaviours and attitudes in the target areas. This paper has highlighted that the clarification of responsibilities between landlords and tenants with regards to financing sanitation improvements will be integral to the success of the strategy. The paper has focused on select findings from the study: other important factors not discussed here include the capacity of Environmental Health Officers and adapted technologies for de-sludging. One of the next steps in forming the strategy will focus on developing different financing models: options include full financing by the landlord, shared financing by landlord and tenants (including phased instalments over time), soft loans from medium-scale enterprises and revolving funds.

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