

# Improving Sanitation in Poor Urban Settlements

Exploring the Option of Community Led Sanitation Approach in  
Ashaiman Municipality, Ghana



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## Introduction

Ashaiman is a sprawling urban settlement in Ghana and suffer from poor sanitary conditions. Despite various interventions adopted by the Government and civil society organizations to improve the appalling sanitation situation, the problems continuously persist. Current sanitation delivery approaches are not able to integrate the components of health and effective pro-poor community partnerships in any meaningful way. The question to ask is how can communities' themselves be engaged to improve the sanitation situation in their vicinities? The study however seeks to explore the opportunity of Community Led Sanitation Approach as a viable and sustainable option to improve the sanitation situation in the Ashaiman municipality. The strategy would identify extensive range of significant actors and opportunities mainly civil society organizations, NGOs, informal private service providers in the community and build their capacity as a viable and sustainable option to improve the current sanitation situation.

# 1 Shelter Situation Analysis

## 1.1 Basic General Data

### 1.1.1 Geography and Administration

Ghana is centrally located in the West African Coast of sub-Saharan Africa. It shares boundaries with three French speaking countries, La Cote d' Ivoire to the west, Togo to the east and Burkina Faso to the north. To the south of Ghana is the Gulf of Guinea. Ghana has a total land area of 238,533 square kilometres (sq. km). It operates a decentralised administrative system and has <sup>1</sup>ten administrative regions. The 1992 Constitution is the supreme law of the land and provides for power sharing among all citizens. Accra is the Capital City of Ghana.

*Table 1: Demographic and Health Characteristics*

Population Characteristics	Existing Situation/percentage of people in category
Population size	18,412,247 (projected figure for mid 2008 - 23,947,000)
Population growth rate	2.7 percent
Population density	79.3 persons per sq. km
Number of households	4.2 million
Average household size	4.3 persons
Rural urban split	Rural -56.2% Urban – 43.8
Sex ratio	97.9 males to 100 females (49.5% males, 50.5% females)
Health Access <sup>2</sup> Nearest health facility is at least 30 minutes away	37.2% Urban, 20% Rural, 61%
Population citing cost as the reason of non use of medical services	70%
Prevalence rate of HIV-AIDS	3.6%
Top disease	Malaria
Infant mortality	56 deaths per 1000 live births
Under five mortality	108 deaths per 1000live births
Life expectancy ratio	57years

**Source: compiled from Ghana Statistical Service (2002), 2000 population and housing census, summary report on stock of houses and housing conditions, Compiled from Ghana Poverty Reduction Strategy (2003-2005) Volume 1 and the Ghana Statistical service (2001) Core Welfare Indicators Questionnaire 1997**

<sup>1</sup>The Ten Administrative Regions of Ghana are the Greater Accra, Ashanti, Brong Ahafo, Eastern, Central, Western, Volta, Northern, Upper East and Upper West Regions.

<sup>2</sup> According to the Ghana Poverty Reduction Strategy (2003-2005), the regions with the lowest level of health care provision and hence the greatest problems in public health are Upper West, Upper East, Northern and Central.

### 1.1.2 Demography and Health

The Ghana Statistical Service (2002) 2000 Population and Housing Census of Ghana yielded a population head count of 18, 412, 247 million people. However, recent projections by the Population Reference Bureau (2008) estimates the current population to be 23, 947, 000 million people. Table 1 below shows the summaries of some demographic and health related data in Ghana.

### 1.1.3 Economy

Agriculture supports majority of the population in Ghana. The country export cash crops and food crops including timber and wood products to other countries. Table 3 presents a summary of the Ghanaian economy.

*Table 2: Economic Characteristics*

<b>Economic Characteristics</b>	<b>Proportion in category</b>
Proportion employed in agriculture and related work	49.2%
Proportion employed in trading	14.2%
Proportion employed in professional and technical work	8.9%
Proportion in production and transport work	15.6%
Economically active labour self employed	65.7%
Economically active who are unemployed	11.2%
Informal sector	91.2 %
Average per capita income	US\$220
Average per capita household expenditure	US \$336
Overall cash expenditure on food(% of total expenditure)	45.4%
Population defined as poor	
Upper poverty line <sup>3</sup>	27%
Extreme poverty	Urban-(17.3%), Rural-(36.0%)

**Source: Compiled from Ghana Statistical Service 2000 population and Housing Census; Ghana Poverty Reduction Strategy, 2003- 2005- Volume 1**

<sup>3</sup> The poverty line is the consumption expenditure needed to achieve minimum nutritional needs. Overall poverty is based on an upper poverty line of GH ₵90 (US\$65) per adult per year whilst extreme poverty is based on GH ₵70(US\$50) per adult per year.

## 1.2 Shelter Related Fact and Figures

### 1.2.1 Access to Shelter

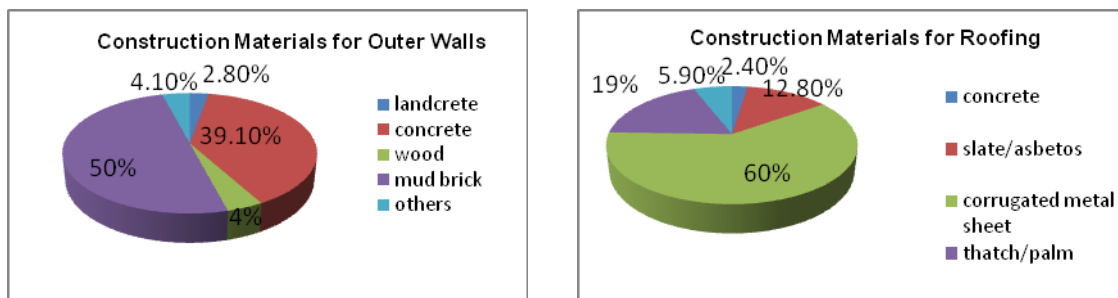
The Ghana Statistical Service (2002) 2000 Population and Housing Census Report recorded a total housing stock of 2, 181,975 out of which 65.9% are found in the rural areas. Table 4 presents the housing situation in Ghana.

*Table 3: Housing Characteristics*

Housing Characteristics	Proportion in Category
Total Housing stock	2, 181,975 houses
Housing deficit – Quantitative	400,000units of houses nation wide
Qualitative	Population in need 60%
Annual requirements	At least 70,000 units per annum
supply capacity nationally	25,000 – 40, 000 units per annum.
Yearly percentage increase in number of dwelling units for new housing	35% (Thus, 65% of the national requirement remains unsatisfied each year).
Housing standard-	The codes stipulate minimum plot sizes of 2400 square feet (223 m2). High class residential-minimum plot sizes: 140*120 ft middle and low class areas: 100*80*90 ft.
Tenure of households/occupancy	45% owned, 23% rented premises, 32% rent-free houses
Ownership (formal and informal)	Private individuals (93.5 %); public property (2.0%); private employers (4.5%)
House price to income ratio	Public servant- \$3000 per annum, the price/income ratio is 1:67.
Number of rooms per household.	1.8
Average household size	4.0
Room density	2.5 persons per room
Floor area per person	5-7 square metres per person
Housing affordability ratio	Requirement : 20% deposit on the lowest priced SHC house was 960 GH Cedes in 1998 (i.e. 4- 5 yr income of a teacher).
Land (formal/informal)	Informal-stool/skin lands 90% formal- state- 10%

Source: compiled from Ghana Statistical Service (2002), 2000 population and housing census, summary report on stock of houses and housing conditions; Ghana living standard survey5 (2008 )

**Figure 1: Building Materials<sup>4</sup> for Housing Construction**



<sup>4</sup> Mud and corrugated sheets are the most common building materials for housing construction in Ghana.

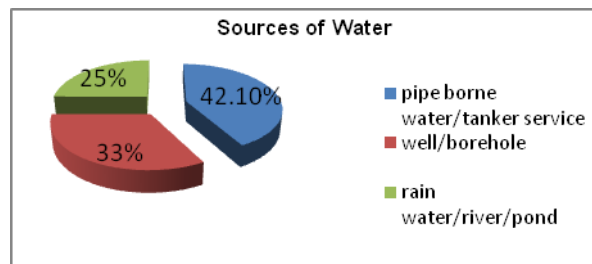
### 1.2.2 Access to and cost of Basic Services/Infrastructure

The major problems of poor households in Ghana are inadequate potable water supply, unsanitary conditions, uncollected garbage, poor waste water and bad roads.

- *Water Supply*

According to the 2000 Population and Housing Census Report, only 42.1% of households have access to pipe borne or tanker service. The report revealed that households who rely on tanker services for their water supply have no idea of the source of the water they purchased. The use of tanker has become common in suburbs in Accra due to irregularity of water supply. In some areas of Accra, water flow once in two months and in other places, water never run through the taps of residents. Residents often say this has become a norm. The remaining 57.9% of households also rely on bore holes or wells and other unsafe natural sources including rain water, river and pond.

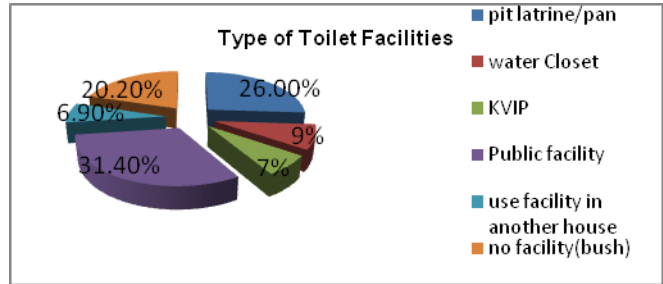
**Figure 2: Sources of Water Available to Households**



- *Toilet Facilities*

In Ghana, majority of households (31.4%) use public facility. This is a reflection of lack of toilet facilities in many dwelling units. In Northern Ghana in particular, the situation is even worse. About 70% of households do not have access to any toilet facility in their homes and their last resort is open defecation. Littering of polythene bags of faecal matter within communities is increasingly becoming common.

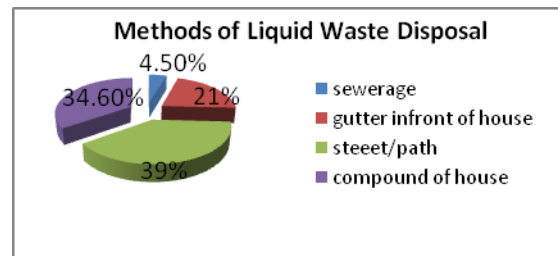
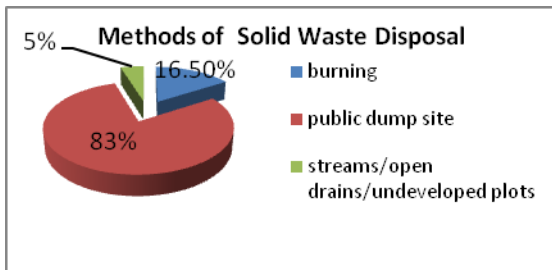
Figure 4: Households Toilet Facilities



- *Liquid and Solid Waste Management*

The facilities available to most household for the disposal of solid waste and liquid waste are public dump sites and open space respectively. Unorganized open dumping is the commonest form of solid waste disposal in most settlements in Ghana.

Figure 5: Methods of Solid and Liquid Disposal



- *Circulation*

The existing roads conditions in most neighbourhoods in the urban areas of Ghana are unbarred, dusty, have countless potholes, become muddy and unmemorable especially during the rainy seasons. Generally, there is lack of drainage facilities and where they are available, these facilities are poorly managed. Road, drains and streets in most settlements in the Ghana are more incidental rather than by conscious design. Most settlements have one main road dissecting it. Plans and priorities for improving access roads in neighbouring communities

<sup>5</sup> The water closet and the Kumasi Ventilated Improved Latrine (KVIP) are not common with households in most regions because of the cost of construction and the need for pipe water for the use of the water closet.

have not captured in most development plans of municipal assemblies who are charged the responsibility of provision and maintenance of social infrastructure.

### 1.2.3 Access to and Cost of Education

Education is a fundamental human right and Ghana is signatory to Article 26 of the Universal Declaration of Human Rights of 1948, which stipulates that elementary education shall be free and compulsory. The Education Act of 1961 provides for free compulsory primary education, and for measures to be taken by the state to improve the quality of education. Data on educational characteristics in Ghana are provided in table 5 below.

*Table 4: Educational Characteristics*

<b>Educational Characteristics</b>	<b>Proportion in Category</b>	<b>Per cent</b>
Literacy rate	Literate in English only	16.4%
	At least one local language only	2.5%
	Literate in English and a Ghanaian language	38.1
Illiteracy <sup>6</sup>	National	42.6
School drop out	Boys at primary education level	20%
	Females at primary education level	30%
Urban dwellers with no education		17%
Rural dwellers with no education		29%
Illiterate females		50.2%
Illiterate males		33.6%

Source: compiled from Ghana Statistical Service (2002) 2000 Population and Housing Census Report

## 1.3 Housing Policy

Ghana is in a process of reviewing a National Shelter Policy. Strategies for improving housing as stated in the Ghana Poverty Reduction Strategy (GPRS) II include promotion of adequate supply of safe and affordable shelter; improvement of housing conditions in rural areas and low-income urban areas. The Government of Ghana since 2005 has commenced a programme to build 100,000 housing units over a ten year period, through Public-Private-Partnerships which target the middle and low-income groups. Work is currently ongoing at six selected areas in different regions of the country.

<sup>6</sup> At the regional level, disparities education exist and the northern Ghana suffers the most with illiteracy levels at 76.2% for Northern, 76.5% for Upper East and 73.4% for Upper West. Greater Accra has the lowest illiteracy rate (18.4%), followed by Ashanti (35%) and Eastern (36.4%). Illiteracy is much higher in rural than urban areas of Ghana; and in both females have higher illiteracy.

## 1.4 Actors in Shelter Delivery and their Roles

Table 6 indicates the key actors in shelter delivery in Ghana and their respective roles. Since 1992 under the Government liberalization policy, private sector<sup>7</sup> participation is being encouraged in housing provision.

**Table 5: Actors and their Roles in Shelter Delivery.**

Key Actors	Roles and Responsibilities
Government through State Housing Company	Premier national real estate developer, Undertakes the development, building, and management of housing estates; regulating the housing sector as a whole.
Ministry of Water Resources, Works and Housing <sup>8</sup>	Formulation and co-ordination of policies and programmes for the systematic development of infrastructure requirements in respect of Housing.
Local government (Municipal authorities)	Preparation and approval of planning schemes; local plans; enforcement of development control measures; Issuing of Building Permits; Inspection and Monitoring of construction Processes; Infrastructural Support to Communities, Capacity building initiatives.
Home finance company	Facilitate mortgage program in housing.
Private Estate Developers	Private housing developers; Servicing of Plots and developing houses for Sale to Potential Buyers
Parastatal Organisation <sup>9</sup>	Provision of houses for rental and sale for public servants as well as cooperate organisations.
NGOs/CBOs	Organization of Groups that are affected by activities in the shelter industry, Fighting for citizens' rights, Education Awareness Creation.
Private Individuals	Acquire plots and build individual houses
Research institutions	Publishing of Research findings and Solutions to Housing problems; Creating of Awareness and Contributing to development of Standards.

## 1.5 Shelter Design

### *Physical Planning*

According to Akoto Bamfo (2008), 70% of settlements in the Ghana have no layouts to guide the management of land in the built environment. Physical planning in its technical sense is mostly non-existent as houses are built haphazardly without any recourse to lay-down

<sup>7</sup> The key private real estate development companies are Regimanuel Gray Limited, Manet Housing Limited, P. W. Ghana Limited, Hydraform Estates Limited, TAYSEC Construction Limited, Jogis Limited etc.

<sup>8</sup> The Ministry of Works and Housing co-ordinates and supervises, by way of monitoring and evaluation of the performance of both public and private agencies responding to and participating in the realisation of the policy objectives established for the sector.

<sup>9</sup> The Social Security and National Insurance Trust (SSNIT), a para-statal organization, has over the years developed a number of high income and middle income housing either directly or through joint ventures



physical planning requirements and principles.

### *Land Use*

In Ghana, land tenure system is strongly influenced by the notion of traditional ownership whereby land is conceived of as belonging to the whole community. Thus, there are stool or skin and family lands control over by traditional authorities (chiefs and family elders). The implications of this notions are that whoever is not a member of the land controlling family is considered a stranger' and is therefore not entitled to a building lot. This has made access to land more difficult and expensive. Although there are some lands which are directly under government control and managed by the Lands Commission, however, these are inadequate to meet the ever increasing demands of people.

### *Shelter Quality*

Although most houses in Ghana are built with concrete durable materials, majority households do not practice maintenance culture. As such houses in poor urban areas especially are in a dilapidated state, foundations exposed, leaking roofs and cracked walls. A study conducted by Konadu-Agyemang (2001) rates houses in most urban areas of the country as 5% to be excellent, 10% to be very good, less than 40% in a fairly good state, and the remaining 45 % as very poor.

### *Function*

In Ghana, the emerging trend is that a house functions as residential and commercial purposes and therefore serves dual purposes. Home based industries are becoming increasingly common. Close to 60% of houses are home based industries in their houses.

### *Safety and Comfort*

The principle of safety in housing design is not adhered to, possibly due to increasing cost of building materials and the high rate of urbanisation. There is absence of adequate exits in most shelter design, and the general lack and poor maintenance of access roads makes accessibility difficult. There is also overcrowding in most homes with high room occupancy rate of 2.5

persons per room poses serious health implications. Again, the conversion of toilet facilities into sleeping rooms has become common in Ghana causing discomfort in homes.

### *Norms and Codes*

The Town and Country Planning Ordinance (Cap 84) 1945 and the National Building Regulations of 1996 LI 1630 planning legislation regulates urban land use and housing development in Ghana. Local Authorities also have their guiding local bye-Laws and Regulations for building. These regulations are very obsolete and a review has become necessary because of changing economic trends.

## 2 Organisation

The Institute of Local Government Studies (ILGS) is a Public Management Development Institution established in 1999 by an Act of Parliament, Act 647. The Institute exists to promote local governance through supporting institutional capacity development, providing leadership in education and training, as well as research and consultancy services.

The Institute work is mainly in facilitation, and has organised a number of training programmes to help local authorities' especially in urban areas in defining proactive shelter development programmes. In the process of executing its functions, the Institute has collaborated with a number of organisations and has organised training programmes to champion these courses. The Institute has organised training programmes for Town and Country Planning Officers under the Land Use Planning and Management Project, with the objective of developing sustainable land use planning and management systems. Other programmes that the Institute has supported in relation to shelter development include the following: Hosted an International Housing Conference under the theme 'Moving Forward on Gender Issues and Shelter Strategies'; collaborated with the Cooperative Housing Foundation (CHF) International in promoting urban housing development in Ghana; Hosted the development of the National Shelter Policy Conference; Hosted the Slum Upgrading Facility

Project with the ultimate aim of promoting affordable low income housing in urban areas of Ghana.

The Institute of Local Government Studies (ILGS) currently has channelled resources in promoting urban management and housing development through institutional capacity building of municipal authorities.

### **3 The Shelter Problem**

Indisputably, most environmental problems occur close to the home and generate the greatest health impact in terms of infectious and communicable diseases (Songsore et al, 2005).

Among these environmental problems are poor sanitary conditions due to inadequate sanitary facilities, inadequate refuse disposal sites and poor drainage facilities notably in urban poor residential neighbourhoods of Ghana.

Ashaiman, a sprawling ‘urban slum’ in the Greater Accra Region of Ghana is one of such neighbourhoods. It is the <sup>10</sup>fifth largest settlement in Ghana and provides affordable housing to incessant immigrants. However, most residents lack access to basic sanitation services and the problem continue to persist because of the ever <sup>11</sup>increasing population. Close to 80 per cent of households in the Tulaku area, a suburb of Ashaiman, do not have toilet facilities in their homes because landlords did not deem it necessary to construct toilet facilities (Ashaiman Medium Term Development Plan, 2008-2011). Most public toilet facilities are also in a deplorable state because they are poorly maintained. As a result of these inadequacies, there is over dependence on the few public toilet facilities and this has further led to indiscriminate defecation in open spaces and bushes. A common phenomenon which is emerging is that most residents defecate in polythene bags and indiscriminately dispose them off in open drains. These open drains also serve as defecating grounds for children and some

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<sup>10</sup> According to the 2000 Population and Housing Census, it has a population of 150,312 with a higher rate of 4.6% per annum (Ghana Statistical Service, 2003).

<sup>11</sup> With the current growth rate the population is estimated to be 249,314 by 2011 (Ashaiman Municipal Development Plan, 2008-2011).

adults especially during the night. Children, the aged and the disabled suffer the risk of joining long queues during the peak periods of the day to have their turn to use the toilet facilities. Apart from toilet facilities, drainage facilities within residential units are also very poor hence; surroundings within residential units are marred with liquid waste aggravating the already existing problem of sanitation. There are no well engineered drainage systems and waste water is commonly disposed off at the compound of residence. In addition, drainage along major roads have been used as receptacles for waste and only cleaned during ceremonial occasions. Plates 1 and 2 below show Ashaiman in perspective.

Plate 1: Ashaiman, the Sprawling Urban Slum



Source: Field Survey, 2009

Plate 2: Water Distribution Lines in Unengineered Drains



Source: Field Survey, 2009

Compounding the problems discussed above, is the poor attitude of residents who indiscriminately dispose of refuse, and again, most residents refuse to pay refuse fees. The poor attitudinal problem has made it increasingly difficult for city authorities to maintain good sanitation in the communities despite several <sup>12</sup>interventions adopted by the government as well as civil society organizations to improve the appalling sanitation situation.

It can however, be construed that current sanitation delivery approaches are not able to integrate the components of health and effective pro-poor community involvement in any

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<sup>12</sup> Under the Urban Environmental and Sanitation Project (UESP) funds have been allocated to assist households to construct their toilet facilities in Ashiaman

meaningful way. The question to ask is how can communities themselves be engaged to improve the sanitation situation in their vicinities?

The study however seeks to explore the opportunities of the Community Led Sanitation Approach as a viable and sustainable option to improve the sanitation situation in the Ashaiman Municipality.

The specific objectives of the study are:

- To Identify range of significant community actors in the sanitation sector at Ashaiman and to find out what each can do to bring about improvement in sanitation;
- To build the capacity of identified stakeholders to facilitate the Community Led Sanitation process in solving the sanitation problem;
- To provide adequate information and basis to guide communities and local authorities in efficient delivery of sanitation services especially in poor urban communities of Ghana.

### **Research Methodology**

The study was based on the analysis of information obtained through secondary data and a comprehensive stakeholder consultation involving Government Agencies, District Assembly staff, NGOs, Community members and the private sector in sanitation service delivery in Ashaiman Municipality.

#### *Research Design:*

The Case Study Approach was employed to carry out the study. This approach was adopted because the social phenomenon under investigation is essentially a contemporary one that involves an empirical study within real life context, using multiple sources of evidence (Yin, 1984). In this case scenario, an urban poor settlement, Ashaiman was chosen as the study settlement considering the fact that poor sanitation is the basic challenge of the area.

#### *Data Collection Instruments and Analysis*

Both field survey and desk study were employed to collect data. The researcher reviewed relevant literature from secondary sources to support conclusions about the subject matter. A complementary source of data used was the primary data. The use of interviews, questionnaires as well as observations was the main instruments used to collect primary data.

Before the onset of the detailed data collection, a reconnaissance survey was conducted by the researcher for familiarization purposes. This was conducted to find out which topics are important, and when people directly concerned are encouraged to discuss. Thus, note taking was used to enable the researcher to extract points of interest and topics which was further included into the study. The Research mainly employed qualitative techniques where descriptive method was adopted to analyze information derived and perceptions from the key informant interviews. Descriptive analysis was also employed to present observations made by the researcher. Whenever possible, interview transcripts and particularly statements have been used as direct quotes in the report in order to enrich the presentation of results, and to contextualize the discussions.

*Identification of Key Respondents-*

The study identified extensive range of significant actors’ and key informants mainly the private service providers, civil society organizations and informal service providers in the sanitation sector in the Municipality. Table 3.1 below captures respondents interviewed in the study area.

**Table: 3.1 Key Informants Interviewed**

Key Informants	Number interviewed	Remarks
Municipal Level <ul style="list-style-type: none"> <li>• Ashaiman Municipal Assembly</li> </ul>	3	Planning officer, environmental health officer, waste management officer
Community Level <ul style="list-style-type: none"> <li>• Ashaiman Zonal council</li> <li>• Private Service providers (supervisor,)</li> <li>• Informal service providers(truck pushers)</li> <li>• Public dump site attendant</li> <li>• Proprietor communal toilet facility</li> <li>• Public toilet facility attendant</li> </ul>	1 1 2 1 1 1	Zonal council head, Zoomlion Ghana company limited
Focus Group Discussion <ul style="list-style-type: none"> <li>• Youth Association</li> <li>• CBOs</li> <li>• NGOs</li> </ul>	10 3 1	San Diego Youth Association Social Relief Ghana Church of Christ Rural Water Sanitation Project
Total	24	

Source: Field Survey, 2009

### 3.1 Sanitation in Study Context

#### **Definition of Sanitation**

For the purposes of this study, sanitation is taken as the effective and safe management of solid waste, human excreta, and wastewater as well as drainage services.

### 3.4 The Current Sanitation Situation in Ashaiman

#### 3.4.1 Community Actors in the Sanitation Sector

The study identified three categories of stakeholders in the sanitation sector in the study area.

They are as follows:

1. Municipal Assembly (Environmental Health Department and the Waste Management Unit).
2. Service Providers including private providers, informal service providers and local authorities
3. Civil Society Organizations (CSOs) which include Community Based Groups (CBOs), Non Governmental Organization (NGOs), Faith Based Organizations (FBOs), youth associations, women groups, and others.

#### *Municipal Assembly Level*

The Waste Management Department and the Environmental Sanitation Unit are decentralized departments of the Assembly responsible for general sanitation and waste management in the Municipality. Even though the problem of inadequate sanitation services was identified as top priority by the communities which were reflected in the Ashaiman Municipal Medium Term Development Plan, this is rarely translated into actual implementation. The study revealed that the Assembly lack capacity in terms of financial, logistics and technical support to improve the sanitation situation.

In an interview with the Environmental Health Officer, he reiterated that,

*“Even though our plans and budget are prepared and submitted to the Assembly, we hardly receive any money to implement our plans. I can conclude that sanitation is not a priority of the Assembly and again, the District Assembly Common Fund (DACF) allocation to the sanitation unit is misappropriated for other purposes”.*

In an interview with the Waste Management Officer, he added that,

*“The unit has a working plan, but very difficult to implement. Some are achievable though, but others are not because of high cost”.*

The study identified that drains have been used as receptacle for waste and residents often do so especially at night. During rains too, residents often dump refuse in the drains. The Waste Management Officer reported that,

*“Residents do so as if the collector has come”.*

Again, waste bins provided at vantage points, especially along streets are stolen and used by some residents as water containers. The study further identified that the Environmental Health Inspectors who conduct daily routine inspection on behalf of the Assembly had not received training for past ten years. Again, the Waste Management Department also lack office space to operate.

Further analysis revealed that there is lack of local content policy at the municipal level to enforce regulations and implementation of laws. The Municipal Assembly operates with in the National Sanitation Policy which is often too broad and hence; not location specific to guide residents. Sanitation bye laws are still in the process to be gazetted. It can be concluded that Assembly do not have the capacity to enforce regulations and therefore the difficulty in implementing laws.

In an interview with the Sanitation Officer at the Ashaiman Zonal Council, he commented that even though annual requisition forms are submitted to the Municipal Assembly, no subvention is received to run the unit.

He narrated that

*“We have not received monies from the Assembly for the past years to run the unit. Sanitation is not their priority”. We only receive support from the Assembly only on emergency cases or when there is a special programme. We are indeed practicing cosmetic sanitation”.*



### ***Community Level***

At the communities, the vast majority of sanitation services in Ashaiman Municipality are provided by individuals' households, and other informal service providers, who operate them as a profit making businesses. Non-state providers in sanitation at the community levels identified in the study area are;

- Informal service providers (truck pushers)
- Private Service Providers
- Civil Society Organizations (CSOs)

The role of Civil Society Organizations (CSOs) in supporting sanitation programmes in Ashaiman municipality is very enormous. Among the CSOs operating in the vicinity are the SANI SAFI, Church of Christ Rural Water Development, Social Relief Ghana, Youth Associations, just to mention a few. CSOs are often mobilized to participate in sanitation projects in collaboration with external support agencies. This group have been involved in installing and provision of sanitation facilities, public toilet facilities, hygiene awareness creation and the sensitization of community members. In the case of school sanitation facilities, the Local authority mostly partner with external support agencies to improve sanitation facilities in public schools. E.g. DANIDA through the Community Water and Sanitation Programme is helping to provide primary schools with toilet facilities as well as the provision of Two (2) KVIP's for other institutions in the Ashaiman Municipality. CSOs have contributed immensely in cleanliness and hygiene education promotion. Community Based Groups such as the youth associations, religious bodies are more commonly involved in overall cleanliness and hygiene promotion education. Occasionally, communal labour exercises are organised at community levels which is often climax with games.

Despite the great contribution by CSOs in the municipality, they are beset with problems. The study however, revealed that apart from financial constraints, effective community mobilization was one of the basic challenges facing the CSOs in their operations. It can however be construed that the even though CSOs recognize their community empowerment roles, they do not have the capacity to carry them out.

The San Diego Youth Association Group interviewed reiterated that the group faces a lot of challenges, especially getting the support and maximum cooperation from local authorities.

The Chairman of the Association said,

*“We want to erase the bad perception from people that Zongo Community is noted as bad and dirty place to reside. Therefore, as part of our activities, we organize annual clean up exercises. On the other hand, we lack support and cooperation from our own people. When we need the support of our leaders, they do not turn up. We ask that they open their doors to us when we call on them. They often think we are too young and have nothing good to offer”.*

### ***Private Service Providers***

The Private Service Providers are the employees of the Assembly. They are contracted in by the local authority, and perform the role of managing, operation and maintenance of sanitation facilities through a formalized management contract. Other independent private service providers are also involved in the construction of household latrines, communal latrines and management of public dump sites, as profit making businesses.

### ***Informal Service Providers***

Over 400 informal service providers operate in house to house solid waste collection in Ashaiman. These groups are popularly called the “truck pushers”. This has become a lucrative job for the migrant youth who travelled from far and near in search of jobs in the communities. They offer quick services, and their charges are comparatively cheaper. Most residents prefer this option because they pay small amounts on daily basis and charges are flexible and negotiable. Charges are based on quantum of refuse and are determined by the service provider. However, these truck pushers have no formal recognition by the Assembly and they are regarded as competitors to the formal private operators who have been employed by the Assembly. The Assembly pursues to face them out because they lack protection clothing as well as the lack of knowledge in safe refuse management practices. An interview with a truck pusher said,

*“I have been working for the past 2 years and I am satisfied with the work I am doing because it is good. I earn at least not less than GH¢25 (\$20) a day. Apart from the money, I contribute a lot to keep the communities clean. The Zoomlion alone (private*

service provider) cannot do this work. The Assembly must not drive as away since we are willing to pay our license”.

Plates 2 and 3 below show truck pushers on their daily routine job.

**Plate 2:** A Truck Pusher Carting Refuse Collected



Source: Field survey, 2009

**Plate 3:** After a Successful Day's Work, a truck pusher Cleans his Truck



Source: Field Survey, 2009

Table 3.2 below shows a summary of identified stakeholders in the sanitation sector in Ashaiman; their roles, interest and challenges.

**Table 3.2: Stakeholders in the Sanitation Sector, Ashaiman.**

Stakeholder	Role	Interest	Challenges
Private service provider (public – Private partnership)	<ul style="list-style-type: none"> <li>Contracted in by the local authority,</li> <li>managing operation and maintenance of public toilet blocks</li> <li>Sweeping and cleaning of streets</li> </ul>	Maximum cooperation by all	Community mobilization is difficult
CBOs	<ul style="list-style-type: none"> <li>Organize communal labour exercises</li> <li>Advocacy issues</li> </ul>		Financial support Lack cooperation and support
NGOs	<ul style="list-style-type: none"> <li>Promote hygiene awareness and behaviours that initiate local solutions to sanitation improvements,</li> </ul>	volunteer groups to facilitate the process of hygiene and sanitation education	Financial constraints
FBOs	<ul style="list-style-type: none"> <li>Clean up exercises</li> </ul>	Hygiene Education	Low communal spirit
Informal service providers	<ul style="list-style-type: none"> <li>House to house solid waste collection</li> </ul>	Profits	Lack of protective clothing Lack recognition by the assembly

Source: Field Survey, 2009

Plates 4 to 7 below show some excerpt of sanitation sites in Ashaiman.

**Plate 4: A Private Water Closet Toilet Facility**



Source: Field survey, 2009

**Plate 5: Poor Surroundings of a Public Toilet Facility**



Source: Field Survey, 2009

**Plate 6: The state of a public toilet facility, popular grounds  
For children to ease themselves**



Source: Field Survey, 2009

**Plate 7: A Communal pit latrine in a deplorable state**



Source: Field Survey, 2009

At the household level, some members have declined to subscribe to the organized house to collection at the Assembly because of high charges. Some are of the opinion that refuse collection must be the sole responsibility of the local authority. The introduction of the polluter pay principle where residents pay for their waste generated has not been embraced by community. It can be construed that members were not involved in the planning and fee fixing resolution of refuse fees and hence, the lack of participatory planning and budgeting for sanitation. Residents who cannot afford house to house collection travel over 500 metres from their homes before they can dispose off refuse. In most cases, children are sent to dispose off refuse, who indiscriminately dispose them, especially late in the nights.

In an interview with a resident at the Zongo Community, she stated,

*“I do not understand the reason why we should pay for refuse fee. It is a new thing to me, and in my former residence; I did not pay such monies”.*

**Box 2.1: The Response from the Public Dump Site Attendant**

In an Interview with the public dump site attendant, he said that the residents especially at the Zongo Laaka Area are not ready to cooperate and assist him manage the dump site. He added that they feel shy to manage it. The attendant said that the dump site is emptied at least once week. There is only one central container at the community park and because of that refuse in most cases spill over when it is full.

The dump site is managed by only one attendant and this has become increasingly difficult for the attendant to manage the site. The attendant starts work as early as 4am and goes for his break at 10am. Between 10 am and 3pm, the attendant is away and residents use the opportunity to dump refuse with the intention of dodging refuse fees. The attendant said he is not satisfied with the performance of the Assembly. He added that they do not contribute in any way to make his work easy. He stated that he lacks the support, cooperation and equipments to enable him do his work effectively.

He narrated that,

*“I have been calling some youth in the community on so many times to assist me in my work, but they do not turn up. Some residents often say they do not use to pay for the sanitation services of their old places of residents and therefore do not want to pay. They therefore wait very late in the night when I am away and hurriedly dump refuse haphazardly”.*

**Plate 7: Drains used as receptacle for waste**



Source: Field Survey, 2009

**Plate 8: Drains used as receptacle for waste**



Source: Field Survey, 2009

**Plate 9: Refuse Transfer Disposal Site**



Source: Field Survey, 2009

**Plate 10: Children searching for scraps at the disposal sites**



Source: Field Survey, 2009

## **Summary of Major Research Findings**

The summary of the research findings are tailored along the objectives of the study. These are discussed below.

### *Opportunities for a Successful Community Led Sanitation Approach in Ashaiman*

The study identified the following as opportunities available in the community for a successful project implementation.

1. The Community Led Sanitation approach relies solely on community as facilitators to spearhead the process of change. Ashaiman has organized and vibrant community groups that will enhance effective project implementation. Among the community groups which were identified in Ashaiman include the Church of Christ Rural Water and Sanitation, SANI SAFI, San Diego and Excellent youth associations, just to mention a few.
2. Ongoing projects like the UESP where subsidies are provided to households to provide their own toilets have often not been successful. The researcher observed that majority of households in the Ashaiman have not been able to complete the process.
3. The study revealed that organized CSOs are willing to support the process of change. Their main objective is to promote hygiene education and advocacy issues which has already started in some selected communities in the Municipality.
4. The presence of Ashaiman Municipal Assembly and External Support Agencies in the study area would also facilitate the implementation of the proposed project. Egg. Urban Environmental and Sanitation Project (UESP) and the DANIDA support project in Sanitation.

The study further identified the following as the strengths, weaknesses, opportunities and threats existing in the Ashaiman Municipality that will support or otherwise hinder the outcome of the proposed project. Table 3.3 below presents the summaries of the issues discussed as SWOT analysis in the study area.

**Table 3.3: SWOT Analysis of the Study Area**

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Vibrant civil society organizations Eg. youth associations, NGOs in water and sanitation, women’s group are willing to support the process of change</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Deficient capacity of civil society to mobilize community, express their needs and financial constraints</li> <li>• Budgetary constraints (Ashaiman Zonal Council)</li> <li>• General lack of management capacity</li> <li>• Lack of coordination between local authority and other stakeholders eg. private informal service providers , local NGOs, zonal council, community</li> <li>• Limited accountability in public service provision eg. public toilet facilities</li> <li>• Inadequate sanitation services</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Availability of donor agencies- world bank funds UESP, DFID challenge fund, UN Habitat- Slum Upgrading Facility (SUF)</li> <li>• Government Institutions E.g the municipal assembly, The National Commission Of Civic Education</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Dependence on donor funds</li> </ul>

Source: Field Survey, 2009

## 4 Proposal for Change and Improvement

The Community Led Sanitation Project as a proposed intervention would be adopted to improve the sanitation situation in the Ashaiman Municipality. This would be achieved through the co-operation and concerted efforts of municipal authorities, non-government organizations, and community based organizations, as well as, the entire community.

Improvement in the sanitation situation described in this paper depends on the successful implementation of a series of measures explained below.

### Implementation Strategies

The implementation of the Community Led Sanitation approach will follow a step by step approach and the following will be adopted.

#### 1. Mapping and Identification of Stakeholders

Formal recognition of community actors is the first step. Community actors such as the informal service providers popularly known as “truck pushers”, as well as other community

based organisations such as community youth groups, local non governmental organisations have been providing sanitation services over years; however there is little recognition of their role by local governments. If governments have interest in addressing sanitation needs, it can start by simply recognising the important roles played community actors especially the informal operators by mainstreaming them into the formal system. Identification and Mapping activity of Stakeholders through an inventory process in the sanitation sector will be carried out to support the process of bringing change.

## **2. Capacity Building Training Programmes**

After a successful completion of mapping community actors, it is important that capacity building programmes are conducted for these identified stakeholders. Training and capacity building programmes for trainers must be seen as the next step to facilitate the process. Thus, identified stakeholders will be trained as community facilitators to support the process thereby limiting the use of external facilitators.

## **3. Assign Roles And Responsibilities to Community Actors**

Stakeholders who have gone through successful training programmes would then be assigned specific roles in the sanitation sector. Different component of sanitation such as solid waste management, community public toilet facilities, public dump site, drains, and liquid waste management would be taken care of by specific groups in the community. This would ensure community ownership and create a sense responsibility by community actors; while at the same time will contribute to proper waste collection methods as well as appropriate safe sanitation management practices by all community members.

## **4. Institutionalization of Regulatory Procedures**

The next is the establishment of regulatory procedures to ensure sanity in the system. The Ashaiman Municipal Assembly must institute regulatory measures such as local content sanitation byelaws to ensure that people do the right thing. Laws must be enforced and punity measures such as payment of huge fines must be instituted to serve as deterrent to others. However, much would be achieved if the government law that enjoins every builder to



provide a private place of convenience within the building is enforced by the Assembly. The assembly with its legal mandate must employ a lawyer to carry out the legal processes including spearheading the sanitation bye laws process in order to facilitate the administration procedures governing the Assembly.

### 5. Strengthening of Monitoring Control Team

The final step that would be undertaken as part of the implementation process is to strengthen the existing monitoring control team of the municipality. This would ensure sustainability of the project. The community monitoring task force capacities must be strengthened in terms providing adequate logistics to carry out daily routine inspections. The Environmental Health and the Waste Management Department of the Assembly must be resourced and adequate capacity building training must be given to staff to help improve the general sanitation in the Municipality.

Table 3.4 below shows the Activity-time matrix of the strategies to be implemented as well as the responsible agencies to carry out implementation.

**Table 3.4: Action Plan /Activity Time Matrix**

No.	Activities	Responsible Agency	Time frame
1	Mapping and identification of all important stakeholders in the sanitation sector in the municipality	Ashaiman Municipal Assembly, Social Welfare Department	March 2010-April, 2010
2	Identification of training needs assessment	Institute of Local Government Studies (ILGS) community actors, Ashaiman Municipal Assembly	May 2010
3	Conduct capacity building training programmes for all identified stakeholders	Institute of local Government Studies	May 2010-September, 2010
4	Assist the Municipal Assembly to assign roles and responsibilities to identified stakeholders at community public facilities, house to house waste collection, public drains, public dump sites	Ashaiman Municipal Assembly, ILGS	October 2010
5	Give technical support to the Municipal Assembly Institutionalise community byelaw that impose fines and sanctions on defaulters	Ashaiman Municipal Assembly	October 2010
6	Community monitoring and evaluation team strengthened and resourced to carry out routine operations	Ashaiman Municipal Assembly	October 2010-ongoing process.
7	Scaling up/replication of similar project in other neighbouring districts	Ashaiman Municipal Assembly, ILGS	March 2011

## Conclusion

In conclusion, the paper recognised that the role played by community actors in sanitation sector is very enormous and hence, contribute immensely in the local level development. Community actors including informal service providers must be seen as a fundamental first step in the process of engagement. This requires little investment and therefore less risk. More importantly, local governments must commit efforts to train and build their capacity so that they support the process of change in the sanitation sector of their localities.

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