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Improving the quality of public toilet services in Kumasi



Public toilets are the leading form of sanitation in urban Ghana: in Kumasi, 700,000 people use one each day. This Note presents the activities of Kumasi Metropolitan Assembly (KMA) to raise the standard of these services.

Why improve public toilets in Kumasi?

Around 700,000 people use at least one of Kumasi's 419 Public Latrine Blocks (PLBs) each day: 40% of the city population. This percentage is even higher among Kumasi's low-income residents — most of whom are dependent on PLBs as their only form of sanitation — and demand in many districts is so high that users frequently have to queue during peak hours. Despite their prevalence, surveys have shown that the vast majority of Kumasi's PLBs are kept in a poor condition, posing a threat to public health and the environment. While increasing access to toilets in compounds is the long-term goal for KMA, PLBs will continue to play a role in Kumasi for years to come — particularly for low-income consumers — leading KMA to implement a set of activities to ensure PLBs are safe to use until all households have their own toilet.

Training of Public Latrine Block (PLB) owners and operators

The first step in improving the quality of PLBs in Kumasi has been the training of the more than 400 public toilet owners and operators. Management training was regarded as particularly important in the areas of toilet maintenance (e.g. waste disposal) and hygiene (e.g. handwashing promotion). Operators also received training on business management and record keeping, ensuring they are now better positioned to protect the financial viability of the facilities. Owners of the PLBs were included in the training to promote awareness of the issues and encourage timely response to operator maintenance requests.

Improved monitoring of PLBs via Environmental Health Officers (EHOs)

The monitoring of Kumasi PLBs is carried out by EHOs from the Environmental Health and Sanitation Department (EHSD), reporting to the Monitoring and Validation Team. Previously a lack of resources had resulted in irregular monitoring, undermining both the quality of facilities and the ability of consumers to file complaints and hold PLB owners to account. Informed by a prior needs assessment, training was delivered to 127 EHOs, focused on data collection and assessment of key performance indicators (KPIs) including cleanliness, hygiene, privacy and security; and how to assess user complaints. Monitoring is now carried out quarterly, with select high-achieving toilets recognised annually by the public awarding of a certificate. KMA and WSUP are exploring innovative funding mechanisms to ensure the sustainability of the new monitoring and awards process.

Figure 1: Analysis of 2015 monitoring data for Kumasi PLBs (maximum score: 5).

In October 2015, the EHO teams assessed the 419 public toilet blocks in Kumasi, scoring them on 22 different indicators. Figure 1 shows collated scores in nine key areas of performance. Only 14 out of 418 toilets scored 4.0 or above, underlining the need for sustained intervention to raise standards to an acceptable level. Over time, consistent use of the indicators will allow the development of a detailed map of the quality of PLBs across Kumasi, and the targeting of those indicators receiving the lowest scores (e.g. availability of handwashing facilities, which scored only 1.3 in the October 2015 assessment).

A third component of KMA's strategy is the use of public-private partnerships (PPPs) to better operate and manage facilities, detailed on the next page.



PPPs: raising standards, attracting investment

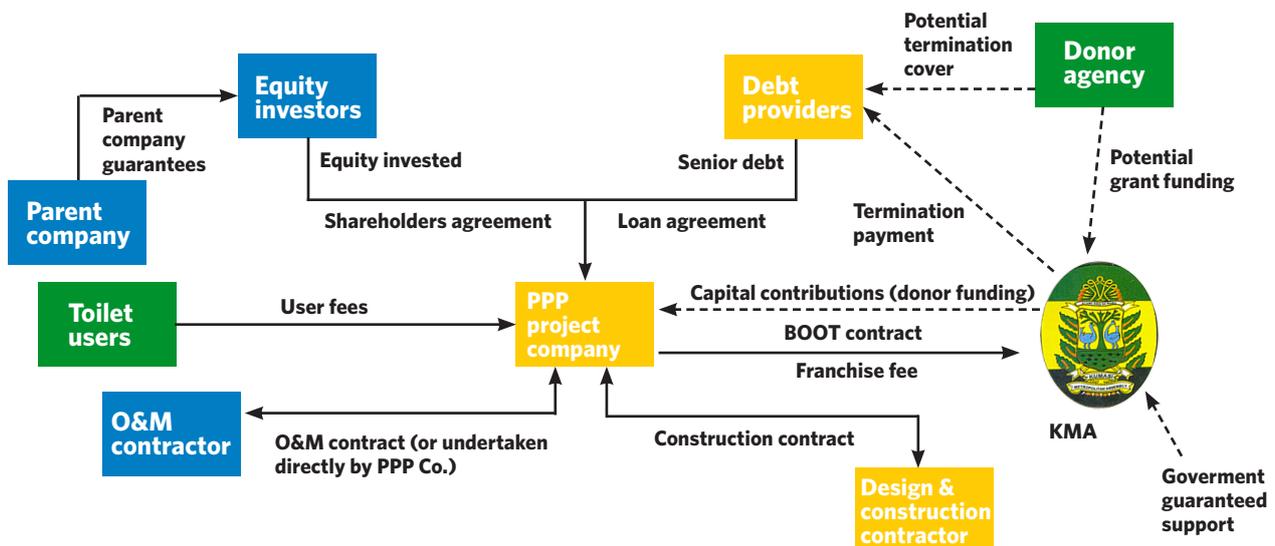
Why involve the private sector?

The Ghanaian Constitution gives KMA full responsibility for the construction and provision of public toilets, but provides for the involvement of stakeholders including the private sector through contracts, franchises and concessions. In the past KMA has experienced significant challenges in operating and managing the toilets — caused in part by the high demand — and lacks the technical and financial resources to meet the challenges alone. In addition to these operational challenges, many public toilets in the Kumasi Metropolitan District are now in a poor state of repair, requiring either demolition and replacement or extensive rehabilitation. This in turn requires a substantial injection of resources.

What is the proposed management model?

To assist KMA in promoting greater private sector involvement, PPIAF commissioned the consultancy Ernst & Young (EY) to conduct a feasibility study. The study recommended that toilets participating in the scheme be operated under a **Build, Own, Operate, Transfer (BOOT)** model, presented in Figure 2. Key features of the model are: 1) a Public-Private Partnership (PPP) Project Company would design, build, finance, operate and maintain the toilets for a 20-year concession period, after which the assets would be transferred back to KMA; 2) the Company would directly collect user fees and use it to cover their costs; 3) the Company would pay a monthly franchise fee to KMA, calculated as a percentage of revenue; 4) revenues 10% higher than assumptions made in the financial model would be paid to KMA; and 5) donor funding and cover to insure KMA's termination guarantee may be sought.

Figure 2: BOOT Structure Diagram. Source: Assessing PPP options to improve public toilet facilities in Kumasi. Report prepared by EY for PPIAF.



Next steps

KMA plans to implement the BOOT model in the construction or rehabilitation of 30 PLBs, likely to begin in 2017. Based on the EY financial analysis, user charges may undergo a small increase to GHp60 (approximately US \$0.15): this is supported by willingness to pay surveys conducted during the feasibility survey which found that a) 72% of respondents were willing to pay more for improved services; and b) willingness to pay is positively influenced when the facility is a Water Closet, reflecting the norm of charging higher fees for this type of facility. This finding has contributed to KMA's decision that water closets will be the only technological option for the participating toilets.

Conclusion

There is a clear need for improved standards of public toilets in Kumasi. Progress has already been made, with training and improved monitoring impacting positively on the level of service. While rehabilitation and construction under the BOOT scheme will take time to complete, the resulting improvements should reduce waiting times for consumers, improve overall service quality and enhance financial viability. KMA recognises that PLBs are not the long-term solution — a five-year compound sanitation strategy is being implemented in parallel, to achieve universal access to in-house sanitation in the long term — but the steps now being taken by KMA will ensure that public toilets provide the best possible service in the interim.

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