

From Hazard to Convenience: Towards Better Management of Public Toilets in the City of Nairobi

There is considerable potential for private sector participation in public toilet management in Nairobi. Benefits include efficiency gains, improved quality of service, and the ability to raise funds for refurbishment.



The Water and Sanitation Program-Africa (WSP-AF) undertook a study of the refurbishment, management, and operation of public toilets in Ghana, Burkina Faso, Uganda, and India, and concluded that there was considerable potential for private sector participation in public toilet management in Nairobi.

Summary

Most of Nairobi's 138 public toilets (PTs) were built during the colonial era or soon afterwards. They are now owned by the Nairobi City Council (NCC), but for a variety of reasons they have received little maintenance or management attention for the last 20 years and many are in a very unhygienic, barely functioning state. A number of different NGOs and individuals (including street children) have tried to fill this void in management. This note reviews these arrangements: most were found wanting in a number of respects, including hygiene and long overdue refurbishment.

To assist the NCC in addressing this situation, the Water and Sanitation Program-Africa (WSP-AF) undertook a study of the refurbishment, management, and operation of public toilets in Ghana, Burkina Faso, Uganda, and India, and concluded that there was considerable potential for private sector participation (PSP) in PT management in Nairobi. Benefits include efficiency gains, improved quality of service, and the ability to raise funds for refurbishment. Different options were considered and two variants of a concession contract (build, finance, and operate) were selected: one a fully private sector commercial operation for toilets within the central business district (CBD), and the other involving community-based organizations

from the surrounding residential neighborhood. The NCC accepted these recommendations and plans are in place (September 2003) for the competitive procurement of operators for a small number of PTs in a pilot phase, starting with five-year contracts.

Introduction

Human excreta are a major threat to public health and the environment in Nairobi. Unless properly managed, human waste is the source of both widespread disease and loss of civic and personal dignity and value. PTs are widely available for people who frequent the public areas of Nairobi, but their condition has been, until now, appalling. There has

been a steady decline in most municipal budgets, and the lack of funding has led to almost complete neglect of maintenance and management of PT facilities. In addition, construction of new facilities has not kept pace with population growth.

Towards the end of calendar year 2001 the NCC approached WSP-AF for technical support in the development of guidelines to involve private service providers in the management of the city's PTs. A study was undertaken and the NCC formally adopted the report in early 2002. This field note summarizes the findings of that study and subsequent developments.

Box 1: Deterrents to Public Toilet Usage

Although interim measures have produced improvements in some of Nairobi's PTs, a number of factors still discourage PT usage throughout the city, including:

- **Insecurity.** Mugging, molestation, theft, and demands for money under threat, by street boys and other individuals, constitute a major concern.¹
- **Inadequate lighting.** Most PTs are poorly lit, making it both difficult and unsafe to use them.
- **Poor accessibility.** The accessibility of some toilets is poor, with approach paths in substandard condition and overgrown with weeds and other shrubs.
- **Lack of privacy.** Most PTs have broken doors and windows and so lack privacy.
- **Dirty and unhygienic environment.** Human waste and excreta, within and around many toilets, renders them unhygienic and unpleasant to use.

¹ Recent NCC and government action (January 2003) has largely removed street boys from the CBD.

Background

There are a total of 138 public toilets in the city of Nairobi.² Eighteen of these facilities are located within the CBD – at bus stops, the railway station, recreational parks, and at a few other locations with heavy human traffic. Most of the city's PTs (87 percent) are found outside the CBD, located to serve residential estates, markets, and commercial centers.

At present most PTs in Nairobi are in very poor condition (Box 1); they are dilapidated, vandalized, and lack privacy (due to missing doors and windows). Roofing material and floor slabs are often damaged or absent. The water supply and electrical systems are often broken, following theft of piping, fittings, and other accessories.

Most toilets require repair of some or all of the following items: water supply, toilet-flushing system, cisterns, doors, windows, water storage facilities, washbasins, floor slabs, roof structure, walls, paint surface, and electrical system. Njoroge (2002) estimated costs of repair and rehabilitation required for each toilet.³ The total estimate was 34.4 million Kenya shillings (US\$ 490,000), an average of Ksh 250,000 (US\$ 3,500) per PT.⁴



The dilapidated state of Nairobi's public toilets before rehabilitation.

In some PTs (mainly in the CBD) street boys have illegally occupied premises, from where they conduct drug dealing and street crimes.⁵ Because they are so unsafe users prefer to seek services in business premises, but these normally restrict use

of the facilities to customers. Thus, human waste and excreta are frequently found in alleys between buildings, at corners of buildings, and on flowerbeds. All agree that the situation demands urgent action.

² Njoroge (2002), in a study of the management of public toilets in Nairobi, found 138 public toilets or sites of public toilets. At some sites there is more than one toilet block.

³ The required cost of rehabilitation of each of the public toilets was worked out using the inventory listing of the items that required repairs/replacement. The cost of items used was based on current market prices at the time of the study and is subject to change with time.

⁴ Actual rehabilitation by private operators under the Nairobi Central Business District Association (NCBDA) project has ended up in complete reconstruction in most cases, at an average cost of Ksh 800,000-1,200,000.

⁵ Street boys in Nairobi are young males who do not have fixed residences and sleep along the pavements and the back alleys in the CBD. A few commute from nearby informal settlements.

“Our biggest challenge is to change the attitude of the users. They need to appreciate the fact that public toilets are now clean, secure, well managed, and user-friendly, and are no longer the filthy and dangerous places they used to be”– *Bramwel Kimokoti, Private Toilet Operator*⁶

A Brief History of PT Management Arrangements

Many of Nairobi's PTs were constructed at suburban market centers well before the country's independence in 1963. A few were constructed in the 1970s and 1980s to cater to the sprawling estates on the eastern side of the city. After 1980, the NCC appears to have lacked a clear policy regarding the development and maintenance of PTs in the city and only constructed or rehabilitated PTs in emergency situations, such as disease epidemics or special demands from central government. NCC operation of PTs has generally proved unsatisfactory (Box 2).

Before 1995, the city's PT operations were shared between

Box 2: Problems Associated with NCC Operation of PTs

- Low staff morale is widespread in the W&SD and indeed throughout the public sector.
- Associated with low staff morale is a lack of attention to supervision and quality control.
- Graft and corruption have been widespread, leading to leakage of user payments and misuse of premises, some of which have even been converted into shops.
- Operations have lacked budgetary support and income due to inadequate pricing policies and inconsistent political support.

two departments of the NCC. The cleansing section of the Public Health Department had overall responsibility for PT service delivery, whereas the Water and Sewerage Department (W&SD) provided PT water and desludging services. This shared responsibility resulted in inefficient PT management; for example, water stoppages and

toilet blockages were not rectified for long periods.

In 1995 the NCC transferred all PT operations to the sewerage section of the W&SD with the intention of clarifying accountability for PT management. Inadequate consultation with other affected departments, however, resulted in significant deterioration in operations and management. A proposed strengthening and elevation of the sewerage section of the W&SD has never been formally endorsed and implemented by the NCC.

PTs have always suffered from low priority in the budgetary process. A technical evaluation carried out by the W&SD when the PTs were moved to the sewerage section in 1995 estimated that the PTs in the entire city required Ksh 4.5 million for rehabilitation. However, only Ksh 100,000 (2.2 percent of the required funds) were allocated to PT rehabilitation.



The GPO public toilets before rehabilitation.

⁶ Bramwel Kimokoti is one of the pioneer POs in Nairobi and currently runs two of the rehabilitated/reconstructed facilities.

Current 'Management' Arrangements

Many members of the public still use the city PTs out of necessity. 'Short call' (use of urinary facilities only) is the most commonly sought service in the CBD, whereas outside the CBD additional services such as bathing, provision of water for household uses, and laundry services are frequently sought. As a result of considerable neglect over a long period, a number of different 'management' arrangements by various parties have emerged.

In Nairobi Central Business District

In the city center the NCC continues to operate three PTs, thirteen have been occupied by street boys, and six have recently been taken over and rehabilitated by the Nairobi Central Business District Association (NCBDA), an association of business people concerned with halting the decline of the CBD. By December 2002, street boys were the main PT 'operators' within the CBD, but their illegal presence and extortionist ways are far from welcome by those who are forced to use the facilities.⁷

A new and promising development is the voluntary involvement of the NCBDA, which has rehabilitated



The Latema Road public toilet before rehabilitation.



The rehabilitated Latema Road public toilet.

⁷ The NCBDA has been allocated 12 PT units after almost two years of negotiations with the NCC. Private operators allocated the facilities by the NCBDA had been able to pull down the dilapidated structures and in their place put up six ultra-modern units by June 2003. A further three were under renovation in December 2003.

The usage of public toilets has increased considerably to between 500 and 1,000 visitors every day since the NCBDA allowed private operators to invest in their rehabilitation.

Characteristics of Current Operators

Table 1 shows the comparative features of the city's PT operators.

Table 1: Comparative Features of PT Operators in Nairobi City					
Feature of operation	OPERATOR				
	NCC	Street boys	Community resident groups	Market committees	NCBDA
Hours of operation	24 hours	Day time only	Some 12 hours, others 24 hours	Day time only	14 hours daily from 0600 to 2000
Length of service	Not applicable	About 2 years	About 2 years	2-3 years	1 year
Service charge	Free	Ksh 5 for short call, Ksh 10 for long call (extortion may be practiced to obtain more than this)	Ksh 30 to Ksh 50 per household per month	Ksh 30 to Ksh 50 per stall per month	Ksh 5 for short call, Ksh 10 for long call
Poor people	Free to all users	Those who cannot afford to pay are not allowed to use	Poor in the community allowed free use	Poor people are allowed free use	Poor people and children allowed to use free
Water supply	Water not available most of the time	Limited water provided, but of questionable source and quality	Limited water available	Limited water available	NCC private connection available in all rehabilitated toilets
Premises sanitary condition	Usually untidy, do not use disinfectants or detergents	Mostly filthy, do not use disinfectants or detergents	Detergents/ disinfectants used when funds available	Detergents/ disinfectants used when funds available	Use of detergents/ disinfectants enforced by NCBDA
Supervision by operators	Inadequate supervision of workers	No supervision	No supervision	No supervision	Active supervision by NCBDA
Management skills	Have skills	Lacking	Lacking	Lacking	Minimal training
Budget for operation and maintenance	None	None	Minimal for minor repairs only	Minimal for minor repairs only	All operators have budget for operation and maintenance and business plans
Operational guidelines	None	None	None	None	Yes
Provision of toiletries	Not available	Limited but of dubious source and quality	Seldom provided	Seldom provided	Always
Rent payment	Not applicable	None	Some part of house rent	None	None. Operators paid for rehabilitation
Utility bills payments	Not applicable	Not paid	Some pay, others do not	Some pay, others do not	Yes
Records of usage/ funds collected	None	None	None	None	Yes, monthly returns to NCBDA

six public toilets by allowing private operators (POs) to invest in their rehabilitation.

The NCBDA had by June 2003 identified six POs. The POs rehabilitate the toilets, hire security personnel, attendants, and cleaners, and supervise day-to-day operation. They are monitored by the NCBDA and are required to pay a small fee for this service. The POs levy Ksh 5 and Ksh 10 for short and long call, respectively.

The use of the PTs after this rehabilitation and security improvement has increased considerably and currently between 500 and 1,000 people visit each facility per day.

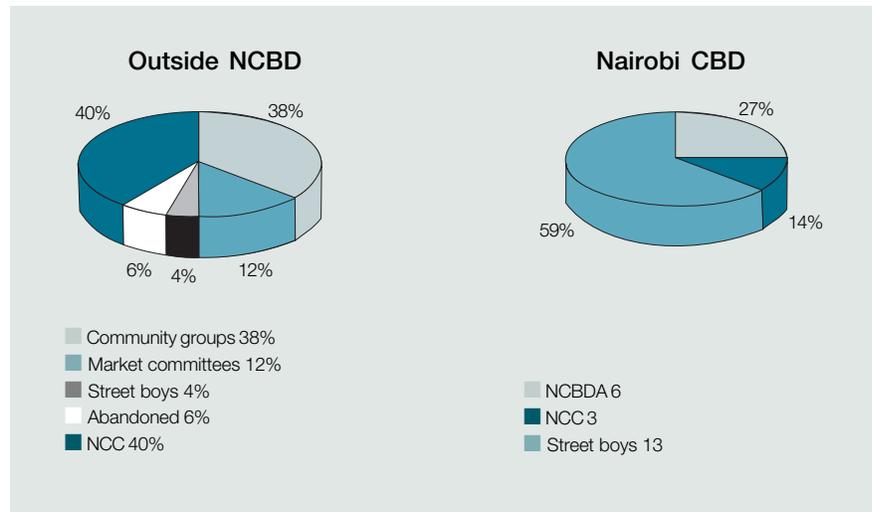
However, lack of unequivocal support from the NCC and the government for this new arrangement is a major challenge for the NCBDA and the PTs suffer from regular water and electricity cuts.

Outside the City Center

Outside the CBD the operation of PTs is carried out by a range of formal or informal agents: the NCC, residential communities, market committees, and to a lesser extent the street boys.

The share of 'management' of the 120 PTs is shown in Figure 1.

Figure 1: Market Shares of Nairobi City PT Operators (December 2002)⁸



An example of the new-look public toilets after rehabilitation.

⁸ The chart represents only 22 of the 38 PTs originally within the CBD. The status of the rest is not known. Some are abandoned whereas the plots on which others existed have been grabbed and other buildings developed.

The aim of introducing private sector participation (PSP) is to set up reliable and sustainable alternative arrangements for the rehabilitation and management of public toilets in the city.

Lessons from PSP Case Studies in Public Toilets Management

The recent study on PTs in Nairobi includes case studies of private sector participation in management of public toilets in other cities.⁹

The lessons considered applicable to Nairobi's case are summarized in Box 3.

Management Models Considered

The PSP study investigated options and scenarios for PSP in PT management. The aim of

introducing PSP is to set up reliable and sustainable alternative arrangements for rehabilitation and management of PTs in the city.

The main issues to be addressed by any new management option were identified as:

- Changing the role of NCC in direct management to one of policy formulation and oversight.
- Retaining ownership by NCC (asset holding).
- Causing minimum disruption to the existing NCC structure.
- Meeting costs of the initial repairs and rehabilitation.
- Meeting costs of subsequent

operation and maintenance, including utilities bills for water and electricity.

- Ensuring payment of salaries and wages.
- Ensuring competitive practices in allocating management responsibilities and avoiding cartel control.

Three management models were considered:

- Private sector management contracts of PTs refurbished by NCC.
- Private company wholly owned by NCC.
- Concession contracts (build, finance, and operate).

Box 3: Lessons Learnt from PSP Case Studies

Some benefits of PSP in PT service delivery

- *Alternative source of financing*

Private sector operators can mobilize capital funds for rehabilitation, etc.

User fees can provide the finance needed to sustain PT operations. They may even be able to support the development of additional PTs in the city.

- *Increased productivity and quality service*

Private sector management of public toilets can realize increased productivity of employees, speed up decision-making, and, if firmly monitored, consistently maintain clean and hygienic toilets. This will also include the quality of contracts, monitoring, tariff-setting, building capacity of contractors, etc.

Changes required to facilitate PSP in PT service delivery

- *Legal and regulatory framework*

The Local Authorities Act allows the NCC to permit private sector management of some of its activities. However, NCC bylaws on PT management do not expressly allow PSP and therefore require amendment to permit PSP in an area that has hitherto been the sole responsibility of the NCC.

- *Institutional adjustments*

There is a need to establish sufficient capacity within the NCC to enable it to respond to PT issues efficiently and promptly.

- *Public perception and attitude*

Greater public education is required to increase awareness of the benefits of improved environmental sanitation, and proper care and use of public facilities.

⁹India, Sulabh public toilets; Kumasi, Ghana; and Kampala, Uganda, show experiences that could be drawn on by Nairobi in its endeavor to privatize PT operations.

The use of management (operating) contracts, while posing the least disruption to the NCC, did not enable the NCC to raise the necessary capital funds for rehabilitation. The second option, setting up a fully fledged company to manage PTs in the city, was judged inappropriate because of the complexities of its establishment (especially with respect to the relatively small scale of operations), various reservations of the NCC about untested approaches, and the possibility that the prevailing institutional culture would not be greatly improved. Also, being owned by the NCC might make it difficult for the company to raise loans in its own right.

The third option, a private sector concession contract (build, finance, and operate) appeared to satisfy most of the issues raised above and was therefore recommended for Nairobi. However, there was recognition of the need to consider using slightly different approaches in the management of PTs within and outside the CBD.

Proposed Contracting Arrangements

The NCC in large part accepted these recommendations and intends to use a phased approach, initially testing two management options in pilot projects by issuing two five-year contracts. The first year of each contract will be monitored in order

to generate data and feedback for operators and inform future contracts. The two options selected were (1) a full concession for a private sector company inside the CBD;¹⁰ and (2) a community-based contract in markets and residential areas. The Nairobi Public Toilets Management Committee (NPTMC) will procure and oversee the concession contracts.¹¹

Public Toilets in the CBD

It is intended to delegate operation and management to small-scale independent providers (SSIPs). The PTs in the CBD (and some neighboring areas) will be contracted out in groups of three or four PTs. There are two reasons for the disaggregation of the contract. First, it limits the investment costs to be borne by the SSIPs for refurbishing facilities and restoring water, electricity, and waste disposal services. In addition, each group will comprise a range of PTs with both high and low investment requirements. Second, in order to ensure that a reasonable average income is likely to be attainable at the start of each contract, the PTs in each group will also have a range of public usage rates.

Outside the CBD

Outside the CBD a similar management model, under similar contract terms and within the same regulatory framework, is proposed.



¹⁰ Later altered and granted to NCBDA through a negotiated contract.

¹¹The NPTMC was established and granted authority to oversee the restructuring of the management of public toilets by a full NCC meeting held on May 7, 2002.

Some community committees will require training programs to build capacity in the management and operation of public toilets.

But the contracting parties would be existing and newly formed community and market committees set up as legal entities. The NCC will hand over the PTs it is operating to area community committees. Some committees have managed to raise extra funds from households and market stall operators for initial improvements. Other repairs will be paid out of user charges. The possibility of microfinance, on the basis of joint responsibility, is being explored.

Some community committees will require training programs to build capacity in management and operation of PTs. Education and information campaigns will also be required to explain the user charges and to improve the standard of hygiene in the toilets. At present many committees do not have sufficient income to operate toilets well and user charges will have to be raised, or introduced.

Role of the NCC

The NPTMC, with membership drawn from stakeholders, has been established to oversee the management of public toilets in the city. The W&SD-designated officer in charge of PTs will undertake the technical work and administrative duties of the NPTMC. The NPTMC's duties will include:

- Procuring private operators to run public toilets.
- Setting performance standards for refurbishment and subsequent operations and maintenance.
- Monitoring performance of operators, and taking disciplinary action against defaulters.



Emphasis is given to keeping the rehabilitated public toilets clean.

- Reviewing contractors' submissions on cost increases and approving user fee charges.
- Commissioning public awareness campaigns.
- Arranging capacity-building for community committees.
- Approving construction of additional public toilets.

Prequalification of Contractors

Potential contractors will be selected through competitive bidding. The first stage will be prequalification. Advertisements in local newspapers will ask for expressions of interest from contractors and business concerns. The advertisement will specify the prequalification selection criteria against which the NPTMC will decide who should be on the short list of firms that will be asked to submit priced bids.

Performance Monitoring

Monitoring the performance of contractors is essential for the success of contracting out operations. A monitoring plan will be included as part of the operational

guidelines in the contract documentation. It will clearly spell out performance standards to be achieved and reported on, and actions to be taken or penalties imposed in the event of deviations or default. The monitoring plan will include assessment of cleansing, disinfecting, maintenance and repairs, and general site cleanliness. Monitoring will also aim to discourage cartel practices such as price fixing.

Issues to be Addressed

How will user fees be set?

It is intended that PT users will bear the full cost of service provision. The NCC will determine the tariffs to be used and will publicize them in order to discourage exploitation. Periodical reviews of user charges may be needed, for example when there are significant changes in the input costs of providing services. When a review of user fees is sought, the contractors shall prepare detailed justification for the increase and present it to the NPTMC for deliberation and recommendation.

How can poor people be assured access?

The PT operators will be expected to make special arrangements for the destitute, senior citizens, and children, who may not be able to afford user charges. They could use the services for free or at a subsidized rate and contractors will be expected to take this into account in their user charge. Mechanisms must be found to ensure that the right people benefit from subsidies.

What will happen to existing NCC employees?

Existing employees working in PTs will be given the option of working for the new operator or staying with the NCC. Some NCC staff may be assigned to monitoring the performance of the operators. The rest of the NCC workforce will be phased out slowly through natural attrition and normal retirement, or deployed to other NCC departments.

Will the NCC receive any income?

The primary motive for the NCC to introduce PSP into PT operation is to improve the quality of service for residents. There may, however, be some surpluses generated that could be paid to the NCC. Such funds could pay for monitoring activities and possibly contribute to expanding the number of PTs. When SSIPs tender for contracts where the user charge is fixed they will bid on the amount they will pay the



NCC for the use of the premises. A compensation method could be used, through rent payment or an agreed portion of revenue collected; or an apportionment method, requiring SSIPs to keep accurate records of usage and all costs associated with provision of services, which would be carefully monitored by the NCC.

In some instances, especially outside the CBD, payments to the NCC may be very small. Inside the CBD significant surpluses may be generated. In Kumasi, Ghana, private sector operators are paying between 20 and 25 percent of total revenues to the city. The NCC will need to carefully monitor all costs and income during the first few

years of the first contracts in order to understand exactly what is happening and determine the future shape of contracts, especially concerning financial matters.

Conclusion

The Nairobi City Council recognizes that something must be done to improve the service that public toilets are supposed to provide. It has already outsourced its solid waste collection operations within the CBD and has now considered how best to contract out the refurbishment and operation of public toilets. The proposed course of action is the result of an extensive investigation, building on the experience of others and, because

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this is an untested approach in Kenya, it will be implemented in a phased manner, with built-in opportunities for learning. Private sector participation in the provision of municipal services is no less demanding than the in-house rendering of those services, but the evidence from other comparable urban situations suggests that the result will require less council resources and lead to significantly better services for consumers, customers, and voters. The authorities hope, through this shift, to transform a public health hazard into a public convenience.

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February 2004

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WSP FUNDING PARTNERS

The Governments of Australia, Belgium, Canada, Denmark, Germany, Italy, Japan, Luxembourg, the Netherlands, Norway, Sweden, Switzerland, and the United Kingdom, the United Nations Development Programme, and the World Bank.

ACKNOWLEDGMENTS

Text: Japheth Mbuvi (Task Manager, WSP-AF) and Prof. Bernard Njoroge (Consultant)
Editorial guidance: Barry Jackson
Review: Engineer Lawrence Mwangi (Water and Sewerage Department, Nairobi City Council) and Peter Kolsky (WSP, Washington)
Edit: John Dawson
Publication support: Vandana Mehra, Melanie Low and Sarah De Villiers Leach