



**Graduate School of Development Studies**

**Perceptions of Slum Dwellers and Municipal  
Officials on Factors Impacting the Provision of  
Basic Slum Services in Accra, Ghana.**

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This document represents part of the author's study programme while at the Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

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## **Dedication**

This research paper is dedicated to my son Adam Deishini Mohammed Nashiru and my late father Adam Mohammed Nashiru. Also to my Mom, Fuseina Nashiru and wife Mohammed Yatasu Chentiwuni, for their support and encouragement.

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## List of Acronyms

AMA	Accra Metropolitan Assembly
CG	Central Government
DACF	District Assembly Common Fund
DESA	Department of Economic and Social Affairs
FGDs	Focus Group Discussions
GA	General Assembly
GES	Ghana Education Service
GHS	Ghana Health Service
GMR	Global Monitoring Report
GUWL	Ghana Urban Water Limited
GWCL	Ghana Water Company Limited
GSS	Ghana Statistical Service
IGF	Internally Generated Fund
ILGS	Institute of Local Government Studies
LEAP	Livelihood Empowerment Against Poverty
LGA	Local Government Act
LGAs	Local Government Authorities
MCE	Metropolitan Chief Executive/ Municipal Chief Executive
MCI	Millennium City Initiative
MDAs	Ministries, Departments and Agencies
MLGRD	Ministry of Local Government and Rural Development
MMDAs	Metropolitan, Municipal and District Assemblies
MP	Member of Parliament
MTDP	Medium Term Development Plan
NDC	National Democratic Congress
NDPS	National Development Planning System
NGOs/CBOs	Non-Governmental Organizations/Community Based Organizations
NPP	New Patriotic Party
PSUPP	Participatory Slum Upgrading and Prevention Programme
SHS	Senior High School
SOEs	State-Owned Enterprises
SMDC	Sub-Metropolitan District Councils
SMDS	Sub-Metropolitan District Structures
SSA	Sub Saharan Africa

UNCHS	United Nations for Human Settlements
UNDP	United Nations Development Programme
USAID	United States Agency for International Development

## **Abstract**

The dramatic growth of the millennium city of Accra has generated a lot of challenges for city authorities to manage-including the increasing slum development and the inadequate provision of basic services such as education, health, water and sanitation especially for the urban poor. The complexity and challenge of urban governance is exacerbated by the multiplicity of central and local government as well as other development actors performing these urban development functions. With the hinge side that ‘urban inefficiency and inequality can be reduced through improved governance<sup>1</sup>’, the paper contends that any effort to reduce urban poverty should be preceded with the right appreciation of the factors that influence the delivery basic services to the urban poor.

Using a mixed qualitative and quantitative method approach in five secured slums; the paper explores the extent to which key socio-economic, institutional and political factors influence the delivery of basic services to slum settlements under AMA. In the explorative process, the study highlights real life slum issues, including the complex and opaque conditions under which they have to cope amidst the limited basic services available to them. In an added perspective, the study explored the key challenges and remedial strategies employed by AMA to meet the growing demands of basic urban services of the urban poor. Based on available evidence from the field study, it was found that the slums of Accra are adversely affected by the socio-economic, institutional and political factors influencing basic urban service delivery in the city.

## **Relevance to Development Studies**

In recent times, there has been growing momentum by the state and city authorities in Ghana to improve urban governance, basic service delivery and poverty reduction. The inadequacy of infrastructure and urban basic services in Accra require urgent attention if slum formation and urban poverty is to be reduced. By exploring the critical factors influencing basic service delivery to slums, the study is relevant to development studies in the light of current efforts aimed at developing and implementing comprehensive slum upgrading programme in Ghana and Accra in particular. The paper hopes to contribute to the better understanding of the challenges to basic service provision to the urban poor from a two sided perspective. The demand side perspective highlights real life experiences, challenges and coping mechanisms at the level of slums; and the supply side perspective explores the constraints and limitations Ghanaian municipalities face in matching the massive demands for services with the limited budgets and needs.

## **Keywords**

Accra, basic service delivery, urban governance, slums, urbanization of poverty, patronage and security of tenure.

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<sup>1</sup> UH-HABITAT 2009a:6

# Chapter 1 : Introduction

## 1.1 Background

Rapid urbanization and the unprecedented proliferation of slums globally have been of growing concern to development practitioners, political actors and curious observers. The world's urban population is estimated to reach 5 billion in 2030 (Baker 2008:1). With 3.31% urban growth rate, Africa's urban population alone is expected to be larger than the total population of Europe by 2030 with estimates of 748 million and 685 million respectively (Obeng-Odoom 2010:392). This kind of growth rate of urban population, especially, in Africa comes along with the increasing growth of slums.

It is estimated that over one billion people live in slums globally. Between 1990-2001, the annual slum growth rate in sub-Saharan Africa (SSA) was 4.53% and by the end of 2001 about 71.9% of its urban population were slum dwellers, placing Sub Saharan Africa (SSA) as having the highest prevalence of slums in the world (Baker 2008:7).

Urbanization goes along with the need for increased investment in basic necessities such housing, roads, education and health services, water and sanitation, energy amongst others. However, many city authorities in Africa, with the primary responsibility of providing these services, are unable to meet the current needs of its citizens and yet are still confronted with the challenge of meeting the needs relating to future projected increase in urbanization. This indeed has contributed tremendously to the proliferation of slums (Addo 2013, Jankowska 2009, Obeng-Odoom 2010). For instance, Owusu (2010) notes that- the rapid pace of urbanization in Ghana, particularly Accra, is accompanied by the proliferation of slums which are largely under-serviced with basic infrastructure and services. It is the urban poor who are eventually found in these slums – an indication of increasing poverty in the urban areas (Owusu 2010:146).

Commenting on the growing urbanization of poverty, the joint IMF/World Bank Global Monitoring Report (2013) observes that “*slums are the urban face of poverty and emerge when cities are unable to meet the demand for basic services and to supply the expected jobs*” (GMR 2013:12). Similarly Baker (2008:5) adds that, poverty is increasingly becoming an urban phenomenon as one third of all urban residents are estimated to be poor.

As the primary responsibility of the State is to provide the essential human services, often delivered through central government (CG) and local governments (LG), African city authorities particularly are confronted with a big challenge in addressing the service delivery needs of the growing urban population that have consequence on slum dwellings mostly inhabited by the urban poor. Addressing these challenges does not only come with huge financial costs but also calls for innovative solutions to meet the growing demands of urban services (Baker 2008).

Reviewing literature, the challenges to effective basic service delivery in cities are enormous. They range from poor fiscal resources (including budget-

ary support from CG/donors and IGF); institutional factors (policy environment, ineffective governance, coordination challenges, human resource/weakness in planning, land tenure issues etc.); and Political factors (limited political commitment resulting in patronage/clientelism, patronage democracy etc.) (de Wit and Berner 2009, Baken 2003, Bloom et al. 2008, Brockerhoff and Brennan 1998, Cities Alliance 2006, Obeng-Odoom 2010, Paller 2012:1, Grindle and Hilderbrand 1995).

The above challenges are far from being exhaustive. These often leads to poor, slow, stagnated or even sometimes declining service delivery to urban dwellers for which the slums are more at the receiving end. Inadequate delivery of basic services such as water, education, healthcare and sanitation has to be of particular concern because the urban poor are adversely affected most in these areas.

In light of the emerging evidence of increasing spectre of urban slum dwellings in Ghana where competing social needs from various social and geographic groups are affected by huge development constraints, it is all too important to re-establish and closely re-examine the challenges and/or causal factors influencing basic service delivery which has implications on the poverty situation and livelihood security of the slum dwellers. As it is quite well known, the best ways to solve a problem is not only to know the problem but also to identify what causes or influences its existence, occurrence and sustenance.

The evidence, as far as obtained from the literature reviewed show that there is no such research that considers the dual perspective of both the demand and supply side especially regarding the economic/financial, political, and institutional constraints that variously affect, influence or facilitate the inadequate basic services delivered to the slum settlements in the jurisdiction of Accra Metropolitan Assembly (AMA).

## 1.2 Statement of the Problem

Apparently, the “problems of urban poverty are rooted in a complexity of resource and capacity constraints, inadequate Government policies at both the central and local levels, and a lack of planning for urban growth and management. Given the high growth projections for most cities in developing countries, the challenges of urban poverty and more broadly of city management will only worsen in many places if not addressed more aggressively” (Baker 2008).

For example, over the past 40 years, annual urban growth rate in Ghana ranges around 4%. From about 28.9% in 1970, Ghana’s urban population increased to 32% in 1984, 43.8% in 2000, 43.8% in 2000 and to 50.9% in 2010 (GSS 2013:53). It is projected to increase to about 65% in 2030. In 1990, the total slum population was estimated at 4.1million, this increased to 4.99million in 2001 and to 5.5 million slum dwellers in 2008. Indeed the rapid increase in urban population, puts strains on the limited social and physical infrastructure resulting in congestion, overcrowding and the emergence of slums in particular (UNDP 2010, Paller 2012:1).

Like most slum dwellers around the world, Ghana’s urban poor are faced with issues of informal and unimproved housing facilities which lack basic social amenities. In Ghana, poor and inaccessible educational and health facilities,

deplorable sanitation and solid waste management, ill-defined access ways and unpaved roads, expensive, inaccessible and contaminated water supply, fire outbreaks, flooding and threats of forced eviction are the desperate physical characteristics of slum settlements. Most of the slums in the country are located in cities such as Kumasi, Sekondi-Takoradi, Tamale and particularly Accra (UN-HABITAT, 2011).

The quality and accessibility of basic infrastructure and services in the slum communities in the Accra city reveal general inadequacy. Assembly Members (AMs) of AMA note that, apart from overcrowding, poor access and quality of basic services including drainage, toilet and refuse collection has the highest deprivation in most slums (Ibid 2011:20). This is an issue that is quite worrying due to the growing number of slum formation in Accra.

Obviously, the inadequate basic service delivery in the slum settlements defeats the basic rationale of decentralized local governance in Ghana, which does not just seek to bring governance to the door step of communities but also ensure that residents enjoy better basic services. Yet from UN-HABITAT's experience, urban inefficiency and inequality can be reduced through improved governance (Grindle 2002). Successful improvement in urban conditions in countries like Singapore, Thailand, Senegal and Vietnam, has demonstrated that slums can become a vibrant and well integrated parts of the city (World Bank 2009:1).

This research paper contends that any effort to improve basic service delivery in slums should be preceded with the right appreciation of the factors that determine the quality of and access to affordable basic services delivered to the slum dwellers. The views of both the demand and supply side are important in this regard since "*...the phenomenon of slums and related problems are generally little understood*" (Arimah and Branch nd p2) which lead to interventions that hardly address their needs.

Therefore this research paper identifies and examines the extent to which socio-economic, institutional and technical factors do influence basic service delivery in Accra slums. In the explorative process, key constraints or challenges and required remedial actions or strategies in respect of the delivery of basic services such as potable water, healthcare, sanitation and education in Accra will be depicted through the contextualized worldviews of slum dwellers of Accra and the Accra Metropolitan Assembly (AMA).

### **1.3 Research objective**

The main aim of the research is to explore the key factors determining socio-economic, institutional and political factors that determine the delivery of basic services to slum communities under AMA. It also specifically aim to understand the levels and challenges to basic service provision in slums, the views of both the demand (slum dwellers) and Supply (AMA) side would be sought and the coping mechanisms adopted to overcome the limited services provided.

## 1.4 Research Question

To what extent do key economic, institutional, and political factors influence the delivery of basic services to slum communities under AMA?

### *1.4.1 Specific Research Questions*

- a) What are the levels (in terms of access and quality) of basic service delivery in the slums of AMA?
- b) How do economic, institutional and political factors influence the delivery of basic services from the perspective of slum dwellers?
- c) How do economic, institutional and political factors influence delivery of basic services to slum dwellers from the perspective of AMA?
- d) What are the coping strategies to the unmet basic service delivery needs?

## 1.5 Research Methodology

The research made use of both qualitative and quantitative methods by employing both primary and secondary methods of data collection. It also employed an in-depth exploratory study that embeds community survey. Thus, the data used for analysis in this study was generated from observation, survey, Focus Group Discussion (FGD), interviews and review of relevant literature. The purpose of using the mixed approaches was to “help capitalise on the best of both traditions and overcome many of the shortcomings” (O’Leary 2010:127). The mixed methods helped increase validity through triangulation of the various methods as it allowed the researcher to examine the research questions in various ways.

### *1.5.1 Selection of study Area*

The selection of the study area was based on purposiveness, access, and intrinsic interest and value (ibid 2010:174-177). AMA was selected mainly because of its uniqueness in terms of urban and slum population (being the highest in the country). Five (5) secured slum settlements were also purposefully selected based their location, poverty levels, slum status (worst slums), residential status and accessibility.

### *1.5.2 Respondents’ Selection and Techniques of data collection*

I present in this section the sequence and how data was collected.

Observation/transect walk was also undertaken across the study area. According to Kawulich, “Observation enables a researcher to describe existing situations using the five senses, providing a ‘written photograph’ of the situation under study” (Kawulich 2005:2). The researcher therefore observed the educational, health, water and sanitation situation within the slum communities during the transect walks and questionnaire administration.

Household questionnaire were self administered in four different geographical locations in each of the five study communities. Ten questionnaires each were administered in the slum communities. A combination of snow ball-

ing and accidental sampling techniques of the non-probability sampling design was used, since some of the residents were unwilling to be interviewed. The purpose was not to achieve representative sample but to capture the diverse views on the basic service delivery issues within the slum communities.

With respect to the FGDs, discussants were selected based on their location, gender, age, level of awareness or status in community and willingness of the respondents to participate in the study. Out of the 60 discussants invited only 50 (23 females, 27males) took part in the discussion. The FGDs provided 'a rich understanding of people's lived experiences and perspectives, situated within the context of their peculiar circumstances and settings' (Freeman 2006:491). The FGDs and questionnaire gave the demand side perspective to the issues and challenges regarding basic service delivery as well as coping strategies.

Seventeen respondents were drawn from AMA and its sub-metros, Assembly Members, local leaders/activists and the slum union president for the semi-structured interviews. These respondents were chosen mainly because of their perceived profound awareness of the study's issues and their involvement in various forms regarding basic service delivery in the slum communities. The interviews were flexible enough to explore tangents which provided rich, in-depth qualitative data (O'Leary 2010).

The FGDs were recorded and later transcribed with the help of a translator/research assistant. Most of the key informant interviews were also recorded and transcribed. Soft and hard copies of administrative report and other unpublished documents such as the MTDP and the profile were collected.

### ***1.5.3 Secondary Data***

Secondary data reviewed include relevant literature on the research area from journals, books, articles, policy documents and reports. Particular documents from World Bank, UN-HABITAT and AMA, Local Government Act (Act 462, 1993), The 1992 Constitution of Ghana, The National Urban Profile among others were used in detail. Relevant websites were also consulted.

## **1.6 Ethical Considerations and Limitations**

Consent was sort from respondents/discussants before taking interviews. Slum dwellers for instance, were well informed about the purpose of the research to clear their doubts and possible expectations of basic service provision.

The limitation of the study include: the general scarcity of information (especially on unavailability of national database on slums); bureaucracy and unwillingness to provide information; as well as limited time (7weeks) and resources given the wide scope of the research. The researcher had to employ skilful means to squeeze the entire task through while maintaining reasonable quality and reliability.



## **1.7 Organisation of the Paper**

This paper has been organised into seven chapters including sub-chapters. The present chapter has introduced the background and focus of the study. Chapter two has the literature review with concepts and theoretical perspectives relevant for the research. The background to the urban local governance system, service delivery, and slums in Ghana with focus on AMA is provided in chapter three. The subsequent chapter four and five examines how the economic, institutional and political factors influence basic service delivery to slum dwellers, from the view point of slum dwellers and AMA respectively. Chapter six discusses the perspectives of both side (demand and supply) in the context of the concepts, theories and perspectives upon which the study is anchored and a conclusion drawn thereof.

## **Chapter 2 Review of Concepts and Theoretical Framework**

This chapter discusses the concepts employed in the study and conceptualise a framework for assessing urban governance basic service delivery capacity.

### **2.1 Urban Local Governance, Service Delivery Capacity and Slums**

Urban local governance involves collective action of multiple actors aimed at solving societal problem or determining how services are to be provided at the city level which is often very vital for the pro-poor development of urban poor communities (Wilde and Nahem 2008:5). Local government (LG) units are the lead actors that are presently expected to steer, but not row, the governance process by ensuring that with the cooperation or involvement of non-state actors at the local level, basic social services are delivered to its citizens especially the poorest of the poor within their localities (Arthur 2012, Rhodes 1996). They act through regulation and other measures which have direct impact on slum dwellers especially on their access to land tenure and housing and services such as electricity, health, education, water and sanitation (Milbert 2006:311).

Basic services such as education, health, water and sanitation have direct link to human development (World Bank 2004: XV) however, in many cities of low income countries they are often inaccessible or very expensive. Where it is accessible, it is often dysfunctional, extremely low in quality and quantity, and most times unresponsive to the needs of the urban poor (ibid).

The delivery of these basic services are provided in a variety of ways including provision by CG or its agencies, decentralising to LGs, contracting out to the private sector and NGOs, and community participation by residents. However, the public sector (central and local government) has generally taken on responsibility for the provision of these basic services and often implemented by civil service bureaucrats (Ibid 2004).

However, even though in many countries more authority has been devolved to LG bodies over the past decades, such decentralised functions have not normally gone with the needed fiscal decentralisation. Most CGs have often maintained control over significant revenue sources and decision making power on taxes that can be levied by LGs. Also, despite the legal mandate to mobilise revenue, LGs have rarely taken advantage of the vast revenue sources available to them. The resulting poor finances hinder city authorities' capacity to deliver effective and efficient basic urban services to the urban poor, especially (World Bank 2009:6-8).

Unfortunately also, there have been conflicting responsibilities and coordination problems between LGs, CG agencies and other service providers at the local level. This has been counteracting characteristics of urban governance in most developing countries. The World Bank (2009) rightly notes that;

devolving authority to local governments...has been characterised by mixed signals, inconsistent legal and regulatory frameworks, and wide discrepancies between assigned and actual responsibility for delivering services. This is often the result of a mismatch between expenditure and revenue assignments, conflicting mandates between national, state and local actors, and uneven capacity across local governments (World Bank 2009:6)

This poses a sheer limitation to adequate urban service delivery.

The DESA 2013 report notes that while access to basic services such as water, sanitation, health and education remains inadequate, the challenge to **institutional capacity** to improve its delivery of urban services loom large for LGs (DESA 2013:ix). Similar studies have shown that Local Government Authorities (LGAs) are constrained with inadequate administrative and technical capacity to plan, raise adequate revenue, finance or spend their budget resources without strict central control. Also the rigid urban planning and governance altogether hinder LGAs ability to carry out the greatly expanded service delivery programmes for the urban poor (Otiso and Owusu 2008:222, Rondinelli 1986:6).

Grindle and Hilderbrand (1995:441) in a framework for assessing capacity gaps and designing intervention strategies applied in six country case studies emphasised that, *“training activities, organisational performance, and administrative structures [in the public sector] are embedded within complex environments that significantly constrain their success”* (ibid 1995:441) in delivering on their mandate to provide appropriate services. They identified five dimensions that affect capacity and capacity-building interventions to include: the action environment; the institutional context; the task network; organisations and human resource – as shown in the conceptual framework in figure 1.

Even though urban governance has been portrayed by international development institutions ‘as an antidote to urbanisation of poverty’ (Obeng-Odoom 2010), limited capacity in urban governance, whatever forms it assumes, has been long established to seriously defeat this notion. As a matter of concern, ineffective governance has rather been partly a contributory factor to the growth of slums and poor service delivery to slum dwellers.

UN-Habitat considers slum households as ‘a group of individuals under the same roof lacking one or more of the following conditions: (i) access to improved water; (ii) access to improved sanitation; (iii) sufficient-living area; (iv) durable housing and (v) security of tenure’ (Jankowska et al. 2011:222, UNDP 2010:56).

For the purpose of this study slums are viewed in relation to lacking basic municipal services such as water, sanitation, waste collection, storm drainage, schools and clinics within easy reach, paved footpaths, roads for emergency access, safe areas for children to play and places for the community to meet and socialize (World Bank and UNCHS 2002:1).

Leaping out of poverty therefore means, gaining access to secure and affordable accommodation with **basic necessities such as adequate and affordable provision of potable water, sanitation, education and health services**. It also means improving access roads, electricity and the mitigation of environmental hazards. These measures combined with regularization of security of tenure, creating opportunities for jobs, and community manage-

ment and maintenance would lead to a sustainable urban poverty reduction (GMR 2013, Satterwaite 1997:10). The provision of the combination of the above mentioned measures would be termed in this research, 'slum upgrading' which 'Cities Alliance' maintains should consist of "*physical, social, economic, organizational and environmental improvements undertaken cooperatively and locally among citizens, community groups, businesses and local authorities*" (World Bank and UNCHS 2002:2).

## 2.2 Security of tenure

Tenure security in this paper is referred to what literature calls 'secured and insecure slums'; or better still synonymous with the conventional categories of 'legal-illegal' and 'formal-informal' slums. It is therefore defined as "*the right of all individuals or groups to effective protection from state against forced eviction*" (UN-HABITAT 2007:111). However, the borderline/boundaries between secure and insecure slums remains blurred depending on the contexts and public authority interpretations of the legal framework, social norms or cultural values (Ibid).

The assumption behind tenure security is that, the degree of 'security' of slum settlements determines the level of basic service provision and their chances of being forcefully evicted or not (Durand-Lasserre 2006, UN-HABITAT 2007). Studies have shown that "insecure tenure in slum settlements means that governments are unwilling or unable to provide basic services to these areas" (GMR 2013:12). For instance in Dhaka, uncertainty in tenure security of slum dwellers have been a major barrier to slum upgrading by implementing agencies such government, private sector, NGOs, donors and the slum dwellers themselves. Faced with limited resources, these agencies are often reluctant to invest in permanent capital structures which would be vulnerable to destruction when slums are evicted (World Bank 2007:56).

As such, indigenous slums are often more secured than migrant slums. This is because indigenous slums are mostly regular settlements that degenerate into slums as a result of years of neglect by city authorities. The centrality of indigenous slums within the city centres makes it a major attracter of slum upgrading programmes under the banner 'beautification of cities'. As a result little attention is given to more recent slums, such as those which have attracted many migrants (UN-HABITAT 2011).

Related to the tenure security is the very critical issue of land, which in many developing countries is operated on the basis of both customary and statutory regulations and thus creates confusion about who has the right to alienate a parcel of land, manage it, and determine beneficiaries and the price of the land. This is one of many factors that led to the important fact that, prices of land in cities are often very high, so that the poor are unable (out priced) to get access to land for housing or economic activities and service providers who are able to get land at higher prices often incorporate the cost into the services provided. The poor slum dwellers are usually unable to afford such services, which in turn serve as a discouragement for service providers to invest in basic services in the slum communities (Farvacque-Vitkovic et al 2008, UN-HABITAT 2011).

## 2.3 Patronage/Clientelism and Collective Action

**Patronage/Clientelism** is one of the most interesting characteristics within the social structure which is mostly pronounced in urban poor settings, as patrons and clients engage in relationships which enable them to secure what they want to survive in society. de Wit and Berner (2009:931) define **patronage** as, “*the informal, personal and face-to-face relationships between actors of unequal status and power that persist over time and involve the exchange of valued resources*”. Patronage thrives in the context of scarcity, poverty, access problems, electoral problems and instability. Due to the unequal relationship between the patron and client, the urban poor may prefer to rely on vertical relations (patrons) through **intermediaries or brokers** to gain access to public and private goods, services, jobs and things of vital importance (Baken 2003:16, de Wit and Berner 2009).

**Clientelism** as defined by World Bank (2004:48) is “*the tendency of politicians as patrons to respond to political competition by excessively favouring one group of clients over another in return for political advantage [votes]*”. Clientelism/political patronage is used to distinguish patronage from non-political form of patronage (Baken 2003:17). This is also related to the concept of **patronage democracy**; ‘*a system in which the state has a relative monopoly on jobs and services, and in which elected officials enjoy significant discretion in the implementation of laws allocating the jobs and services at the disposal of the state*’ (Chandra, 2007 quoted in de Wit and Berner 2009:929).

In the context of this study, patronage is referred to the three types above. It would focus on how politicians use slums as their ‘**vote banks**’ by taking advantage of the densely populated, poverty stricken and basic service deficient nature of slums; how they distribute money, favours, tangible assets, and basic services with the view of influencing individual voting (de Wit and Berner 2009, Edelman and Mitra 2006:33). It would also look at the activities of brokers and how bureaucrats exercise their discretion in the implementation of policies or decisions through their patronage networks.

In the absence of adequate provision of basic services by government or market, “**collective action** by the poor households in urban areas is a key to organise shelter, basic services and security” (Meng 2006:7). Lall et al (2004:23), in a survey in Bangalore India, finds that “*cultural, social or economic heterogeneity does not decrease the willingness to participate in community efforts ... that community action is possible even in the heterogeneous communities that characterize rapidly growing urban areas, provided that the goal of participation is to achieve a common objective yielding individual benefits*”. They also note that, ‘security of tenure’ does not increase the willingness to collectively demand urban services.

In the absence of collective action, countries like Brazil, Columbia, Thailand among others have reduced or stabilised slum growth over the past decade as a result of ‘**political commitment**’ at the CG level. Their national approaches to slums have led to “*large scale slum upgrading and service provision for the poor through legal and regulatory reform on land policy, regularization programmes, and inclusive policies*” (World Bank 2009:10). However, in most developing countries lack of political commitment and policy innovativeness inhibits the extension of services, especially to slum dwellers (Milbert 2006).

## 2.4 Coping Strategies for the Urban Poor

Despite the complexity of basic service delivery challenges that the urban poor have to endure, they have not always been passive but adopted **coping strategies** to meet their daily livelihood. To cope with the unreliable socio-economic infrastructure, their livelihood often depend on the assets they have (such as financial, physical, human, social and natural assets/capitals)(Moser 1998). According to Tamanna (2012), urban livelihood is defined in terms of opportunities, strategies and assets. It involves

the combination of five capitals [assets]: human capital (labour, household members, health); social and political capital (networks, reciprocity, trust); physical or production capital (shelter, transport, health); financial capital (available financial resources, savings credit); natural capital (environment resources). The urban poor use these set of capital as a coping mechanism. However, they might not have all of them at their expense (Tamanna 2012:9).

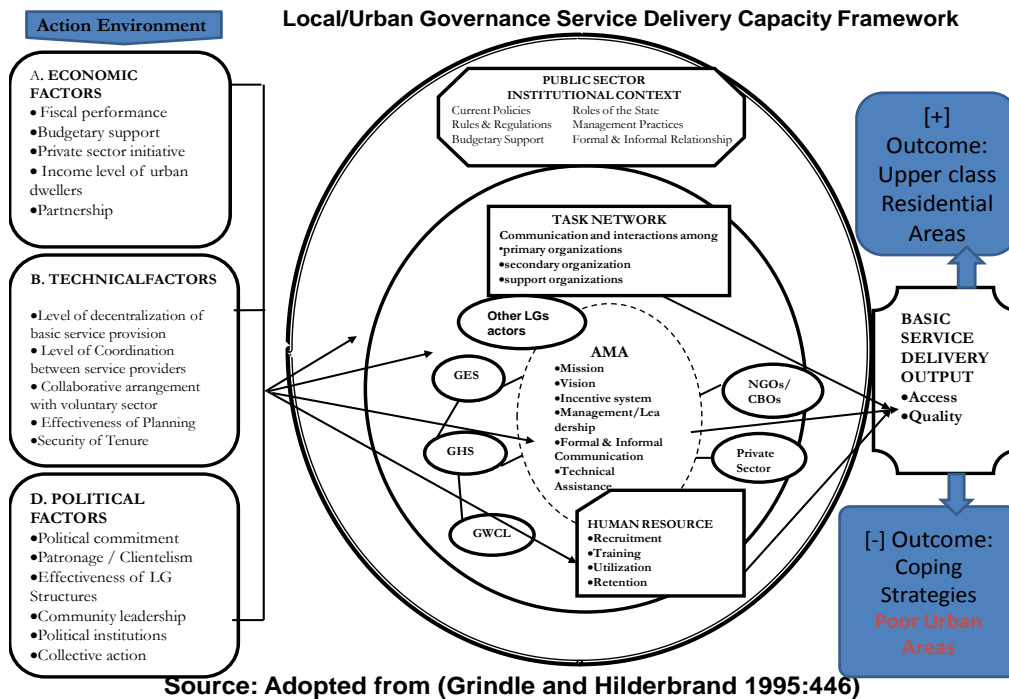
Many urban poor *“often living on credit, surviving and competing in markets, undertaking seasonal works and earning incomes in the informal economy”*(Sanderson 2000) as coping mechanisms.

## 2.5 The importance of Capacity

With a view to examine the ability of Accra’s various (government and non-state) organisations and institutions, it is critical to assess their capacity to individually and also collectively address the serious issues of urban poverty, slum formation and slum improvement. This paper uses the holistic capacity perspective by Grindle and Hilderbrand’s (1995) to assess capacity gaps, and understand the issues, challenges or factors that affect basic service delivery to slum dwellers. The following points in figure 1 are briefly defined.

- (i) The action environment includes a set of related factors, categorised into Economic, Technical, and Political context under which basic service providers operate and interact with each other to deliver on their mandate.
- (ii) The Public Sector Institutional Context relates to the policy environment, the roles of the state and key actors, the formal and informal relationship, and rules and regulations among others that govern how they go about their daily work.
- (iii) The Task Network includes the set of organisations, specifically the local governance actors who are involved in accomplishing a given task. Primary, Secondary and Tertiary organisations play central, essential and supporting roles respectively. It also highlights how effective the primary organisation is able to coordinate with the other organisations to achieve a particular task.

**Figure 1**  
**Urban Local Governance Service Delivery Capacity Framework**



- (i) Organisations are the specific Local governance actors involved in delivering services which are the building blocks of the task network. Their goals/mission, work structure, resources, incentives among others are influenced by the management style of the organisation which promote or constrain service delivery output.
- (ii) Human resource relates to the availability of qualified personnel in their right numbers and at the right time.
- (iii) Basic service delivery output: the outcome of the interaction/performance of the issues discussed above produce either desirable or undesirable service delivery output.
- (iv) Coping Strategies: this entails the livelihood strategies adopted by the urban poor or action taken by LG when there is an undesirable service delivery output.

## Chapter 3 Urban Governance, Service Delivery and the Slums of Accra

The chapter presents an overview of urban local governance, socio-demographic and slum situation with particular focus on AMA. The policy and institutional context of basic service delivery and situation, the dynamics/challenges and coping strategies would as well be explored.

### 3.1. Urban Local Governance and Politics in Accra Metropolitan Area

The Local Government Act (Act 462 of 1993) provides the legal basis for the implementation of the decentralization programme by giving the framework according to which local authorities should work. As the highest political authority in the local areas, the Act gives responsibility to Metropolitan, Municipal and District Assemblies (MMDAs) to manage the overall development of the Districts. It also empowers MMDAs to exercise deliberative, legislative and executive functions in the light that development is a shared responsibility between central government (CG), local governments authorities (LGAs), parastatals (decentralised agencies), development corporations/donors, NGOs/CBOs, religious bodies, traditional leaders, and other local level actors including the people who are the ultimate beneficiaries of development. Accra Metropolitan Assembly (AMA) plays the steering role of the local governance of the city of Accra (Ahwoi 2010, ILGS 2009:107, Kuusi 2009).

Specifically, at the core of AMA's governance structure is the General Assembly (GA) at the apex, followed by Sub-Metropolitan District Councils<sup>2</sup> (SMDC), Town Councils and Unit Committees. The GA is the highest decision making body (especially with regards basic service provision) and composed of the mayor [who is nominated by the president and approved by two-third of the members of the DA]; Assembly Members [AMs] (both elected and government appointees) from each electoral area; and the 11 Members of Parliament (MPs) in the Metropolis (without voting rights). The Assembly is resourced with technical/professional staffs that administer and implement the core decisions of AMA. The Assembly work in tandem with the above mentioned development actors for effective delivery of basic services (AMA 2010).

Politics in Ghana especially at the local level can be interesting and competitive due to the dominance of two main political parties - the National Democratic Congress [NDC] and New Patriotic Party [NPP]. Each of these parties always would want to have presence in every national sphere where they could consolidate their interests and to bank their votes on, including the governance elements of the Assemblies. This is so because, in practice, there is high concentration of power in the executive branch which leads to *“the distribution of political and economic patronage... [For instance] the presidency, among its many*

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<sup>2</sup> The SMDC include; Ablekuma Central, Ablekuma North, Ablekuma South, AshieduKeteke, Ayawaso Central, Ayawaso East, Ayawaso West, La, Okaikoi North, Okaikoi South and Osu Klotey.



powers, appoints Ministers, Boards of State-Owned Enterprises (SOEs), and District Chief Executives. These officials, in turn, have the authority to allocate state contracts and create jobs for their supporters” (USAID/Ghana 2011:7).

### 3.2 Socio-economic and Demographic Profile of AMA

As discussed in the background in chapter one, over half of Ghana’s population live in Urban areas with annual growth rate of 4.25% per annum (GSS 2013). About 51% of Ghana’s urban population live in slums<sup>3</sup>. See table 1.

Table 1  
Historical and Future Demographic Profile of Ghana

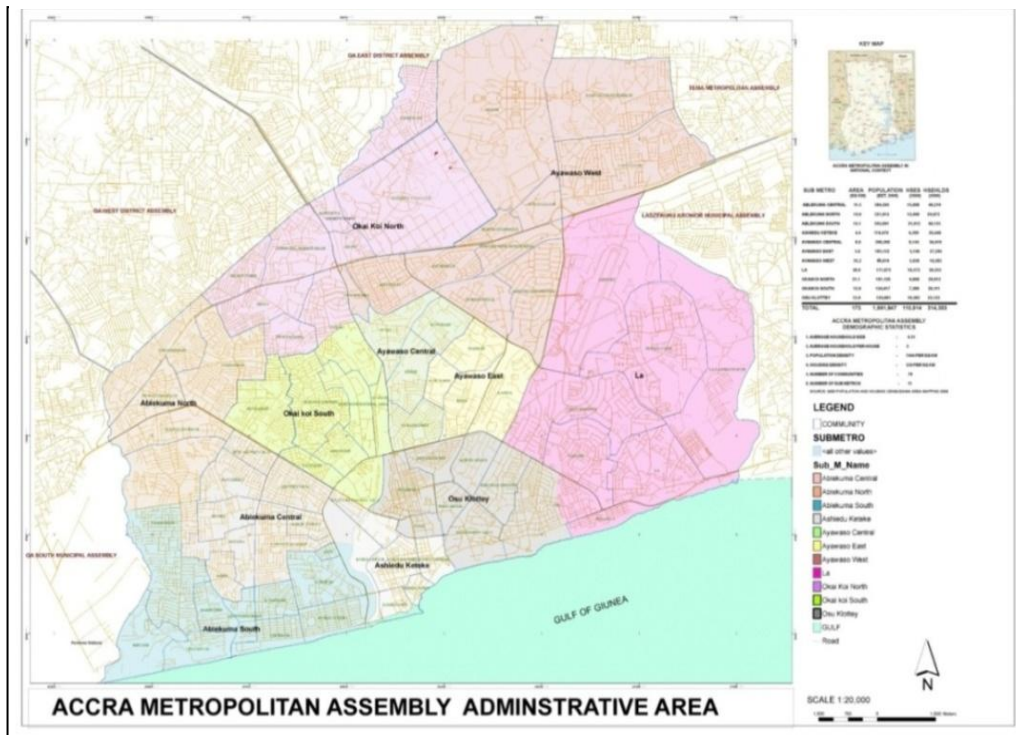
YEAR	1960	1970	1984	2000	2010	2030**
National Population	6,726,815	8,559,213	12,296,081	18,912,079	24,658,823	34,715,384
National Pop. Growth Rate	-	2.4% (1960-70)	2.6% (1970-84)	2.7% (1984-2000)	2.5% (2000-2010)	-
Urban Population	1,551,174	2,472,456	3,934,796	8,274,270	12,545,229	22,565,000
Urban Pop. Growth Rate	-	4.7% (1960-70)	3.3% (1970-84)	4.6% (1984-2000)	4.25% (2000-2010)	2.79
Urban Share of National Pop.	23%	29%	32%	44%	50.9%	65%
Number of Urban Localities	98	135	203	366	-	-
All Localities	-	47,769	56,170	88,656	-	-

**Source: Ghana National Urban Policy Framework (2012:13)**

Accra is one of the fastest growing cities in Africa with an annual growth rate of 4.3% (Obeng-Odoom 2011a:385). It is estimated to accommodate about 4.3 million people including daily influx population of 1 million who commute to the City for various socio-economic activities. AMA with its capital as Accra covers a land area of about 173sq km and is bordered to the north by the Ga West Municipal Assembly, to the south by the Gulf of Guinea, east by the Ledzokuku-Krowor Municipal Assembly and to the west by the Ga South Municipal Assembly (See Map 1). There are several ethnic groups in Accra but the indigenous residents are the Ga Adangbe’s who are believed to have first settled in James Town (AMA 2012, 2010).

<sup>3</sup> City Alliance p2, <http://www.citiesalliance.org/sites/citiesalliance.org/files/Ghana-LSC-web1.pdf>, accessed on 07/10/2013

Map 1  
Administrative Map of AMA



Source: AMA MTDP 2010-2013

AMA's unemployment rate is around 12.2%<sup>4</sup> and poverty is on the increase. Whereas national poverty decreased from 39.5% in 1998/99 to 28.5% in 2005/6, that of AMA increased from 4.4% to 10.6% within that same period. The increase is attributed to among other factors increase in net migration into Accra in search for better economic opportunities. This phenomenon has hugely contributed to rising number of poverty pockets and slum dwellings across the Metropolis (AMA 2010, Obeng-Odoom 2011a, 2010:396). Women face higher levels of poverty "due to lower literacy rates, heavier time burdens, and lower access to productive resources" (IMF 2012:92).

In Accra, about 84% of land is owned through the customary land tenure system<sup>5</sup> leaving 16% as state lands. Which means majority of Accra lands are private lands managed by chiefs who deal directly with investors. Large parcels of lands are also family-owned which makes the land market informal. The dominance of stool and family lands means that they decide when to sell for what purpose, who to sell to and how much to sell lands they own (Farvacque-Vitkovic et al 2008, UN-HABITAT 2011:3, 2009a:16). Access to land and housing therefore is very expensive since it is not regulated and thus compelling the urban poor to live in squalid, shacks or unapproved and underserved areas because they cannot afford to buy land in the city.

<sup>4</sup> See <http://ghanadistricts.com/districts/?r=1&=3&sa=5724> accessed on 22/10/2013

<sup>5</sup> Family-owned lands and stool land (held by chiefs)

### 3.3 Slum Situation in AMA

While Accra accommodates about 17% of the total urban population of Ghana, about 38.4% of its residents live in seventy-eight slums. An estimated 82.9% of this slum population live in secured slums. This means that AMA has a herculean task of legally upgrading or providing these slums with the much needed basic services. The high population density of about 607.8 persons/hectare in the slums which could serve as a strong local economy to attract service providers are rarely taken advantage of partly due to the general low income of slum dwellers. However, politicians take advantage of these densely populated localities to campaign for votes, much like in the concept of ‘vote banks’ since population matter in gaining political power ( de Wit and Berner 2009, UN-HABITAT 2011). See table 2 below for city level information on slums.

Table 2  
City level (Accra) information on slums

No.	Data Required	Information
1.	City population (including slums)	4,300,000 persons
2.	Slum population	1,652,373.9 (38.4%)
3.	Total Land area of Accra	17,320 hectares
4.	Total land area covered by slums	2,718.23 hectares (15.69%)
5.	City population density	250.73 persons/hectare
6.	Average population density in slum areas	607.8 persons/hectare
7.	Average House Values in formal areas	GHC 206,363 (USD137,575)
8.	Total slum settlements or pockets	78
<b>Tenure security of slums</b>		
9.	Secure slums	76.8% (1,269,023)
10.	Secure (high tenability slums)	6.1% (100,794.80)
11.	Insecure slums	17.1% (282,556)
<b>Source: UN-HABITAT (2011) Participatory Slum Upgrading and Prevention Programme in Accra</b>		

The condition of services, planning and environment in the slums is poor. They have greater housing density, poor road network and clustered passage ways as well as rapid population growth, and poor basic service delivery. Earth Institute/MCI (2012:7) posits that the situation in Nima-Mamobi, for instance, is more as a result of the “*tendencies on the part of city authorities to neglect the area, given its status as zongo*”<sup>6</sup>. It is significant to underscore that although known to be slightly higher or better, indigenous communities such as James Town, Urssher Town and Chorkor have also received little investment in basic service delivery from AMA (UN-HABITAT 2011). See table 3 below.

<sup>6</sup> “*stranger’s quarters,*” (*Migrants from Northern Ghana, mostly*).

Table 3  
Level of Deprivation of UN-Definition Characteristics for Defining Slums for Accra

No.	Slum characteristic (based on un definitions)	Level of inaccessibility (%)
1.	Access to improved sanitation facilities (a private or public toilet shared with a reasonable number of people)	62.7
2	Access to improved water (water that is sufficient, affordable and can be obtained without extreme effort)	54.6
3	Sufficient living area (no more than three people sharing a room)	53.8
4	Durable housing (a permanent structure providing protection from extreme climatic conditions)	49.5
5	Secure tenure (de facto or de jure secure tenure status and protection against forced eviction)	38.9
Source: UN-HABITAT, (2011:20): Participatory Slum Upgrading Programme; Accra – Ghana		

### 3.4 Policy/Institutional Context of Basic Service Provision

Although decentralization in Ghana is expected to bring development to the door step of the people, it remains an ideal situation. This is because the issue of basic service delivery in Ghana is still being controlled, to a large extent, by CG through its Ministries, Departments and Agencies (MDAs) which, for instance, bear the primary responsibility of providing Education, Health and Water needs of the country.

According to the LGA (Act 462, 1993) and Legislative Instrument (L.I 1500), that establishes AMA, the primary responsibility of AMA is the provision of sanitation needs of its residents but also specifically includes: planning and development control of all infrastructure within Accra; provision of educational infrastructure for first and second cycle schools; primary health care; environmental hygiene and waste management. These municipal services are expected to be delivered in a timely, effective and efficient manner. (AMA 2010, GoG/MLGRD 2010, 2008, UN-HABITAT 2009:9b, Wuripe 2011:27). As can be seen, these roles by AMA conflicts with the primary roles of CG agencies. However, most of the basic services are provided in collaboration with MDAs, the private sector, voluntary organisations, and development corporations/donors and in some instances the communities themselves (Appiah et al. 2000) which fits the perspective of multi-stakeholder governance.

### 3.5 Basic Service Delivery Situation in AMA

The mission of AMA is *“to raise the living standards of the people of the city especially the poor, vulnerable and excluded by providing and maintaining basic services and facilities in the areas of education, health, sanitation and other social amenities.”* (AMA 2012:7). The state of these services is presented below.

### **3.5.1 Education**

The Metropolitan Education Directorate is the decentralised agency under the Ministry of Education responsible for the overall educational needs of the Accra Metropolitan Area. Apart from the provision of school infrastructure, the CG also provides text books and pays staff salaries. However, the LGA (Act 462, 1993) and LI 1500 delegate the function of basic education infrastructure provision to AMA. NGOs, the private sector and religious bodies play a very significant role in the educational sector as well (Appiah et al. 2000).

Educational facilities within the city are not only inadequate but also not evenly distributed. The high population growth of school going age particularly in the slums has overstressed the limited public schools available. Despite the high availability of private schools in the city, it is almost non-existent in the slums due to affordability reasons. Slum children therefore have to travel long distances in order access public schools (AMA 2010, UN-HABITAT 2011:10).

### **3.5.2. Health**

There is general inadequacy of health facilities in the Accra. Consequently the doctor-patient ratio is 1:5,177 instead of 1:600 World Health Organisation standard. Again, as presented in the table 4, majority (85.8%) of the health facilities are provided by the private sector or NGOs (AMA 2010). Despite the huge presence of private/NGOs in the health sector however, *“the CG, through the Ministry of Health, its departments and agencies, meet over 90% of the formal health needs of the nation”*(Appiah et al. 2000) through the construction and rehabilitation of hospitals and clinics, as well as staffing and provision of equipment and drugs. Limited health facilities are found in the slums of Accra. The Health directorate of AMA indicates that majority of the health problems are communicable diseases due to poor environmental sanitation, ignorance and poverty. This implies that the worst affected are the slums where fewer and under resourced health facilities, poverty and poorer environmental management predominate (AMA 2010).

Table 4  
Categories of Health Facilities

Category	Figure	Percentage
Government	20	9.2
Quasi-government	7	3.2
Mission (Religious hospital)	4	1.8
Private/NGOs	187	85.8
<b>Total</b>	<b>218</b>	<b>100</b>
<b>Source: AMA MTDP 2010-2013</b>		

### ***3.5.3 Sanitation and waste management***

The provision of healthy sanitation and waste management has become burdensome for AMA. The city generates about 2000 tonnes of garbage daily with only about 1500 tonnes collected by AMA. Up to 600 tons of waste is not daily collected. Private contractors collect about 80% while AMA collects 20%. About 20% of the populace, mostly in the high income areas, pay for cost of waste collection. This makes AMA to require about GH¢ 550,000.00 a month to be able to pay waste contractors and maintain land fill site. Over 65% of the assembly's revenue is used on sanitation (AMA 2012).

Even though a lot of waste is also generated by the poor urban settlements that hardly pay for waste collection, it is expected of AMA to clear such waste. Another source of environmental pollution is the sewerage system which covers only about 15% of the city. The consequence is the annual reports of outbreak of diseases like cholera, dysentery and diarrhoea as a result of the poor sanitation infrastructure facilities which slum dwellers are the most affected (ibid 2012, 2010).

Most drains in Accra are not covered and with eroded drain linings through which “grey and black water, as well as solid waste” are carried along (SWITCH, 2010 in Earth Institute MCI, 2013:35). A survey by Earth Institute MCI (2012:11) in Korle Gonno community in Accra finds that drainage was ranked as “first among all metropolitan services that needed intervention in the improvement of level of service”.

Most houses in the slums are not fit with household toilets. The bad stench and cost of the limited public and private toilets available in the community compel poor residents to use shoreline and open spaces for defecation (AMA 2010). Earth Institute MCI (2013:41) also notes that “human excreta are thrown either directly on the ground or in plastic bags by the stream, indicating

that residents continue to use the area to defecate or dispose of these so-called flying toilets”

### **3.5.4 Water**

With regards to water, the Ministry of Water Resource Works and Housing formulates water policies and oversees the Ghana Water Company Limited (GWCL) and Ghana Urban Water Limited (GUWL) in supply of water to the Ghanaian populace.

Accessibility to water supply is a major problem for most urban dwellers. In Accra, water can be accessed through “domestic connection, tanker supply, water vendors, borehole, spring/rain water and dug-out. 48% percent of households have domestic connection while 44% buy from water vendors” (CHF 2010:18). However, the city has short fall of about 130,000m<sup>3</sup> per day resulting in ‘rationing’ of water supply (AMA 2010). The poor urban settlements are greatly affected as it is estimated that over one third lack access to piped water and therefore purchase from the vendors costing them four times as those with access to piped water. Almost 10 percent of the monthly income of the urban poor is spent on purchasing water from the vendors (Farvacque-Vitkovic et al. 2008, Appiah et al. 2000).

## **3.6 Coping Strategies to Basic Service Delivery Challenges**

Despite the enormous challenges facing AMA in terms of basic service provision, a number of strategies have been adopted as a way to contain the situation. Apart from AMAs innovative initiatives, they collaborate with all the development actors within the governance arena of AMA, including development corporation, NGOs, the private sector, religious organisations among others in the provision of the services, although the collaboration is limited. Similarly the slum dwellers also adopt coping strategies to contain the situation which range from personal initiatives, collective action (limited though), to reliance on voluntary and private.

## **3.7 Conclusion**

Having presented the contextual overview of the urban governance, socio-economic and slum situation of AMA, including the basic service delivery situation and coping mechanisms, the next two chapters (four and five) present the findings from the fieldwork with respect to the issues and challenges affecting basic service delivery from the perspectives of slum dwellers and AMA respective.

## **Chapter 4 Slum Dwellers' Perspective on the factors influencing Basic Service delivery in Accra Slums**

This chapter presents field data on demand side views on issues regarding basic service provision to slum settlements in Accra. Specifically, it focuses on slum dwellers' views on the key economic, institutional and political factors influencing the quality and access to the delivery of education, health, water and sanitation services in the slums under study. The coping mechanisms to slum residents unmet basic service delivery needs are also highlighted. In presenting and discussing findings, results of primary data obtained from the questionnaires, interviews, FGDs and observation are employed. Reference is also made to relevant provisions and documents regarding basic service provision.

### **4.1 Slum Dwellers Perspective to the Levels of basic service delivery in Accra slums**

This section explores respondents' assessment of levels of basic service delivery in Accra slums: focusing first on whether such services (education, health, water and sanitation) were available; and if available, which development actors render such services and to what extent and at which quality.

#### ***4.1.1 Slum Dwellers' Access to Basic Services***

In respect of basic service provision to the slums under study, the research revealed that all the slum communities were being provided with the basic services by various service providers. For instance in the survey, it came up that 48%,36%39% and 35% of responses were in favour that they had access to education, water, healthcare, and sanitation respectively. The percentage of responses, however, gives an impression of the poor level of accessibility. Indeed, during the transect walk and field interviews and discussions, the accessibility level lived much to be desired.

#### ***4.1.2 Who provides the Basic Services?***

This section was concerned with the medium through which these basic services are accessed. Specifically, what role or which development actor(s) within the urban governance arena discussed in chapter three provide slum dwellers with the above basic services (See appendix 3C for details).

An overall average of 69.5% of the 50 respondents agreed that AMA (including CG, donors and decentralised agencies) play major role in the delivery of basic services such as potable water, schools, healthcare, and sanitation. This was further buttressed by key informants and discussants during FGDs. For example, during FGDs, it was shown that NGOs, Private sector, Religious bodies, and Community Members, only provide a kind of '**supporting role**' in



the provision of basic services. MPs provide some service through the ‘MP Common Fund’ and AMs who are also politicians are only mouth piece who forward their service delivery needs to AMA and other development agents for appropriate redress. As highlighted by Baker (2003) in India, in practice, AMs in Accra rely very much on their political patronage networks to be able to lobby for services to be sent to their electoral areas. This in turn increases their chances of being re-elected for the same or higher positions (e.g as MPs).

The political and administrative environment with the city could be described as what literature terms ‘patronage democracy’ and ‘clientelism’ (Baker 2003, de Wit 1996, Post et al 2003). With respect to MPs, for example, it was found that they assume the role of a development agent other than a legislator in order to solidify their political positions. They increasingly provide services and other favours to slum communities at their discretion in order to influence votes in their favour. In 2011, during the heat of an intra NDC contest to elect a Parliamentary candidate for the Odododiodio constituency which has a number of Accra slums including Agbogbloshie and Jamestown, the then MP, Nii Tackie Commey had this to say;

In the area of education I am putting up a three-storey class room blocks at the Holy Trinity Senior High School and the Sacred Heart Vocational Senior High School...I have also set up a computer laboratory at both schools, and provided them with 20 pieces of computer each and 15 computers to the Accra Sempe Junior High School. Also, I have sponsored a couple of needy students between Junior High School to the tertiary level, all from my [District Assembly] Common Fund and the GET Fund”... He also went on to relay how he renovated the out-patients department (OPD) of the James Town Maternity and provided some facilities to the Usher Fort Clinic, including two health posts, water tanks and generators<sup>7</sup>.

Discussants in FGDs revealed that there were a number of private schools, clinics and water vender[ing] agents within their communities.

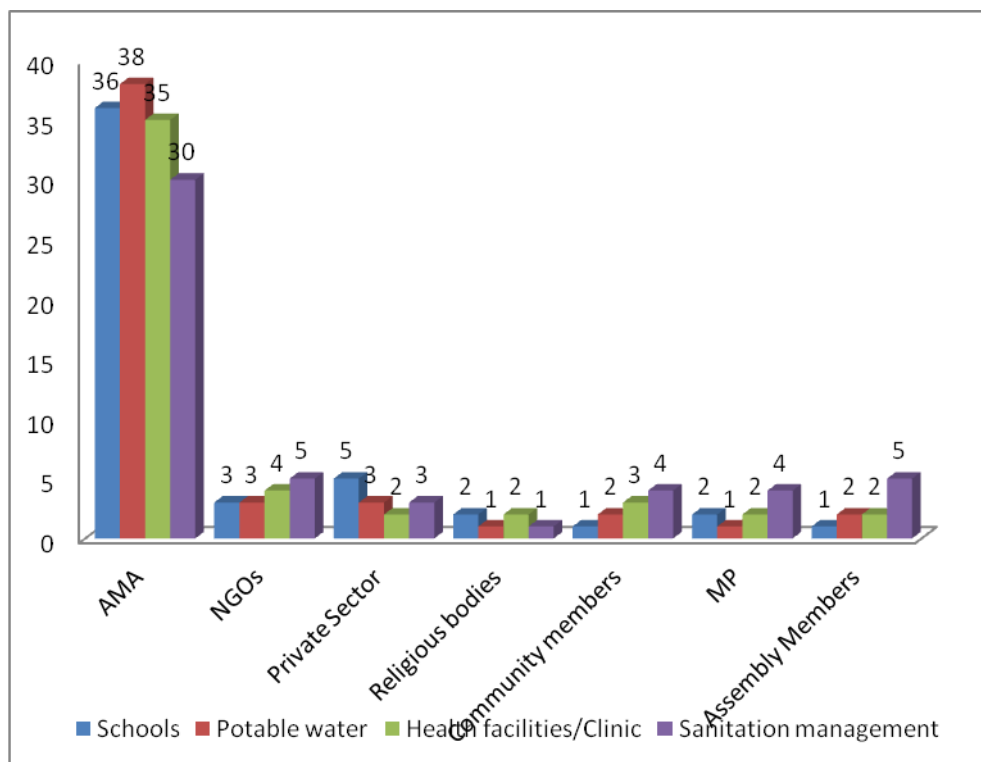
Indeed, it is still nonetheless the duty of the AMA and central government to provide such services which they proved to be doing on a leading scale *albeit* insufficiently. The complementary role coming from the other service providers appeared not to make the level of provision of the services any satisfactory. A participant in a tensed exchange with another participant remarked that; *“we see the presence of AMA, they try to help us, but their help is, I have forgot[ten] how to [even] put it; but let me say that what they give us is not enough for us and the NGOs and others are not assisting the situation very well”* (Female FGD discussant, 2013). This tells the inadequacy in basic services delivered to them and the leading role AMA plays in this regard. See figure 3 below.

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<http://www.ghanaweb.com/GhanaHomePage/election2008/artikel.php?ID=212035>. Accessed: 25/10/13.

**Figure 2**  
**Frequency of Basic Service Provision by development agents**



### ***4.1.3 Slum Dwellers Views on the Quality of Basic Service Provided***

The levels of service delivery to Accra slums were further assessed by engaging the respondents to determine the quality of basic services provided them by indicating whether they were ‘poor’, ‘unsure’ or ‘good’, (see appendix 3D for details).

The general feedback I got from the field data collection was that the quality of basic services in the slums was poor, especially when compared to the middle income settlements. I particularly observed this when I visited some of the schools and polyclinics in the slums. The primary schools, for instance, were not only overcrowded but the infrastructure was almost a death trap for the pupils and teachers. It did explain why there were limited teachers in the schools. However, there was a mixed feeling with regards quality of education from the survey which recorded 44% ‘unsure’, a slightly 4% higher than those who indicated that the provision of basic education services was ‘poor’.

In this instance, as revealed in the FGD, respondents were influenced by the relative better basic education service compared to the other services (health, water and sanitation) that were being rated in the study. Again, at the time of the study, the ‘shift-system’<sup>8</sup> of education which led to fewer hours available to each shift to engage in productive teaching and learning had been

<sup>8</sup> Morning shift from 7:15am-11:30am and Afternoon shift from 12:00noon-4:15pm

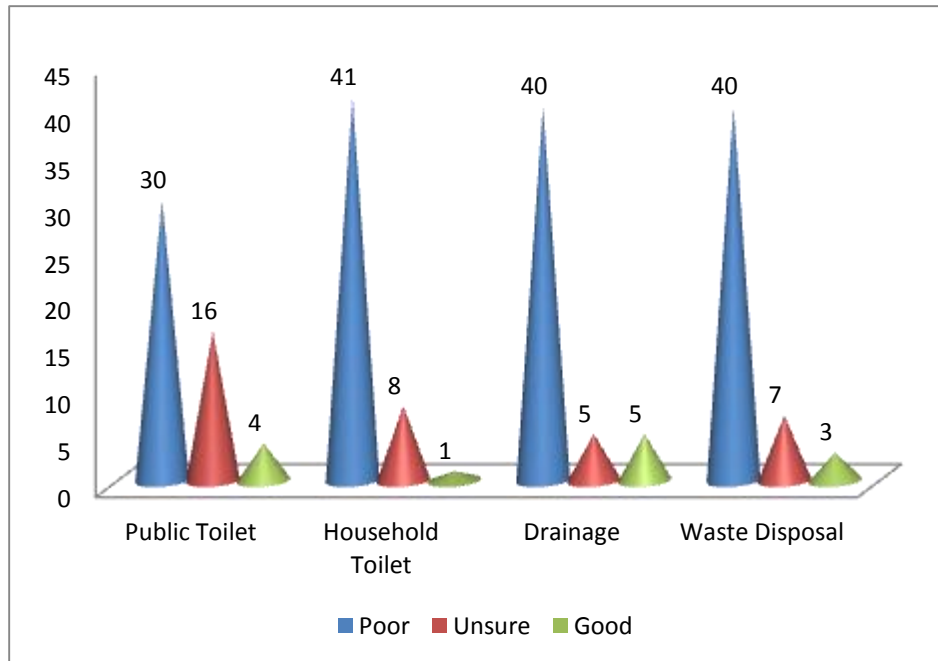
abolished; and temporal educational infrastructure was being built across the metropolis to absorb the growing number of pupil intake (partly due to school feeding program, capitation grant, free exercise books and free uniform policies that are in place). Nonetheless, some basic schools especially in the slums are still crowded with adverse consequences on quality teaching and learning. In this mix batch of issues at play, it is no wonder that there was a ‘majority verdict of uncertainty’ on basic education delivery. On each score of consideration for each service delivery, however, only few respondents opined that the service delivery level was ‘good’. The generally poor quality delivery of basic services has been particularly highlighted by Farvacque-Vitkovic, et al. (2008) as that which is worrying.

Similarly, respondents gave the reasons why most of them thought sanitation and solid waste management services was ‘poor’ to include; the sheer absence or inadequacy of sanitation infrastructure in terms of toilet facilities, collecting bins, drainage gutters, regular waste collection trucks and, to some extent, recycling facilities. In relation to this inadequacy or absence thereof, a prominent community member in the focus group remarked;

Boss, seeing [is] believes [ing]... How many waste bins have you seen? So where do you expect the people [to] keep their waste? Look at how over filled the refuse containers are, the waste collection companies don’t come to collect it at the right time. Many houses don’t have toilet facilities, the public toilets too are always congested and smelly...People throw waste anyhow. The few gutters get choked [up]. We are just there!

Indeed, this remark adequately summed up the bad story of sanitation and waste management services delivered to the slum dwellers, as told by them. Services such as water and health also received similar sentiments of poor quality to which women in the slums were most affected. See Figure 4.

**Figure 3**  
**Frequency on level of quality of sanitation and solid waste management services**



## **4.2 Slum Dwellers Perspective to How the Economic, Institutional and Political factors affect basic service provision in Accra slums**

This section focuses on the demand side perspective to key issues and challenges that influence the provision of basic services to Accra slums. These factors were derived from my deeper exploration of the literature on urban governance as well as concepts and practical situations in slums. The responses to the issues and challenges were grouped into frequency tables (see appendix 3), interpreted and further harnessed by some of the views from the FGDs and personal interviews and observations.

### ***4.2.1 Slum Dwellers' Perspective to the Economic Issues and Challenges to the delivery of quality and accessible basic services***

Economic issues and challenges as factors to basic service delivery were considered in order to ascertain the role that trade and financial considerations do influence provision of basic services to the slums. Appendix 3E displays the statistical representation of the degree of agreement to which respondents assessed the influence of economic issues and challenges to the delivery of quality and accessible basic services to Accra slums. The discussion below therefore covers both the questionnaire responses and the other methods of data collection used.

On the issue of payment of taxes, majority of the respondents (42%) 'disagreed' with the proposition that **slums are provided limited basic services because the slum dwellers don't pay enough taxes**. This was further con-

firmed in the FGDs especially the women group. Most of these women who were petty traders confirmed payment by showing their tax receipts from the market tolls they pay daily. However, what I noticed from the discussions was that the nature of the tax regime in the slums is very narrow due to limited businesses and landed properties. Again, tax collection was poorly coordinated and ad hoc with weak vitality to generate appropriate income that could be channelled into the development of the slums.

Interestingly, the slum union president and some Assembly Members did indicate that, services are supposed to be provided based on needs not on payment of taxes. *“My brother, taxes in Ghana are collected and sent to a central pull [either AMA or CG] and redistributed in the form of services, which in the laws priority should be given to poor settlements. But as you can see that is not the case, slums are always given second priority”* (Slum Union President). Notice is however taken of the fact that Ghana in general has weak tax system that needs serious reforms (Farvacque-Vitkovic, et al. 2008).

Low income of slum residents was found to hinder basic service provision in the slums. 44% of respondents in the survey attested to this fact of high cost of private sector provision. It was further revealed that the cost recovery policy of government/AMA and private service providers, prevent residents from access the high cost of service provided, so most service providers are not motivated to invest in their communities. It really has been established that urban poverty is a physical expression of slums where low incomes abound, which “reinforces the squalid condition of the slum settlements” (Baker 2008, Obeng-Odoom 2011b:358) that often is not an attractive place for private investments. It was also established at the FGDs that because of their low incomes, service providers hardly invest in their communities, except for limited services in clinics and schools.

Majority of the respondents were uncertain whether **AMA does not have enough money to sufficiently provide all the basic services**. But there was much disagreement than that of agreement, implying therefore that AMA was perceived to have enough money to adequately provide them with the basic services. One discussant in FGDs had this to say; *“If they [AMA] say they don’t have money, they should tell us what exactly they use the DACF and MP Common fund for...what project have they used it for?”* (A SHS male drop out). Ironically, however, AMA together with the CG appeared to be cash-strapped, as intimated by the AMA key informants.

Furthermore, 46% agreement as against 32% disagreement was obtained in respect of the argument that **‘the high land cost in the slums scares investors away from providing them with basic service’** since it adds up to the high cost which sometimes are beyond the average income levels of the people. The reasoning behind this, as expounded during the FGDs, is that even though the slums are noted to be low cost areas (in terms of living conditions), they are generally situated in ‘prime’ or ‘central’ areas of the Accra city and land becomes costly (UN-HABITAT 2011).

#### ***4.2.2 Slum Dwellers' perspective on Institutional Issues and Challenges to level of access and quality of basic service delivery***

Institutional/technical issues and challenges of basic service delivery, in this case, concern the institutions, frameworks and measures of expertise that have not been properly constituted and so are seen to hinder the provision of quality and accessible basic services to the beneficiary communities – slums. Appendix 3F exhibits the level of respondents' agreement on the institutional/technical factors that influence delivery of accessible and quality basic services in Accra city slums.

The study was carried out in secured slums of Accra, so respondents were asked whether their tenure security, relative to the in-secured slums had any influence in the delivery of basic services in their area. Majority with 48% of responses 'disagreed' that **security of tenure** or from eviction influences AMA to provide the slums with basic services willingly, but with a significant 44% of the respondents expressing uncertainty of the reality or otherwise of the situation. Further engagement with key informants and at the FGDs revealed that the mixed responses were due to the limited difference between the secured and no-secured slums. However, they did agree that they have relative better services than the in-secured slums. They even noted instances where the in-secured slums were demolished by AMA. Another confirmation was the fact that secured slums such as Ga Mashie (includes James Town and Ursher Town) and Chorkor were those selected for the slum upgrading program (PSUP).

**On proximity/location to AMA**, majority with 42% of the respondents 'disagreed' that it positively influences the provision of basic services to their communities. A focus group discussant, remarked; *"I believe that the issue is not about proximity or whatever. What I know is that the AMA and the government [are] not doing well for us"*. To other discussants, it was a view well-articulated.

Also, majority of the respondents did 'disagree' that **NGOs and other voluntary development actors significantly support AMA in the provision of basic services to the slums**. Further in the FGDs and interviews, it was also revealed that the alliance or cooperation between the AMA, NGOs and other voluntary development actors is inadequate. This is much in tune with the findings by Chowdhury (2007) that there is inadequate partnership between local government, NGOs and the community members.

Furthermore, majority with 42% of the respondents 'agreed' that **Local assembly (sub-district) structures are not functioning** well in the slums. The FGDs equally confirmed poor local governance as an inhibiting factor to effective basic service delivery. As noted by the discussants, the AMs and UCs, for that matter the sub-district structure were ineffective and so could not perform their functions as expected to bring services to their communities.

In addition, majority of the respondents were uncertain in respect of whether **congestion/ access problems** in the slums as well as **poor planning by AMA** negatively affected service delivery to the slums. It appears however that physical planning deficits and to some extent socioeconomic planning imbalances have some amount of influence in the way basic services are delivered to the communities.

**Limited community participation or involvement** in basic service delivery came out, in the course of the FGDs, as one of the factors that result in poor service delivery in the slum communities. Slum dwellers noted that they consulted on what, how, where and when basic services are delivered to them. As a result some projects end up not completed or do not serve the needs of slum dwellers.

#### ***4.2.3 Political Issues and Challenges to delivery of quality and accessible basic services***

Political issues and challenges, in this section, are factors of political nature that influence or have the tendency to influence the provision of quality and accessible services to slum communities in Accra. Appendix 3G give detailed responses from the survey.

Studies have shown, especially as established in India by de Wit and Berner (2009:929), that brokers play a significant role in facilitating the needs of the urban poor to be met or increase the ‘chance to obtain a service’ from the authorities for them. However, the study revealed a very limited role of brokers in the slums. As the survey suggested, majority with 42% of the respondents were really not sure as to whether there are individuals/ influential people or **brokers** in the community that have influence on officials of AMA in order to facilitate delivery of basic services to their slum communities. As much though, 40% believed that such a situation existed in the Accra slums, except to further add that 18% ‘disagreed’ with that to be the case. The FGDs discussions further established that even though there exist some few brokers, they don’t have much power to significantly influence AMA officials or the politicians to deliver services to them. Few of them nonetheless do play a significant role in championing their course, albeit sometimes characterized by some level of the self-interest of those brokers or leaders.

In addition, with respect to whether **‘basic service facilities are often vandalized by the youth in order to make a political point** which serves as **insecurity** to private investors to deliver basic services to the slums’; respondents were almost in a ‘divided opinion’ between ‘uncertainty’ and ‘agreement’ as to perceived reality of the situation. While a slight majority with 38% of the respondents in this regard was ‘uncertain’, a matching 36% of the respondents did ‘agree’ with the point of reasoning put forward. However in the FGDs it was noted residents sometimes angrily take actions against politicians. This has equally been observed by (Ayee and Crook 2003:27) who notes that;

In the case of the public toilets, possession of a “contract” for managing and collecting the revenue for these facilities is a crucial element in the provision of job opportunities and other linked earning opportunities which are of great significance to the urban poor. Hence, the frequent violent conflicts when toilet contracts change hands as new contractors – often without any formal arrangement with the Assembly – attempt to forcibly evict the old ones. The management of toilets has become an instance of local exploitation of the poor by their neighbours – the ones lucky enough to have political connections.

Owusu and Afutu-kortey (2010:8) also notes instances of “compulsory seizure of public toilets in many parts of Accra by supporters of ruling NDC following the party’s victory in national elections in December 2008” emanating from unfulfilled promises.

Majority (64%) of the respondents in the survey were of the view that, there is **lack of political commitment** to provide basic services in their communities. It was noted in the FGD that, the slum communities are merely used by politicians to achieve their political end but without any significant commitment to providing them with basic services. Paller also finds that during election period politicians make several promises to improve slum communities but never fulfil the promise after election. Obeng-Odoom (2010), in his analysis of political party manifestos in Ghana, finds that the urban policies of the political parties are ineffective in addressing urban inequality. It thus resonates that in Accra they are merely used for political activities in what the existing literature refers to as ‘vote banks’ (de Wit and Berner 2009:940; Edelman and Mitra 2006).

Related to the lack of political commitment for slum upgrading is the issue of **service provision during election period**. The provision is seen as an attempt to influence the votes of the slum dwellers. Majority with 54% responded in the affirmative that politicians provide some minimal services during election. The FGDs also confirmed that prior to election politicians and AMA are seen busily trying to provide basic services in their communities.

Also, in terms of nature and **role of community leadership**, majority with 50% of the respondents did ‘agree’ that it was poor and that the leadership generally are interested in their personal gains.

### 4.3 Coping strategies and solutions

It has been established by literature that slum dwellers have innovative solutions to cope with their precarious conditions and the livelihood approach is a useful method to systematically assess the availability and use of variety of capitals that people are assumed to have (Moser 1998, Tamanna 2012, UN-HABITAT 2003: XXVI). So, respondents were questioned about how they cope with the limited basic services provided them. These responses therefore have been examined in the context of how slum dwellers were able to transform the assets<sup>9</sup> they have to withstand the precarious basic service delivery conditions they find themselves. This is because *“the ability to avoid or reduce vulnerability depends not only the initial assets, but also the capacity to manage them –to transform them into income, food or other basic necessities”* (Moser 1998:5).

#### 4.3.1 Financial Capital

Sanderson (2000:97) notes in urban areas that building financial assets is key to livelihood strategies as access to resources are mostly based on cash exchanges.

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<sup>9</sup> Financial, Human, Social/political, Natural and Physical capitals/assets.



As already indicated, slum dwellers were noted to have very low incomes, so their dependence on financial capital as a coping mechanism was very limited. However, it was noted that, most slum dwellers worked in the informal sector and the little income they got, enabled them to rely on some of the services provided by the private sector, *albeit* at higher expense. For instance, a woman discussant lamented, “*we don’t have public hospital here, when my daughter’s sickness was in serious condition, I had no option than to send her to the private clinic here, but it was so costly that I had to borrow money to pay for the bills*”. Several testimonies were equally made in favour of private schools and waste collection. It was also revealed that they engage in ‘susu’ (small savings), which they rely on especially on emergency situations like paying for hospital bills.

### ***4.3.2 Human Capital***

Human capital relates to peoples qualities as in their health status, educational levels, skills/knowledge as determines the ability of the individual to use his/her labour for productive activities or coping from disasters or shocks (Moser 1998, Tamanna 2012, Sanderson 2000). According to Tamanna, lack human capital exclude the poor from well-paid wage or self-employment” (Tamanna 2012:10). In Accra slums, labour was the most productive asset the slum dwellers relied on as a way of coping with poor level of services. It was observed that slum dwellers might be the most hardworking residents in Accra. This is because, the low wage they receive from their informal economic activities, compelled them to increase their labour working hours in order to meet the minimum daily income requirement for their survival. It was not surprising that some children had to join their parents, particularly women, in carrying heavy loads for menial income. This they said enabled them to pay for the services they needed. Again, it emerged that women had dual responsibilities, as home makers and earning income for the family. However, they spent part of their productive time searching for water in neighbouring communities and ensuring environmental cleanliness. This was partly attributed to their low level of education.

As health facilities were scatted around the city but with very few found in the slums most slum dwellers had to “rely on traditional medication and self-medication for their health needs. The high-income group rely on both public and private health facilities.” (UN-HABITAT 2009a:11).

### ***4.3.3 Social/Political Capital***

This asset bordered around collective action/participation, the networks, reciprocity within and outside the communities and households (Moser 1998). The use of this capital as a coping mechanism was found to be low and mostly centred around crisis situation. It was revealed that slum dwellers collectively organise clean-up exercises occasionally to keep their neighbourhood clean. However, not everybody attend because most residents are busy working for their daily survival. Particularly with networks and reciprocity, the study revealed that, slum dwellers rely on their family members within and outside the community for support to pay for wards’ school fees, health, and water bills

even when they had to seek for such services outside the community. Neighbours were also noted to support (lending/borrowing money) in some rare cases. One woman discussant noted,

when my mother had to undergo operation had it not been the support from my brother in Libya, she would have died...but now that he is home...only few of my friends are ready to borrow me money when am in need...for two days now my son has been sacked from the Senior High School because of non-payment of school fees...a friend is yet to fulfil his promise of borrowing me some money to pay the fees.

Also, it was revealed that support from political parties especially during disaster situations and election period helped them to cope with the situation. Such supports usually come in the form of donating cement, roofing sheets and equipments for community school projects or hospitals. Others were direct private benefits they received from the politicians.

#### ***4.3.4 Natural/Physical Capital***

Natural and physical resource are complementary capitals/assets. Natural capital relates to environmental resources such as land, water bodies (including rain), flora and fauna; whereas physical capitals relate infrastructure such as roads, transport, water (wells, boreholes, pipes etc) and housing which are highly commoditized in the city (Moser 1998, Sanderson 2000, Tamanna 2012). Environmental hazards such as poor housing, poor water supply, sanitation and solid waste disposal were some of the challenges that engulfed slum dwellers. As a coping mechanism, some residents engaged in illegal water connection, relying on hand dug wells and rain water, burying their waste, throwing their waste indiscriminately into water bodies and gutters. The Earth Institute observes that,

the dumping of refuse into drains by residents is in part a strategy to cope with a poor level of municipal solid waste management. Over time this has become embedded in the behaviour of residents, and significant time and resources will need to be invested in order to sensitize them as to proper waste disposal methods in order to improve drainage in their community;... (Earth Institute MCI 2013:37; 2012:17).

#### ***4.3.6 Solution/Suggestions for improvement***

To this end, the respondents voiced several suggestions by way of collectively coping or improving basic services in their localities. Such comments include: "Residents should also take good care of facilities provided by the authority". "We should unite and make collective demand from the authority. The government should listen to the demands of ... the grassroots". Also, the following voices of respondents were found positively touching:

“I believe by the strong commitment of the AMA, MPs, and NGOs the community can improve to its best standard”. “NGOs and private sector must come in to help the government”. “Our community needs to be redesigned. We need better treatment [this apparently is suggestive of an advocacy for their slum to be upgraded]”.

## **4.4 Conclusion**

The chapter has practically demonstrated, from the slum dwellers perspective, that levels of basic service delivery to slums in the Accra Metropolitan Area are generally poor – perhaps without any significant deviation from the peculiar service deficits that usually characterize slums worldwide and Sub-Saharan Africa in particular. The chapter further explored the issues and challenges to basic service delivery in AMA slums and the coping strategies to the unmet services. The next chapter presents the views of AMA.

## Chapter 5 Local Government Perspective to the Issues and Challenges to Basic Service Delivery in Accra Slums

This chapter presents the findings derived from the interactions with AMA and its sub-structures on the issues and challenges to quality and accessible basic service delivery. The findings are categorized into economic, institutional, and political issues and challenges - much of which being institutional related factors.

### 5.1 AMA's Perspective to the Economic Issues and Challenges

This section presents economic factors related to financing and revenue generation issues that influence the delivery of basic services to the slums.

#### *5.1.1 Poor Fiscal Performance of AMA*

The financial provisions of AMA are governed by the fiscal regulations contained in Article 245 and 252 of the 1992 constitution and section 34 of the LGA (Act 462, 1993), which generally classifies the revenue to include internally generated funds (IGF) and the statutory allocations from the CG such as District Assembly Common Fund (DACF) as well donations and collaborative arrangements with organizations.

In terms of fiscal performance, AMA has consistently (since 2009) not met its IGF targets. For instance in 2009, out of the budgeted revenue of GH¢22,303,173.00 only GH¢13,356,132.72 was generated. In 2010 only 54.6% of the budgeted revenue was realised, and between January to June 2011 only 37.11% was generated. Not only is AMA unable to raise IGF, but also CG transfer has been on the decrease. *"The total for the three years under review for the District Assembly Common Fund (DACF) was GHC 10,435,697.84. In 2009, the total percentage of DACF was 31.28 which decrease in 2010 with a percentage of 26.76%. However, in 2011, there was an increase in the percentage of 41.92%"* (AMA 2012:19).

It thus confirms the assertion made by the key informants that AMA face difficulty of continually raising enough revenue needed to advance development within its jurisdiction. And with over 53% of revenue received from CG, AMA was deemed be vulnerable to CG control. IGF rate was too low to the extent that AMA 'tax effort'<sup>10</sup> was only 30.17%. The low tax effort of AMA explained its over dependence on CG for its fiscal needs, thereby jeopardising its financial autonomy and manager of the city of Accra (UN-HABITAT 2009a:10). Farvacque-Vitkovic et al (2008:26) finds that only 16% is generated from the traditional (internal) revenue sources like rates, fees, fines and land

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<sup>10</sup> The ability of AMA to use its fiscal base to generate revenue to support its fiscal needs.

revenues. UN-HABITAT (2011:25) therefore concludes that “*existing revenue mechanisms like property rate add minimal value to local government resource*”.

The key informants however clarified the reason for the low revenue generation. They partly attributed it to the fact that CG determines the kind of revenue/taxes AMA should collect. For instance, while CG assign to itself the task to collect revenues/taxes such as income tax, value added tax, import and export tax and exercise duties; AMA is assigned to collect from a small revenue base such rates, lands, fees, licenses, trading services and miscellaneous. Even with the setting of the rates, AMA is guided by the ceiling set by the responsible ministry (MLGRD). It was also noted that, generally little revenue is earned from these sources due to high cost of collection, unwillingness to pay and the limited scope of the revenue base. Property rates, for instance, are levied on landed properties within AMA jurisdictional area; however in most poor urban settlements such as the slums, little or no revenue is generated due the poor settlement structures and facilities (AMA 2010).

Interviewees further revealed that there was no solid database on items upon which AMA could effectively collect taxes. This also partly explains why I could not get the amount of revenue generated from the slum communities. The relationship between taxes collected and service provided was blurring and this explained the reluctance by many residents to pay their taxes.

In the light of this revenue challenges, both from CG and AMA, it is quite clear why there is so much basic service deficiencies in AMA. But what was worrying was why the urban poor are worst affected by this inadequacies.

### ***5.1.2 Cost recovery policies***

An AMA key informant was apt in saying that the assembly has a lot of budgetary constraints and so is obviously unable to satisfactorily deliver services to all urban dwellers within its catchment area— including the slums. The ability to pay for certain services such as water, sanitation, education and healthcare have now become a serious but unfortunate factor considered by the AMA. And as obtained in the slums, incomes are largely low and so most slum dwellers are unable to attract basic services from private and sometime public agencies.

As you are very much aware, even though government provides services such as portable water, healthcare or education in communities, these services are not for free, to access such services users have to pay’, an AMA official remarked.

Another official at environmental health department remarked,

We know that we have to ensure that everyone for instance enjoys adequate sanitation. Sadly, we lack the required capacity. So if a settlement or household cannot pay the subsidized user fees for their waste, what do we do? What can we do? We can do very little in that regard.

The service providers contracted to provide services in the area of sanitation, in particular are giving a ceiling fee to charge the users of such services. Such service providers then decide as to how much exactly to charge for the services rendered. Within the permissible limits, therefore, settlements can only

be provided with the service if they are willing and able to pay for the fees charged by the service providers.

### ***5.1.3 Public-Private Partnership***

The capacity of AMA to engage in public-private partnership has not been effective. Where there are partnerships AMA is unable to regulate the private operators which results in high cost of provision. Contracting out service provision especially in sanitation have often led to political patronage networks with contracts serving as a means of rewarding political loyalists (Awortwi 2012, Obeng-Odoom 2010, Owusu and Afutu-Kotey 2010, Owusu 2010).

However, significant efforts were made by AMA in engaging with private sector in sanitation management. For instance, the city is grouped into zones and awarded to the waste collection companies for fees based on a contractual agreement with AMA. AMA has also entered into partnership with Sewage System Ghana Limited to put up faecal and sewerage treatment plant of 2000m<sup>3</sup>/d to serve the whole of central Accra<sup>11</sup>.

## **5.2 Institutional Issues and Challenges**

Institutional issues and challenges to quality and accessible basic service delivery in respect of AMA do cover high degree of CG control, coordination challenges, ineffective planning, weak sub-metropolitan district structures (SMDS), poor collaboration with NGOs/CBOs and challenge of security of tenure.

### ***5.2.1 High degree of Central government control***

The challenge to effective basic service delivery to poor slum communities, to a greater extent, is hampered by the high concentration of powers in CG. It was revealed that AMA had no control on recruitment or transfer of their technical/professional staff; budgets were prepared and approved based on CG guideline; revenue generated within the limited tax regime assigned by government; and above all the mayor and 30% of Assembly Members appointed by government. These powers by CG limit AMA's ability or scope of making choices that would improve basic service delivery for the urban poor. In practice, AMA is more accountable to CG than the urban poor (Ahwoi 2010).

### ***5.2.2 Coordination Challenges***

Although AMA is in charge of the overall development of the metropolis, the presence of CG agencies in the metropolis that have allegiance to their sector ministries poses a great challenge to issues of quality and accessibility of basic

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<sup>11</sup> <http://edition.myjoyonline.com/pages/news/201306/107574.php> accessed 28/10/2013

service especially for the urban poor. GES and GHS, for instance, receive their budgets from their parent ministries; AMA therefore does not have control on what they use their budget for or where they should provide a particular kind of service. The recruitment of staff for these agencies and even AMA is done by CG. All the CG agencies report to their parent ministries. It is hoped that the implementation of the composite budget system which brings all budgets of decentralised departments under AMA including the recruitment of staff would help solve some of these challenges.

### ***5.2.3 Ineffective Planning***

AMA is empowered by section 46 (1) of the LGA (Act 462, 1993) and NDPS (Act 480, 1994) to perform planning functions. These laws provide two broad planning functions of Development planning and Settlement or physical planning for AMA (ILGS 2009:65).

The study revealed that even though AMA is mandated by law to perform these functions, planning has generally been ineffective and that distribution of services are skewed towards formal settlements. The mayor of Accra lamented that the *“obstacle to effective planning in Accra is lack of up-to-date, comprehensive and sufficiently detailed info about the characteristics of the city...In Accra, a large proportion of residents live in slums, but most projects implemented in the city are biased towards formal communities”* (CHF 2010:2).

Key informants from AMA intimated that most of the development plans are not being fully implemented. For instance, not up to half of the 2010-2013 MTDP has been implemented due to reasons of poor finances, inadequate planning staff and political interference among others. Similarly, Yeboah and Obeng-Odoom (2010:78) on ‘DAs perspective on the state of planning in Ghana’ finds the causes of poor planning to include *“inflexible land ownership system, unresponsive legislative framework, undue political interference, an acute human resource shortage and lack of sustainable funding”*.

The unplanned nature of slums was seen as an obstacle to poor slum dwellers not obtaining basic services and where they are available it is either limited or poor in quality.

### ***5.2.4 Weak Sub-metropolitan district Structures (SMDS)***

The SMDS of AMA include; SMDC, town councils and unit committees. The SMDC is created to address the peculiar socio-economic, urbanisation and management problems AMA faces. The SMDS perform delegated functions assigned to them by AMA and the legislative instrument (LI 1967) establishing them. Their work ranges from assisting in revenue mobilisation, public education, environmental cleanliness, organising communal labour and identifying and presenting the development needs of their respective communities to AMA (Ahwoi 2010).

It was revealed from the study that these SMDS are generally weak or non-functional, so are unable to perform their statutory duties to ensure that quality and accessible basic services are delivered to the urban poor. Key offi-

ciala interviewed in all the 5 slum communities indicated that the SMDS lacked adequate staff and logistics to perform their duties as expected. For instance, in Ayawaso SMDC where Nima is located, only one vehicle was available for all the key staff to use for their daily work. This partly limited their ability to effectively carry out their general duties including their contact with the slum dwellers to deliver to them the needed basic services. It was further noted that the poor performance of unit committees and town councils is partly due to the non-remuneration of their members and the general non-responsiveness of AMA to their service delivery request.

### ***5.2.5 Poor Collaboration with Development Actors***

In respect of the extent to which AMA cooperate and collaborate with NGOs and CBOs as well as the slum dwellers, the interviewees from AMA did indicate that they have a cordial relationship with NGOs and CBOs – the few in the slums inclusive. The AMA facilitates some of the activities of NGOs and CBOs but there is no effective coordination of these NGOs and CBOs. Inter-NGO/CBO collaboration and cooperation is also weak. These NGOs and CBOs are often in the area of community empowerment, sensitization and mobilization. No direct basic service was reported to be delivered by the NGOs or CBOs except facilitating to clean up surroundings or to generate income to be able to pay for certain services delivered by the metropolitan technical and institutional arrangements. . Similarly, UN-Habitat (2011:24), found few NGOs working in the “physical slum upgrading and prevention sector with most of them working in the human development aspect”. With little collaborative effort by NGOs and other development actors, their activities result in duplication of efforts with low impacts to slum dwellers.

### ***5.2.6 Challenge of Security of Tenure***

When asked whether services were provided based on security of tenure and proximity to AMA, this is what an AMA official had to say.

My brother, all communities within the AMA’s jurisdiction are given equal chance in terms of service provision as long as residents have the right of occupation in those areas. Location is not a factor in service delivery; it is based on needs assessment. As you know already, AMA does not encourage illegal slum development, so why should we give attention to them when even the legal slums still have a backlog of service delivery needs?

It is safe to conclude from the response that security of tenure do matter in the delivery of services since, for instance, illegal slums are not given priority in the provision of basic services. It does fall in line with literature that the degree of ‘security’ of slum settlements does determine the extent to which basic services are provided them as well as their chances of being forcefully evicted or not (GMR 2013, UN-HABITAT 2007:113).

Related to the tenure security is the provision of service based on residential status. Although limited evidence attest to the fact that residential status (migrant or indigenous slum settlements) is a factor to basic service delivery, a



cursory look at the services in the indigenous slum suggest that they are being somewhat favoured compared to the migrant slums. Other factors that account for the improved services in the indigenous slums include: Some of their residents occupy responsible positions in government and other sectors; the land owners or chiefs who are also important actors in the governance system in Ghana all reside indigenous communities; and above all the indigenous slums are at the heart of the central business district of the city. A combination of these forces gives reason for its relatively better basic services. Paller (2012) notes indigenous slums like Ga Mashie (James Town & Usher Town) and Chorkor are highly favoured by the state (including AMA) because “members of these communities are overly represented in AMA...[part of reasons why]... Ga Manshie has been selected by AMA and UN-HABITAT to benefit from the Participatory Slum Upgrading and Prevention Programme” (Paller 2012:4).

## 5.3 Political Issues and Challenges

### 5.3.1 Patronage and Clientelism

Literature has it that patronage thrives in the context of scarcity, poverty and access problems (de Wit and Berner 2009:931). The case of Accra slums is not different. As noted already, the slums face severe basic service deficiencies. Poverty, congestion and underemployment are the basic characteristics of these slums. It should however be noted that not all slum dwellers are poor, under-employed or illiterates. In fact, there are few slum dwellers especially in the indigenous slums like James town and Ursher town who occupy responsible positions in government and other sectors. To this end, interviewees noted that, there are some few individuals in their localities who serve as intermediaries or brokers in gaining access to AMA and persons or politicians who sometimes help in fixing their basic service needs. These instances were noted to be rare though, except for election period when there are intense political party activities which come with ‘so called’ donations and support.

The study further revealed that during election period AMA is seen to be proactive in addressing some of their basic service needs; either by providing it themselves or ensuring that the decentralised agencies provide such services. This is because failure of the mayor (who is appointed by CG) to provide slums with services would imply the non-performance of the CG. The consequence would be losing votes from the slums during election. Unfortunately, intense political campaign start a month or two prior to election and projects started rarely get completed after election.

In response to political completion, politicians exhibit **clientelist** behaviour towards slum dwellers especially when there is a disaster. Key informants from Chorkor, Ursher Town and Avenor revealed that when their communities were hit with a rain storm, the two major political parties –NDC and NPP supported the communities in rehabilitating the schools and clinics that were affected by the disaster by donating cement, roofing sheets and equipments. Also, in James town, some sanitary equipment had been provided by the NDC to help contain the poor sanitation in the area. In all these the interest is to consolidate popular votes from these ‘strong holds’ or ‘vote banks’. Similarly, Post et al (2003) finds that in Ghana, “*the political system is heavily controlled by clientelism and partisan loyalty. Local politicians, MPs and key government*

*administrators are keen to bring development to their areas because it will buy them popular support” (Post et al. 2003). Similarly, Paller (2012:4) finds in the slums of Accra that “residents know that they cannot demand public services but because they are big vote banks, they demand private benefits from political parties”*

Due to severe scarcity of resources and funds, AMA was noted to have some discretion on the provision of basic services or the implementation of budgets. As noted in the economic section, AMA hardly gets up to 60% of their budgeted revenue in a year. And because budgets cannot meet the implementation of proposed projects for the year, AMA is compelled to drop some projects and choose their preferred services to be provided as well as where to provide such services. Unfortunately, slum settlements are always last in the queue in terms of basic service provision.

It was revealed by some of the key informants, that some politicians undermine the work of the bureaucrats, in most cases to please the people who vote for them. One official remarked that *‘we are not able to apply strict planning rules or bye laws because sometimes the affected community or residents maybe in the same political party with the ruling government and so at times outside forces prevent us from carrying out duties as planned’.*

### ***5.3.2 Limited Political Commitment***

Majority of the Interviewees also indicated limited political commitment to upgrade slum communities. A study of the developmental profile of AMA showed as its developmental challenges the ‘lack of political will to enforce by-laws’ and ‘political interference’<sup>12</sup> facing the Assembly. Similarly, Yeboah and Oben-odoom (2010:87) on District Assemblies perspective on the state of planning in Ghana notes that, *“the politician is only motivated by the desire to win or retain power which is a matter of vote... There is no chance for [planning] proposal succeeding if our political leaders think it has the potential to affect their electoral fortunes”* This does not deviate from what World Bank (2009) finds in most developing countries.

## **5.6 AMA’s Strategies to deal with Service Delivery Constraints**

The following strategies are known as having been adopted by AMA to cope with challenges they face in delivering basic services to the poor.

### ***5.6.1 Public Private Partnership***

As part of measures to improve living conditions of slum dwellers; AMA under the partnership with the Millennium City Initiative (MCI) has rolled out ambitious urban upgrading projects in Accra in which the relevant educational, sani-

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<sup>12</sup> <http://ghanadistricts.com/districts/?r=1&=3&sa=5718> Accessed 30/10/2013

tation, health, water and housing infrastructure will be provided to ‘run-down’ urban communities such as James town, Ursher Town and Chorkor. So far a detailed survey was done to identify the slums in the city and Ga Manshie (James Town and Ussher Town) has been chosen to start benefiting from the slum upgrading programme. Other slums are yet to be rolled in. In the area of waste, several companies have been engaged to keep the city clean on behalf of AMA for a fee based on an agreed contract arrangement (AMA 2012, 2010, Earth Institute MCI 2013). Private waste management companies were also engaged to help clean the city.

### ***5.6.2 Poverty reduction action programmes***

These measures include school feeding programme, distribution free exercise books and uniforms and Livelihood Empowerment Against Poverty (LEAP<sup>13</sup>) programmes in the urban poor settlements. For instance in Accra, about 337 households in five communities (Chorkor Obeiwuku, Chorkor Chmunaa, James Town, Korle Woken, Adedekpo) were benefiting from the LEAP programme in 2010 (AMA 2010:43). Also, AMA launched an educational endowment fund on 12 February 2010 and by the end of June 2011 it had “yielded GH¢937,357.71 and US\$12,860.00. Out of the Ghana cedi account, a total of GH¢765,038.82 was spent on various school projects” (AMA 2012:22). To abolish the shift system of education, 522 temporal classrooms had to be added to the 1978 permanent classrooms for primary and junior high schools.

### ***5.6.3 Regular Clean up Exercise and Sensitisation***

The staff of AMA organise regular clean up exercises every year to remove filth in flood prone areas of the city in readiness for the upcoming raining season. This is however sometimes poorly attended by residents of the slums even though waste management is a shared responsibility between AMA and the Communities<sup>14</sup>. Similarly, AMA Public Health Unit conducts regular health checks and sensitisation to prevent insanitary conditions in the slums. A case in point is in Avenor where butchers were called to order by halting their activities that were causing serious health hazards to its residents<sup>15</sup>.

## **5.7 Conclusion**

Effective delivery of basic services to slums in Accra is a complex task worth more than the consideration and support of a single institution or isolated insti-

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<sup>13</sup> “A social cash transfer program which provides cash and health insurance to extremely poor households across Ghana to alleviate short-term poverty and encourage long term human capital development”. Source: <http://www.cpc.unc.edu/projects/transfer/countries/ghana> Accessed 09/11/2013

<sup>14</sup> <http://ama.gov.gh/ama/page/5453/ama-holds-cleanup-exercise> accessed 28/10/2013

<sup>15</sup> <http://ama.gov.gh/ama/page/5459/a-m-a-calls---avenor-butchers---to-order> accessed 28/10/2013

tutions acting separately. It requires strong will for equity, cooperation and collaboration between public institutions on one hand (whether central or local) and NGOs, CBOs and the private sector on the other. Besides, the commitment to enforcing the regulations and operational ethical standards of AMA and decentralization legal framework is very significant. But this will be realized only when such development actors have the capacity to deliver – which assumes the availability of financial and human resource capabilities, and willingness of multiple stakeholders to work together in a task network (Grindle and Hilderbrand 1995).

## **Chapter 6 Summary of Major Findings and Conclusion**

This paper aimed at ascertaining the extent to which key socio-economic, institutional and political factors influence the delivery of basic services to slum communities in Accra Metropolis. This chapter presents the major findings on the levels of basic services provision; as well as presenting the summary of the major findings from the two perspectives (the demand and supply side) on the extent to which the key factors/challenges influence the basic services delivered to Accra slums. The coping mechanisms and strategies are also considered.

### **6.0 Major Findings of the Study**

#### **6.1 The Levels of Basic Service Provision in Accra Slums**

The study showed that all the basic services under study<sup>16</sup> are being provided in the slums but with highly inadequate levels of access and quality. This is certainly not a departure from existing description or characterisation of situations in slums in the developing world (Antwi 2008, Baker 2008, Obeng-Odoom 2011c). It also showed that AMA and CG (through its MDAs) are the major providers of the basic services – these are supported by other service providers such as NGOs, the private sector, religious bodies among others.

The study further found some degree of correlation between the poor level of service delivery and urban poverty in AMA, particularly the slum settlements. It was revealed that while national poverty levels are reducing, that of AMA is increasing. The situation for the slum dwellers was found to be worst because slums dwellers lack basic municipal services such as water, sanitation, waste collection, storm drainage, schools and clinics within easy reach, among others. Slum dwellers were therefore found to be facing both income and relative poverty since they lacked the basic needs required to live a decent life (Laderchi et al. 2003). The existing situation in Accra slums poses a challenge to meeting the MDG on poverty reduction and ‘cities without slums’. The slums of Accra thus exemplify what exiting literature terms – ‘slum as the urban face of poverty’ (GMR 2013:12, Baker 2008, Owusu 2010).

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<sup>16</sup> Education, health, water and sanitation services.

## **6.2 Delivery Challenges and Issues to Accessible and Quality Basic Services in Accra Slums**

Grindle and Hilderbrand's (1995) framework adopted in this study has helped focus on the capacity and challenges to basic service delivery in urban areas. Thus as highlighted in the findings, AMA is the primary organization that plays the steering role in engaging the organizations (service providers) within the task network to deliver services to the urban poor. AMA is primarily responsible for some but not all basic services. Specifically, it is in charge of sanitation and basic education infrastructure and plays a supporting role in health and water provision. The organizations that form the task network within AMAs jurisdictional area include voluntary sector (NGOs/CBOs), the private sector, religious organizations, CG agencies (GES, GWCL, GHS), 'the communities', and development corporation/donors.

The ability of these organizations/task networks to perform the expected task of effectively delivering basic services to the urban poor is highly dependent on the forces within the 'action environment'. Thus the economic, institutional/social, and political factors influences the levels at which basic services are delivered to the slum residents in Accra. Equally important factor is the overall public sector institutional context in relation to national policies, roles of the state, rules and regulations governing public sector management and service provision which to some extent are part of the institutional factors. The subsections below present the major findings on key challenges and issues to the delivery of accessible and quality basic services to Accra Slums as found within the 'action environment'.

### ***6.2.1 Economic Challenges and Issues***

From the slum dwellers perspective, it was found that slum dwellers had very low incomes and so most could not afford to pay for the basic services rendered in their communities. This high cost of service provision was partly due to the high cost of land in the slums. So service providers particularly from the private sector are not motivated enough to provide services in the slums.

Similarly, the constraints on the part of AMA were seen to be low revenue generation both from CG and IGF as well as the inability to productively engage in public-private-partnership. This situation adversely affected service delivery in the slums since they largely depend on what is provided by public sector (the CG and municipality).

### ***6.2.2 Institutional Challenges and Issues***

Literature has it that the degree of tenure security influences the level basic service provided to the slums (Durand-Lasserve 2006). In the study it was found that secured slums had relatively better services than in-secured slums. However within the secured slums, indigenous slums also had relative better chances of slum upgrading than the migrant slums. Slum dwellers noted limited NGOs involvement in physical slum upgrading as some of the reasons for the poor state of services delivered in their communities. On the part of AMA, it was

found that there is incomplete decentralization of basic service delivery which has led to coordination problems between CG and the municipality. No service delivery guidelines were found to be guiding provision by all service providers. Inadequate human resource was also attributed to the ineffective planning and poor collaboration with the voluntary sector. This adversely influenced the level of services delivered particularly to the slums.

### **6.2.3 Political Challenges and Issues**

de Wit notes that, *“one cannot write about slums without paying attention to politics. Politics ...has an important impact on both slum life and on slum policy implementation”* (de Wit 1996:18).

Compared to Dhaka and India where patronage plays a very critical role in facilitating service delivery in slums (de Wit and Berner 2009), the case of Accra slums was different. The study found limited patronage activities in the slums. Very few brokers were found mostly in indigenous slums but also had limited influence. However, political patronage/patronage dynamics which relate to what is termed a “patronage democracy” though low was found to be in the ascendency, as many respondents indicated how slums are now used by politicians to win power. They indicated that politicians distribute money, favours, tangible assets and minimal basic service provision in order to influence voting in their favour. This is similar to the findings of Edelman and Mitra (2006:26) in India.

Devas (1999:14) observes that, *“whatever the formal system, the decision about how the city is developed and managed are political decisions, whether these are taken through a formal and democratic political process or through informal lobbying and bargaining”*. To this end, the study showed limited political commitment by the state and AMA to adequately implement slum upgrading programmes in Accra.

For instance, for the first time in history it was only in March 2013, that the Ghana National Urban Policy was launched. A national database on slums is yet to be compiled in Ghana. This poor political commitment does not deviate from what is mostly found in developing countries, particularly in what World Bank (2007:51) finds in Dhaka.

Lastly, poor community leadership and collective action was found to be a constraint in view of slum dwellers’ access to basic services, as they were shown to have problems to mobilize themselves to demand such services from service providers. This is similar to what some scholars find in slum communities (de wit and Berner 2009, Obeng-Odoom 2011b:380, Post et al 2003).

## **6.3 Coping Strategies**

The study showed the availability and use of the five ‘assets’ or ‘capitals’ - financial, social/political, human, natural and physical capitals/assets (Moser 1998, Tamanna 2012) as coping mechanisms to overcome the inadequate basic services provision in Accra slums were not uniformly applied.

It was found that the coping mechanism adopted most of all was the extensive use of their labour to improve their incomes to be able to acquire the needed basic services. Social/Political such as family relations, reciprocity and political patronage networks as well natural/physical assets such water, open spaces/land were also used by the slum dwellers to contain the situation they find themselves. For instance, they relied on family and neighbours support as well as the limited political patronage networks they had established to gain access to some services and to seek ways for more comfort and upward mobility.

However, it was realized that, the economic/financial crisis which affected large number of slum households contributed to actually weaken their social capital and scope of collective action, which in turn impacted negatively on their ability to mobilize and generate alternative service delivery mechanisms in the absence of AMA's provision.

This study has listed several constraints faced by AMA. In view of this, AMA adopted some mechanisms to address the shortage of basic service provision in the slums. These include engaging in PPPs to start the upgrading of slum communities and to contract private companies to clean the city. This strategy was however limited and sometimes fraught with inefficiencies and here too patronage networks formed constraints ( Baker 2003, Post et al 2003, de wit 1996).

Again, poverty reduction action programmes such as School Feeding Program, free distribution of uniforms and exercise books to deprived schools, Livelihood Empowerment Against poverty (LEAP) programmes to support the poor, vulnerable and excluded in Accra are part of AMA's strategies. Another effort worth noting was the construction of temporal school structures to abolish the shift system of education at the basic education level.

To summarise, and based on available evidence, it is safe to conclude that the slums of Accra are adversely affected by the economic, institutional and political challenges discussed in this paper. Thus, available data on which this study is based point to the fact that the state of basic services in the slums is poor and that urban poverty is increasing. This jeopardizes the achievement of MDGs on significantly achieving improvement in the lives of at least 100 million slum dwellers by 2020.

To expand basic service delivery in Accra slums it would therefore require the state and AMA to rethink their priorities in service delivery; to commit to effectively decentralize basic service delivery; to adequately empower local authorities to generate enough revenue, implement their plans, budgets and by-laws; to enable them to adequately improve their human resource capacity; establish effective planning; improve urban governance, coordination and collaboration with other development actors; and above all ensure community participation for effective and efficient basic service delivery.



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OF RESIDE NCE	ment	osk/shack	pound house	con- tained house

9. Ownership of Residence?

- a. Rented [ ]      b. Own building/structure [ ]      c. Rent Free [ ]

10. Is your residence secured from eviction? Yes [ ]      No [ ]

11. Residence Status    Indigene [ ]    Migrant [ ]

12. How long have you been staying in this community?

- a. Less than a year [ ]      b. 1-4 years [ ]      c. 5-9 years [ ]  
d. 10 years and above [ ]

**Section B: Level of Basic Services**

13. Which of the following basic services are provided in your community?

(Please tick as many as appropriate).

- a. Schools [ ]    b. Potable Water [ ]    c. Health facilities/clinic [ ]    d. Sanitation and Solid Waste management [ ]

14. Who provide these basic services? (Please tick as appropriate).

Services/providers	AMA	NGOs	Private Sector	Religious bodies	Community members	MP	Assembly Members
Potable Water							
Health services							
Education services (e.g schools)							
Sanitation and Solid Waste Management							

15. How would you rate the level of basic services provided in your community?

Please go through the table below and tick [  ] only a box against each statement regarding your assessment of the level and quality of basic services provided in your community.

ISSUES		1	2	3
		Poor	Unsure	Good
Education and learning facilities/services	Basic			
	Secondary			



	Tertiary			
Health post/clinic service				
Potable Water supply				
Sanitation and Solid Waste Management services	Public toilet			
	Household toilet			
	Drainage			
	Waste disposal			

**SECTION C: ISSUES /CHALLENGES /FACTORS INFLUENCING BASIC SERVICE DELIVERY IN THE COMMUNITY**

16. On a scale of 1 to 3 where 1= Disagree, 2= Not Sure, and 3=Agree, please go through table 16a to 16e below and tick [ √ ] only a box against each statement regarding your level of agreement or disagreement to the following factors that influence the provision of basic services to this community.

16a. Institutional/Technical Issues and Challenges

Statements	1	2	3
	Disagree	Unsure	Agree
Because our community is secured from eviction, AMA provides services willingly			
Our proximity (location) to AMA influences the provision of basic services positively			
Local assembly structures are not functioning well here			
Poor planning by AMA does not allow the provision of services to us			
The voluntary sector (e.g. NGOs) significantly support AMA in basic service provision			
Congestion/ access problems here hinder the provision of certain basic service delivery			

16b. Social issues and challenges

Statements	1	2	3
	Disagree	Unsure	Agree
The community collectively demand for basic services from AMA			
Our resident community status (migrant, indigenous) positively affects provision of basic services to us			
Lack of adequate security for service providers because of social vices hinder service provision			
High population growth rate makes it difficult for service providers to plan properly in delivery			
The high level of illiteracy and ignorance negatively affect service provision			

16c. Political issues and challenges

Statements	1	2	3
	Disagree	Unsure	Agree
We have individuals/ influential people or brokers who know officials at AMA and so are able to bring services to the community			
There is no political commitment to provide basic services in our community			
Basic services are often rushed to be provided during election period in order to get our votes			
We have poor community leadership who are mainly interested in themselves			
We have individuals/ influential people or brokers who know officials at AMA and so are able to bring services to the community			
Basic service facilities are often vandalized by the youth for political reasons and this serves as insecurity to private investors to deliver services			

16d. Economic issues and challenges

Statements	1	2	3
	Disagree	Unsure	Agree
AMA does not have enough money to sufficiently provide the basic services			
Because we don't pay enough taxes that is why limited services are provided in our community			
The private sector provides these basic services at a higher cost, which residents cannot afford due to low income levels			
There is high land cost which sometimes scares private service providers from providing services in the community.			

16e. Environmental issues and challenges

Statements	1	2	3
	Disagree	Unsure	Agree
Residents have poor sanitation habits which makes it difficult to continuously cleaning up the mess			
There is poor access through the clustered buildings and so service providers find it challenging to easily reach all the surroundings			
There is lack of conducive or serene environment to attract private service providers			
There is inadequate waste storage bins or facilities (road-side and house side) and so waste collectors and residents alike get constrained managing the waste			

**Section D: Mechanisms or Coping Strategies to inadequate basic service provision**

17. What **mechanisms or coping strategy** do you adopt when you don't have adequate provision of basic services? Please list as much as you can?

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18. What do you suggest should be the best **solutions** to the challenges influencing provision of services in your community? Please list as much as you can?

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*Thank you very much for your kind support!*

### **Appendix 1B: Interview Guide - AMA**

1. What kind of basic services do you provide to the communities under AMA?
2. How is your provision of basic services to slum communities different from non-slum communities?
3. What challenges and issues do you face in delivering basic services to the slum communities?
4. How is the relationship between the slum communities and AMA in the midst of the service delivery challenges?
5. What strategies are put in place to address some of these challenges?

### **Appendix 1C: Interview Guide-Focus Group Discussions**

1. What kind of basic services are provided in your communities?
2. Who provides the basic services and how much of such services are provided by them?
3. How would you assess and rate the services provided?
4. How is the contribution of the following to basic service delivery in your community?
  - AMA/CG agencies, Member of Parliament, Assembly Member, Religious Bodies, NGOs/CBOs and Community Members
5. How do community members influence basic service providers to deliver services to your community?
6. What are the issues and challenges in your community that influence quality and accessible delivery of basic services to you?
7. How do community members cope with the issues and challenges to the delivery of accessible and quality basic services to you?

## **Appendix 2. Methodological details**

### **1.5 Research Methodology**

The research made use of both qualitative and quantitative methods by employing both primary and secondary methods of data collection. The study employed an in-depth exploratory study that embeds community survey. Thus, the primary data collection methods included; observation, survey, Focus Group Discussion (FGD) and key informant interviews. The purpose of using the mixed approaches was to 'help capitalise on the best of both traditions and overcome many of the shortcomings' (O'Leary 2010:127). The mixed methods helped increase validity through triangulation of the various methods as it allowed the researcher to examine the research questions in various ways.

In the following subsections, I will explore primary data methods which here capture why and how AMA was selected as a case for the study, selection of respondents, and techniques of data collection as well how secondary data was gathered.

#### **1.5.1 Selection of Case study**

The research was conducted in the jurisdictional area of AMA. The selection was based on purposiveness, access, and intrinsic interest and value (ibid 2010:174-177). AMA was selected mainly because of its uniqueness in terms of urban and slum population (being the highest in the country). The national president of Slum Dwellers Association assisted the researcher to get access to the slum communities. Again, Accra is one of the selected millennium cities in Sub-Saharan Africa engaged in improving municipal service delivery and upgrading poor urban settlements aimed at helping cities meet the MDGs.

To be able to adequately comprehend the dynamics in basic service delivery (particularly Education, Health, Water and Sanitation) within the slum communities as a fair representative sample of Accra city, five (5) secured slum settlements were purposefully selected for the study. A combination of criteria was used in selecting the slum communities including; the worst slums (Jankowska 2009); poor/low income slums; resident status; and accessibility. The indigenous slums selected include James Town, Urssher Town and Chorkor, while the predominantly migrant slums are Nima and Avenor (AMA 2010).

#### **1.5.2 Respondents' Selection**

As an exploratory study, the research used a combination of research techniques in the collection of data including observation, questionnaire, FGDs and interviews.

Respondents for the household questionnaire were selected from four different locations within each of the five study communities. A combination of snow balling and accidental sampling techniques of the non-probability sampling design was used, since some of the residents were unwilling to be interviewed. The purpose was not to achieve representative sample but to capture the diverse views on the basic service delivery issues within the slum communities.

With respect to the FGDs, discussants were selected based on their location, gender, age, level of awareness or status in community and willingness of the respondents to participate in the study. The FGDs and questionnaire gave the demand side perspective to the issues and challenges regarding basic service delivery as well as coping strategies.

Seventeen respondents were drawn from AMA and its sub-metros, Assembly Members, local leaders/activists and the slum union president for the semi-structured interviews. These respondents were chosen mainly because of their perceived profound awareness of the study's issues and their involvement in various forms regarding basic service delivery in the slum communities.

Observation was also undertaken across the study area. According to Kawulich, "Observation enables a researcher to describe existing situations using the five senses, providing a 'written photograph' of the situation under study" (Kawulich 2005:2). The researcher therefore observed the educational, health, water and sanitation situation within the slum communities during the transect walks and questionnaire administration.

### **1.5.3 Techniques of Data Collection**

In order to ensure that the research was 'doable', care was taken to ensure that the techniques were ethical, and data could be accessed given the limited resources and time frame of seven weeks (5<sup>th</sup> July to 23<sup>rd</sup> August) (O'leary 2010:97). As mentioned in the section above, primary techniques of data collection included; observation, questionnaire, FGDs and Interviews.

#### **1.5.3.1 Observation/Transect Walk**

Making use of the five senses, observation allowed the researcher to get a sense of the reality of basic service delivery situation and the complexities associated with it provision within the slum communities (O'Leary 2010). In the first week, transect walk /observation was undertaken in the slum communities to enable the researcher to familiarizes himself to the various slum communities/environment and to get to observe the general service delivery situation. It also enabled the researcher to identify the various sections of the communities where the questionnaire could be administered in order to give the general picture of the issues and challenges regarding service delivery in the communities. The researcher also took note of the comments residents were making regarding their service delivery situation especially during lunch hours when the researcher had to eat or drink in public restaurants.

#### **1.5.3.2 Questionnaire**

The questionnaires were administered in the survey. Surveying is "the process of collecting data by asking a range of individuals the same questions related to their characteristics, attributes, how they live, or

their opinions through a questionnaire” (O’Leary 2010). In the second week, ten questionnaires were administered in each of the five communities per day with the help of a research assistant. In total 50 questionnaires were self-administered. The questionnaires were pre-tested in the first week, and adjustments were made before the actual administering in week two.

The issues and challenges were measured using a scale of ‘good’, ‘poor’ and ‘unsure’ as key parameters. The five-scale likert scale was not used here because a test-run of the questionnaires revealed that responses were highly tilted towards the three-scale parameters. Thus, ‘highly agree’ and ‘highly disagree’ parameters were really not selected by the respondents during the pre-testing and so had to be reconsidered. The reason for this skewed selection might be the long period of stay in depressed and poverty stricken slums with limited infrastructure. Some slum dwellers got use to the situation. As a result some residents could not ascertain whether services were ‘good’ or ‘bad’ and the level of literacy was so low that they could not determine the standard quality required for each basic service. However, since the questionnaires were personally administered by me, as the researcher, I took time to explain what the concepts meant and how to interpret measurements. Those who were not still certain were thus ticked as ‘unsure’. Besides, in-depth interviews and FGDs assisted in ascertaining the validity of the responses. The issues that raised in the questionnaire were arrived at through the understanding gained from deep review of literature on concepts, urban governance, conditions and challenges of slums, as obtained in Chapters 2 and 3 in particular.

### **1.5.3.3 Focus Group Discussion**

According to O’leary (2010:196), focus group is “a type of group interview with approximately 4-12 people... The goal is to use rich discussion to draw out depth of opinions that might not arise from direct questioning. Added bonuses are high efficiency and lower cost”. Self-administering the questionnaire helped identify discussants that could provide relevant information on the topic area. Discussants included the youth, adults/elderly, local leader/politicians, and CBOs. A total of six separate FGDs were held (three for males and three for females).

Thus, the discussions were held in the third and fourth week with twenty-seven males and twenty-three females grouped into three each. This was done to avoid male dominance during discussions. In all, 60 discussants were expected to take part in the discussion. However, only 50 discussants turned up for the discussion as presented in table 1 below. The discussants were carefully selected from all the strategic locations of the various communities in order to give a broad picture of what is pertaining in the communities.

As indicated earlier, the FGDs provided ‘a rich understanding of people’s lived experiences and perspectives, situated within the context of their peculiar circumstances and settings’ (Freeman 2006:491).



**Table 1**  
**Details of the Discussants in the FGD**

FGDs	No. in- volved	Gender	Participating slum Communi- ties	Location of FGDs
1 <sup>st</sup>	11	Males	James Town & Ursher town	James Town
2 <sup>nd</sup>	9	Females		
3 <sup>rd</sup>	5	Males	Chorkor	Chorkor
4 <sup>th</sup>	5	Females		
5 <sup>th</sup>	1	Males	Nima and Avenor	Nima
6 <sup>th</sup>	9	Females		
Total	50			

#### 1.5.3.4 Semi-structured interview

Interviewing involves ‘seeking open-ended answers related to a number of questions, topic areas, or themes’ (O’Leary 2010). In this case semi-structured interviews through key informant interviews were conducted from the fifth to seventh week during the study. Interview guide was used to extensively interview AMA officials (both at the head office and sub-metros) and Assembly Members as well as local politicians, community leaders/activists and the President of the slum unions in Accra (see details in table 2 below). This was to get in-depth information on the service delivery situation of the slum communities. The interview was flexible enough to explore tangents which provided rich, in-depth qualitative data (O’Leary 2010).

**Table 2**  
**Interview Details**

Interviewees	Description
Metropolitan Planning Officer	Chief Planner of AMA
4 Sub-metro District Coordinating Directors (DCD)	Administrators of AMA
3 Environmental Health Officers	Departmental Heads
1 Officer in Charge of Education	
1 Health Administrator	
1 Water and Sanitation Committee Member	
3 Assembly Members	Members of AMA and local level politicians
2 Community Leaders/Activists	Local leaders/activists

President, Slum Union of Ghana	Slum representative
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The FGDs were recorded and later transcribed with the help of a translator/research assistant. Most of the key informant interviews were also taped and transcribed.

Soft and hard copies of administrative report and other unpublished documents such as the MTDP and the profile were collected.

#### **1.5.4 Secondary Data**

Secondary data sources used include; relevant literature on the research area from journals, books, articles and reports from World Bank, UN-HABITAT and AMA. Local Government Act (Act 462, 1993), The 1992 constitution of Ghana, The National Urban Profile among others as well as relevant websites were also consulted.

#### **1.6 Ethical Considerations**

Central to the integrity of every research is ethics, as O' Leary (2010) notes that in research, ethics are the 'code of conduct' that is allowed within the research process aimed at protecting both the researcher and the respondents from harm. To this end the researcher was very tactful in dealing with all respondents including slum dwellers. In seeking the consent of the respondents, they were first briefed about the purpose of the research and the details about the requested involvement such as time commitment and the topics to be covered. They were made aware that participation is voluntary and that they could discontinue at any time in the process. Permission was also asked before the discussions were recorded.

On the issue of raising expectations, the respondents were made aware that the research was not intended to bring services to their communities. The respondents were equally assured of protection from anticipated or potential harmful effect of the research by explaining to them the anonymity and confidentiality associated with the research.

Permission was granted to the researcher to conduct the research within AMA's jurisdiction based on the introductory letter given by ISS.

#### **1.7 Limitations**

A major limitation was the general scarcity of information on slums. There was no national data base for slums in the country or any national plan of upgrading slum communities.

Another limitation was the limited time and resource to cover all issues in the study area. Time was indeed inadequate given the quality scale of the research and the wide scope of the study. The researcher

thus had to employ skilful means to squeeze the entire task through while sufficiently maintaining reasonable quality and reliability.

Again, bureaucracy and unwillingness to provide information were another challenges faced during the research. For instance, government officials were too busy or difficult to reach and when contacted they often did not want to spend much time with the researcher. However being a local government staff, the researcher was able to collect as much as possible quarterly and annual reports and other official documents to supplement the information gathered.

The nature of the study area and some of study participants actually made interviewing and administering of questionnaires cumbersome. The slums were not only congested but also had people whose approach was difficult due to their contradicting belief systems, low literacy and diverse languages. Some of the respondents were also suspicious, unwilling or incapable to provide relevant data. In consequence, both snow balling and accidental sampling techniques were used to get the required respondents. To get reliable information during FGDs and questionnaire administering, the researcher only introduced himself as a student, researching for academic purpose only.

## **1.8 Profile of slum respondents**

### ***1.8.1 Demographic Profile Respondents in the survey***

As can be seen in Appendix 1, 52% of the respondents were Females while 48% were males. The female majority respondents was almost in tandem with the majority population of females in the Accra slums, and even by extension that of majority female population in Ghana. This implies that, at least, the gender representation of the respondents was well situated and appropriate.

Interestingly, 52% and 36% of the respondents were between 15–34 and 35–64 years respectively. These age cohort almost captures the youthful population of Ghana and Accra in particular as captured in the 2010 Population and Housing Census Report (cf. GSS-GAR Report 2013 p24) who incidentally also form majority population. The implication is that the rapid growth of the adolescent and youthful population would exert increased pressure to expand education, health services, employment opportunities and other basic services (ibid p23), for which slums are mostly at the receiving end.

While 54% of the respondents reported to have been married, 46% were single ( this included those were divorced, widows and widowers). In the focus group discussion it was revealed that a significant number of the youth were not married in the 'legal sense' but cohabiting and having one child or the other. One of the male participants in the focus group was noted to have said that;

“... [here], life is tough. It is not easy at all. So, some of our young guys fear to marry. Me, I think that is why they impregnate our girls so they can give birth, enjoy together, stay apart and don't care what their parents or other people will say. But you see, some of them do that

without having a shelter on their heads or [even] knowing how to take care of themselves”.

In this kind of situation education, employment and income are variable instruments that could help mitigate the sentiments expressed by the participants. Unfortunately, their reality expression with the respondents seems not to tell any better story because only 8 (16%) of the 50 respondents did indicate that they have had a tertiary education. Also, 38% were unemployed and the 48% self-employed were merely engaged in petty trading and artisanship. The average monthly income earning group between 0 and 100 Ghana cedis (less than 40<sup>17</sup> Euros at maximum) was also in the majority with 48%, clearly indicating low income earning situation amongst the respondents, a typical characteristic of slums across Africa.

Revealingly however, during the focus group discussions, it came out outstandingly that life in the slums is akin to hustle and bustle and hardly find room for unnecessary idling. It is like ‘being chased by a lion’. One participant remarked that; “you cannot stop running until you are convinced that a hunter or someone has kill[ed] it”. The import of these is that in order to stay alive in the slums, almost everyone gets something doing.

### ***1.8.2 Residential features***

Appendix 2 shows the residential features. Most of the respondents found to be living in rental compound houses while a sizeable degree also live in kiosks/shacks. Most of the dwellings do not meet UN Habitat standards for appropriate residential housing. Yet, some of them are at risk of their houses being demolished by local authorities as they do not meet the residential building plan standards.

As already indicated in the introduction, the study was conducted primarily in ‘reasonably secured’ slums and this might have contributed to the 84% majority who indicated that their communities were safe from eviction. Further probing revealed that, the remaining 16% who indicated that they were not secured from eviction were those whose dwelling were on water ways and unhygienic places and nothing else could be done except relocation to safer place. Migrant respondents were slightly more than indigene respondents. This was because equal number of questionnaire was administered between migrant and indigeneous slums and as such within the indigeneous slums there we traces of migrants living there. Only 10% of the respondents had lived in the slums for less than a year, clearly showing that sufficient number of the respondents may well have been adequately experienced in slum life and were thus in a better position to assess the issues presented to them.

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<sup>17</sup> 1 Euro = GHc 2.6177 as at 05/09/2013

## Appendix 3 Data Tables used in the study

### Appendix 3A. Demographic Profile of Respondents

General demographic features		Responses on Gender				Total	%Total
		Female	%	Male	%		
		Frequency		Frequency			
Age group	15-34 years	10	38.4	16	61.5	26	52.0
	35-64 years	12	66.7	6	33.3	18	36.0
	65 + years	4	66.7	2	33.3	6	12.0
<b>Total</b>		26	<b>52.0</b>	24	<b>48.0</b>	50	<b>100</b>
Marital status	Single	12	52.2	11	47.8	23	46.0
	Married	14	51.9	13	48.1	27	54.0
<b>Total</b>		26		24		50	100
Educational Status	No formal education	3	42.9	4	57.1	7	14.0
	Basic education	7	50.0	7	50.0	14	28.0
	SSCE/Tech/Voc	12	57.1	9	42.9	21	42.0
	Tertiary	4	50.0	4	50.0	8	16.0
<b>Total</b>		26		24		50	100
Employment status	Self employed	13	54.2	11	45.8	24	48.0
	Private sector	1	33.3	2	66.7	3	6.0
	Public sector	2	50.0	2	50.0	4	8.0
	Unemployed	10	52.6	9	47.4	19	38.0
<b>Total</b>		26		24		50	100
Average monthly income in GH¢	0-100	14	58.3	10	41.7	24	48.0
	101-200	7	46.7	8	53.3	15	30.0
	201-300	3	50.0	3	50.0	6	12.0
	301 & above	2	40.0	3	60.0	5	10.0
<b>Total</b>		26		24		50	100

### Appendix 3B Residential characteristics

Residential features		Frequency	Percentage %
Place of residence	Pavement	3	6.0
	Kiosk/shack	18	36.0
	Compound	27	54.0
	Self-contained	2	4.0
<b>Total</b>		<b>50</b>	<b>100</b>
Ownership of residence	Rented	30	60.0
	Own building/structure	12	24.0
	Rent free	8	16.0
<b>Total</b>		<b>50</b>	<b>100</b>
Security against eviction	Yes	42	84.0
	No	8	16.0
<b>Total</b>		<b>50</b>	<b>100</b>
Residence status	Indigene	22	44.0
	Migrant	28	56.0
<b>Total</b>		<b>50</b>	<b>100</b>

### Appendix 3C Frequency distribution and percentage scores on relative levels of basic service provision by development agents

Services	Schools	Water	Health	Sanitation	Overall Total	Percentage (%)
<b>Providers</b>						
<b>AMA</b>	36	38	35	30	139	69.5%
<b>NGOs</b>	3	3	4	5	15	7.5%
<b>Private Sector</b>	5	3	2	3	13	6.5%
<b>Religious Bodies</b>	2	1	2	1	6	3%
<b>Community Members</b>	1	2	3	4	10	5%
<b>MPs</b>	2	1	2	4	9	4.5%
<b>AMs</b>	1	2	2	3	8	4%
<b>Total</b>					<b>200</b>	<b>100%</b>

**Appendix 3D Frequency on the quality of basic services in Accra slums**

Basic services		Respondents' assessment of quality service						Total
		Good	%	Poor	%	Unsure	%	
		Frequency		Frequency		Frequency		
Education and learning facilities/services	Basic	8	16.0	20	40.0	22	44.0	50
	Secondary	2	4.0	32	64.0	16	32.0	50
	Tertiary	2	4.0	35	70.0	3	6.0	50
Health post/clinic service		3	6.0	29	58.0	18	36.0	50
Potable Water supply		2	4.0	31	62.0	17	34.0	50
Sanitation and Solid Waste Management services	Public toilet	4	8.0	30	60.0	16	32.0	50
	Household toilet	1	2.0	41	82.0	8	16.0	50
	Drainage	5	10.0	40	80.0	5	10.0	50
	Waste disposal	3	6.0	40	80.0	7	14.0	50

**Appendix 3E Level of respondents' agreement on the economic issues and challenges to the delivery of basic services to Accra slums**

Factors	Respondents' assessment on scale						Total
	Agree		Disagree		Unsure		
	Frequency	%	Frequency	%	Frequency	%	
Because we don't pay enough taxes that is why limited services are provided in our community	8	16.0	22	44.0	20	40.0	50
AMA does not have enough money to sufficiently provide the basic services	8	16.0	19	38.0	23	46.0	50
The private sector provides these basic services at a higher cost, which residents cannot afford due to low income levels	22	44.0	19	38.0	9	18.0	50
There is high land cost which sometimes scares private service providers since it adds up to the high cost which may be beyond average income levels of the people here thus leading to low demand of their services	23	46.0	16	32.0	11	22.0	50

**Appendix 3F Level of respondents' agreement on institutional/technical issues and challenges to delivery of quality and accessible basic services**

Factors	Respondents' assessment on scale						
	Agree		Disagree		Unsure		Total
	Frequency	%	Frequency	%	Frequency	%	
Because our community is secured from eviction, AMA provides services willingly	4	8.0	24	48.0	22	44.0	50
Our proximity (location) to AMA influences the provision of basic services positively	11	22.0	21	42.0	18	36.0	50
Local assembly structures are not functioning well here	21	42.0	15	30.0	14	28.0	50
Poor planning by AMA does not allow the provision of services to us	13	26.0	17	34.0	20	40.0	50
The voluntary sector (e.g. NGOs) significantly support AMA in basic service provision	14	28	20	40.0	16	32.0	50
Congestion/ access problems here are a service delivery challenge	15	30.0	12	24.0	23	46.0	50

**Appendix 3G Level of respondents' agreement on political issues and challenges to delivery of accessible and quality basic services to Accra slums**

Factors	Respondents' assessment on scale						
	Agree		Disagree		Unsure		Total
	Frequency	%	Frequency	%	Frequency	%	
We have individuals/ influential people or brokers who know officials at AMA and so are able to bring services to the community	20	40	9	18.0	21	21.0	50
There is no political commitment to provide basic services in our community	32	64.0	8	16.0	10	20.0	50
Basic services are often rushed to be provided during election period in order to get our votes	26	52.0	10	20.0	14	28.0	50
We have poor community leadership who are mainly interested in themselves	25	50.0	7	14.0	18	36.0	50
Basic service facilities are often vandalized by the youth for political reasons and this serves as insecurity to private investors to deliver services	18	36	13	26.0	19	38.0	50



