Pergamon 824 KENA98

HABITAT INTL., Vol. 22, No. 1, pp. 15–26, 1998

Printed in Great Britain
0197-3975/98 $19.00 + 0.00

PII:S0197-3975(97)00019-2

Urban Management, the Provision of Public Services and Intra-urban Differentials in Nairobi

EDMUNDO WERNA
University of São Paulo, São Paulo, Brazil
South Bank University, London, UK

ABSTRACT

The paper analyses the city of Nairobi in order to illustrate the relationship between urban management and the unequal pattern of provision of urban services. It starts by presenting a conceptual framework, which focuses on the current widespread trend of liberalisation of the provision of (urban) services and the withdrawal of the government; highlighting problems connected with a pluralistic system of provision. The conceptual discussion is then contrasted with empirical data from selected services in Nairobi, namely health care, water, sewerage and garbage collection. The paper concludes by comparing performances, and discussing shortfalls of an approach to urban service provision which has had extensive international support.

Keywords: urban management; intra-urban differentials; provision of urban services; developing countries; Nairobi

INTRODUCTION

This paper presents a case-study which analyses the unequal pattern of provision of selected urban services, and discusses the relationship between this issue and urban management. The case-study reveals the existence of a complex structure of provision of services, formed by several types of actors catering to different parts of the population. Such a system, however, has significant managerial flaws, which enhance intra-urban inequalities.

The paper gives insights into the current widespread trend of liberalisation of the provision of urban services in developing countries and the concomitant withdrawal of the government. Regardless of who directly produces a given urban service, the local government is partly responsible for making it accessible to the population, and its managerial role becomes more complex when there are a large number of actors involved in production (See "Concepts" for definitions of production and provision). Thus, it is important to point out that the withdrawal of the public sector from direct production of services should not

Correspondence to: Grupo de Engenharia Urbana, Departamento de Construçao Civil, Escola Politecnica, Universidade de São Paulo, Av Prof. Luciano Gualberto-Xtravessa 31 ho.380, São Paulo-SP05424 970, Brazil.

automatically lead to the removal of support to the government. Also, if the local government is to play the widely praised "enabling role" in the provision of services, one should ask not only who it should enable, but also how it will be done.

This paper starts by presenting a conceptual framework. Next, it introduces the Nairobi setting, followed by the analysis of four services (health, water, sewerage and garbage collection). The paper concludes by comparing performances, and discussing shortfalls of the enabling approach.

CONCEPTS

Firstly, it is important to clarify two key concepts used throughout the paper, i.e. production and provision. The former is defined as the act of physically generating, delivering and maintaining a good or service. Provision, in turn, is defined as the act of ensuring that a given good or service is available and involves decisions regarding quantities and qualities, arrangements for production, financing, regulating and enabling producers (e.g. Batley, 1992; Werna, 1995a).

Urban services can be produced and provided by different actors, e.g. the private sector under different schemes (e.g. franchising, contracting out, leasing, joint ventures, independent producers, informal sector), non-governmental organisations, community-based organisations, the public sector (local, regional or central authorities).

Many cities already have a pluralistic system of production and provision of services (i.e. involving a multitude of actors). Such a trend is likely to escalate owing to the present emphasis on the neo-liberal paradigm of development and its *laissez-faire* policies, which entail loosening of state control and deregulation of markets. The neo-liberal paradigm also entails a decrease in the importance of planning. Thus, the importance of urban management increases exponentially, i.e. in order to coordinate an increasingly complex system of provision with a larger number of agents, and with less planning. The growing emphasis on urban management (as opposed to urban planning) in development theory and practice is one piece of evidence of this fact (Werna, 1995b).

Under such circumstances, the role of the government is clearly different from its (traditional) role on a system of direct production of most urban services. The current role is at least more complex and sensitive in managerial terms. Therefore, the government needs to be supported to consolidate this new and complex role. However, the current *laissez-faire* policies point in the opposite direction, i.e. support is generally being diverted away from the government apparatus.

Without proper coordination, pluralistic provision of services is likely to become a fragmented system prone to inequalities rather than balanced distribution, and prone to waste of resources owing to conflicts and/or overlaps between actions of different actors. The above reasoning will be illustrated through the Nairobi case-study.

THE NAIROBI SETTING

The data about Nairobi presented in this paper was extracted from secondary sources in 1993 (see the reference list). Therefore, all the information about urban management and provision of services refers to this year and/or before. Nairobi is the capital and the largest urban centre in Kenya. In 1990 its estimated population was 1.5 million and the annual growth rate was between 5 and 7% (Orianda and Kiwani, 1990). In comparison to the other urban settlements in the country, the city has had a larger degree of administrative autonomy from the central government. It

has been somehow detached from the centralisation and decentralisation policies that affected other urban centres. Nairobi has had two alternating types of local government: city commission and city council. In the former, the mayor is appointed by the central government. In the latter, s/he is directly elected. The city commission/council has seven main departments: water and sewerage, housing development, public works, city treasurer, education, health, and social services. Two of the services under scrutiny in this paper, health and garbage collection, are under the management of the Department of Health. The other two, water and sewerage, are under the Water and Sewerage Department (WSD-NCC). The present structure of the local government in Nairobi is the city council. It still has a substantial service production responsibility.

In addition to the local government there are also many other agents operating in the urban arena. However, there are still great inequalities in service provision.

DIFFERENTIALS IN THE PROVISION OF SERVICES

Health care

In 1992 Nairobi was served by 174 health facilities, plus a large number of doctors in private practices: in April 1988, the Ministry of Health had 216 doctors registered as full-time private practitioners (Schwarz, 1992). Nairobi also has a large number of traditional healers (REACH, 1988a).

The health facilities are provided by the following agents: the Nairobi City Council (NCC), the Provincial Medical Officer (PMO) of the Ministry of Health, parastatal organisations, the private sector, and voluntary (private-not-for-profit) organisations (Table 1).

The NCC and the PMO operate around 50% of the health facilities. The NCC is the largest provider, operating 48 health centres, clinics and dispensaries, plus the Pumwani Maternity Hospital, Special Treatment Clinic, Chest Clinic and many other services, such as school health, ambulance services, health inspectorate, cleansing services, and epidemiology/disease control services. NCC facilities are open to the general public.

The PMO operates 38 facilities, all specific government institutions and organisations (e.g. armed forces, prisons, etc).

The most important parastatal facility is the Kenyatta National Hospital, which is the major hospital in the country. It has 34% of all the hospital beds and 42% of the volume of admissions in Nairobi (REACH, 1988a). It serves as a referral hospital to the city and the country, and provides secondary and tertiary services. The other parastatal facilities are health centres and dispensaries, serving mainly specific groups like central bank staff and the Kenya airways.

Table 1. Distribution of health facilities in Nairobi by type of agent

Type of provider	Hospital	Health centre with beds	Health centre/no beds	Maternity*/ nursing	Dispensary	Clinic	Other	Total
NCC	1	8	12	—	8	20	2	51
PMO	6	6	11	—	15	—	—	38
Parastatal	1	2	—	—	6	—	—	9
Mission	1	—	—	2	17	—	—	20
Voluntary + private	18	—	—	17	17	4	—	56
TOTAL	27	16	23	19	63	24	2	174

Religious voluntary organizations are listed separately, under the heading "mission".

* Maternity facilities in the NCC are included in the eight facilities listed under Health Centres with beds.

Source: Schwarz (1992)

There are 34 voluntary organisations operating in the health sector in Nairobi (see, for instance, Mazingira Institute, 1990). Most of their activities relate to maternity and child care, family planning, immunisation, and nutrition programmes. They serve mainly slum and squatter populations.

The private sector mostly provides curative out-patient services. Although it mainly serves the middle- and upper-classes, there are an increasing number of private registered facilities in low-income areas. As already noted, there are also a large number of traditional healers in the city.

Imbalances There are many imbalances within the system of health services provision in Nairobi. As Table 2 shows, many facilities are under-utilised, with rates of occupancy as low as 26%. This contrasts with Pumwani Maternity Hospital (Table 2), whose rate is above 100%. There is also evidence that other NCC health centres and clinics are overcrowded (Schwarz, 1992). Duplication of facilities/activities constitutes a further problem. This is illustrated, for instance, by the NGOs operating in the shanty area of Kibera: as Schwarz (1992) notes, many NGOs offer overlapping health care services in this area (while other areas of the city are undercovered).

In short, there is inefficient use of the (limited) health resources in a number of facilities owing to under-utilisation and/or duplication, and, at the same time, congestion in other facilities. The data presented in Table 2 show that under-utilisation is a problem for both the public and the private sectors.

The low-income areas of Nairobi bear the brunt of the imbalances in terms of the (mal)distribution of health services. The city is divided into three main administrative regions (central, western, eastern), which are subsequently split into eight administrative divisions. The great majority of the population of the eastern

Table 2. Rates of occupancy of selected public and private facilities

Facility	Occupancy rate
NCC Hospital:	
Pumwani maternity	107.3
PMO Hospitals:	
Infectious Disease	67.4
Spinal Injury	91.8
Forces Memorial	83.3
Kamiti Prison	38.3
Mathari Mental	65.0
Parastatal Hospital:	
Kenyatta National	69.7
Private Hospitals:	
Nairobi	85.7
Aga Khan	74.7
M.P. Shah	70.0
Master Misericordiae	59.5
Gertrudes Garden Children's	70.5
Private Nursing Homes and Maternity Units:	
Park Road Nursing Home	42.9
City Nursing Home	75.5
Nyina wa Mubi	47.3
Jamaa Maternity	36.0
NCC Health Centres:	
Langata	26.0
Bahati	36.0
Ngaira	27.3

Source: Nairobi Area Study, after REACH (1990).

region are low-income. However, this region has only eight primary health care facilities providing curative services, with only 26% of the medical staff of the city, and less than 30% of the MCH/FP (maternal and child health/family planning) personnel (the region has 35% of Nairobi's population, a figure which is estimated to increase to 41% in 1999). There is only one clinical officer for 41,000 inhabitants. There are only 10 MCH/FP service delivery points (22% of the total), which is the smallest number among the three regions. These service points have the highest utilisation rate in the city (32,000 per service point per year in 1990) (Schwarz, 1992).

Apart from the eastern region, the largest concentration of low-income population in Nairobi is in the administrative division of Langata, in the western region. It is the most under-serviced division in its region, with one curative facility per 80,000 residents.

Performance The deficiencies in terms of the provision of health services are partially explained by a number of problems encountered in the NCC. The council should have provided curative services for a minimum of 3.0 million outpatient visits during 1992, based on a moderate estimate of two visits per year per resident (a more adequate coverage, based on an estimation of three visits per year per resident, would require approximately 4.5 million visits per year). The NCC attended 1.1 million visits, which is almost two million less than the minimum estimated to be needed (Schwarz, 1992). This situation is due to an array of problems related to manpower, personnel management, specialised services, procurement and management of pharmaceuticals and laboratories, transport and communication, hours of service and training (Schwarz, 1992).

The NCC also has deficiencies regarding preventative and promotional services. However, according to Schwarz (1992), there are more than enough resources (facilities and personnel) to provide adequate coverage for services like maternal and child health and family planning especially during the short and medium term. The deficiencies of the NCC in this field are mainly covered by the voluntary sector.

In terms of comparisons between the public and the private sector, data on number of patients attended and costs per outpatient visit show a higher throughput for the former. According to REACH (1988b, 1990), public facilities see on average five times more patients than the private ones, and spend Kshs.[1] 17 per outpatient visit, as opposed to Kshs. 24 in the private sector[2]. Even if the costs of the NCC facilities were fully shared by the patients, they would have a better deal in monetary terms, as opposed to those who use the private facilities.

However, higher throughput in terms of volume of attendance and costs does not give indications regarding the quality of the services. Actually, REACH (1990) suggests that the private facilities provide better services than the public ones. For instance, there is evidence that the amount of time each member of clinical staff has per patient in the private sector on average is more than three times that in the public sector. The private sector also procures more expensive drugs (REACH, 1988b, 1990). Therefore, the private customers, who can afford the more expensive facilities of the private sector, are, in the end, better served than the public consumers.

Most of the middle- and high-income strata of the population rely heavily on private health provision. The low-income strata, in their turn, have a mixed profile.

[1]Kshs. is the abbreviation for Kenyan shillings

[2]This comparison is based on data from the following facilities: Rhodes, Dandora 1, Bahati Health Centre, Jericho Sub Health Centre, Pumwani Sub Health Centre, Langata Health Centre, Ngaira Road Health Centre, Kaloleni Sub Health Centre, Pangani MCH/FP Clinic, Ngong Road Dispensary, Maringo Clinic, Makongeni, Mbagathi, Loco Dispensary, Mary Immaculate Dispensary, Kenya Bus Services, Crescent Pwany, Kenya Breweries, B.A.T. Shauri Moyo, Central Bank Staff Clinic.

As already noted, the public, private and voluntary sectors serve the low-income population of Nairobi. This fact seems to indicate that there is a complementarity of services between the different agents. Although this is true to some extent, the provision of health services is not devoid of problems already noted: geographical inequalities, over- and under-utilisation of services, duplication, low quality.

In short, there is a pluralistic system of provision of health services in Nairobi: different types of public authorities, a large number of voluntary organisations, a large number of private registered facilities and doctors, and traditional healers. A number of problems accruing from such a situation have been highlighted in the present section, therefore supporting the point made in the conceptual discussion presented in the previous section (that without proper coordination, pluralistic provision of services is likely to become a fragmented system prone to inequalities rather than balanced distribution, and prone to waste of resources). The improvement of coordination between the different agents is essential, and would certainly counteract fundamental problems of the sector. It is important to note that to coordinate different agencies only in quantitative terms, e.g. over- or under-supply, duplication etc. is not enough. The concatenation of policies is also fundamental. There are differences in policies within the same sector, and they have to be matched. There is a major problem in that the NCC still carries out a policy of removal of slums and squatter settlements. This jeopardises many actions to ameliorate the provision of services in these settlements.

Water

In 1989, the available supply of water in Nairobi (180,900 m^3 per day) approximately met the demand (World Bank, 1989). In 1992, the demand outstripped the supply (NCC, 1992). However, the completion of the 3rd Nairobi Water Supply Project is likely to increase the supply again, at least up to the years 2008–2010, taking into account the rate of growth of the population (NCC, 1992). The amount of consumed and billed water are the same (250,000 m^3 per day) which means that there is no leakage; and, as Table 3 shows, revenues from water sales exceed the costs.

The WSD-NCC water supply system reaches 89% of the population, through house connections, communal watering points or water kiosks. The remaining 11% obtain water from boreholes (Wanyoni, 1988).

The private sector is involved in the water supply system through street vendors, who purchase water from kiosks and sell it to customers (specially in squatter settlements). The voluntary sector is involved in establishing and/or administering communal water points.

The data about supply versus demand in Nairobi and about revenues versus costs, presented above, give a good indication about the performance of the WSD-NCC. However, there are inequalities within the system of provision. The consumers who have house connections are much better off than those who get water from communal points and those who buy it from vendors. Firstly, it is much more comfortable to have water coming directly through taps, than having to go somewhere else

*Table 3. Costs and revenues of water supply by the WSD-NCC in Kenyan pounds (K£)**

	Projection 1993/1994	Estimate 1992/1993	Revised 1991/1992	Approved 1991/1990	Actual 1990/1991
Total expenditure	10,157,900	10,321,600	9,671,100	8,644,200	6,055,539
Total net income	31,382,200	24,488,600	23,833,600	28,039,600	23,822,306
Surplus	21,224,300	14,167,000	14,162,500	19,395,400	17,766,767

Source: NCC (1992).
*One Kenyan pound is equal to twenty Kenyan shillings.

to get it, wait in queues, and carry it back home. Secondly, street vendors charge from 3 to 10 times more than the NCC (Schwarz, 1992).

Virtually all the areas served by communal taps and street vendors are low-income. Less than 12% of the plots in the squatter settlements have water connections (Schwarz, 1992), This means that the low-income residents who purchase from street vendors spend several times the rate paid by their middle- and high-income counterparts to have water piped into their homes.

The imbalances in the system of provision of water are epitomised by cases like that of Mukuru Kaiyaba, a squatter settlement in the Makadara division, central region of Nairobi. There is a main water pipe passing through this settlement going to two formal housing estates (NACHU, 1990). However, the inhabitants of Mukuru Kaiyaba do not have domestic water connections, as squatter settlements have not been included in the public piped system: this paper has already noted that the NCC has had conflicting (and often antagonistic) policies regarding such settlements.

Similarly to the case of health services, the system of provision of water in Nairobi is pluralistic. However, water is different from health because the system is dominated by the public sector. The private and the voluntary sectors work in combination with the public.

The prospects that the WSD-NCC will improve the situation of the water supply system are dim, because of its financial constraints. For instance, the capital expenditure of the WSD-NCC for water and sewerage fell from US$27.78 in 1981 to US$2.47 in 1987, and maintenance expenditure fell from US$7.29 to US$2.30 during the same period (both in real US dollars per capita) which means a combined yearly decrease of 28% (Centre for Urban and Community Studies, 1991).

Owing to the problems of the NCC, one could contemplate increasing the involvement of other agents in water provision. However, the improvement of the water supply system in the slums and squatter settlements is constrained by their illegal status. Water points were introduced in these settlements after 1971 only because of the outbreak of cholera (Schwarz, 1992). However, as already noted, the NCC still carries out a policy of removal of slums and squatter areas. Therefore there is no incentive to invest in a proper system of piped water for these settlements. This is a major point to be taken into consideration in a strategy of intra-agency coordination.

Sewerage

Around 700,000 people (approximately 50% of the population of Nairobi) are serviced by the public system (owned and operated by the WSD-NCC). The remaining part of the population use septic tanks, conservancy tanks, cesspools, bucket latrines or pit latrines. A few factories and small communities have their own treatment facilities, generally small waste stabilisation ponds (World Bank, 1989).

Apart from the NCC, there are a number of voluntary organisations involved in the provision of sewerage services in Nairobi (Mazingira Institute, 1990). Their main contribution is the building of communal toilets and open sewer canals. The private sector is also active, through the provision of alternative solutions like pit latrines. In short, similarly to the case of health and water services, the system of provision of sewerage is pluralistic.

The fact that roughly half of the population of Nairobi has no access to piped sewerage unveils imbalance in the system of provision. Despite the actions of the voluntary sector in building communal toilets in the slums and squatter settlements, demand still outstrips the provision enormously. Person-to-toilet ratios are high, e.g. 500:1 in Langata (NACHU, 1990). According to interviews carried out by the author with NGOs and local people, a large number of the slum/squatter dwellers

do not use any type of toilet, and dispose of faeces in public areas. This practice has clear negative implications for health at the household and the community level.

The inequalities in the system of provision are illustrated by cases like those of the squatter settlements of Lindi and Mashimoni (in Langata, Western region), the squatter settlement of Gitari Marigu (Embakasi, Eastern region), and the slum area of Korogocho (Mathare, Eastern region). While all these areas face harsh sanitary conditions, there are sewerage pipes passing through Lindi, Mashimoni and Gitari Magiru, and there is a treatment plant near Korogocho, receiving sewerage from other parts of the city, but overlooking the appalling conditions of its neighbouring area. In Gitari Magiru the situation is particularly critical, because the pipes actually worsen the settlement's sanitary problems, owing to frequent overflows (NACHU, 1990).

Compared to water, the provision of sewerage is more problematic: in terms of number of people served, and the health consequences. The WSD-NCC financial difficulties, noted before, affect not only water, but also sewerage. The improvement of the situation in those areas is constrained by the same factor noted in relation to water: the NCC policies regarding the legal status of the settlements.

Solid waste

The system of garbage collection in Nairobi is run by the cleansing section of the Department of Health of the NCC. Schwarz (1992) states that, according to a letter from Mr J. P. Mathenge (Provincial Public Health Officer) to the Director of Medical Services of the NCC, 60% of the daily produced garbage in Nairobi remains uncollected (the NCC collects around 30% of the garbage, and other agents collect 10%). Table 4 provides data on the amounts of garbage produced.

The dismal performance of the NCC is due to an array of problems: a decrease in the number of vehicles for collection (96 in 1972, 44 in 1990), deficient maintenance of the equipment, a lack of foreign currency for the importation of spare parts, friction among staff, a large number of staff in disguised employment or underemployment (Schwarz, 1992; Stren, 1989).

The deteriorating situation generated an opportunity for the ingress of the private sector in the provision of garbage collection services. According to the figures presented by Mr. Mathenge, the amount collected by the private sector at present is one third of that collected by the public sector (Schwarz, 1992). The private system has a better performance, is more reliable, charges higher fees, and attends the upper strata of the population. Therefore, the situation regarding public versus private provision of garbage collection is similar to that regarding health: the private customers (who can pay more) are better off than those who rely on the public system.

As in the case of health, water and sewerage services, the situation regarding garbage is worst in the low-income areas, particularly the slums and squatter settlements. There are only few and scattered initiatives: infrequent NCC collecting vehicles which only go through a few roads in the settlements, and voluntary efforts to burn the waste or to take it to the nearest formal pick-up point at the edge of the settlements (Schwarz, 1992).

Table 4. Daily amount of solid waste generated in Nairobi per year, in tonnes per day

	1972	1975	1980	1988
Domestic waste	300	560	1100	2400
Industrial waste	70	120	200	550
Earth waste	100	110	13	160
TOTAL	470	790	1430	3110

Source: NCC, after Situma (1988); please note that Situma (1988) does not provide information regarding the source data "NCC".

The current road system of the slum and squatter settlements does not enable a collecting truck to go further than the main (larger) roads. Therefore, alternative solutions have to be designed, unless a radical reshaping of the road system is carried out. However, anyone willing to invest in the improvement of the system of garbage collection is discouraged by the NCC policy of removing slums and squatter settlements.

WHO SHOULD SUPPLY WHAT?

Considering the inequalities existent in Nairobi, and considering that each agent provides some services better than others, who should provide what?

The public sector has a comparative advantage in terms of water provision. Such an advantage accrues from the fact that the NCC owns and operates the piped system, and its performance is fair. The performance is here defined as "fair" based on indicators for water provision presented in Batley (1992), e.g. extensive coverage of the population (89%) and match between the amount of consumed and billed water (i.e. no leakage in the system). It is plausible that such an agency (NCC) should continue to play a leading role in the water sector. Such a conclusion is reinforced, for instance, by data presented by Batley (1992). That author analyses the water supply system of 12 cities in six developing countries, plus secondary information from two other countries provided by Donahue (1989) and Triche (1990).

All the 12 city-studies analysed by Batley had a public system of water provision. The majority (ten) were considered good. Moreover, "given political support, public sector monopolies are apparently capable of operating in a 'business-like manner' of maintaining an investment programme, of restricting staff numbers and of maintaining staff morale and performance" (Batley, 1992, p. 45).

Although the findings from the secondary data from the two other countries is less clear-cut, the overall result is also in favour of the public system. Triche (1990) analyses the take-over of the water supply system in Cote d'Ivoire by a private company, and gives a mixed view of the results. Donahue (1989) examined seven studies of public versus private water supply in the USA: four concluded that ownership did not make any difference regarding cost efficiency, and the other three concluded that the public sector was more efficient.

However, as already noted, the public water supply system in Nairobi has a number of problems, which have to be tackled in order to improve the performance of the NCC. The most evident is the paradox between a policy of removal of slum and squatter settlements, on the one hand, and the need to better serve their population, on the other. The deterioration of the financial situation of the WSD-NCC is also worth noting.

Regarding garbage collection, health and sewerage services, there is not a clear leading agency in terms of performance. The performance of the NCC in garbage collection has been poor, but the main alternative, the private sector, is more expensive. The study carried out by Batley (1992) produced mixed findings regarding public versus private performance. Out of twelve cities examined, five have an efficient public system of provision, and one has an efficient mixed public–communitarian system (measured in terms of percentage of population served). Among the six remaining cities, three contracted out to private firms. Privatisation in these three cases seemed to have been advantageous. This finding is confirmed by other cases studied by Bartone (1991) and Donahue (1989), and reviewed by Batley (1992).

Batley (1992) concludes by highlighting contrasting cases of success. On the one hand, he points out the case in which the public sector won a competitive bid from private companies, and suggests that "Rather than ownership, it may be competition that counts." (Batley, 1992, p. 49). On the other hand, he notes that there was

no competition in the most efficient city studied by him (Hermosillo, Mexico). The reasons for success were strong management, strong investment policy, right administration and strong political (local) support for the improvement of the service.

In sum, there is not a clear-cut answer. However, it is obvious that the presence of a strong public managerial structure, *a la* Hermosillo, is desirable, whether the public sector provides the services directly, or supervises.

The provision of health services in Nairobi is the most pluralistic among those under scrutiny here. However, rather than analysing the viability of improving the system under the leadership of a given agent, this paper suggests that there is scope for ameliorating the present system by investing in coordination. As already noted, cases of duplication, over- and under-utilisation of facilities abound.

In terms of sewerage, Batley (1992, p. 13) suggests that piped systems "are clear public goods, large scale and with both high positive externalities (health benefits) and negative externalities (neighbourhood pollution). These are cases for public provision and production although private firms may be contracted for specific works."

Thus, if the piped system is to be extended in order to serve the other half of the population, the NCC should be considered and therefore supported. Other agents could participate via subcontracting procedures, or provide alternative solutions. Thus, as in the case of other services, there is scope for complementarity of action among different agents and therefore the need to invest in coordination.

Coordination is needed not only between different types of agents, but also within the different sectors. Take, for instance, the voluntary sector. Individual voluntary organisations have a very limited capacity. By and large each one of them carries out very specific activities in particular areas of the city (Mazingira Institute, 1990). However, there have been a large number of such organisations in Nairobi: there were 80 in 1988, 36 of which were operating in health, water, sewerage and/or garbage collection (Mazingira Institute, 1990). Since that year, their numbers have increased. During the field work of the present research, the NGO Action Aid was doing a detailed survey of the activities of all the other voluntary organisations. While this is an important step, it shows that there has been lack of information exchange between the voluntary organisations in terms of their activities. The connection between these organisations is deficient, and there is no coordination of their activities. This obviously leads to problems such as duplications, and under-targeting of crucial problems. If the separate activities of that large number of organisations were orchestrated, the overall impact of the voluntary sector in the provision of services in Nairobi could increase exponentially.

CONCLUSION

The points made in the introductory and conceptual sections of this paper will now be taken up again bearing in mind the findings from Nairobi. The paper has aimed at giving insights into the widespread trend of liberalisation of the provision of urban services in developing countries, and the concomitant withdrawal of the government. The conceptual discussion focused on problems connected with a pluralistic system of provision of urban services. Through the examination of selected services it was revealed that this kind of pluralistic system is in place in Nairobi, and therefore, such services and such a city constitute a fertile ground for the demonstration of the conceptual points in this paper.

The paper has argued that the role of the government in pluralistic systems is clearly different from its (traditional) role in a system of direct production of most urban services. In managerial terms, the current role is more complex, therefore the government needs to be supported in order to consolidate the

changes. However, the current trend of *laissez-faire* policies shows that support is generally being taken away from the government. However, without proper coordination, pluralistic provision of services is likely to become a fragmented system prone to inequalities rather than balanced distribution, and prone to waste of resources owing to conflicts and/or overlaps between actors. The analysis of the services in Nairobi has unveiled a number of problems which confirm the above reasoning. Such problems include the existence of significant quantitative and qualitative intra-urban differentials in terms of access to services, duplication and under-utilisation of services in some areas as opposed to deficiency in others, concomitant policies of support and removal of squatter settlements, among others. The present situation is already complex, and it is difficult to imagine that things will improve if support given to local government authorities, which are ultimately responsible for urban management, continues to decline. In short, it is necessary for support to be given to the coordination of the provision of services in Nairobi.

As already noted, the prevailing conceptual thinking leads the government away from the direct production of services. However, the analysis of the services in Nairobi demonstrates that public authorities are still prominent in direct production. They operate around 50% of the health care facilities, provide water for 89% of the population, provide a sewerage system for 50% of the population and collect twice as much solid waste as the private sector does. Therefore, this paper stresses that, wherever rampant privatisation policies prevail, extra care should be taken with such services, i.e. withdrawal of the public authorities will not automatically lead to private provision to the poor. In addition, the previous section in this paper notes that, in many cases, there is no clear-cut picture regarding the comparative efficiency of actors from the different sectors: public, private-for-profit and private-not-for-profit (voluntary). This means that the efficiency of privatisation policies should not be taken for granted.

Within the private sector, the literature frequently focuses on the formal means of provision of services. However, it is suggested here that it is also fundamental to discuss the role of the informal sector, because it poses a significant challenge for urban managers, i.e. how to deal with a sector which is generally constituted by dispersed producers, often non-registered and even illegal. The analysis of Nairobi has unveiled that the role of informal producers within the private sector is notable, especially in health care (i.e. the traditional healers) and water supply (street vendors). Therefore, it confirms the need to pay attention to the informal sector.

The issue of informal vis-à-vis formal provision may be used to illustrate questions related to the "enabling approach" (i.e. that the prime role of governments is to enable other actors to perform economic functions). Enabling *per se* means little. Hambleton (1992, p. 17) points out that it is important to ask "who is being enabled to do what?". This is certainly true, considering the wide range of actors operating in the urban arena, however, it is also fundamental to ask *how* this is going to take place. This may seem obvious, but such an issue is still understressed. Enabling is not a straightforward issue. There are multiple possibilities of interaction between the government and the direct producers of urban services, leading to quite different results.

Acknowledgements — The author thanks Trudy Harpham, Charles Choguill and an anonymous referee for their comments on earlier drafts of this paper. The usual disclaimers apply.

REFERENCES

Bartone, C. (1991) *Keys to Success: Private Delivery of Municipal Solid Waste Services*. Infrastructure and Urban Development Department, The World Bank.

Batley, R. (1992) Cooperation with Private and Community Organizations. *The Institutional Framework of Urban Management Working Paper No 6*. Development Administration Group, School of Public Policy, University of Birmingham.

Centre for Urban and Community Studies (1991) *An Urban Problematique: Urban Development and Assistance Policy in the Developing World*. University of Toronto.
Donahue, J. (1989) *The Privatisation Decision: Public Ends, and Private Means*. Basic Books, New York.
Hambleton, R. (1992) Decentralization and democracy in UK local government. *Public Money and Management*, July–September, 9–20.
Mazingira Institute (1990) *Kenya—Country Case-Study on Urban Management*. Mazingira Institute, Nairobi.
Orianda, V. A. and Kimani, G. (1990) Assessment of immunization services. *Knowledge Attitudes and Practises and Coverage in Nairobi, 1989*. 12th October, UNICEF, Nairobi.
NACHU (National Cooperative Housing Union Ltd.) (1990) *A Survey of Informal Settlements in Nairobi*. NACHU, Nairobi.
NCC (Nairobi City Council, Water and Sewerage Department) (1992) *Estimates for the Year Ending 30th June 1993 and Projections for the 1993/1994 Financial Year*. NCC, Nairobi.
REACH (Resources for Child Health Project—USAID) (1988a) *Nairobi Area Study*, II, Final Report, November. REACH/USAID, Nairobi.
REACH (Resources for Child Health Project—USAID (1988b), *Nairobi Area Study*, IV, Executive Summary, November. REACH/USAID, Nairobi.
REACH (Resources for Child Health Project—USAID (1990) *Strategic Planning for the Nairobi Metropolitan Area*, June. REACH/USAID, Nairobi.
Schwarz, R. (1992) *A Strategic Health Plan for the Nairobi Area*. Development Solutions for Africa Ltd, Nairobi.
Situma, F. D. P. (1988) *Environmental Problems*, paper presented at the First International Conference on Urban Growth and Spatial Planning of Nairobi, December.
Stren, R. (1989) The administration of urban services. In *African Cities In Crisis*, eds. R. Stren and R. White. Westview Press, London.
Triche, T. A. (1990) *Private Participation in the Delivery of Water Supply Services: The Case of Guinea*. The World Bank, March (draft).
Wanyoni, G. N. (1988) *Urban Environment*. Paper presented at the First International Conference on Urban Growth and Spatial Planning of Nairobi, December.
Werna, E. (1995a) Urban management and intra-urban differentials in Sao Paulo. *Habitat International* **19**(1), 123–138.
Werna, E. (1995b) The management of urban development, or the development of urban management? Problems and premises of an elusive concept. *Cities* **115**, 353–359.
World Bank (1989) *Staff Appraisal Report—Kenya—Third Nairobi Water Supply Project*. The World Bank, Washington.