



## Public sanitation structures in anglophone Cameroon: A historical investigation, 1922-2022

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### Abstract

Issues of public sanitation have for long been an important concern within societies the world over, and its merit is in the fact that it is considered a preventive medicine. Sadly, and mostly in third-world countries, public sanitation is often in a deprived state. However, for reasons of its importance, many structures over the years within the Anglophone Cameroon Regions have been designed to care for that purpose. Therefore, this paper intends to make a historical investigation of the different public sanitation structures in Anglophone Cameroon from 1922–2022, which is over a century. The argument raised in the paper was built from both primary and secondary sources and interpreted mostly qualitatively. The methodology is purely historical. Following its main objective, this paper argues that the changing and sometimes multi-structured structures were aimed primarily at improving the practice of public sanitation. The paper reveals that for all its years, the Native Authority (NA) structures during the British sojourn of colonialism and the post-federal era of councils were the most devolved grassroots structures, which ensured to an extent the promotion of public sanitation practices in the territory. The paper further ascertains that the workings of the different public sanitation structures were hampered in some respect by inadequacies in human and capital resources as well as overlapping and duplicating functions following the five inter-ministerial committees additionally charged with public sanitation matters.

**Keywords:** Public sanitation, anglophone Cameroon, native authority

### Introduction

Sanitation is a prerequisite to good health and socio-economic development. Mindful of this, in 2008, the Prime Minister of India quoted Mahatma Gandhi, who said in 1923 that “sanitation is more important than independence”<sup>[1]</sup>. To better comprehend the topic under consideration, an understanding of the term sanitation is necessary for a start. Basically, Sultana *et al.* define sanitation as the prevention of human contact with waste for hygienic purposes<sup>[2]</sup>. They opine that it also means promoting health through the prevention of human contact with hazards associated with the lack of healthy food, clean water, and healthy housing. The control of vectors (living organisms that transmit diseases) and a clean environment are among the others included. To them, sanitation focusses on the management of waste produced by human activities<sup>[3]</sup>. According to the World Health Organisation, sanitation generally refers to the provision of facilities and services for the safe disposal of human urine and faeces<sup>[4]</sup>. Mara *et al.* argue that sanitation is a complex topic with links to health, social, and economic development<sup>[5]</sup>. Despite this importance, they regret that it affects many but is championed by few<sup>[6]</sup>.

In this paper, the term Anglophone Cameroon will feature constantly and necessitate edification. Anglophone Cameroon is today used as a contemporary appellation to describe the former British Southern Cameroons. While there seems to be unison to the territorial limits, there are cross-edging views as to the exact meaning of an Anglophone Cameroonian. Nfi opines that individuals who trace their ethnic bases to the defunct British Southern Cameroons, whether or not they speak the English language, are Anglophone Cameroonians<sup>[7]</sup>. Also, Ndobegang posits that an Anglophone is someone whose ancestry is Southern Cameroonian<sup>[8]</sup>. This paper aligns with Ndobegang and Nfi, who both argue that an Anglophone Cameroonian is the culmination of the linguistic, educational, and, most

importantly, ancestral connection of individuals to the area conterminous with the present-day North West and South West regions of Cameroon. Away from being a geo-political delimitation, Anglophone Cameroon shared a historical and cultural ethos that differentiated them from their peers in francophone Cameroon, and this lays a good basis for the understanding of the discussion on public sanitation in the polity.

As a polity that experienced the British indirect rule system of colonial administration, certain indigenous practices thrived, and coupled with some colonial fiats, the practice of public sanitation was a public priority. This study hinges on the different structures in the practice of public sanitation in Anglophone Cameroon. It argues that the changing structures were aimed primarily at improving the practice of public sanitation. As an analytical lead, this paper handles some decisive themes like the public sanitation structures during the British sojourn, public sanitation structures in the federal era, councils in the post-federal era in the management of public sanitation, and post-federal inter-ministerial departments in public sanitation management.

### Public sanitation during the British sojourn

Prior to the commencement of the British Mandate in 1922, public sanitation during the pre-colonial and German eras was not neglected. In the pre-colonial period, several indigenous approaches were used. For example, to deal with the menace of mosquitoes in both public and private spaces, most indigenes made use of the burning of leaves harvested from the masopo plant (*Ocimum gratissimum*)<sup>[9]</sup>, also known as African basil, and also wax tapped from wax leaf trees in the forest areas, while the Fulani burned cow dung. Indigenous approaches to public sanitation were nevertheless not uniform across the different cultures and communities, as geographical and cultural peculiarities interplayed to produce speckled approaches to public

hygiene and sanitation. In light of colonialism and individual efforts, the NAs and the British Colonial Authorities made great strides. The application of indirect rule wielded a lot of power over the NAs, and fiats were put in place to guide their operations. With the guidance of the administration, NAs and other local bodies organised community work in the respective localities, where youths of both sexes provided the needed labour force for clean-up campaigns held monthly<sup>[10]</sup>. During such campaigns, people cleaned the public squares, cleared paths leading to the streams and springs where portable water was fetched, cleared off the bushes around their homes, and dumped their refuse collectively far off from their homes and in particular chosen sites for the activity<sup>[11]</sup>. Those individuals who refused to work were each fined, ranging from £2 to £4.2<sup>[12]</sup>.

In addition, the British Colonial Authorities established hospitals in all four divisions of the territory (Bamenda, Mamfe, Kumba, and Victoria) and appointed medical officers to each. They were charged with the responsibility of coordinating sanitation activities in their divisions as well as taking care of health hazards in general, especially those that occurred as a result of the disrespect of sanitation rules<sup>[13]</sup>. Though their efforts greatly enhanced public sanitation in the territory, the introduction of fees by colonial administrator E.J. Arnet in 1926, although intended to raise consciousness and shun the wastage of drugs, worked against the smooth enhancement of sanitation. Ngoh posits that though the amount charged was minimal, it was so heavy on the indigenes who could not afford such amounts<sup>[14]</sup>. The Director of Medical and Sanitary Services (DMSC) for Southern Cameroons labelled the move as counter-productive to the government's sanitation policy and inconsistent with what went on in other divisional hospitals in the territory. Alongside these divisional hospitals were dispensaries, which also aided in the enhancement of hygiene and sanitation. This was a private, confessional, and governmental collaboration, as some were owned by Christian missions and the plantation owners. Some of the most conspicuous ones that impacted so much on the indigenes were those managed by the NAs, and these include Bali, Bamunka, and Batibo, among others<sup>[15]</sup>. To address the sanitation situation and avert discord, the divisions were reorganised into local sanitary units called Native Administrative Sanitary Units (NASU) under the control of the medical doctors<sup>[16]</sup>.

Each sanitary unit had a group of locally trained sanitary staff known as the Mobile Sanitary Police (MSP). They served as sanitary overseers in specific sanitary units and received instructions directly from medical doctors. The sanitary labour team cleaned the native quarters, swept the markets, and kept the towns clean. They transferred refuse around the town by hand carts from dust bins to large public incinerators provided by the Sanitary Department, where it was burned. By 1930, each main town in Southern Cameroons had a team of sanitary labourers headed by at least a locally trained sanitary inspector<sup>[17]</sup>.

In 1935, the Native Administration began the formal training of indigenous sanitary inspectors in the Northern Nigerian School of Hygiene at Yaba College. Before then, the medical doctors, in collaboration with the chiefs, sensitised the inhabitants on the need to practice good hygiene and sanitation with children at school and parents at community gatherings and village councils. Lectures included talks on personal cleanliness, such as keeping low

haircuts, trimming nails, brushing teeth in the morning and evening with a chewing stick or charcoal, washing hands before and after meals, ironing clothes, purifying unsafe water before drinking, and the necessity of washing household utensils after use<sup>[18]</sup>. The headmasters of the different schools ensured that sanitation forums were well organised, while the district officers held meetings with the head teachers of schools in their respective districts, instructing them to include sanitation and hygiene lectures in their academic programmes<sup>[19]</sup>.

Locally trained sanitary inspectors, assisted by the chiefs of various areas, carried out routine inspections of houses to guard against bed bugs and lice. In Bamenda Division in 1930, out of 6556 houses inspected in the Bansa area alone, 103 were found to have bed bugs and lice<sup>[20]</sup>. The occupants of the infected houses were taught how to destroy the insects, either with hot water or by burning the property if the infection was considered high and dangerous<sup>[21]</sup>. Those whose property was burned received some form of compensation from the administration, and this move diminished protests<sup>[22]</sup>. The sanitary department also actively participated in the identification and protection of food, water sources, and other threats to the health of indigenous people, with varying successes in different areas. In Victoria, for instance, where indigenes and Europeans shared a common water source, the township was provided with pipe-borne water with filter beds about one mile from the town in 1930<sup>[23]</sup>.

In Kumba, Lake Barombi was identified as the only source of good water. Unfortunately, the distance made it an impediment for all to be able to fetch water from it. Boreholes were dug in Mamfe to provide portable water for the indigenes. Before then, Mamfe had no good source of water, so they usually resorted to fetching water from the Manyu River. In Bamenda, the sanitary labour team resorted to the protection of water sources by building fences around them. However, in most cases, people still break into them, especially as they were forbidden to do laundry, wash plates, or throw refuse around these sources<sup>[24]</sup>.

Since plantations were very sensitive areas due to their overcrowded nature, sanitary activities there were regulated by the 1927 Labour Ordinance, instituted by the British Colonial Authorities. By doing so, the German planters were to provide sanitary facilities to the camp dwellers. But in 1929, with the institutionalisation of a Labour Act, all plantations in Southern Cameroons were declared Labour Health Areas under Section 2 of the 1929 Ordinance<sup>[25]</sup>. However, the planters were not comfortable with the 1929 government regulation concerning sanitation on the plantations. Consequently, the representatives of the plantations concerted and decided not to apply the regulations. They held on to their decision, and for close to a decade, sanitary regulations for the plantation camps were violated. However, in 1934, a few plantation camps were provided with night-soil disposal facilities (bucket latrines). The buckets were emptied into fly-trapped pits. But this toilet type produced a horrible smell, especially when overused. A sanitary labourer was therefore often armed with a stick to prevent their use during the day. Meanwhile, covered wells were provided with pumps and special water carriers<sup>[26]</sup>. The idea of sanitation in the European staff quarters was spectacularly improved. Spring water was piped to a 92-chamber tank, passing over a filter of sand and gravel in the first chamber, and drawn by taps from the second service reservoir. The water catchment areas were

protected with very high fences. For villages that were blessed with rivers, water was pumped into a series of tanks that served for sedimentation, and then it was later purified with a solution of chlorinated lime and distributed by pipes and taps to European quarters <sup>[27]</sup>.

A clear legal frame was the Public Health Native Authorities Enabling Order in Council, 1940. It was modified in 1943 and known as the Public Health (Eastern Provinces Native Authorities) Rules, 1943, and specifically laid orientations for the NAs to be at the forefront of public hygiene and sanitation efforts <sup>[28]</sup>. Among the issues contained in the law were infectious diseases, overcrowding, and the slaughter of animals. However, new public health and sanitary rules proved difficult to implement in some areas, and requests were made for specific rules to be applicable in some areas <sup>[29]</sup>. In response to complaints from the newly trained sanitary officials, the NAs applied through Resident T. Hans to the then Secretary General of the Eastern Province, J.V. Denhurst, to permit them to draft and adopt sanitary rules that were suited to the local conditions and traditions of the natives and the capacity and knowledge of the Sanitary Overseer <sup>[30]</sup>. Undesirably, the Secretary General turned down the demands and insisted on the implementation of the Public Health Ordinance Sanitary Rules <sup>[31]</sup>. Nonetheless, specific laws were passed, for instance, the Bamenda North West Authority Public Health Rules, 1950, approved by the Resident for the Bamenda Province, W.D. Spence, which laid down public health rules for the area <sup>[32]</sup>. Some of the issues spelled out included the disposal of waste, control of pigs, right of entry, construction of salgas, water supplies, breeding of mosquitoes, and nuisance <sup>[33]</sup>. The roles of the NAs and the British Colonial Administration were difficult to differentiate because they worked hand in glove because there were many areas of general concern, including the clearing of grass on the streets and roads, the disposal of human excreta, refuse disposal, and the slaughter of animals, amongst others.

In each town, salga-type public latrines were built for the safe disposal of human excreta and public pits for refuse disposal <sup>[34]</sup>. In Tiko and Victoria, they were changed to the bucket system because the night soil could be emptied at sea <sup>[35]</sup>, while in some inland towns like Bamenda, the bucket system was also introduced and the buckets were buried in deep pits far from the towns. The inspection of meat, food, and palm wine was equally introduced. Lifanje states that people were expected to use these public latrines with the utmost care, and those who messed them up were exposed to naming and shaming as well as other forms of punishment <sup>[36]</sup>. Also, the disposal of refuse was another area that received due attention. Manjong avers that those public pits were dug and people were expected to dispose of garbage inside <sup>[37]</sup>.

In 1943, A.F. Bridge, the then Resident of Southern Cameroons, issued an order that required all supposed sanitary inspectors in the territory to enrol in refresher courses at the Ibadan Sanitary School. While pending this exercise, all sanitary inspectors were rated as sanitary overseers, and what became upsetting from this decision was that these sanitary workers were asked to pay back the excess amount on their wages for 12 months, which amounted to £44 each. They considered the decision of the resident rash and thus suspended their services, which degraded the sanitary conditions and increased the mortality rate from sanitary-related diseases <sup>[38]</sup>.

The degrading state of sanitation in British Southern Cameroons made F.D. Jateway, the Chief Clerk to the Executive Council in Enugu in 1944, impose sanctions on any native who did not respect the sanitary rules found in the Public Health Ordinance. Irrespective of the above decision, the Native Authorities held firm to their claims for authorisation to implement already established Native Authority Sanitation Rules, which were finally accorded in 1947 <sup>[39]</sup>. Significantly, the era of the U.N. and its trusteeship council ushered in gleams of hope for sanitary conditions, and the U.N. visiting missions equally offered avenues for complaints to be tabled. There was a slight change in the method of approach to sanitary awareness. The Sanitary Inspectors and Overseers in their respective areas held meetings with the indigenous population and enlightened them on vital sanitary tips <sup>[40]</sup>.

As evidence of sanitary work between the colonial and Native authorities, the years 1947 and 1948 saw the inspection of 8355 houses in Victoria. After this inspection, 46 were found dirty. These 46 houses that were found dirty were considered to have contravened Native Authority Sanitary Rules and were thus served notices to appear in court. After prosecution, they were fined the sum of £14.2s.2d each <sup>[41]</sup>. In most cases, houses found dirty by the sanitary inspectors were reported to the chief, and an abatement notice was issued to the concerns, with a time frame indicating when the said houses should be kept clean. When nothing was done to this effect, the matter was usually referred to the native court <sup>[42]</sup>.

To note is the fact that research programs to investigate the outbreak of diseases were adopted by the colonial government to manage public sanitation, and finance was usually obtained from the Colonial Development and Welfare Fund (CDWF). From time to time, field units were dispatched to the rural areas to investigate and carry out research on the epidemiology, aetiology, prevention, and possible remedies of diseases in the entire southern west of Cameroon. For example, Mr. H.V. Eyre, on May 22, 1947, led an epidemic unit to Bali and Djottin in Nsw. Two years later, in 1949, there was yet another unit that surveyed the Bafut area. 8,264 individuals presented themselves at the request of the field unit for examination. The rate of morbidity stood at eighty-seven percent, although it was judged to be improved and illnesses discovered were treated. During their tours, the unit intensified efforts at educating the people in personal and community hygiene. Having seen the management structures within the colonial period, the next focus will be on examining public sanitation structures from the federal era to the post-federal era.

### **Public sanitation structures in the federal era**

It is often with force and yet delicacy of expression that Anglophone Cameroonians who lived in the era of the Federal System from 1961-1972 frequently allude to that epoch as regards the structures and practice of public sanitation. In this early attempt, it is important to state that the management of public sanitation continued in the hands of the NA following the absence of the colonial government <sup>[43]</sup>. However, like every other sector, it was gradually merged to fit the union of the reunification; these structures were also slightly altered.

During the Federal period, there was a central unit for hygiene and sanitation in West Cameroon, with the head having today the somewhat equivalence of a secretary's rank in the ministry. For the same purpose, at divisional

levels, there were divisional boards in charge of the public sanitation department. As partly insinuated already, it can be said that what occurred as the structure and practice of hygiene and sanitation within the federal era was an overlap of what existed within the British colonial era with little modifications <sup>[44]</sup>. This is very apparent because, even beyond the 1970s, what was applicable in the territory as public sanitation regulations were the 1958 ordinances extended from Nigeria to Cameroon by the colonial masters <sup>[45]</sup>. Even within this time, the Native authorities had continued to work on aspects of public sanitation alongside other divisional boards and accompanying structures.

Appreciably too, aside from the continuous work of the NA structure in public sanitation, one other major adjustment within the lines of public sanitation structures during this period was the introduction of divisional hospital committees. It had as members key stakeholders, businessmen, and much more within the management of public sanitation, especially around hospital lines. This divisional hospital committee observed sanitation issues and other difficulties in the hospital and made recommendations for aid in that direction. These aids were first of all contributed by the members of the sitting committees, the local public, and, by extension, through foreign aid. It is impressive to note how the divisional committee for Bamenda handled an issue, as noted in the 1969 report.

As indicated in this 1969 report, sanitation issues in the Bamenda hospital were in danger. In the report, the Bamenda hospital committee indicated that the hospital capacity of beds was 500, while only 2000 beds were available <sup>[46]</sup>. Because of this situation, and as a solution, it was agreed that two people were to share one bed. Something that was totally uncomfortable and made the patient's situation worse in terms of hygiene and sanitation and also in terms of the psychological trauma for both hospital attendants and the sick persons. Worse still, the remaining 100 patients who were without beds only found space to sleep on the floor. This living arrangement created a huge issue as far as public sanitation and hygiene were concerned and evidently accounted for undue deaths <sup>[47]</sup>. Without further information as to how this particular issue was solved in terms of the number of patient beds later purchased or accorded, there is every indication of the committee's move to lobby for funding and provisions. It should be highlighted once more that it was the health medical officer at the division and the West Cameroon National Health Officer who coordinated those activities.

Principally, the works of sanitary members around this era were seen as sacrosanct because they were instrumental in keeping the health of the people. Most sanitary workers were dedicated to the service, and, in the words of John Minkong, they were hardly corrupted <sup>[48]</sup>. To their credit, sanitary work extended to schools. For instance, in primary schools, theoretical lessons on hygiene and sanitation were complemented by the daily inspection of the nails, teeth, hair, and uniforms of pupils by teachers. The active sanitary structures seemed to have been present everywhere in towns and villages. For the same purpose, they regularly inspected compounds sprayed with oil, gullies, and receptacles likely to collect water that formed mosquito breeding grounds <sup>[49]</sup>. During this period, all eating house food preparation and preservation premises in the townships were inspected and approved by sanitary inspectors before they could be issued certificates of registration. In the years following, the NA structures were changed to councils as we know them today, as will be expanded upon in the next segment.

### **Councils in the post-federal era in the management of public sanitation**

Thereafter, public sanitation structures rested mostly in the hands of councils and some ministerial departments. Since the late 1970s, councils have functioned under the then Ministry of Territorial Administration and Decentralisation and were answerable to the set ministry <sup>[50]</sup>. However, within the council set up, a particular structure was accorded to oversee issues of sanitation, which was tied to one of the missions of councils within the Anglophone Cameroonian regions and the country as a whole. According to the 1996 decentralisation law, in line with the government's effort to ameliorate the lives of its citizens, Section 3, Part 1, stated in part that the councils shall have a general mission of improving the living conditions of their inhabitants, which was of course reflective of their sanitation conditions <sup>[51]</sup>.

Essentially, the objectives of councils following the general duties of city councils in Cameroon as of 2004, in accordance with Section 110 of Chapter 1, could be classified under the social, economic, and political sectors. In this purview, councils had the task of monitoring and controlling the management of industrial refuse, collection, removal, and treatment of household waste, as well as the urban sanitation of rainwater facilities <sup>[52]</sup>.

To promote public sanitation in the territory, general clean-up campaigns were regularly organised by council structures. There was the Keep Clean campaign, an exercise that was carried out once a month in different towns, cities, and even some sub-urban communities. In Bamenda, for example, the exercise was observed on the first Thursday of every month from 7:30 a.m. until midday. Offices were locked up for the cleaning exercise <sup>[53]</sup>. This involved the cleaning of public spaces, drains, homes, and shops. The garbage cleaned from offices, shops, and homes was then placed by the roadside, where council garbage trucks could easily collect it.

This monthly exercise did not hinder the daily exercise of cleaning done by the council staff. The population was involved, and those who failed to participate received a query from the council and were obliged to pay a fine <sup>[54]</sup>.

In Buea, the "Keep Buea Clean Campaign" was equally initiated and accorded significant attention. Clean up campaigns were scheduled and declared by council administrative authorities once every month. For example, on December 20, 1982, the D.O. of Buea, in consultation with the council authorities in district decision no. 12/1982, organised a cleanup campaign in the Buea District, which was slated for Wednesday, December 22, 1982 <sup>[55]</sup>. On the cleanup day, the entire population of Buea municipality was called upon to turn out and actively participate in the cleaning exercise from 8:00 to noon. Business premises, including all bars, hotels, shops, off-licenses, and market stalls, were to remain closed while all taxi movements were halted <sup>[56]</sup>. Equally, frantic efforts were made to ensure the engagement of law enforcement officials in ensuring that the population respects the administrative orders.

The Keep Clean campaigns were not limited to the activities carried out on cleanup campaign days. To check the throwing of dirt on the streets, some council authorities issued municipal orders to that effect. For example, in the 1990s, the Government Delegate to the Bamenda Urban Council, Albert Ndeh, signed a municipal decision making it compulsory for taxi drivers to have a garbage can in their taxis so that when people ate in their taxis, they would not throw whatever they ate on the streets <sup>[57]</sup>.

In some municipalities, sanitary teams were dispatched into the communities, especially to restaurants, bars, garages, and even homes, to carry out public hygiene and sanitation sensitization. In Bamenda, for example, Albert Ndeh put in place a team that moved from place to place, addressing the population on the importance of cleanliness. The aim was to make people see and embrace the importance of sanitation. In this light, hygiene and sanitation crusades in most parts of Anglophone Cameroon were not occasional episodes but daily practices. The ministerial departments are next examined as structures of public sanitation in Anglophone Cameroon.

### **Post-federal inter-ministerial departments in public sanitation management**

Based on the aspects already discussed in this paper, it is evident that over the years, several efforts in terms of governing structures have been put in place to cater for public sanitation in Cameroon and, by extension, Anglophone Cameroon. A formidable effort in that light that had a bearing on the territory was the 1995 Prime Ministerial Decree No. 95/230/PM, which assigned five inter-ministerial departments the mandate to implement sanitation regulations, especially those relating to waste management.

The ministerial departments that shared responsibility for waste management included the Ministry of Territorial Administration and Decentralisation (MINEPAT), the Ministry of Mines, Industries, and Technological Development (MINMIDT), the Ministry of Economy and Finance (MINEFI), the Ministry of Urban Development and Housing (MINDUH), the Ministry of Environment and Nature Protection (MINEDEP), and the Ministry of Public Health <sup>[58]</sup>. There were various statutory orders assigning specific responsibilities to these ministerial departments in hygiene and sanitation. The workings of each of these structures in relation to public hygiene and sanitation shall be examined in the following paragraphs.

It should be noted that even before these inter-ministerial provisions for public sanitation, MINAT existed and was generally charged with the functioning of councils. Circular letter No.0040/LC/MINUATDCTD of 04/04/00, order No.0072 MINAT/MINVILLE of 21/05/00, law No.714/23 of 05/12/74, and law No.2004/18 of 22/07/04 all addressed the responsibility and activities of MINAT in relation to public sanitation in Cameroon in general and Anglophone Cameroon in particular. In line with the provisions of the instruments cited supra, MINAT was responsible for the follow-up and implementation of regulations for the organisation and functioning of councils, the basic decentralised unit charged with maintaining public sanitation <sup>[59]</sup>. In this regard, MINAT was charged with the supervision of various councils, which were responsible for the follow-up and control of waste management. This activity expanded to include clearing the city of waste, the collection, transportation, and treatment of municipal waste, as well as the management of all public spaces and infrastructure regarding the former <sup>[60]</sup>.

Also, within the inter-ministerial structure, the Ministry of Mines, Industries, and Technological Development (MINMITD) had its role in maintaining public sanitation as defined by order No. 13/MINME/DMG/SL of April 19, 1977, decree No.99/818/pm of September 9, 1999, and

order No. 02/MINME/DMG/SDAMI of April 1, 1999. These instruments tasked the ministry with the development of strategies for industrial development and of classified and commercial installations for pollution, hygiene, and industrial nuisance <sup>[61]</sup>. The stationary orders equally defined norms for industrial pollution, a list of dangerous, obnoxious, and polluting facilities to inform the public, and the development of regulations governing the installation and exploitation of facilities classified as dangerous, obnoxious, and polluting <sup>[62]</sup>.

Equally, an important ministry that was later part of the 1995 structure tasked with promoting public sanitation was the Ministry of Economy and Finance. Following Decree N0.2004/320 of 8/12/04, it tasked the Ministry of Economy and Finance (MINEFI) with the financial control of councils. This ministry was responsible for managing the finances enacted by parliament <sup>[63]</sup>. Within this global share of the country's budget, provisions were made by the ministry for the financial sponsorship of public sanitation through councils.

Referring to the 1995 provision, the Ministry of Urban Development and Housing, guided by Order No.0072/MINAT/MINVILLE of May 21, was later involved in matters pertaining to public sanitation. This regulation charged the ministry with the responsibility of household waste, implementing urban restructuring, sanitation, and drainage. The ministry was equally tasked with the definition and enforcement of sanitation, collection, and/or treatment of household waste <sup>[64]</sup>.

Interestingly, Decree No. 2005/0577/pm of February 23, 2005, and Order No.006/MINEP of March 8, 2005 accorded guidelines on the responsibilities of the Ministry of Environment and Nature Protection (MINENP) in public sanitation. These included the task of collaborating with other agencies to define measures for the national management of natural resources, the effective control of investigation and pollution in the field, and the supervision of environmental impact assessments with sanitation <sup>[65]</sup>.

Lastly, the Ministry of Public Health (MINPH), which was equally involved in issues of public sanitation, was governed by circular letter no. D69, N6/DMHK/SHPA of August 1980 and order D67/Ns/NN/SG/BMPH/NNPA of 11/08/87. These texts provided for the creation of hygiene and sanitation units in councils, the provision of technical support to the hygiene and sanitation units in councils, and the establishment of norms for the collection, and transportation of industrial and domestic waste where they functions <sup>[66]</sup>. The ministry was equally tasked with the responsibility of designing and implementing a public education campaign on hygiene and sanitation <sup>[67]</sup>.

Noticeably, the five inter-ministerial departments were many, and this, in some ways, was a disservice to public sanitation in Anglophone Cameroon. This is partly because it led to inefficiencies through duplication and wastage of both human and capital resources <sup>[68]</sup>. The regulatory system relied on a top-down approach to decision-making, wherein the ministerial departments were able to exercise control over local councils, which had limited autonomy. This resulted in decisions that reflected political inclinations rather than scientific reality. This was particularly common in the provision of technical assistance from the government and its agencies to various local councils in the territory.

## Conclusion

The importance of public sanitation for healthy living cannot be overstated. That is why, for over a hundred years, different structures were put in place to improve the situation. For a comprehensive understanding, the paper was divided into four parts. The first segment dealt with the historical background, and the second expounded on the nascent public sanitation structures and efforts by British colonial and traditional authorities. The third aspect elaborated on the council's structure in public sanitation, and the last part focused on ministerial departments. Overall, it was argued that these changing and sometimes multi-structured structures in public sanitation management were aimed primarily at improving public sanitation issues, with the conclusion that the Native authorities and council structures devolved grassroots efforts in light of public sanitation in Anglophone Cameroon. Overlapping and duplicating functions, as well as inadequacies in human and capital resources within these structures, were deemed severe setbacks for the achievement of the mission and vision of the structures.

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- File No.: Sc/1930/1, Medical Quarterly and Yearly Report, Bansa Station and District, NAB.
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- "The Public Health (Eastern Provinces Local Authorities) Rules, 1943", Ministry of Local Government, Index to Law and Legal Notices of West Cameroon, Vol. III, 1965.
- Christopher Fru, age 75, retired worker with CDC, Limbe, February 15, 2022.
- File No.: C/b1938/3 League of Nations Report, Bamenda Division, NAB.
- File No.: Qe/ 1948/3, Repeal Regulations under the 1945 Labour Code Ordinance for 1929, NAB.
- Donald Ndiforchu Afunghang, "Public Sanitation in Southern West Cameroon, 1927-1972", M.A. Dissertation, in History, The University of Bamenda 1, 2018, 60.
- Ibid.*
- File No.: Sc 1950/2, "Native Authority Public Health Rules, Bamenda Province", 2, NAB.
- File No.: (ja/a 1943/1. Vol. 2). 1. Native Authority Sanitary Rules and Orders for Cameroons Province, NAB.
- File No.: (Rules H14/15 Vol. 2), 1943, Southern Cameroons Authority Staff Rules, PCCAP.
- Letter No. 11473, "Native Authority Sanitary Rules", Secretary's Office Eastern Provinces, Enugu, September 12, 1947, NAB.
- Reference No.: 15123/7/5, Provincial Office Bamenda of March 4, 1950, NAB.
- File No.: Sc 1950/2, "Native Authority Public Health Rules, Bamenda Province", 8-9, NAB.
- Interview with John Minkong.
- File No.: Cf/1935/1, Special Medical Report for the League of Nations, Victoria and Buea, 1935, NAB.
- Interview with Penn Lifanje, age 70, son of one-time Quarter Head, Cassava Farms Limbe, April 22, 2022.
- Interview with Augustine Manjong, age 76, Quarter Head of Ntasen 2, Ntasen Nkwen, April 17, 2023.
- Donald Ndiforchu Afunghang, "Public Sanitation in Southern West Cameroon, 1927-1972," 64.
- File No.: B.99/Vol. III, Annual Medical and Sanitary Reports, District Office Bamenda, NAB.
- Interview with Elizabeth Tandafor, age 73, a retired social worker with the Mamfe council, Mamfe, April 1, 2022.
- O.C.E.A.C. *Campagne anti Palustre au Cameroun, Rapports et publications sur le paludisme au Cameroun 1 (1953/1954)*, 211.
- Donald Ndiforchu Afunghang, "Public Sanitation in Southern West Cameroon, 1927-1972", 67.
- Idem.*
- Interview with John Minkong.
- Idem.*

46. NAB, File No.: B126, "Sleeping Sickness Control of" appeal for medical aid, 1938.
47. Interview with Ellen Azifor, 80 years old, retired senior nurse, Bamenda, April 24, 2024.
48. Interview with John Minkong.
49. PCCAB, File No.: (F/1555), Annual Medical Report for Southern Cameroons, 1955, 28.
50. *Idem*.
51. Recueil des lois de decentralisation, July 2004, accessed online, January 23, 2023.
52. *Ibid*, 23.
53. Interview with Albert Ndeh, c. 65, Former Government Delegate to the Bamenda Urban Council, telephone discussion, September 10, 2023.
54. *Idem*.
55. File No.: Sc/a/1980/1, NAB.
56. *Ibid*.
57. Interview with Albert Ndeh.
58. Some of the ministries charged with public sanitation as of 1995 might have experienced a split or modification in appellation; however, they will continually be referred to herein based on the 1995 provisions and appellations.
59. MINAT, Law No.: 714/23 of 05/12/74.
60. MINAT, law No.: 2004/18 of 22/07/04.
61. MINMITD, order No.: 13/MINME/DMG/SL OF 19/04/77.
62. MINMITD, order No.: 02/MINME/DMG/SDAMI of 04/01/9.
63. MINEFI, Constitution Decree N0.2004/320 of 08/12/04.
64. MINAT/MINVILLE, order No.0072/MINAT/MINVILLE of 21/05/00.
65. MINENP, order No.006/MINEP OF 08/03/05.
66. Ministry of Public Health, order D67/Ns/NN/SG/BMPH/NNNPA of 11/08/87.
67. *Ibid*.
68. A number of decrees and orders attest to this fact. These include: MINAT, Law No.714/23 of 05/12/74; MINAT, Law No.2004/18 of 22/07/04; MINMITD, order No.13/MINME/DMG/SL OF 19/04/77; MINMITD, order No.02/MINME/DMG/SDAMI of 04/01/9; MINEFI, Constitution Decree N0.2004/320 of 08/12/04; MINAT/MINVILLE, order No.0072/MINAT/MINVILLE of 21/05/00; MINENP, order No.006/MINEP OF 08/03/05; Ministry of Public Health, order D67/Ns/NN/SG/BMPH/NNNPA of 11/08/87; Law No. 74-23 of December 1974; Decree No. 77-220 of 1st July 1977.