Women at a water collection point. Photo: Consortium Coordination Unit, FWC

SOCIAL ACCOUNTABILITY IN SIERRA LEONE

Influencing for pro-poor WASH investment in the 24-month post-Ebola recovery planning

Oxfam is leading the Freetown WASH Consortium (FWC) programme in Sierra Leone, which aims to contribute to health improvement through specific pro-poor WASH interventions that are aligned to the government’s 24-month post-Ebola recovery planning. Oxfam’s strategy focuses on promoting citizen engagement and the translation of community needs into policies.
1 COUNTRY CONTEXT

Sierra Leone is one of the poorest countries in the world, ranking towards the bottom of the Human Development Index (181/188 in 2015). It has one of the highest child mortality rates in the world, at 161 deaths for every 1,000 children born.\(^1\) More than 14 percent of these deaths are due to diarrhoea. This is partly as a result of inadequate water, sanitation and hygiene (WASH) services,\(^2\) which was also largely responsible for a series of cholera outbreaks between 2006 and 2012.\(^3\) In 2014, when the Ebola virus disease hit the country, poor WASH infrastructure, combined with unsafe hygiene practices at health facilities and at the community level, exposed health workers, patients and communities to the virus and probably contributed to its spread.

Although it is estimated that 85 percent of the urban population has access to potable water,\(^4\) this figure hides important disparities between the richest and the poorest neighbourhoods. In Freetown, one of the fastest growing cities in West Africa, uncontrolled urbanization presents major challenges for the main service provider, Guma Valley Water Company (GVWC). GVWC is a public company established in 1961 by an act of parliament. More than 96 percent\(^5\) of the water it supplies comes from the Guma Dam, which was built in 1960s to serve a maximum of 300,000 people.\(^6\) With the current population estimated at 1.5 million and high water losses (45–50 percent),\(^7\) due to the ageing and badly maintained network system and illegal connections, the centralized water supply system is unable to meet public, commercial and industrial demand. The situation is compounded by the leakage of wastewater from a poor sanitation system, since most of the population is not reached by the centralized sanitation network and relies on decentralized systems, which are usually in quite bad condition. Moreover, the urban population is expanding into coastal areas, affecting the quality of the many water sources located in those areas. Climate variability, in the form of frequent droughts and destructive floods, is also affecting water resources.

More than one-third of the population (>500,000 people) live in areas that are not fully covered by the GVWC supply network.\(^8\) These people are highly dependent on small, decentralized water supply systems that account for less than 4 percent of the total supply. Many decentralized systems include water testing. However, some informal providers (i.e. private water truckers) rarely test the water, and many people still rely on water from unprotected sources, especially during the dry season, which is associated with wide public health risks. The functions, ownership, roles and responsibilities of community-based water management groups and formal institutions are still unclear. This has been an impediment to good governance around the decentralized facilities, as demonstrated by the lack of regulation, poor management, and poor maintenance of the facilities and the hygiene around them. There is currently no effective regulation of the urban water and sanitation sector, beside the requirements of the governing board of sector agencies and the sector ministry.\(^9\)

Only 23 percent of the urban population have access to improved sanitation.\(^10\) Of the sludge that is removed from toilets, only 29 percent is disposed of in Kingdom, the only official sludge-disposal site in Freetown.\(^11\) Moreover, these treatment facilities have not been maintained, so untreated sludge spills into a series of creeks that run through informal slums and into the sea.
In 2013, the council contracted a private company to manage the city’s solid waste collection and disposal, but the company lacked capacity, resulting in indiscriminate dumping. This has contributed to the blockage of drainage channels in parts of the city, leading to increased flooding, as in September 2015.\textsuperscript{12}

Good hygiene practices are not widespread; many families remain unaware of the importance of hand washing, and soap is often unavailable. While building WASH infrastructure takes time and financial investment, hygiene promotion can be implemented at a relatively low cost and with good results: it is estimated that hand washing with soap can reduce diarrhoeal disease prevalence by 35 percent.\textsuperscript{13}

Public duty bearers’ capacity to detect, prepare for and respond to growing demands for services and to provide appropriate management and maintenance is already vastly under-resourced, which is magnified during emergencies, as observed during the Ebola outbreak and the 2015 flood response.\textsuperscript{14} Ebola claimed more than 3,500 lives,\textsuperscript{15} including those of 200 healthcare workers. The impact on the economy has been catastrophic; the healthcare system almost collapsed, and schools closed for almost a year.

2 OXFAM’S STRATEGY

Oxfam is leading the Freetown WASH Consortium (FWC) programme, which aims to increase the access of low-income communities to safe and affordable water, sanitation and hygiene services, and to improve the health of the most vulnerable people in western urban and rural areas of Freetown. This will be achieved through:

- supporting and building the capacity of the government;
- delivering WASH facilities;
- implementing disaster risk reduction measures;
- advocating pro-poor services and increased sector financing in partnership with WASH Net, which is a local civil society organization.

Since January 2010, Oxfam – together with ACF, Concern Worldwide and Save the Children – is directly supporting the government’s pro-poor WASH interventions under its 24-month post-Ebola recovery programme. This phase aims to reach 987,500 people in urban and rural areas of Freetown.

Community participation, particularly of the most vulnerable groups, was key for Oxfam’s strategy within the FWC programme. In order to design the pro-poor interventions, Oxfam encouraged the elaboration of community needs assessments in all wards (administrative unit) in Freetown. Community groups were organized and trained on needs assessment. First, they updated maps including water facilities, points of outbreaks, schools, health facilities, etc. Then they discussed their problems and needs and prioritized them.
In order to make sure that the needs of the most vulnerable within the communities were also captured, community groups included men, women, children, elderly, and youth representatives. Another important innovative tool used to capture community voices in the planning process was the establishment of a hotline at the City Council office that ensured people who were unable to participate in the ward-level needs assessment to put forth their concerns and needs. Moreover, community volunteers went door-to-door encouraging everyone to use the hotline. Interestingly, around 60 percent of the hotline users turned out to be women. Water, sanitation and health were the three priority issues for most citizens. However, it is important to note that sanitation was considered the highest priority among women, while it was not a top priority for men, who rather prioritized water access and infrastructure. Acknowledging women’s concerns gives sanitation issues the high priority they actually require. In parallel with the establishment of the hotline, a technical working group (TWG) was initiated by Oxfam and included authorities and several aid agencies. The TWG supported the City Council office in recording, tabulating and analysing the information shared by the citizens. Finally, their prioritization and maps were used to inform the Freetown City Council’s development plan for 2016-2018. The overall current goal of FWC programme is to contribute to the improvement in health status of Sierra Leoneans with specific pro-poor WASH interventions that are aligned to Government of Sierra Leone’s 24-month recovery planning.

In the early stages of the programme, Oxfam supported the creation of community water governance structures. However, before they could be strengthened sufficiently, the Ebola outbreak took place and the community structures did not persist. Currently, there are plans to undertake an extensive research study to identify better structures to support the work of community-based organizations and to link them with the authorities.

3 OXFAM’S IMPACT

It was in early October 2015 when discussion began at national level for the identification of priorities in the six key sectors of health, education, water, private sector development, social protection and energy as a continued post-Ebola effort of Government of Sierra Leone to get the country’s economy back on track. Working groups were formed for each sector to list key initiatives. Given the critical role that FWC had played in minimizing public health outbreaks in the country and its engagement in long-term development WASH work since 2010, the Ministry of Water Resources (MoWR) invited FWC to be a part of the national working group to plan key initiatives for the water sector. FWC was the only INGO in this national working group that included representatives from MoWR, Ministry of Health and Sanitation (MoHS), WASH Net, and UNICEF.

The focus for investment in Freetown under the 24-month post-Ebola recovery plan for the water sector was mainly proposed as rehabilitation of the existing Freetown water supply infrastructure, which is managed by Guma Valley Water Corporation (GVWC). GVWC is currently undersized for the expanding population of Freetown and its infrastructure is poorly installed and maintained, resulting in high losses in water supply. Although investment on GVWC is required, the
needs of low-income citizens who are especially vulnerable to outbreaks of cholera and Ebola would not be addressed under this strategy because this population is not covered through GVWC water supply network. FWC realized this gap in the 24-month planning and proposed a specific pro-poor WASH intervention targeting areas beyond the reach of the GVWC network. FWC solicited support from WASH Net and the Development and Planning Officer of the Freetown City Council to highlight the need for an integrated WASH investment in the areas beyond the reach of GVWC, which include more than 500,000 people, and particularly for the vulnerable groups living in slum areas.

To get the buy-in of the working group for investment on pro-poor WASH interventions, FWC presented evidence generated from the community-based needs assessment that clearly indicated that the communities’ top needs were water, sanitation and hygiene services. The resulting development plan has now become an important planning tool for all key stakeholders for WASH investment in Freetown.

Oxfam’s continuous and strategic engagement in the national planning process and support for the design of pro-poor WASH interventions eventually led to the pro-poor WASH initiative being selected as one of the top two key priorities under the 24-month post-Ebola recovery plan. The government endorsement is very important in order to get the project approved and to obtain donor support. But, most importantly, it ensures the engagement of the government, which may promote sustainability and reduce external aid dependency in the long term. Indeed, the government has recently been clearly expressing its intention to reinforce water and sanitation legislation and policies.

As direct support for the pro-poor WASH interventions proposed in the 24-month post-Ebola recovery plan, FWC received funding from DFID in December 2016 to implement the interventions. This includes support not only for the construction of decentralized water and sanitation systems for low-income households, but also for the development of a study to identify appropriate governance models for the resulting decentralized communal water facilities.

‘Through our partnership with the Consortium we have been supported to open up spaces for communities to reflect on their challenges. Our team then catalogues the challenges and presents them to duty-bearers for validation. This provides accountability.’

Director, WASH Net
4 KEY LEARNINGS

• **WASH is a priority for local communities:** In the very fragile context of Sierra Leone, communities highlighted water, sanitation and hygiene services as their top needs.

• **Evidence-based approaches are effective to influence policy making:** The results from the community-based needs assessment were key to convincing the government to support pro-poor WASH initiatives.

• **Communication strategies need to be adapted to the context:** Community groups in the wards, combined with the establishment of a hotline, proved very effective in reaching out to a wide spectrum of community members. Future plans are in progress to establish long-term community-based organizations and to link them with the authorities.

• **Pro-poor WASH interventions are key to promoting public health,** as seen by the strong commitment of the government and funding agents.

• **Forming strategic partnerships** at local level (local government bodies and CSOs) and with key national actors (i.e. MoWR) are also crucial factors for influencing and channelling important evidence for change.
NOTES


15 President of Sierra Leone, speech in 2016.


18 Bo City Council Waste Management Department, Policies and Procedures. URL: www.washlearningsl.org/bo-city-council-waste-management-department-policies-and-procedures