



**ESTABLISHING
PARTNERSHIPS
FOR ADAPTIVE
PROGRAMMING
IN SIERRA
LEONE**



OXFAM

ESTABLISHING PARTNERSHIPS FOR ADAPTIVE PROGRAMMING IN SIERRA LEONE

1 Overview

Programme information

Name	Freetown WASH Consortium
Country	Sierra Leone
Budget	£25.48m
Start Date	January 2010
End Date	March 2019
Donors	UK Department for International Development (DFID)

Problem analysis

Sierra Leone is one of the world's poorest and least developed countries. It ranks 179 out of 188 in the 2016 Human Development Index,¹ has a GDP per capita of \$653 (176 of 193 economies assessed),² and when figures were last taken in 2011, over 52 percent of its population were living on less than \$1.90 a day. The country has one of the highest child and maternal mortality rates in the world, standing at 1,360 maternal deaths per 100,000 live births³ and 120 deaths for every 1,000 under-fives born.⁴

In 2012, UNICEF's Child Health Epidemiology Research Group (CHERG) published a study in The Lancet mapping global mortality patterns in children. This estimated that around 16 percent of all deaths in children aged between 27 days and five years in Sierra Leone were due to diarrhoeal diseases,⁵ making a preventable WASH (water, sanitation and hygiene) -related illness the third leading cause of infant mortality in the country.

Freetown, the nation's capital, is home to over one million people, around 15 percent of Sierra Leone's population. Water provision is managed by the Guma Valley Water Corporation (GVWC) and supplied from the Guma Dam. This was built in the 1960s to supply 300,000 people – a fraction of the city's current and growing population. The network has struggled to expand to meet the needs of all residents, with severe disparities in provision between richer and poorer neighbourhoods. The system is also very dilapidated, aging rapidly, and characterized by high levels of water loss due to leakage and illegal connections.

More than 500,000 people live in areas that are not covered by the GVWC network,⁶ and are therefore dependent on small, decentralized suppliers, such as water trucking companies. While many suppliers test and chlorinate water, many do not, leaving hundreds of thousands of individuals exposed to unsafe water.

These challenges are compounded by inadequate and decentralized sanitation provision. Around 77 percent of the population lack access to improved sanitation facilities⁷ and are reliant on poorly maintained, ad-hoc facilities that threaten public health through exposure to raw sewage and water supply contamination.

The country and its capital have been the epicentre of numerous cholera epidemics. In 2014–15, Freetown became a major focus of the country's battle against the outbreak of the Ebola virus, which claimed nearly 4,000 lives in the West African nation – the worst hit in the crisis.

Brief programme description

Since 2010, the Freetown WASH Consortium – consisting of Oxfam, Action Against Hunger, Save the Children, Concern Worldwide and GOAL⁸ – has worked to decrease mortality and morbidity stemming from preventable WASH-related causes in Sierra Leone's capital. Now in its third phase, the DFID-funded consortium is undertaking a range of integrated activities to improve access to drinkable water and adequate sanitation services, promote safe hygiene behaviours, build the capacity of duty-bearers in risk reduction and contingency planning, and lobby for pro-poor investment in WASH services. The programme is implemented through a co-delivery approach, in partnership with the Ministry of Water Resources, GVWC, Freetown City Council and Western Rural Area District Council, the Ministry of Health and Sanitation and the President's Delivery Team, which supports the coordination of activities – see 'Partnerships' below.

Improving water supply

In the current, third phase of the programme, the consortium will conduct a feasibility study into decentralized supply options in areas not covered by the main GVWC pipeline. Based on this study, work will be delivered to address short- to medium-term needs while resources are mobilized for larger-scale infrastructure in the longer term. These activities include construction of 20 boreholes and rehabilitation of 20 boreholes, benefiting 150,000 people. This component of the programme also entails research into water governance; capacity building and performance monitoring for staff of government agencies and private sector actors with responsibility for water supply; and sanitation marketing and promotion of household water treatment solutions.

Improving sanitation services

The consortium is also working to ensure access to safe, improved and sustainable sanitation services in low-income areas of Freetown. This will be done through research and piloting of a new model for public toilet management, based on international best practice and delivered in partnership with the Government of Sierra Leone. The programme is also constructing and rehabilitating public toilets across Freetown, marketing sanitation facilities to stimulate demand for improved household toilets, and facilitating community-led solid waste management activities.

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Promoting public health

The programme is delivering a range of public health promotion activities. These are primarily targeted at mothers of children aged five and under, to educate against high-risk behaviours with the aim of reducing child mortality and morbidity.

Strengthening emergency response capacity

The consortium is strengthening institutional capacity to respond to public health emergencies, and rehabilitating infrastructure to mitigate the transmission of waterborne disease. Activities include contingency planning and the development and implementation of response plans; repair of infrastructure; and engaging communities in emergency response planning.

Communications and advocacy to influence policy

Finally, the consortium deploys a range of strategies to influence policy, ensuring that future investments take into account the needs of vulnerable communities in Freetown. This component of the programme involves influencing government partners and the donor community; enabling participatory planning to feed into local government strategies; supporting civil society actors in budget monitoring; strengthening 'WASH-Net', a national platform on water and sanitation issues; mapping infrastructure; public campaigning and mass messaging; and disseminating project learning at global level. The partnership between the consortium and WASH-Net has been particularly important in gaining acceptance of the programme at different levels – from community to government – through its focus on pro-poor interventions. The consortium's leadership role in high-level working groups and coordination mechanisms suggests that there is significant political acceptance of the programme.

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2 Achievements and challenges

Achievements to date

Participatory influencing of donor and government policy

As the leading NGO actor on WASH issues in Freetown, the Freetown WASH Consortium has unparalleled access to government planning processes. In the post-Ebola planning process, it was the only international NGO body invited by the Ministry of Water Resources to participate in the national working group committee for the water sector. By participating in the process, the consortium was able to address key gaps in the post-recovery investment programme, most notably by challenging the presumed focus on existing GVWC infrastructure – which excludes almost half of the city’s population.⁹ The areas not included under the initial investment plan were predominantly poor, encompassing large swathes of the city’s slums.

Critical to lobbying efforts was the evidence gathered through the programme’s participatory design process – a key element of the consortium’s strategy in Freetown. The consortium was able to translate information from participatory needs assessments, undertaken in all of Freetown’s administrative units, into concrete policy outcomes. Mapping and focus group discussions served to highlight the extent of the need in underserved communities. The programme’s inclusive approach – which ensured the participation of men, women, children, elderly people and youth – added depth and credibility to the evidence gathered.

This evidence has enabled the consortium to act as an ‘honest broker’ between communities and duty-bearers. This has led to the prioritization of pro-poor activities in the government’s 24-month post-Ebola action plan. It has also resulted in additional funding provided by DFID for the consortium to deliver programming to vulnerable areas in 2016–19.

Specific challenges

Ownership of WASH assets, community institutions and water governance

An external review of the programme, conducted by DFID in July 2015,¹⁰ identified a need for clarity on the ownership of WASH assets (e.g. toilets) constructed under the programme. It has proved challenging to formalize and sustain the WASH Management Teams (WMTs) established by the programme to ensure maintenance of constructed and rehabilitated infrastructure through a community-collected fees system. The main issue is that the structural set-up does not allow for management and the operation and maintenance of decentralized/community managed water sources. The urban setting requires the involvement of a competent authority specifically mandated to oversee the management and ownership issues due to the complexity involved, such as land ownership. With GVWC restricted to its network, there was no entity in a position to take over assets and support the WMTs. The main gap was not adequately assessing this structural deficit at the beginning of the programme and working with the government to resolve this before implementation.

In response to this challenge, the consortium is undertaking a major WASH governance study as a key component of phase III. This aims to ensure effective and sustainable mechanisms for community management of assets, which adequately reflect the dynamics of the local context.

Lessons learned

Community structures are not sustainable by default. The context must be studied carefully to create more robust structures (see ‘Specific challenges’).

It is important to ensure flexibility in contingency planning mechanisms, as the emergency prepared for might not be the one which arises (see ‘In focus’).

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3 Partnerships

Partnerships

The Freetown WASH Consortium comprises four international organizations: Oxfam, Action Against Hunger, Save the Children and Concern Worldwide – with GOAL participating throughout phases I and II of the programme.

The programme is co-delivered in partnership with Freetown City Council, Ministry of Water Resources, Western Area Rural District Council, the Ministry of Health and Sanitation, GVWC and WASH-Net, with oversight from the President's Delivery Team, in an approach which seeks to align participatory needs assessments and plans to directly complement the plans of local councils and utility companies. It is anticipated that by working in this way, the consortium will become able to operate on a wider scale and make a bigger impact than would be possible through direct delivery alone.

The consortium's diverse partnerships with national institutions, the private sector and local civil society organizations have been critical in its ability to advocate effectively for pro-poor policies, and to coordinate activities for maximum impact. Activities are well-coordinated with the private sector, and are implemented to complement rehabilitation of the GVWC network, expanding coverage to areas that the network does not reach.

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4 In focus

Adapting programming to the Ebola outbreak

The first recorded case of Ebola in Sierra Leone was identified on 24 May 2014 in Kenema, and by mid-June the outbreak was considered to be out of control. On 31 July 2014, the Government of Sierra Leone announced a state of emergency, with the WHO declaring the Ebola outbreak in West Africa a Public Health Emergency of International Concern (PHEIC) on 8 August 2014.

DFID's external review, commenting on the programme's ability to adapt to the outbreak, noted that:

*'The ability of the programme to maintain relevance and re-align activities with the context [of the Ebola outbreak] was positive, and the programme has been able to simultaneously deliver emergency response and "development phase" activities.'*¹¹

While suffering initial delays – a challenge recognized in both the DFID review and Oxfam's own evaluation of its response to the Ebola crisis in Sierra Leone¹² – the programme was able to utilize emergency provisions within the budget of its existing grant, reallocate funding from other components (including activities suspended due to the crisis – see below), and build upon established structures to respond at scale to the crisis. As a result, the consortium was able to deliver a range of activities. This included providing water, hygiene kits and non-food items to quarantined households; rehabilitating sanitation infrastructure; connecting public health centres to the GVWC network; and building the capacity of health workers.

Reallocating funding to emergency response

A number of key components under phase II of the programme (e.g. a sanitation marketing pilot which ACF and Concern planned to undertake) were cancelled in light of government restrictions on community mobilization activities in response to the Ebola outbreak. Recognizing the public health challenges presented by the activity, and the need for funds for emergency activities, resources allocated to the component were redirected to support the Ebola response of all consortium partners. The water re-chlorination plant planned under phase II also had to be cancelled and funds diverted to the consortium's Ebola response.

Building on established structures

The networks established under the programme proved resilient and highly effective in supporting the Ebola response. On an operational level, the consortium was able to draw on community health workers, manual pit-emptiers and solid waste management groups supported under development interventions to roll out needs assessment and distribution activities.

At a policy level, the programme's engagement with WASH-Net and government structures proved critical to coordination during the response, and in steering the direction of post-Ebola planning.

For further information about this programme:
www.oxfam.org.uk/wash-sierraleone

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Notes

¹ (UNDP). (2016). *Human Development Report 2016*. Retrieved from <http://hdr.undp.org/en/2016-report>. Accessed 05/04/2017.

² World Bank. (2015a). *GDP per capita (current USD)*. World Bank national accounts data. Retrieved from <http://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=SL>. Accessed 05/04/2017.

³ World Bank. (2015b). *Maternal mortality ratio (modelled estimate, per 100,000 live births)*. Retrieved from <http://data.worldbank.org/indicator/SH.STA.MMRT?locations=SL>. Accessed 05/04/2017.

⁴ World Bank. (2015c). *Mortality rate, under-five (per 1,000 live births)*. UN Inter-agency Group for Child Mortality estimation. <http://data.worldbank.org/indicator/SH.DYN.MORT?locations=SL>. Accessed 05/04/2017.

⁵ CHERG et al. 'Global, regional, and national causes of child mortality: an updated systematic analysis for 2010 with time trends since 2000'. *The Lancet*. 11 May 2012. DOI: 10.1016/S0140-6736(12)60560-1. <http://cherg.org/datasets.html>

⁶ *Guma Valley Reservoir and Freetown Water Supply – Emergency Plan*. Planning Green Future Ltd., conducted for GVWC and UNDP. (2016).

⁷ UNICEF and WHO. (2015). *Sierra Leone: estimates on the use of water sources and sanitation facilities*. UNICEF/WHO Joint Monitoring Programme. Retrieved from [https://www.wssinfo.org/documents/?tx_displaycontroller\[type\]=country_files](https://www.wssinfo.org/documents/?tx_displaycontroller[type]=country_files)

⁸ GOAL is not participating in the third phase of the consortium (2016–19).

⁹ Planning Green Future Ltd., conducted for GVWC and UNDP. (2016).

¹⁰ UK Department for International Development (DFID). (2015). *Freetown WASH Consortium: Annual Review*. Retrieved from http://iati.dfid.gov.uk/iati_documents/5119319.odt. Accessed 06/04/2017.

¹¹ Ibid.

¹² Oxfam. (2017). *Humanitarian Quality Assurance – Sierra Leone: Evaluation of Oxfam's humanitarian response to the West Africa Ebola crisis*. Retrieved from <http://reliefweb.int/report/sierra-leone/humanitarian-quality-assurance-sierra-leone-evaluation-oxfam-s-humanitarian>. Accessed 06/04/2017.

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