

Life and Dignity at Risk

The Water, Sanitation and Hygiene Sector in Liberia



Liberia WASH Consortium
June, 2010

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Cover photo: Two latrines perched over the Mensurrado river in Monrovia. Arwen Kidd/*Liberia WASH Consortium*.

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Acronyms and Abbreviations

AfDB:	African Development Fund
DEOH:	Division of Environmental and Occupation Health
DFID:	Department for International Development
EC:	European Commission
ECHO:	Humanitarian Aid department of the European Commission
EU:	European Union
FY:	Fiscal Year
GDP:	Gross Domestic Product
GoL:	Government of Liberia
IDP:	Internally Displaced People
IFI:	International Financial Institution
JICA:	Japan International Cooperation Agency
LDHS:	Liberia Demographic and Health Survey
LISGIS:	Liberia Institute for Statistics and Geo-Information Services
LRDC:	Liberia Reconstruction and Development Committee
LRTF :	Liberia Reconstruction and Development Trust Fund
LWSC:	Liberia Water and Sewerage Corporation
MDGs:	Millennium Development Goals
MDTF:	Multi-donor Trust Fund
MLME:	Ministry of Lands, Mines and Energy
MoH/SW	Ministry of Health
MPW:	Ministry of Public Works
NGO:	Non-governmental Organization
OECD/DAC:	Organisation for Economic Cooperation and Development/Development Assistance Committee
PRS:	Poverty Reduction Strategy
SWAp:	Sector-wide Approach
UNDP:	United Nations Development Program
UNICEF:	United Nations Children's Fund
USAID:	United States Agency for International Development
WASH:	Water, Sanitation and Hygiene
WHO:	World Health Organisation

Liberia: Life and Dignity At Risk

Executive Summary

Liberia's newly approved water and sanitation policy states that 'water is life' and 'sanitation is dignity'. These powerful statements signal a welcome commitment in a country where safe water and decent sanitation have long been absent for the vast majority of the population, with catastrophic impacts on life and social welfare. The key challenge for the Government of Liberia, and the donors who support it, will be to turn this commitment into positive outcomes for Liberia's 3.5 million people. This report therefore focuses on the questions that will be crucial in this process. Firstly, is the water and sanitation sector in Liberia prioritised to reflect this commitment? Are there clear, actionable plans to make this commitment a reality? Does Liberia have resources and sufficient support to ensure that communities stop risking their lives and dignity? Finally, what challenges remain and what can be done to address them?

The current situation

The state of water, sanitation and hygiene services in Liberia remains dire, amid slow progress in increasing service delivery and improving the policy environment. Only a minority of Liberians, whether in rural or urban areas, have access to safe water and sanitation facilities: three out of four people have no access to safe water, six out of seven are without access to safe sanitation facilities such as toilets, and 19 out of 20 practice unsafe hygiene behaviour such as not washing their hands with soap after using the toilet or not storing their water in clean environments.

This is proving to be a deadly situation for huge numbers of Liberians, allowing preventable waterborne and vector-borne diseases to flourish. Diarrhoea remains a chronic problem in both towns and rural areas, accounting for 19 per cent of Liberia's high child mortality rates, and cholera is endemic, with annual epidemics, especially in major urban centres. Together, lack of safe water for drinking and household use, poor sanitation and bad hygiene practices cause about 18 per cent of all deaths in Liberia (WHO, 2008). This represents a massive public health crisis. But these deaths can be prevented if investments for the sector are improved, if hygiene messages are targeted and if the sector leadership and policies are enhanced.

This challenge is not going unrecognised in Liberia. The government, through the Poverty Reduction Strategy (PRS) 2008-2011, plans to increase access to safe water from 25 to 50 per cent, and access to sanitation from 14 per cent to 33 per cent of the population (a revision from the original target of 40 per cent, which was judged over-ambitious in light of slow progress).

However, there are various factors that contribute to the dismal performance of the sector in Liberia, and which need to be addressed if the PRS targets are to be achieved. These include problems with policy development and fragmentation in the institutional framework; unreliable data; severe financing constraints; lack of coordination in sector aid; and the absence of a strategy to target investments at the most vulnerable communities.

Policy and institutional challenges

The policy and institutional framework for managing and delivering water and sanitation has been weak. There are a multiplicity of government ministries and agencies that play a significant role in the management and delivery of the water and sanitation services. These include three government ministries – the Ministry of Public Works, the Ministry of Health and Social Welfare, and the Ministry of Lands, Mines and Energy - along with the Liberia Water and Sewerage Corporation, the Environmental Protection Agency, and municipal and local governments. Responsibility for policy formulation, service delivery in urban areas and service delivery in rural areas lies with three different bodies (respectively, the Ministry of Lands, Mines and Energy, the Liberia Water and Sewerage Corporation, and the Ministry of Public Works), and two ministries lead on sector coordination and donor sector coordination (Ministry of Public Works and Ministry of Lands, Mines and Energy, respectively).

Until December 2009, there was no water and sanitation policy. There is now a policy, which intends to streamline institutional authority by creating a National Water Resource and Sanitation Board. However,

the protracted policy formulation process, which lasted well over two years, has left the sector prone to uncoordinated interventions. Strong and clear leadership, and buy-in across government, will be needed to ensure that the policy is properly put into effect.

An effect of this lack of coordination is that reporting of activities in the sector is ill-defined. Few actors are aware of when, how and to which agency they are to report. This has led to inconsistencies and gaps in reporting sector progress. A report on WASH aspects of the PRS presented to the cabinet in August 2009, for example, failed to record any of the progress in creating new water points, which had been well-documented in other government and NGO reports (including that of the Consortium of International Non-Governmental Organizations including Action Contre la Faim, Concern, Oxfam GB, Solidarités and Tearfund).

There are huge discrepancies on access and coverage data. Several instruments including the PRS, Liberia Demographic and Health Survey (LDHS), Millennium Development Goals (MDG) progress reports and the national census report all of which were produced in 2008 are not coherent in their data. A comprehensive baseline will be necessary to help plan and can also be used as a basis for making the water and sanitation interventions MDG based.

Financing challenges

The sector is **severely lacking in financial support**, from both the government and donors. Liberia's Poverty Reduction Strategy (PRS) puts the costs for water and sanitation targets at US\$143.5 million over 3 years – but at present only one third of this is funded.

Government's allocation to the water and sanitation sector is 0.2 per cent of the total government budget. This has ranged between US\$200,000 in 2006 to slightly over US\$1million in 2009-2010 financial year. It is mainly provided as a grant to the urban-focussed Liberia Water and Sewerage Corporation. The other government agencies do not have clear budget lines for their water and sanitation activities in the national budgets. For instance, the Community Services Bureau of the Ministry of Public Works, which should provide rural water and sanitation services, was operating on an annual budget of US\$80,000 dollars a year. This allocation has increased to US\$825,000 dollars in the 2009-2010 budget. Total government and donor contributions only make up US\$50 million over the three years of the PRS, which is 35per cent of what is required for the water, sanitation and hygiene budget of the strategy.

It is envisaged that the ongoing global discussions around the 'Sanitation and Water for All' initiative between donors and developing countries will greatly increase the prospects of financing for WASH in Liberia. For a country that is far off track in meeting the water and sanitation MDGs, with government will but limited resources, the government and donor enthusiasm for this initiative is extremely encouraging. But beyond this enthusiasm, it is firm commitments and action that will make the difference. Increased and well-informed civil society engagement would also help to maintain pressure for adequate, effective investment.

Aid coordination challenges

The Ministry of Lands, Mines and Energy hosts monthly **donor coordination** meetings for the sector. It is rare that donors other than USAID and JICA attend this meeting. The African Development Bank (AfDB) has been designated as the lead donor for the sector. As it is not, however, physically present in Liberia the lack of a lead donor for the sector is apparent. The weak policy and fragmented institutional environment no doubt does not help to encourage a stronger donor coordination framework; but development partners could do far more to ensure coordination and consistency with government processes, and to bring concerns to the government's attention through the established structures.

This failure to coordinate means that donors do not have a **coherent support framework** for water and sanitation. The World Bank, the African Development Bank and the European Commission have broadly agreed a framework which fits into the reconstruction efforts of the government: it was through this process that it was agreed that the African Development Bank should be the lead donor for water and sanitation. But this framework is limited, has not so far led to effective donor harmonisation, and does not provide for the kind of rapid scaling-up of activity that will be necessary to achieve the PRS targets in 2011, let alone the MDGs by 2015. Donor support for government activities in the sector is still project based and mainly targets urban areas, especially Monrovia, Kakata, Zwedru and Buchanan. Donors have

not discussed sector support, even though the draft sector strategic plan underscores the benefits of a Sector Wide Approach (SWAp). It will be imperative for Liberia to plan for a sector wide approach and begin to engage donors on harmonisation and increased, coordinated support for the sector.

Conclusion

The lack of adequate water and sanitation in Liberia constitutes a public health crisis that is killing Liberian citizens. There is a clear need for the government of Liberia to lead the formulation, approval and enactment of clear and comprehensive sector policies, including for better institutional arrangements. Within such a policy and institutional framework, government can speed up service delivery in under-served areas while providing overall oversight for sector activities and monitoring, while donors and other sector actors such as NGOs could play a vital role by providing adequate and appropriate support to reach the millions that are risking their lives by accessing services of unknown and largely unregulated quality.

But government and donor resources committed so far are woefully insufficient to guarantee the accomplishment of these targets. The government's financing of the sector is 0.2 per cent of total government budget. Donor contributions towards government programmes are mainly urban focused, where as other support, mainly channeled through the Liberia WASH Consortium, is mainly rural based. Overall donor support still remains far below the scale of the need in Liberia. Donors need to provide a significant scaling-up in support to allow the government to finance the \$93. 5m gap in funding for the water and sanitation PRS targets.

Moreover, donors could do far more to engage the government on coordination, targeting and planning for water and sanitation.

The risk of such a weak policy, funding and institutional environment cannot be overstated; service delivery remains extremely low, interventions continue to be project based and by-pass government structures, government systems remain weak and of inadequate capacity to coordinate and monitor. Such an environment requires a boost in resources and institutional shift to halt the scandal of preventable disease and deaths – the denial of life and dignity – that confront millions of people in Liberia.

Ensuring that the dignity of over 3 million Liberians who have no access to adequate and safe sanitation is not only a moral but economic imperative. As well as preserving dignity, access to safe sanitation and water can increase economic gains by \$8-\$11 dollars for each dollar invested in the sector. It is estimated that for every dollar spent on improving sanitation, at least nine dollars are saved in costs related to health, education, and social and economic development. Therefore, water and sanitation are central to education, health and economic progress, and their coordination and financing requires the attention of government agencies in charge of water and the Ministry of Finance, as well as the people's representatives in the legislature.

Summary of Recommendations

1. The Government of Liberia should:

- 1.1. Speed up the process of formulating and operationalising policy instruments and plans including the sector strategic plan.
- 1.2. Complete a comprehensive nationwide assessment of water and sanitation facilities.
- 1.3. Increase its own funding for the WASH sector to between 4 per cent and 5 per cent of its total budget, or around US\$15m in 2010-2011. This level of spending would enable it to provide at least 10 per cent of total financing required for WASH elements in the PRS. Of this amount, an amount equivalent to 0.5 per cent of GDP (at least \$4m) should be spent on sanitation, in accordance with the eThekwini declaration.
- 1.4. Enhance coordination and leadership of the sector including through the adoption of a Sector Wide Approach.
- 1.5. Clearly indicate in the government budgeting process what level of resources are targeting water and sanitation, in combination as a sector, and separately.
- 1.6. Mobilise the support for the urban poor and intensify rural programmes.
- 1.7. Consult Liberian CSOs with strong community connections in planning, budgeting, policy development and targeting of services.

2. Donors should:

- 2.1. Provide adequate financing to ensure that Liberia's water and sanitation targets do not fail for lack of financing. Financing of US\$93.5million is needed to close the funding gap for the WASH PRS budget. If the government provides the recommended US\$15 million, then donors will be required to provide the additional financing of US\$78.5 million.
- 2.2. Ensure that the lead donor in the WASH sector meaningfully takes on the role of strengthening donors in-country towards harmonisation and alignment; this could be the AfDB, or another donor active in the sector.
- 2.3. Better harmonise and align their engagement in the water and sanitation sector in Liberia, in line with aid effectiveness principles highlighted by the Paris Declaration and the principles of delivering aid in fragile environments, including by attending sector meetings and using government frameworks, and actively seeking to strengthen government systems.
- 2.4. Begin to engage with government on the long term strategic planning and vision for the sector, including supporting instruments such as a Sector Wide Approach.
- 2.5. Provide balanced support for urban and rural WASH, within a government-led process of identification of areas of greatest need.
- 2.6. Use the new Sanitation and Water For All framework as an opportunity to provide coordinated , aligned support to Liberia's water and sanitation plans.

3. Liberian Civil Society should:

- 3.1. Strengthen their engagement in the ongoing policy processes and strategic planning, by not only attending meetings but also providing written input on the process and content.
- 3.2. Provide strong links to communities, both by communicating input from community members on policies and strategies for the sector, and by raising awareness, supporting demand for services and promoting good hygiene practices.
- 3.3. Integrate WASH concerns into or make links with other anti-poverty campaigns.
- 3.4. Continue development of the Liberia WASH Working Group.

“Lack of access to safe drinking water has an enormous impact on human development. Untreated water is prone to diseases such as typhoid, cholera and other diarrhoeal diseases. These are amongst the most common causes of high infant and maternal mortality rates in the country.”
Liberia National Human Development Report, 2006.

1 Introduction

In Liberia, a staggering 3.1 million people out of a total population of about 3.5 million had no access to sanitation facilities such as toilets in 2008. The lack of toilets and the increasing pressure on limited and dilapidated infrastructure forces people to practice open defecation, by far the riskiest sanitation practice. Dignity is compromised and lives are put at risk. Preventable diseases such as diarrhoea, cholera, malaria and typhoid, which are caused by bad sanitation or dirty water, continue to ravage communities in Liberia. Together, lack of safe water for drinking and household use, poor sanitation, and bad hygiene practices cause about 18 per cent of all deaths in Liberia (WHO, 2008). These are needless deaths, which can be prevented if investments for the sector are improved, hygiene messages are targeted and the sector leadership and policies are enhanced.

Between 1990 and 2002, the proportion of people with sustainable access to safe water in Sub Saharan Africa increased from 48 per cent to 58 per cent (UNDP 2005). In Liberia, the trend reversed from 37 per cent to 17 per cent for access to safe water and from 27 per cent to only seven per cent for sanitation. By 2008, levels of access to water and sanitation were still extremely low at only 25 and 14 per cent of the population respectively.

The 14 years of civil conflict in Liberia is responsible for the destruction of infrastructure, and claimed almost 30,000 lives. Poverty was exacerbated and economic growth was retarded. With poverty at 83.7ⁱ per cent, over 2.9 million Liberians out of a population of over 3.5 million are living on less than US\$1.25 per day. The Human Development Report of 2009 and Liberia MDG progress report of 2008 reveal how far Liberia lags behind the Millennium Development Goals (MDGs). The latter projects that fewer than half of the MDG targets have any likelihood of being achieved by 2015. Achievement of water and sanitation targets is graded as “unlikely” and progress in the sector as “weak”.ⁱⁱ This policy briefing paper makes recommendations on improving the gaps in Liberia’s water and sanitation sector.

Liberia’s Poverty Reduction Strategy (PRS) articulates the needs and targets for water and sanitation. Only US\$143.5 million is needed to increase access to water and sanitation so that at least half of the population in Liberia can have safe water while 33 per cent can have adequate sanitation facilities by 2011. But funds are lacking, institutions are weak and the needed policies take long to formulate.

A good water and sanitation policy can help to enhance delivery of safe water and sanitation services, streamline the governance structure, provide impetus for resource mobilisation, induce better targeting of programmes, increase community participation and promote long term strategic planning. These are targets the Government of Liberia should embark on to ensure that most Liberians have access to adequate and affordable water and sanitation services.

The government, donors and sector actors need to step up funding for the sector and resolve the policy and institutional bottlenecks. This is imperative if more than 2.6 million Liberians are to stop taking risks with their lives by drinking water of unknown quality. Ensuring that the dignity of over 3 million Liberians who have no access to adequate and safe sanitation is not only a moral but economic imperative. As well as preserving dignity, access to safe sanitation and water can increase economic gains by \$8-\$11 dollars for each dollar invested in the sector. It is estimated that for every dollar spent on improving sanitation, at least nine dollars are saved in costs related to health, education, and social and economic development. Therefore, water and sanitation are central to education, health and economic progress, and their coordination and financing requires the attention of government agencies in charge of water and the Ministry of Finance, as well as the people’s representatives in the legislature.

2 Overview of the Water and Sanitation Sector in Liberia

2.1 Data

Whilst it is clear that the water and sanitation situation in Liberia is dire, it can be hard to get hold of precise, detailed, consistent and comprehensive data. Several data sources exist containing information on coverageⁱⁱⁱ and access to water and sanitation, but it is difficult to collate this information. In most cases it is not consistent, and is not delineated on a county basis. It is also not clear how many of the facilities in the field are functional, which makes it hard to assess the data's accuracy.

When estimating the MDG target^{iv} in 2004, the data from the Liberia Demographic and Household Survey (LDHS) for 1999/2000 were used. However, there are doubts about the reliability of LDHS data surveys. As shown in the table below, figures for both water and sanitation fluctuate widely over the years, and are not consistent with other surveys. The coverage indicated by the 2007 LDHS, of 66.1 per cent, implies that Liberia had already met the MDG target for water and sanitation. This is certainly not indicated by other surveys. Moreover, the government-commissioned 2008 Water, Sanitation and Hygiene Sector Assessment notes that the LDHS coverage figures especially for sanitation might be inconsistent^v because the LDHS assumed that sewerage/effluent from households connected to the sewer system is treated, which is often not the case. This casts doubt on the reliability of LDHS access figures for water and sanitation being quoted as 'reference' figures for international reporting on MDG targets.

Table 1 MDGs as per 1999/2000 Base Access Figures and LDHS 2007 Access Figures

Improved Water sources, per cent access					Improved Sanitation, per cent access				
1997	1999/2000	PRS (2008)	2015 target	LDHS 2007	1997	1999/2000	PRS (2008)	2015 target	LDHS 2007
58.4	26	25	63	66.1	16.9	36.3	14	67.9	11.2

Source: Liberia Water and Sanitation Sector Assessment, 2008

The PRS statistics for water and sanitation are generally considered to be more realistic^{vi} (GoL, Sector Assessment, 2008; WaterAid Scoping Study, 2008). These give figures of 25 per cent and 14 per cent for access to safe water and sanitation in 2008.

However, because the PRS and sector assessment did not have a rigorous survey in all the 15 counties in Liberia, a comprehensive baseline is needed to give a picture of the sector coverage and access which can be reliably used for planning purposes. The Ministry of Health already conducted surveys in six counties and Action Contre la Faim, an International Non-Governmental Organisation, which is a member of the Liberia WASH Consortium^{vii}, conducted surveys in three counties. Therefore, the survey would be needed for the remaining six counties to provide a comprehensive figure for baseline in Liberia. The Ministry of Health together with the Ministry of Public Works can be the sector lead for this baseline. The Liberia Institute for Statistics and Geo-Information Services (LISGIS) should provide its expertise for the full collection of adequate baseline data.

2.2 Access to Water and Sanitation Services

Access to safe water and sanitation facilities remains extremely low in both urban and rural areas of Liberia. According to the PRS data, only one in four Liberians has access to safe drinking water, one in seven has access to adequate sanitation facilities such as toilets or some form of waste disposal, and only one in 20 practise safe hygiene behaviour. According to the 2008 census, this translates to an estimated 2.6 million people still without access to improved water supply, over 3 million people without improved sanitation and over 3.3 million who do not practise safe hygiene behaviour in the country today.

2.2.1 Water Supply in Urban Areas

Provision of safe water and sanitation services in urban areas is the duty of the Liberia Water and Sewerage Company. It is mandated to provide these services to cities with populations of more than 5,000 people. According to the 2008 national census, there are 18 cities with populations of more than 5,000. The capital, Monrovia, with one third (approx. 1.1 million) of the country's population, was until recently the

only urban area where pipe-based water supply systems were working; however this was at 17 per cent of its capacity before the war.

Liberia Water and Sewerage Corporation (LWSC) indicates that urban water supply has increased three-fold (from 1 million gallons per day to 4 million gallons per day). While the total volume of water produced by the LWSC is sufficient to provide everyone in Monrovia with 15 litres of water per day, only 40 per cent^{viii} of the communities in Monrovia have a piped water supply. But even within this limited number of communities, water is not available to all households and most households still have to purchase from vendors or access water from dug wells. There are said to be 2,641 household water connections (piped water), which works out to coverage of about 1 per cent of Monrovia's 1,010,970 population. In this regard, most of the population in Monrovia still relies on water of unknown quality from hand dug wells, or buying from truckers, tanks or carts, thereby taking risks with their health.

Additionally, LWSC recently restored pipe-borne water and sanitation in two other county capitals, Kakata in Margibi and Zwedru in Grand Geddeh counties.

The challenge for urban water supply is to provide all counties with the necessary infrastructure for basic water supply and sanitation, with appropriate schemes for different communities. Considering that by 2011, only five counties (Gbarpolu, Grand Cape Mount, Grand Kru, River Cess and River Gee) will not have any city with a population above 5,000, LWSC will need significant capacity to reach cities which will meet the designation of 'urban' in all the other 10 counties. In these 10 counties, LWSC will be required to provide water for 1,487,668 people who will be living in cities of population above 5,000. LWSC will need to rehabilitate and restore water supply to these 10 counties. Given that the existing infrastructure, which was commissioned between 1970-1985, was gravely vandalised during the war, restoration to pre-war capacity will require additional capacity and resources.

In the short to medium term, the government will also need to mobilise the support of non-governmental organisations in targeting mainly the urban poor with low-cost, effective water supply schemes. Currently, the LWSC dominates the sector activities in urban areas and this is expected to increase with extra support from the African Development Bank (AfDB). This increase in LWSC capacity is a step in the right direction; but in the meantime it should be recognised that LWSC provision is not sufficient for all communities. As shown earlier, historically and even currently, the water supply from LWSC meets only a small number of the urban population. This leaves the urban poor with minimal choices and often, their only coping strategy is to access water from hand-dug wells, or purchase from trucks and/or carts. In most instances, the quality of this water is not assured and the price can be exorbitant: one gallon can be sold for well over L\$15 (equivalent to US\$0.20). With high unemployment (84 per cent), high poverty (64 per cent) and low incomes, these costs are out of reach for most poor households.

2.2.2 Access to Water Supply in Rural Areas

About 70 per cent of Liberia's population lives in rural areas. Poverty is pervasive, and is particularly acute in these areas. Poverty is higher in rural areas (67.7 per cent) than in urban areas (55 per cent). There are more poor people in rural areas (73 per cent of the poor live in rural areas), and they are poorer than their counterparts in urban areas.

Coupled with other infrastructure challenges and lack of adequate basic services such education and health, rural populations are at risk of water borne and sanitation related diseases.

Unprotected wells, streams, and rivers are the primary sources of water for drinking and other uses in rural areas. Over 40 per cent of rural household's access water from nearby creeks, springs, or rivers (see table 3). When considered together with households accessing water from open wells, vendors and other unimproved (typically unsafe) sources, this means that over 57 per cent of all rural households in Liberia are using unsafe water sources.

Institutions that seek to provide water and sanitation services face problems in terms of both poor infrastructure such as roads (which are often impassable in the rainy season) and high operational costs for interventions in rural areas. For example, a bag of cement, which costs 825 LD (approx. US\$12), will also cost another 250 LD (approx. US\$3) for transport if brought in River Cess, one of the counties with a rural population of 96 per cent.

Table 2: Distribution of households by main source of drinking water, 2008

Source of Drinking Water	Geographic Area		
	Urban	Rural	Total
Liberia			
Piped or Pump indoors	11,718	4,109	15,827
Piped or Pump outdoors	148,172	95,704	243,876
Public Tap	37,802	26,292	64,094
Closed well or Protected Spring	59,601	19,119	78,720
Open Well	40,404	42,643	83,047
River, Lake, or Spring	7,342	147,106	154,448
Water Ventors	16,864	4,691	21,555
Other	5,057	3,671	8,728
TOTAL	326,960	343,335	670,295

Source: Liberia Census, 2008

2.2.3 Access to Sanitation

Reports that rank community priorities show that most communities rank sanitation either first or second in their priorities (WaterAid, 2008, UN Critical Humanitarian Gaps Study, 2008). The priority given to sanitation is also indicative of the communities' willingness to engage in community-led sanitation activities.

It is estimated that only one in seven Liberians have access to safe sanitation facilities. According to the LDHS (2008), only 10 per cent of Liberian households use improved, unshared toilet facility; a larger proportion of the population, over half (55 per cent) of the households do not use any toilet facility at all. In the absence of adequate toilet facilities, communities are using plastic bags or buckets and open disposal into water or drainage channels as a coping mechanism for disposing human waste. These results indicate that considerable resources, dedication, and effort are needed to improve toilet facilities in Liberia.

The 2008 national population census indicates that open defecation is by far the most-frequently used coping mechanism for defecation, especially in rural areas where 77 per cent of households use the bush for defecation (see table 4).

Table 3: Distribution of households by means of human waste disposal, 2008

Table 9.11: Distribution of Households by Means of Human Waste Disposal and by Urban/Rural, Liberia 2008			
Type of Human Waste Disposal	Geographic Area		
	Urban	Rural	Total
Liberia			
Flush Toilet for Housing Unit onl	48,262	2,934	51,196
Flush Toilet Shared	33,420	6,061	39,481
Covered Pit Latrine	92,148	48,965	141,113
Open Pit Latrine	41,784	14,521	56,305
Bush	76,705	257,491	334,196
Beach	19,520	9,933	29,453
Others	15,121	3,430	18,551
TOTAL	326,960	343,335	670,295

Source: National Census, 2008

Additionally, a survey conducted by Subbah Belleh associates in 1,000 communities found that over 60 per cent of the people use open defecation (in the bushes) to dispose of human waste while for those with latrines, over 45 per cent are 50 metres or more from their houses.

The persistence of acute diarrhoeal diseases such as cholera and diarrhoea is linked to the lack of adequate sanitation facilities (including unsafe sources of water supply) making cholera outbreaks an annual occurrence in both urban and rural environments across the country. Liberia's Poverty Reduction Strategy notes that malaria remains the leading cause of morbidity and mortality, followed by diarrhoea and acute respiratory infections. While malaria is the leading cause of child morbidity (42 per cent), diarrhoea is second accounting for 22 per cent of child morbidity. In all, diseases related to water, sanitation and hygiene are responsible for 18 per cent of all deaths in Liberia (WHO, 2008).

As regards sewerage, about 25 per cent of Monrovia's geographical area is connected to the sewer system, which conveys the sewage to the treatment plant. The septic tank contents are carried by vacuum trucks and discharged into the sewer network. The sewage simply passes through the primary units in the treatment plant without getting treated.

2.3 Hygiene Behaviour

Even more dire than access to sanitation and water are the low levels of hygiene consciousness, with only 5 per cent of the population practising safe hygiene behavior such as washing hands before handling food, or after using the toilet. The 2007 LDHS indicate that 82 per cent of households do not treat their water, and only 16 per cent treat their water with bleach or chlorine.

Hygiene promotion activities targeted at school children as well as community members can contribute significantly to quick improvements. Joint efforts have been taken by the Ministry of Health and Social Welfare, Ministry of Education, UNICEF and several NGOs to increase hand washing among school pupils as part of the annual Global Handwashing Day campaigns. The challenge is in sustaining adequate and appropriate hygiene behaviour. Ensuring that the knowledge, attitudes and practices which foster good hygiene are sustained, requires promotion and monitoring activities targeted at individuals and families.

3 Government Plans and Policies

3.1 Government Plans

In 2008, the government developed a poverty reduction strategy (PRS) for 2008-2011. Water and sanitation are included under pillar IV, 'Infrastructure and basic services'. The basic goal of the government with respect to water and sanitation is to reduce the water and sanitation-related disease burden in Liberia. To achieve this goal, the GoL will address three strategic objectives:

- Increase access to safe drinking water (from 25 per cent to 50 per cent by 2011, including to 45 per cent of the rural population);
- Increase access to human waste collection and disposal facilities (from 15 per cent to 40 per cent, including to 35 per cent of the rural population); and
- Ensure the sustainability of 90 per cent of water and sanitation facilities in the country

The PRS also adds a target for hygiene promotion in all fifteen counties.

- Scale up hygiene promotion in schools and communities in all fifteen counties, including establishing or supporting existing water, sanitation, and hygiene (WASH) committees at the community level and engaging them in sensitisation/training events

It is significant to note that the government does not deliver most of the services, much as this should be the case. Humanitarian actors have been the primary providers of basic services, particularly in the health and water, sanitation and hygiene sectors. The government should be the provider of most of these basic services. In the 2009-2010 budget, the Ministry of Public Works, which is in charge of rural water supply and sanitation, planned to only construct two latrines in each of the 15 counties. Lack of resources (see Government Financing below) and limited capacity has hampered government's ability to provide these important public services. The Government needs much stronger capacity to plan, provide and manage services: an objective, which is clearly integrated into the work of the donor-funded and INGO-run Liberia WASH Consortium. The government's leadership for the sector in terms of outlining policies, providing WASH services, providing a framework for targeting communities, provision of subsidies, technical guidelines and regulation of the sector cannot be compromised. Adequate institutional support is therefore needed to help government to put in place the frameworks for achieving these targets.

While progress is being made on some aspects of the PRS, some are clearly lagging behind. For instance, a recent report presented to the cabinet by the Ministry of Lands, Mines and Energy shows that:

- Various partners have constructed 137 boreholes out of the 700 required by 2011.
- Two rural city water systems outstations have been rehabilitated out of the planned seven.
- 1,384 family latrines have been constructed out of the 50,000 to be completed for rural communities within the plan period
- 51 communal and institutional latrines in schools, health centers, etc have been constructed out of the 10,000 required by 2011.
- Hygiene promotion has been scaled up in a number of counties.

These activities were mainly implemented by the NGOs operating in the sector.

Liberia has also embraced new initiatives, which emerged in the course of implementing the PRS, particularly Community Led Total Sanitation (CLTS). For example, the strategy for construction of the 50,000 household latrines in rural communities is now anchored on the adoption of CLTS to trigger communities to become 'Open Defecation Free' communities. CLTS has also been included in the recently approved water supply and sanitation policy.

Areas where progress is weak include the failure to institute a sector action plan and accompanying policy by end-2008 as planned, the lack of a comprehensive survey on access to water and sanitation, construction of a spring catchment-fed system (100 are required, only one is completed).

In some areas, it appears there is lack of information flowing between sector actors and the government line ministries. For example, the PRS progress report submitted by the Ministry of Lands, Mines and Energy (MLME) indicates that no hand-dug wells fitted with hand pumps for rural communities have been completed. This is not likely to be true, as the 2008 Sector assessment shows that various actors (mainly NGOs) constructed over 2000 new water points in 2008 alone. The Consortium of INGOs including Action

Contre la Faim, Concern, Oxfam, Solidarités and Tearfund, which are providing institutional support and delivering WASH services in nine of Liberia's 15 counties have reported constructing over 180 water points from 2007 to September 2009, including hand-dug wells. Additionally, the mid-term review for the 2008-2009 financial year reports that the Liberia Agency for Community Empowerment, a government-supported programme, completed 33 hand-dug wells fitted with hand pumps in the first year of implementing the PRS.

This points to the difficulties in the reporting framework for water and sanitation activities. It further risks the credibility of the entire report as it could be likely that not all sector actors provided information for the report.

The government has also adopted a reporting framework, which will account for progress over a three month period (the 90-day Deliverables). This approach is intended to fast-track activities and provide early warning of delays. However, only a minority of the sector actors, including very few NGOs outside the Liberia WASH consortium, align to this initiative. This further exemplifies the difficulties in the reporting frameworks.

3.2 Policy Environment and Institutional Framework

3.2.1 Policy Environment

Until December 2009, Liberia did not have a water and sanitation policy. Since early 2007, two policies were being formulated: the Integrated Water Resources Management Policy (IWRM) and the Water Supply and Sanitation policy. The IWRM is the overarching policy for management of water for various purposes including agriculture and energy, whilst the Water Supply and Sanitation policy is concerned with water supply for household use and sanitation facilities aimed at households.

In mid-2009, the cabinet approved the Integrated Water Resource Management Policy and in November 2009, the Water Supply and Sanitation policy was approved. Policy formulation has taken too long, with too many delays between drafts, prompting worries about how quickly policies will be implemented.

If properly and fully implemented the policy will among others:

- Foster equitable provision of safe water and sanitation services,
- Provide guidance on leadership of the sector by ensuring that only one government institution is in charge of coordination, monitoring and supervision,

The policy is however not strong on resourcing for sector activities and lacks sufficient focus on hygiene awareness. Even though it makes provisions for institutional arrangements for hygiene promotion, it does not articulate clearly how hygiene awareness will be prioritised.

3.2.2 Institutional Arrangements

The institutional arrangements, roles and responsibilities for managing WASH are split between, among others, the Ministry of Health (MoH), the Ministry of Land, Mines and Energy (MLME), the Ministry of Public Works (MPW) and the Liberia Water and Sewerage Company (LWSC). The Ministry of Lands, Mines and Energy is the custodian of policy and of donor sector coordination; the Ministry of Public Works and the Liberia Water and Sewer Corporation are responsible for service delivery in rural and urban areas (population over 5,000) respectively.

Operationally, programmes of the LWSC funded by the World Bank have to pass through the Infrastructure Implementation Unit within the Ministry of Public Works, while the African Development Bank makes use of a Project Implementation Unit at LWSC for its water and sanitation programmes. This is an area where donors have not helped to reinforce coordination. Each donor follows a process that they determine most favourable to their procedures and standards. It is imperative for donors to harmonise their practices to reduce fragmentation and improve effectiveness.

The new water and sanitation policy sets out significant reforms of how institutions will be aligned. It firstly creates a National Water Resource and Sanitation Board, which will be supported by the National Water Supply and Sanitation Commission. The Board will be chaired by the Minister of Lands, Mines and Energy

and the Commission will most likely be housed at the same Ministry. The Commission will only be created in the 2010-2011 financial year as it would have had financial implications for the current fiscal year, while the Board will be set up early 2010. The Board will provide major strategic steer while the Commission will be the implementation wing of both the policy and strategy. The Division of Environmental and Occupational Health at the MoH/SW will be transformed into a Bureau of Community Mobilisation and Hygiene Promotion, while the Community Services Division at Ministry of Public Works will be transformed into the Bureau of Rural Water Supply and Sanitation. Together with LWSC, the two Bureaus will be overseen by the Commission. Eventually, it is envisaged that these institutional arrangements will pave the way for the creation of the Ministry of Water and Environment.

It appears that the institutional changes will grant more authority to the Ministry of Lands, Mines and Energy, which will chair the National Water and Sanitation Board, while making the rest of the institutions subordinate, but will not substantially reorganise responsibilities between them. Additionally, the prolonged nature of formulating policies creates worries about how implementation will be managed.

Action is needed to undertake sector reforms that will address not only sector governance, but also produce a costed investment plan and set out community-based mechanisms for sustaining investments. The priority actions needed in the sector reform process include articulation of water and sanitation policies for rural and urban areas, developing action plans for investment, and building capacity of implementers to meet the MDG targets. This effort will need up-to-date data on coverage levels so that gaps can be clearly identified. It will also need technology options to be clearly identified with costing details for investment planning. The role of communities needs to be strengthened to ensure sustenance of the investments.

4 Financing of the Water and Sanitation Sector

4.1 Financing required for water and sanitation in the PRS

The total cost for the PRS is estimated to be US\$1.6 million over the three year period from mid-2008 to mid-2011. The projections include costs of implementing programmes in all the four pillars^{ix} of the PRSP. Government financing available for PRS activities is estimated to be US\$510 million, which covers only 32 per cent of the total PRS cost (see table 4 below). Water and sanitation targets were estimated to cost US\$143.5 million over the PRS 3 year period. However, the PRS does not provide information about how much of the government's contribution towards PRS costs will be for water and sanitation.

Table 4 PRS Gross Financing Gap, 2008-2011 (US\$ millions)

	FY 2008/2009	FY 2009/2010	FY 2010/2011	Total	per cent of PRS Cost
Total PRS cost	550.2	535.8	526	1,612	100 per cent
Government PRS Financing	132	163.7	214.4	510.1	32 per cent
Gross PRS Gap	418.2	372	311.6	1,101.90	68 per cent

Source: PRS, 2008.

The ongoing formulation of the water and sanitation strategic plan envisages a re-forecasting of costs and the net financing gap for the water and sanitation sector, which may therefore go beyond the US\$143.5million projected as required for water and sanitation in the PRS.

Both government and donor financing is well below the expected financing levels to meet the PRS WASH targets. This further constrains the prospects of meeting the MDGs. With only 0.2 per cent of the national budget set aside for water and sanitation in the past years, inadequate donor resources, and most of the available donor financing targeting urban areas through the Liberia Water and Sewerage Corporation, critical gaps still exist. NGOs are assisting to provide water and sanitation services as well as hygiene education in rural areas and some urban areas, but resource constraints against growing population levels continue to threaten the sustainability of facilities and the attainment of development targets.

4.2 Government Financing

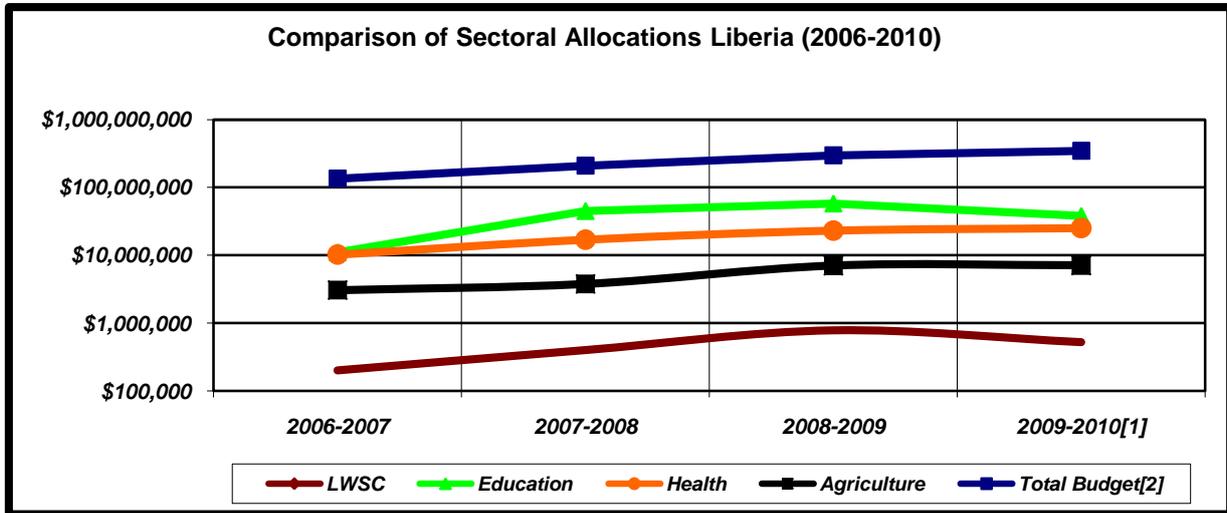
The government's own investments into the water and sanitation sector average 0.20 per cent of annual budgets. National budgets from 2006-2009 show clear budget resources/subsidy for the urban-focused Liberia Water and Sewerage Corporation. A cumulative total of almost US\$1.4 million was provided as subsidies to LWSC. The annual allocations have been between US\$200,000 in 2006-2007 and US\$785,000 for 2008-2009 – although the allocation went down to US\$524,025 for the 2009 to 2010 financial years. (See chart 1).

It is difficult to identify funding for water and sanitation as a sector. For example, government ministries including the Ministry of Public Works (in charge of rural water supply and sanitation), and Ministry of Health and Social Welfare (in charge of water quality and hygiene promotion) do not have clear budget lines for their water, sanitation or hygiene activities. Often their total ministerial budgets include the mandatory allocations for office running costs including salaries, but allocations are insufficient to implement activities.

The Division of Environmental and Occupation Health (DEOH), in the Ministry of Health and Social Welfare previously operated on a national budget of around US\$25,000, sufficient only for very limited recurrent expenditures. The Division is responsible for, among other things, water quality assurance, hygiene awareness and coordination of sector planning and coordination in several counties. The DEOH budget is by far too little to make the operations of the division meaningful. When compared with government expenditures on other departments, the scale of neglect is fantastic. For example, while only US\$25,000 was spent on the DEOH in 2008-2009, US\$75,000 was spent on water and sewer services for the House of Representatives and the legislature in the same year. Equally, the Community Services Section of the Ministry of Public Works, which took over the functions of rural water supply and sanitation from the now defunct Ministry of Rural development, operated on annual budgets of less than US\$85,000 in 2008-2009: this is clearly utterly insufficient to even begin to meet water and sanitation needs in rural areas.

Water and sanitation gets much lower budget allocations than other major social sectors such as health and education. The mid-year review for the financial year 2008-2009 (see chart 1) shows that budget appropriations for education, health, public infrastructure, and agriculture were each in excess of US\$4million, whereas water and sanitation had been appropriated only US\$0.9million.

Chart 1: Comparison of Government Spending on Health, Education and Water



[1] Projected for the financial year 2009-2010

[2] Total budget including all other sectors such as security, etc.

Source: Constructed from GoL 2006-2010 national budgets.

Clearly, all these priority social sectors are extremely important. But the water and sanitation sector is central to achieving outcomes in education and health, and needs to be given far greater priority in budgeting than it is at present. Adequate water and sanitation services in households as well as in schools are crucial to guaranteeing healthy, educated populations. This is explained by a range of links, from the extent of water-borne disease to the fact that girls' attendance in schools that do not have sanitation and water facilities drops off after puberty. In 2007-2008, only 26 per cent of schools had water and sanitation facilities. This is a drawback on the education sector and can potentially reverse the gains made by large-scale investments in the sector. To enhance sustainable development, it is crucial for the government and partners to increase resourcing for water and sanitation.

The government should aim at contributing US\$15 million to the WASH activities planned under the PRS. This contribution will be roughly 10 per cent of the total PRS WASH financing requirements of US\$143.5 million. The 2009-2010 financial year already allocates slightly over US\$1.3 million to the sector, and the previous two years' allocations to the sector have been on average around US\$800,000, bringing the total government expenditures to about US\$2.9 million for the period 2008-2010. The government will have to substantially increase allocations in the final year of the PRS, 2010-2011, to at least US\$12million. This is clearly an extremely significant increase on existing funding levels: however, given the scale of need and the importance of the sector, it does not seem excessive in comparison to the total budget envelope. This would represent less than 4 per cent of the projected total government budget.^x

Necessary allocations could in fact be even higher. In 2010-2011, it is expected that the policy and institutional environment will have improved substantially with the creation of the National Water Resource and Sanitation Board and the Commission, which require its own costs, and those have not been included in this projection.

In terms of allocations within this overall budget, it is important to guarantee sufficient resources for sanitation. African governments also agreed to spend 0.5 per cent of GDP on sanitation and hygiene according to the eThekweni Declaration agreed at Second African conference on Hygiene and Sanitation in South Africa, February 18-20, 2008. Liberia has just signed the declaration (February, 2010), and so now needs to domesticate the recommendations of the declaration. In addition to improving funding for sanitation and hygiene, the declaration outlines an action plan which includes the establishment of one

national action plan, an accountable institution takes clear leadership, establish specific public sector budget allocations, etc. If the recommendation on spending 0.5 per cent of GDP on sanitation and hygiene, Liberia will need to spend not less than US\$4million per year on just sanitation and hygiene. This would need to be additional to other funding for water. This is only feasible within the kind of scaling-up of total budgets recommended in this paper.

Given these needs, it is our view that the Government should set aside between 4 per cent and 5 per cent of its total annual budget for water and sanitation – i.e. approximately US\$14m in 2010. This would go a long way towards meeting immediate sector needs, ensure that government’s PRS financing commitment is improved to at least over 10 per cent of required WASH costs, provide sufficient resourcing for water and institutional arrangements, and allow the government to achieve the eThekweni requirement on sanitation and hygiene. It would mark a significant improvement on the current dismal performance of allocations of around US\$1 million.

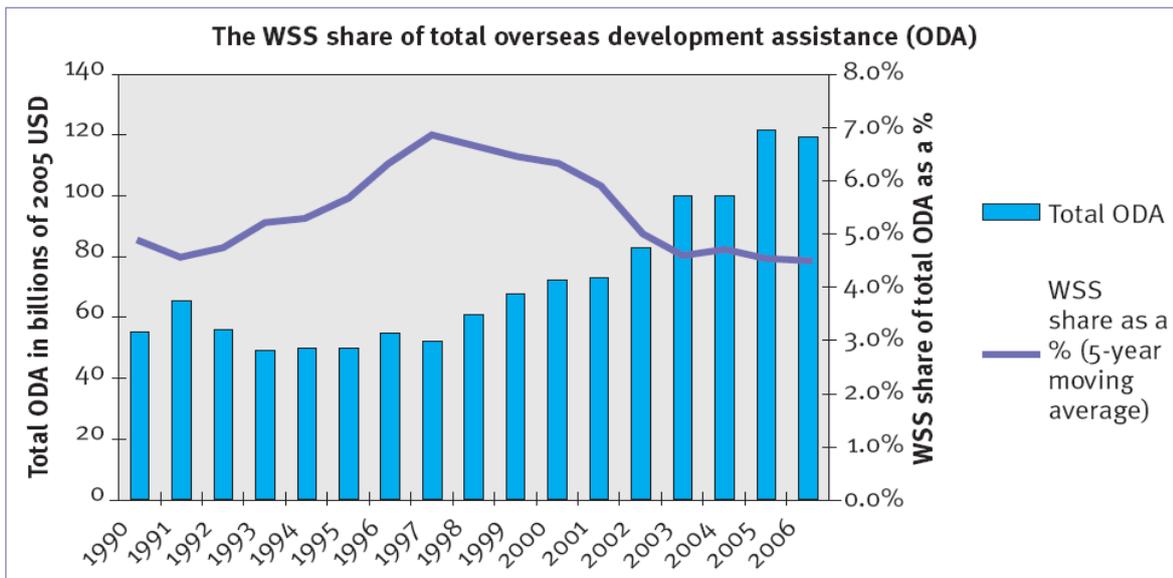
The task might seem daunting, but Liberia has been able to take bold steps and make huge adjustments to other sector budgets. Spending levels would remain below those for education and health, and whilst they may still seem high as a proportion of the government budget, this reflects the scale of need, the lack of infrastructure, and the crucial importance of improving water and sanitation if serious improvements in improving outcomes in education and health are to be possible.

Even assuming that the government increased funding for water to about 5 per cent of its annual budget, the funding gap would still be far from closed. Donors and non-governmental agencies will still need to step up their activities to help minimise the funding gap.

4.3 Donor Funding

While aid has been increasing globally, the share of Official Development Assistance for water and sanitation has been declining (WaterAid and Tearfund, 2008, see chart 2). While the OECD portrays a different scenario, that aid for water and sanitation has increased, it predominantly agrees that most of the financing for water and sanitation has been targeting middle-income countries rather than the Least Developed Countries. An OECD/DAC donor profiles analysis shows that none of the 23 OECD/DAC donors include Liberia as one of their top 10 priorities for water and sanitation financing. Liberia’s water and sanitation financing is left to only a few donors who are making marginal contributions.

Chart 2: Water Supply and Sanitation Share of total overseas development assistance (ODA)



Source: WaterAid, Tearfund (2008): *Sanitation and Water, why we need a global framework for action*

A cross sector analysis done by WaterAid and Tearfund shows that even though global aid has been rising in the last few years, the allocation to water and sanitation has been reducing. From the graph, funding for water supply and sanitation was on the rise for the most part of the 1990s. However, the decline in funding

for the sector, as a proportion of total aid, started in 1998 and has continued to decline. By 2006, the water and sanitation sector was getting less aid as a proportion of overall totals than at any time since 1990. The situation is particularly bad among least developed countries especially fragile states.

The recent Water and Sanitation sector assessment (2008) notes that “while some investment commitments have been attracted from major donors including the World Bank, European Commission and the African Development Bank for the urban water supply and solid waste collection, so far only a proportion of the water supply system rehabilitation/restoration needs for Monrovia are being addressed. Sanitation and rural services have not yet attracted major funding beyond the emergency and humanitarian programs.”

A number of donors, including DFID, the European Commission Humanitarian Office and Irish Aid (and the World Bank provided some initial funding), have also been providing funding to the Liberia WASH Consortium, which is mainly operating in rural areas and select urban communities. The Consortium, led by Oxfam GB and including Action Contre la Faim, Concern, Tearfund and Solidarités, has so far mobilized over US\$16million dollars for direct service delivery, institutional strengthening and advocacy for the water and sanitation sector in Liberia. The Consortium has proved to be an effective model of delivering development assistance in the transition from emergency phase to development in post-conflict Liberia. With high levels of government involvement, alignment to government plans and a harmonized intervention strategy, the Consortium is a good example of how NGOs can help both donor and developing country governments to put into practice the aid effectiveness principles of the Paris Declaration. More capacity exists for the Consortium and other agencies to increase service delivery in most of Liberia’s counties; therefore, increased funding to the sector would meet commensurate absorption capacity on the ground.

The support donors have given to Liberia in the reconstruction efforts are commendable. A Liberia Reconstruction Trust Fund has been supporting infrastructure programmes with the support of several donors^{xi}. Other economic areas and social sectors also receive considerable attention. For example, pooled funds have been set up for both health and education: the health fund includes a number of donors such as DFID, Irish Aid and UNICEF, whilst the education fund includes funds from the Netherlands government given through UNICEF, and the Open Society Institute.

In the water and sanitation sector, however, notwithstanding the support of select donors to the NGO WASH consortium, there is no systematic coordination mechanism for donor support to government plans, such as the health or education pooled funds. The African Development Bank and the World Bank through their Joint Assistance Strategy (2009-2011) have agreed that the African Development Bank (AfDB) will be the lead donor for water and sanitation. The World Bank is also providing about US\$8million for water and sanitation to the Liberia Water and Sewerage Corporation (LWSC). As the LWSC works mainly in urban areas, the Bank supported programmes are therefore urban-focused and mainly to rehabilitate water supply in Monrovia.

The AfDB will provide approximately US\$37 million (this will make the AfDB the single largest donor for the sector) for water and sanitation for urban areas, particularly Monrovia and Buchanan. This includes US\$1.6 million for a sector reform study funded through the African Water Facility. It is imperative to note the heavy focus on urban water supply and the apparent weakness of sanitation and hygiene activities in the current project plans. If successful, the projects will provide water to 50 per cent of Monrovia’s population and 100 per cent of the population in Buchanan, but this will not be until 2013, when the projects will be commissioned. Therefore, the focus on the PRS still remains crucial as the ADB supported programmes will only be completed two years after the PRS and two years before the 2015 MDG target.

Other donors such as Japan provide their support for water mainly through UNICEF, while the European Commission Humanitarian Office has been supporting the Liberia WASH Consortium.

Despite the donor participation detailed above, the level of support for water and sanitation in Liberia falls far short of what is needed to ensure that access to water supply is increased to 50 per cent of the population and access to sanitation to 33 per cent. Available donor support is estimated to be around US\$45 million (see table 5). Coupled with existing government support for the sector of only about US\$3 million, the gap of funding for the sector is profound considering that Liberia needs US\$143.5 million to provide safe water for 50 per cent of the population and sanitation for 33 per cent.

Additionally, most of the major donors particularly, the African Development Bank, and the World Bank have a greater focus on urban areas than rural areas.

The dismal performance of the funding situation tells a lot about the lack of significant progress in water and sanitation. The sector is left behind in funding, appropriate institutional arrangements and the supporting sector strategic plan.

4.4 Financing gaps

Given the calculations above, we estimate that current government and donor commitments for the sector add up to only US\$50 million over the PRS period. Government budgetary allocations to institutions working on water have averaged 0.2 per cent of the total government budget in recent years and so far an estimated aggregate total of about US\$3 million (mainly provided as a grant to LWSC, and support to Ministry of Public Works Community Services division in 2009/2010 financial year see chart 1) has been spent by the government from the beginning of the PRS period. The total financing gap for the water and sanitation budget of the PRS is therefore US\$93.5 million over 3 years.

As noted by the PRS, current commitments clearly are less than the total financing need, so additional resources – over and above currently committed funds – will be necessary to fully finance implementation of this poverty reduction strategy. The Government had hoped for some private sector investment to cover some of the gap, which has not so far been forthcoming; another possibility is that the Government will scale back some of the proposed activities on most crucial areas if resources are not found to close the estimated funding gap. According to the PRSP, water and sanitation are among some of the most important unfunded (or under-funded) activities.

Table 5: Estimates of available resources from a range of actors including donors, GoL and NGOs (2008-2015)

	Financing source	Estimated contributions (US\$)		2008	2009	2010	2011	2012	2013	2014	2015
		For PRS	Beyond PRS ^{xii}								
A	Official bilateral and multilateral donors	47,110,000	46,000,000								
	AfDB ^{xiii}	3,000,000	35,000,000 [ii i]								
	World Bank ^{xiv}	8,318,000									
	<i>of which: through WASH Consortium</i>	318,000									
	European Commission	4,750,000									
	USAID ^{xv}	3,500,000	7,000,000								
	DFID	6,930,000									
	<i>of which: through WASH Consortium</i>	6,930,000									
	ECHO	7,500,000									
	<i>of which: through WASH Consortium</i>	7,500,000									
	Irish Aid	2,112,000									
	<i>of which: through WASH Consortium</i>	2,112,000									
	UNICEF ^{xvi}	6,000,000	4,000,000								
	Others ^{xvii}	5,000,000									
C	GoL funding	2,929,825									
	Grants to LWSC (2008-2010)	1,819,825									
	MPW (Community Services Division-2008-2010)	910,000									
	MoH/SW (Division of Environmental and Occupational Health-2008-2010)	100,000									
	MLME (Hydrological Survey Dept--2008-2010)	100,000									
D	Total available for PRS related projects/programmes (B+C)	50,039,825									
E	Required for PRS-WASH Costs	143500000									
F	PRS Funding Gap (E-D)	93,460,175									
Colour codes											
		Funds are yet to be secured/approved and will be spent under the period they are indicated									
		Funds are secured and might be spent under this time									

4.5 Donor Coordination, Harmonisation, Alignment

Donor coordination in the water and sanitation sector in Liberia is particularly weak. Nationally, the government tries to coordinate sector actors through the monthly sector donor coordination meetings at the Ministry of Lands, Mines and Energy. It is seldom that all sector donors attend these meetings, even though there is a very small number of donors for the sector.

The AfDB has been designated as the lead donor for the sector. It should be noted that the AfDB is providing resources from a number of donors, drawing both from contributions to the African Water Facility and from direct contributions to AfDB's planned programmes for Liberia. For example, AfDB's financing for water and sanitation includes contributions from DFID. However, because the AfDB does not have physical presence in Liberia, its leadership role in the sector has been weak, leaving a leadership vacuum. Leadership of such a critical sector cannot be provided remotely or through occasional missions. This could perhaps explain why the sector has lagged behind in putting in place the required sector strategies including a Sector Wide Approach or a pooled fund. It is recommended that, unless or until AfDB establishes a permanent presence in Liberia, another donor such as DFID or the European Commission should assume the role of lead donor.

Donors have also not yet started harmonising on their use and strengthening of government systems. For example, the AfDB and World Bank, while operating within the same Joint Assistance Strategy framework for Liberia, do not really harmonise their operations. They both fund the Liberia Water and Sewerage Corporation, supposedly following the same Joint Assistance Strategy (2009-2011). But they are using different project management and procurement processes. The World Bank is using the Infrastructure Implementation Unit at the Ministry of Public Works, while the AfDB is using a Project Implementation Unit at the LWSC. These two processes can be harmonised and the duplication of administrative effort can be reduced by using one framework, preferably at the LWSC as the lead agency for urban water and sanitation.

There are six major donors with active programmes or intentions to commence activities in support of WASH in Liberia (table 6).

Table 6: Present and Potential Donors for WASH Liberia

	Donor Institution	Plans/Priorities
1.	European Commission (EC)	The European Commission's priority has been urban water supply and it has been providing emergency project grants to LWSC to rehabilitate the Whiteplains Treatment Plants (WTP), and repair pumps and transmission mains. The EC is now working with World Bank and AfDB to coordinate investments in infrastructure. The EC is providing €3.234m (approx. \$4.75m) funding through the World Bank-managed AIDP programme. This includes funding for rehabilitation of Monrovia water distribution network, as well as engineering design and supervision.
2.	ECHO	The Humanitarian Aid department of the European Commission (ECHO) mainly provides current funding for water and sanitation (WATSAN). ECHO's activities in Liberia had three phases. The first phase was Emergency (in IDP Camps, etc) for 18 months, and it is over. The second phase concentrated on reintegration of people at the counties. The third phase, which started in mid-2008, focuses on establishing and reinforcing the provision of basic services in the priority areas of WASH and Health, and Food Security. In WATSAN they are supporting the NGO consortium with a total grant of Euro 5million for 3 years. They fund only INGOs and UN Agencies. They focus at community level and support for policy.
3.	World Bank	The World Bank's priority is Quick Impact Projects, and improvement of urban water supply and sewerage in Monrovia and secondary cities, through LWSC. It is now coordinating infrastructure investments with the EC and the AfDB, and will take the lead in the energy sector.
4.	AfDB	The African Development Bank will be the lead agency for the water and sanitation sector in Liberia. It plans to carry out a comprehensive water and sanitation sector reform study. The study will focus on capacity building and investment programs. There will be three components of the study: IWRM, Objective Oriented Capacity building, and Institutional reforms. The investment programs would be immediate term (2008-2010), medium term (2011-2020), and long-term programs. The immediate term investment programs cover rehabilitation of water treatment plants in Monrovia, study of Monrovia water supply

		expansion and in 3 county capitals (Grand Bassa, Grand Gedeh, and Margibi). The interventions aim to increase the volume of water supply in Monrovia and some rural areas and to strengthen the responsible line ministries' ability to take on these functions. Ongoing operations consist of the AfDB/DfID/WB Monrovia Water Supply and Sanitation Rehabilitation Program and the White Plains Water Treatment Plant Rehabilitation Project. The AfDB will finance the Monrovia Expansion and Rehabilitation of three County Capitals' Water Supply and Sanitation project. The design study for this project is ongoing. The AfDB is expected to set up a new project implementation unit to help the water sector.
5.	USAID	A five-year grant of about US\$10.5million for water supply and sanitation will be issued to NGO(s) for seven counties. The grant focuses on direct service delivery, improving the enabling environment and institutional strengthening.
6.	Japan/JICA	Since Japan announced resumption of its bilateral programme in Liberia in February 2007, after a 17-year-long break, it has been giving support for rehabilitation of the Liberian-Japanese Friendship Maternity Hospital at the John F. Kennedy Medical centre and planning for the rehabilitation of infrastructure in Monrovia—a plan that has implications for water and sanitation infrastructure. Japan is also one of the major donors to UNICEF's water programmes.

Source: Various, Sector assessment, 2008, ABD/ World Bank Joint Country Assistance Strategy, 2008, European Commission Country Strategy, 2007, interviews with donor representatives

The transition from humanitarian assistance to development aid has meant that significant donor support is still project based. There is no discussion on a sector wide approach (SWAp) for water and sanitation. In order to provide support that is coherent with the PRS, and ensure that donors and government activities are all well coordinated, a sector wide approach is needed in Liberia. The current institutional weaknesses should not be a dissuading factor but should rather be considered as one of the areas requiring support.

4.6 Potential for Increased Water and Sanitation Support

4.6.1 Sanitation and Water For All Initiative

Liberia stands to gain from a new global initiative, 'Sanitation and Water for All: a global framework for action', which is a platform aimed at addressing the critical neglect of the sector at both national and international level. Sanitation and Water For All is an alliance of national governments, donors, civil society organisations and other development partners working together to increase political will and improve aid-effectiveness, by mobilising and better targeting resources for water supply and sanitation.

The initiative seeks to ensure that:

- **Developing country governments** develop credible national plans to provide sanitation and water for all, and invest more in their implementation.
- **Donor governments** support the development of these plans, and provide the funding to ensure that no credible national plan fails for lack of finance
- **International systems** are developed to monitor and drive progress, including a global taskforce, an annual review and an annual high-level meeting

The **Sanitation and Water For All: a Global Framework for Action** secretariat (coordinated by UNICEF) has defined the purposes of the platform as to:

- Put sanitation and water firmly on the global agenda at the highest political levels.
- Enable the development and implementation of actionable national plans.
- Improve aid targeting and effectiveness through harmonisation and alignment.
- Encourage national governments to increase budget allocations for basic water and sanitation services.
- Assist in identifying outstanding financing gaps and the sources of finance to narrow those deficits.
- Mobilise additional resources by using existing resources more effectively
- Improve information for better decision-making.

- Promote mutual accountability between aid agencies and recipient governments, and between governments and their people.

In all the work it will seek to link national, regional and international processes, as well as build on existing initiatives.

This initiative creates the political impetus for action and is particularly needed in fragile countries and those that are off track with progress towards the MDGs, such as Liberia, to ensure that national plans are in place and the accompanying institutional, policies and resourcing are available.

In April 2010, Liberia presented its commitments for the WASH sector at the first High Level Meeting of the Sanitation and Water for All initiative in Washington DC. The GoL agreed to political prioritization of the sector and has committed to attaining the requirements of the eThekwini declaration, which includes 0.5% of GDP allocation to sanitation. It is anticipated that interested donors will form a compact with Liberia on a number of achievable targets to accelerate progress for the MDGs.

Such an initiative will need firm government commitments to plan, coordinate, implement and account for its own and donor resources. The government, Civil Society, donors and other development actors should continue to provide the support needed. The scourge of poverty has greatly limited the ability of most Liberian household to improve their water sources. In some areas, such as the slums in Monrovia, it is the dilemma of resources that is the limiting factor. The 3.1 million Liberians who are risking their lives with bad sanitation urgently need support from their government and cooperating partners. It is a scandal that preventable diseases should rob Liberia of its great human capital.

4.6.2 Increasing Civil Society Advocacy

It is estimated that there are 128 Liberian non-governmental organizations (NGOs) with water and sanitation as a focus area. Most of these are engaged in direct service delivery and seldom engage with government on policy matters, targeting of resources and financing for the sector. However, the Liberia Network of NGOs (LINNK) has a WASH Sector team within its structures and this team engages with government at various levels including policy discussions.

Six national NGOs have been supported by the Liberia WASH Consortium to form a local NGOs WASH Working Group with the aim of strengthening advocacy for better and well-targeted financing, increasing and improving civil society participation in government-led processes, and public campaigning around rights to water and sanitation. The group is now supported by the Water Supply and Sanitation Collaborative Council to do the above and form a WASH Coalition that will consolidate dialogue between CSOs, government, private sector and development partners.

These activities create opportunities for increasing the voice of communities in planning and implementation of WASH activities in Liberia. It is also hoped that civil society capacity to engage in policy analysis, research on budgeting and resource mobilisation can be enhanced to maximise the gains that active citizen participation brings.

5 Recommendations

5.1 Recommendations for the Government of Liberia:

1. Liberia should speed up the process of formulating and implementing policy instruments. It has taken over two years for both the Integrated Water Resources Management (IWRM) Policy and the Water Supply and Sanitation Policy to be formulated and adopted. The Sector strategic plan, which is additional to the policies has been in draft since November 2008. Currently, Civil Society in Liberia is worried about the delays in instituting the National Water Resource and Sanitation Board highlighted in the newly adopted policy. This slow pace raises concerns about the pace of implementing the policies once they are adopted. We recommend that Liberia should develop a 'Road Map' for how it will implement the key elements of the Water Supply and Sanitation policy, such as when the National Water Supply and Sanitation Commission will be formed, and spell out the resources that will be required at each stage. Without such a timeline and supporting resources, the process of implementing key aspects of the policy will remain elusive.
2. A nationwide assessment of the water and sanitation facilities is a necessity. Its completion is both urgent and important, as it is the starting point for creating the scenario for meeting the MDG target on water and sanitation. This baseline can also resolve the credibility question hanging over the LDHS data, which has apparently been used for MDG reporting internationally. The assessment should also include the functionality of the existing infrastructure and the needs for maintenance and repairs.
3. The government should aim at increasing its contribution to the water and sanitation sector to at least 4 to 5 per cent of its total budget. Within this allocation, resources for water and sanitation should amount to at least 0.5 per cent of GDP, as stipulated by the eThekweni declaration. In total, this would require up to \$15m per year for the whole sector, of which around \$4m for sanitation.
4. The government should provide leadership to finalise the sector strategy, clearly indicate the resource mobilisation strategy, and drive sector coordination much more strongly than at present. It will be prudent to begin guiding sector actors into a sector wide approach or a pooled fund for water and sanitation.
5. The government budgeting process should adopt an Activity Based Budgeting system, which will clearly indicate the level of financing for water and sanitation. As it is, the budgeting nomenclature does not clearly delineate resources meant for water and sanitation from overall allocations to ministries with a responsibility to deliver water and sanitation targets. Doing this will also ensure that government will have a better tracking mechanism on its expenditures in the water and sanitation sector. Further work can be undertaken to separate the administrative costs from the direct costs invested into providing actual services and facilities.
6. The government should mobilise the support for targeting mainly the urban poor, especially in densely-populated slum communities and rural areas, with low-cost, effective water supply schemes and technologies.
7. Local Civil Society Organisations (CSOS) have strong connections to various grassroots constituencies and communities. They should be consulted and included in all processes including the strategic planning, annual budgeting, policy implementation and in targeting of services.

5.2 Recommendations to Donors

1. Donors must urgently provide adequate financing to ensure that Liberia's water and sanitation targets do not fail for lack of financing. Financing of US\$93million is required to close the financing gap for the PRS WASH budget. Donors would be required to provide US\$78.5 million if the government provides the recommended US\$15million. To help close this funding gap, new donors such as the Netherlands, Germany, and Denmark are needed to contribute to the sector financing.
2. The lead donor in the WASH sector should galvanise the support of other donors and build momentum around harmonising donor activity, aligning to government priorities, and using government systems. If the AfDB continues to be lead donor, it must have a physical presence in Liberia to avoid intermittent contributions to sector coordination made only when the AfDB has a mission in Liberia. If the AfDB is unavailable, another donor with a commitment to the sector and to coordination and harmonisation, such as DfID, should take on the role of lead donor.
3. Donors should better harmonise and align their engagement in the water and sanitation sector in Liberia, in line with aid effectiveness principles highlighted by the Paris Declaration and the principles of delivering aid in fragile environments. This includes supporting the government's efforts to coordinate the sector by attending meetings and engaging with government processes, and active efforts to strengthen government systems.
4. As Liberia progresses from the humanitarian phase into the development phase, it will be essential for donors to begin to engage with government on the long term strategic planning and vision for the sector in light of the MDGs and beyond. This should include supporting instruments such as a Sector Wide Approach.
5. Donors should ensure that financing for rural and urban areas is well balanced and allow the government to indicate where resources are needed most. Currently there is significant attention on urban areas, leaving 60 per cent of Liberia's population, which is rural based, at the mercy of decisions made by NGO work.
6. With the Sanitation and Water For All initiative, an opportunity exists for both new and current donors to support one national water and sanitation plan for Liberia. Donors should use the Sanitation and Water For All as a platform to show solidarity and support for Liberia's water and sanitation plan. Together, both the government and donors should not allow Liberia's Water, Sanitation and Hygiene plans to fail for lack of resources.

5.3 Recommendations for Civil Society

1. Liberian civil society should strengthen its engagement in the ongoing policy processes and strategic planning. It will be essential for civil society organisations to provide position papers and engage the public in implementation of sector strategies.
2. Civil society organisations can provide important links to communities. This includes both providing a means for community input to government processes, and strengthening hygiene awareness and promotion through activities around popular campaign events and dates such as the World Water Week, World Water Day, Global Hand Washing Day and World Toilet Day.
3. CSOs can also create stronger links and synergies with other popular campaigns on general poverty and MDGs.
4. The existing Civil Society WASH Working Group, comprised of six local NGOs and supported by the Water Supply and Sanitation Collaborative Council, has recently begun to advocate for improvement of the policy and institutional environment as well as better budgetary allocations for the sector. These efforts need to be augmented with policy maker support. Additionally, the plans of the group to form a coalition are welcome and are poised to induce greater political will and response to the activities of the sector.

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i Human Development Report, 2009.

ii Government of Liberia, UNDP, UNECA (2008) *Liberia's Progress Towards the Millennium Development Goals 2008*

iii Liberia's Water and Sanitation Policy (2009) describes the criteria for water supply coverage in terms of 'access' to water, based upon the type of technology employed, distance from the house and quantity available. Access includes (1) household water connections with either taps within the house or within a private plot of land, or (2) public water points, including public standpipes, boreholes with hand pumps, protected dug wells, protected springs, rainwater collection or other locally defined technologies. Reasonable access to a public water point is broadly defined as the availability of at least 20 litres/person per day of safe water from a public water point located within one kilometre of the user's dwelling. Systems must be functioning to provide adequate services. For water supplies, piped systems must operate at 50 per cent of design capacity or more on a daily basis, while hand pumps must operate at least 70 per cent of the time and experience no breakdowns longer than two weeks. Access to adequate sanitation is defined in terms of technologies that safely dispose of human excreta. It includes flush toilets connected to public sewers as well as a variety of on-site disposal systems (septic tanks, pour flush latrines, VIP latrines, simple pit latrines)ⁱⁱⁱ. Sanitation facilities must be structurally sound and operating in a manner that encourages use. Key indicators of coverage include data at country levels that are disaggregated into urban and rural areas and further broken down into types of services provided.

iv Republic of Liberia (2004), Millennium Development Goals Report, Ministry of Planning and Economic Affairs, Government of Liberia, and United Nations, September.

v The 11.2 per cent sanitation access in LDHS 2007 is mostly due to the 4.4 per cent connected to the sewer system and 15.7 per cent connected to the septic tanks in the urban areas (in this case, mostly Monrovia). It is implied in the definition of a flush toilet connected to a sewer or a septic tank (as an improved access to sanitation), that the sewage / effluent from it will undergo treatment before final disposal. In Monrovia, the sewage from the flush toilets and sewage from hundreds of septic tanks (collected by vacuum trucks) is discharged into the sewer network. However since the sewage treatment plant is not working and the sewage eventually finds its way untreated into the environment, it is strictly not considered as safe disposal of excreta.

vi The Water and Sanitation sector in Liberia feel the LDHS access figures for water and sanitation have not been realistic over the years. The baseline access figures quoted on page 106 of PRS 2008 are attributed by the sector to the joint Government-NGO working group on Water and Sanitation. These figures were said to have been extrapolated using the year 2004 as baseline and accounting for the water and sanitation projects undertaken nationally by the Government and partners since that time. They are used as the baseline indicators for the Government's strategic objectives in Water and Sanitation, including the MDGs, with the proviso that these baselines and targets may be adjusted during the PRS implementation period.

vii Liberia WASH Consortium is a group of five International Non Governmental Organisations namely Action Contre la Faim, Concern, Oxfam GB, Solidarités, and Tearfund. The Consortium provides institutional support to the government of Liberia and is helping to increase access to safe water, sanitation and hygiene services with funding from DFID, ECHO and Irish Aid.

viii Liberia Water & Sewer Corporation: The proportion of Monrovia residents with access to pipe-borne water was increased from 30 per cent in FY2007/2008 to 40 per cent at the end of the second quarter of FY2008/2009. The beneficiaries include residents of some of the densely populated low-income communities. Ministry of Finance, Mid Year review for the 2008-2009 financial year.

ix Pillar I does not include costs associated with the UN peacekeeping force. The financial sector does not include costs associated with the recapitalization of the Central Bank of Liberia; the Government will explore ways to address this issue over time. This sector also does not include costs associated with the reimbursements of deposits from moribund financial institutions (e.g. ACDB, NHSB), although work will be done to examine this issue over the PRS period.

^x IMF (2009) *Liberia: Third Review Under the Three-Year Arrangement Under the Poverty Reduction and Growth Facility*

^{xi} The LRTF was jointly established by the Government of Liberia and the World Bank to promote the Liberia Partners Forum held in Berlin in June 2008. It is intended to be the main mechanism for donor support for one of the country's highest priority needs, the rehabilitation of badly deteriorated roads and other major infrastructure. Among others, the World Bank, Irish AID, SIDA and German are part of the donors.

^{xii} I.e. Secured (green) or planned (orange) funding for periods after the 2008-2011 PRS period

^{xiii} African Development Bank funding includes contributions from other donors such as DFID, which is specifically US\$5.98 million, and the African Water Facility.

^{xiv} The World Bank had earmarked US\$10 million dollars for water and sanitation mainly targeting the Liberia Water and Sewer Corporation. On request from the GoL US\$2million was spent on job creation outside the water and sanitation sector. The Bank has also earmarked about US\$18.5million for solid waste programmes in Monrovia. This is not included in the actual calculation as it does not focus on basic sanitation facilities for households.

^{xv} At the time of publishing the report, USAID was considering applications from NGOs for WASH projects. The total for the project is US\$10.5 million and the project is for the period 2009 to 2014. There were also uncommitted funding of up to about US\$12million dollars which had been discussed between USAID and LWSC and the MLME.

^{xvi} Funding from a number of donors including Japan, Sweden, Norway, etc, this calculation is based on the previous trends of funding which show that UNICEF mobilises roughly about US\$2 million/year for wat/san from several donors.

^{xvii} Other actors in the sector include NGOs (local and International), which have mobilised resources for Wat/san as part of their core activities or as part of multisector programmes.

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