

# Water in Liberia — how war affects policy formulation and implementation

by Karen Thompson and Josephine Crawshaw

**Liberia suffered seven years of civil war — 150 000 people died and the infrastructure was practically destroyed. But now there is a real window of opportunity for co-operation between poor, but experienced ministries, agencies, and donors.**

FOR SEVEN YEARS, Liberia was plagued by civil war. Its water and sanitation sector must be viewed against this backdrop, which destroyed families and the country's infrastructure, and caused terrible damage to the economy. July 1997 saw free and fair elections; Liberia is now governed by a recognized administration, and its people enjoy greater security and improved access to rural areas. Economic and social activity is resuming.

It is now time for the Government to strengthen the water and sanitation sector, and develop or reintroduce policies, by working together with the international humanitarian community,

donors, and local agencies to meet the pressing needs of the Liberian people.

## Pre-war Liberia

Liberia's rural water supply and sanitation sector is a relatively youthful phenomenon. Donor/NGO activities really began in 1972 when UNDP and Unicef set up a joint borehole-drilling project, which succeeded in establishing 123 boreholes in Bong, Montserrado and Cape Mount Counties.

The Mar Del Plata Declaration, which emerged from the 1977 United Nations Water Conference, encouraged governments to prepare national plans of action for water-supply provision to be implemented during the International Drinking-Water Supply and Sanitation Decade launched in 1980. The Government of Liberia established the National Water Resources and Sanitation Board (NWRSB) to promote and coordinate action in the sector and, by 1985, the NWRSB had completed the National Action Plan for Water and Sanitation. The final plan recognized that, with minimal sector achievements, the planning horizon needed to be extended to 1997 to achieve adequate water supply and sanitation coverage. The plan aimed to provide 5 US gallons/person/day for the rural population, who would have access to an estimated 8500 waterpoints.

As Liberia is blessed with abundant, accessible aquifers, due to high rainfall, subdued relief, and thick vegetation, hand-dug wells and boreholes were the obvious technology choice. At the beginning of the 1980s, the

rural population was estimated at 1.7 million; more than 60 per cent of whom lived in as many as 30 000 settlements of less than 100 people. The remaining 700 000 lived in 3000 larger settlements. From 1974 on, the criteria for rural water supply policy was to provide for small settlements of between 1000 and 2000 people, with wells provided by the Ministry of Rural Development (MRD). Piped water for towns of more than 5000 people was the responsibility of LWSC, a commercial organization. This left those settlements with populations of between 2000 and 5000 not catered for, although MRD was starting to address this when the war started.

The assistance provided was both demand- and needs-driven. The Ministry of Health (MoH) was responsible for sanitation designs and standards. The VIP was initially seen as the most suitable latrine and WHO/MoH carried out trials in the south-east. But most VIPs were either unused, or kept for the sole use of guests — people viewed them as status symbols. Added to this, in this part of Africa, sanitation is a very private matter and people do not like to be spotted going to use the latrine; the bush was far preferable as no one knew where you were going.

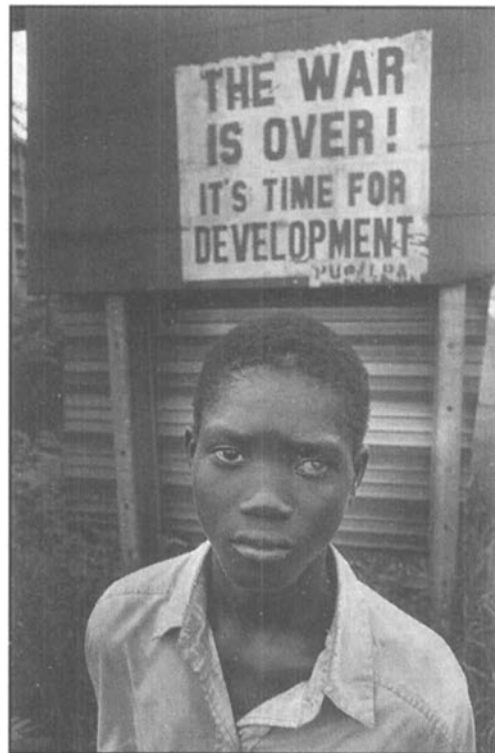
Before 1980, Liberia had no official policy on health and hygiene educa-

## Liberia's civil war

As 1989 was closing, Charles Taylor and a small band of rebels crossed into northern Liberia to overthrow the government of Taylor's former boss, Master Sergeant Samuel K. Doe.

What started as an National Patriotic Front of Liberia (NPFL) drive to end Doe's military dictatorship, degenerated first into ethnic killings, then a struggle for power and wealth among a growing number of factions. Seven years later, 150 000 Liberians had been killed, and half the country's population displaced.

During the war, water supplies were destroyed, and this led to an acute shortage of safe drinking-water. In 1997, up to 5000 people were relying on one handpump; many wells contaminated, and some people are forced to draw water from stagnant swamps. Water-borne diseases (dysentery, cholera and infectious hepatitis) are common.



Ron Gilting/Still Pictures

In the 1980s, the MoH started using animators — to carry out the hygiene education components of projects — an initiative later taken up by MRD. But before government officials could monitor and evaluate the impact of this work, the country was at war.

## Village Development Committees

Between 1986 and 1989, MRD, with advice from British Overseas Development Administration (ODA) consultants, revised its strategy and began to set up Village Development Committees (VDCs). Four hundred VDCs were established in Bong, Lower Lofa and Grand Bassa Counties. Made up of villagers nominated by their communities, the VDCs incorporated the appointment of two caretakers for the waterpoint, plus two repair and maintenance workers. Back-up was provided by mobile county maintenance teams.

When a pump needed repairing, the pump caretaker wrote down the problems on a 'pump card' and took it to local county office of MRD. Unicef had already donated a large stock of complete sets of free parts to MRD and officials passed these to the villagers, for a small charge. Community participation in these projects involved the villagers providing some cash, labour, and local materials — they received proper training.

## Public-private initiatives

So, between 1977 and the start of the war in 1989, there were several projects in progress around the country,

funded mainly by foreign donors, including borehole drilling, hand-dug wells, spring-boxes, and some VIP latrines. The project teams employed a variety of strategies incorporating community participation, and training and maintenance components, but many early initiatives included no health and hygiene education.

The most successful, sustainable projects were those which both emphasized self-help, and involved the private sector; for example, the Four Counties Rural Water Supply and Sanitation Project, funded by the European Development Fund, restricted project inputs to communities which agreed voluntarily to provide self-help contributions. It worked well, with many communities contributing both money and time to projects in their area, and establishing revolving maintenance funds. The Four Counties Project encouraged decentralized, self-help pump maintenance based upon private enterprise, which proved very successful with pump 'down times' lasting no more than three or four days, leading to its introduction as the model for official government policy. In areas where maintenance structures were less successful, the Government encouraged private contractors to take on the repair work.

In another policy area, handpump selection, Liberia had no standard model — each donor agency made its own choice. The main models in current use are Consallen, Kardia, Vergnet, and ABI.

Despite the establishment of the NWRSB in 1980, over the next ten years, there was little co-ordination within Liberia's water and sanitation

sector, with ministries, agencies, and NGOs operating independently. Within rural water supply alone, in there were 11 separate projects, run by six different government agencies, assisted by nine international donor agencies. But, as individuals gained experience, improvements were made. For example, MRD was moving into a supervisory and standard-setting role, leaving implementation to those agencies with more capacity.

## Seven years of war

There was very little sector activity during the civil conflict, and no official government activities. The only programmes being run came under the overall heading of emergency aid, and these were implemented by humanitarian agencies.

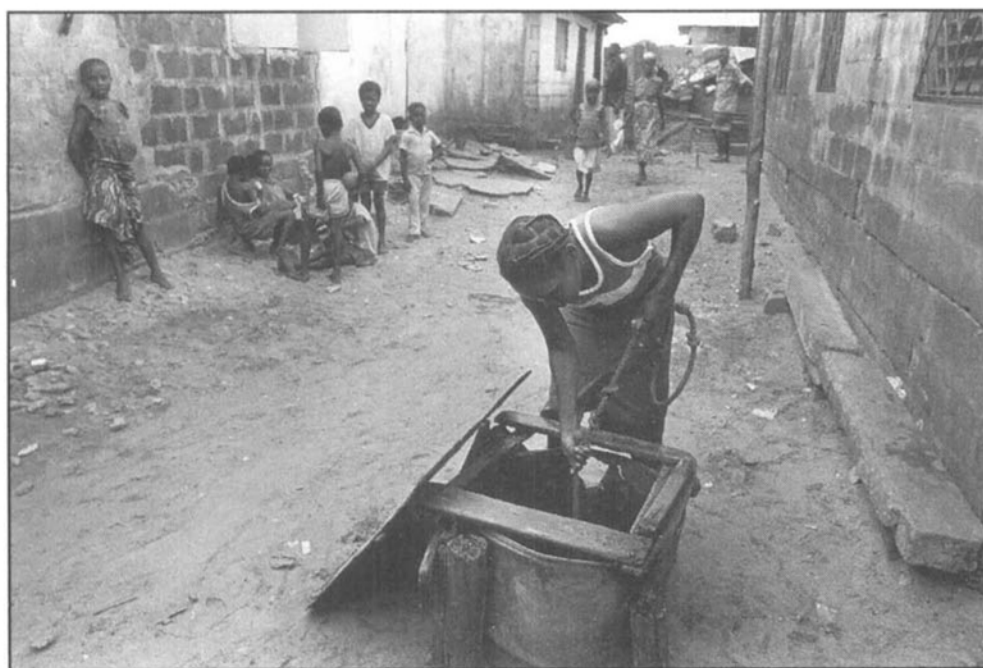
In 1993, during a lull in the fighting, MRD relaunched its involvement in the sector, funded by Unicef to carry out handpump repairs for some of the wells in Monrovia. This was a major departure for the Ministry, whose mandate did not include urban centres — and which normally disapproved of communal facilities in such areas because of the difficulty in setting up maintenance structures.

From 1991, MRD also began to participate in water and sanitation co-ordination meetings, and to provide technical advice. Most of the aid agencies brought their own specialists, however, and did not require such assistance; they preferred to work within their own policies and guidelines, which were often different to what was being developed before the outbreak of war.

As a result, small systems were developed with little, if any, community participation. It was very much basic, emergency-service provision. Some of the work carried out was sub-standard with badly built, poorly located facilities, receiving inadequate maintenance and management. MRD was powerless to enforce any policies during the war.

There was also the problem of different mandates; the humanitarian community, donors, local NGOs, local agencies, and government ministries had different priorities and objectives which did not always make for co-operation and good working relationships.

It is estimated that, as a result of the war, Liberia has been



Fetching water from a shallow oil-drum-lined saline well. When the photograph was taken, this was virtually the only water source in the shantytown of West Point, Monrovia.



Ron Gilling/Still Pictures

Children collect water in front of Liberia's Ministry of Internal Affairs — severely damaged during the war and now occupied by families.

left with 45 per cent of its handpumps broken down and another 20 per cent looted.

### Post-war Liberia

Liberia now has a recognized government; its ministries are in the process of trying to re-establish their roles, often with small resources. Many NGOs and donors are working in the country — some have been there throughout the war — following their favoured strategies and answerable only to their head offices and donors.

In general, WATSAN activities are well co-ordinated, with no duplication and little waste. Many of the accessible areas of the country are being covered; communities are normally provided with new or rehabilitated hand-dug wells or boreholes, and institutional latrines, while household latrines are being actively promoted. Most of this work incorporates hygiene-education, training, and maintenance components, with the community expected to provide labour and local materials.

The choice of technology and design is often up to the donor and does not necessarily reflect pre-war policies. Ministries involved in the sector are now coming together — with advice

from NGOs and donors — to produce guidelines on both standardizing activities and reasserting their supervisory role but, so far, the guidelines relate only to technical matters. Local NGOs are being encouraged to undertake projects, and private companies are returning to the scene. Humanitarian assistance is at the 'rehabilitation' stage, between relief and development. Progress must be speedy because there are great needs within the country, but it must incorporate an element of community empowerment if communities are to rebuild successfully.

### The way forward

The humanitarian community and the Government must grasp this opportunity to work together. Ministry officials have a good deal of valuable experience of the policies that were in place — and those they were working towards — before 1989. The humanitarian community — unlike the present government — has the resources and the capacity to implement projects. Agencies, and ministries need to work together to develop realistic policies, with appropriate, workable, designs, standards, and strategies. If donors are excluded from these discussions,

their implementors may face conflict between following ministries' policies and adopting donor policies in order to secure funding.

The experiences of the last few years highlight what needs to be done: small communities (under 100 people) should be catered for. Any implementation must be sustainable, and the community very much involved. Effective maintenance systems should be put in place and targeted programmes of health and hygiene education initiated. Handpump standardization throughout the country is a priority in order to simplify the maintenance system.

### Reference

'Rural water supply in Liberia', European Development Fund, Project LBR/7ACP/21-16, October 1997, 38pp.

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