Mid-Term Evaluation of the Liberia Urban Programme

Executive Summary

Oxfam GB Programme Evaluation

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Executive summary

Liberia has experienced serious political-economic disruptions and intermittent civil war from 1989 to August 2003. The 14-year civil war in Liberia ended in 2003 with the signing of a Comprehensive Peace Agreement. 15,000 UN peacekeepers were deployed to oversee the implementation of the peace agreement, whilst the National Transitional Government of Liberia (NTGL) was appointed to lead the country in the transitional phase towards elections – held in October 2005**.**

In addition to the above, successive conflicts have destroyed much of the infrastructure of the country, especially in and around the capital. As a result, water, sanitation and health infrastructure is very poor. With approximately 1 million people currently residing in and around Monrovia,[1] with the majority densely packed in urban slums, the risk of an outbreak of water and sanitation related diseases remain high[2]. Oxfam GB is currently implementing an integrated public health programme in Monrovia funded by ECHO and targeting cholera 'hot spot' communities in:

1. Urban slums – West Point & Clara Town
2. Two IDP camps – Soul Clinic & Mount Barclay
3. Host communities nearing the IDP camps

An internal midterm review was carried out by two advisers from HD using a participatory approach, which involved the national team. The findings were discussed with the team and a results consensus exercise carried out.

In the ECHO proposal the specific objective for public health was:
Targeted communities in two districts and two IDP camps in urban Monrovia have access and availability of water and sanitation facilities and are able to take action to protect themselves against protection and public health risks.

The indicator is no major outbreaks of disease in target areas during the project period. One could argue that this objective has been partially achieved. The IDP camps have access to both water and sanitation. The problem lies more within the slum areas and the newly identified areas around Paynesville. There was a major outbreak of disease (cholera) to which Oxfam responded – a frequent occurrence related to weather patterns. The actual outcome of the water, sanitation and hygiene promotion will only be visible next year when the cholera season comes around again. However the UNICEF head of health praised Oxfam for "correctly addressing" the problem through hygiene promotion. The WHO communicable diseases officer also felt that the ORT corners had been instrumental in preventing dehydration – often the cause of death in cholera cases.

Public health promotion

One area that was looked at was the whole concept of community participation. Initially most of the team thought the Oxfam approach was very participative after some discussion, it was agreed that sometimes it was consultation with some

1 Monrovia was initially designed to accommodate up to 300,000 people. Note that younger populations (particularly ex-combatants) are expressing their desire to continue to reside in urban Monrovia.

2 Certain areas in urban Monrovia already have a history of recurrent outbreaks of acute watery diarrhoea. A serious cholera outbreak occurred in 1996, 2003 and to a lesser extent in June 2005.

manipulation due to time constraints and the watsan focus in the programme. There is nothing wrong with this as true participation is hard to achieve in a short humanitarian programme but the important thing is that the team recognises this and factors it in to their work.

The PHAST approach has recently been introduced to the team who have not received any formal training. The review team looked at the appropriateness of this approach especially in an urban setting where people are not able to make choices about facility design or siting. Working with a community that is not cohesive is a challenge for any programme wanting to use a participatory approach. Modifications do need to be made.

The team has trained a great many community motivators – 343 in WestPoint and Clara Town plus the ones currently being trained in semi-rural communities. This is apparently according to Sphere standards although the water and sanitation will not follow the same standards.

Dropout among volunteers is generally considered to be high. Studies from volunteer programmes in other countries have shown that supervision and training have a positive impact on retention rates but that few volunteers continue after this support is withdrawn. The team looked at the whole question of community motivators and possible alternative solutions in order to minimise dropouts.

Water and sanitation

Poor or limited access to sanitation facilities for disposal of excreta poses the second highest risk to public health especially in peri-urban areas of the programme. The public toilets in one of the slum areas are operated by the national Housing Association. Five Liberian dollars were charged per visit and the money collected was used to pay staff working and for desludging. One of the visited toilet/latrine block was connected to a sizeable septic tank but this and the inspection manholes were full and blocked. One of the causes was usage of too little water as the overhead tanks for flushing are no longer working but also inability to collect enough money to desludge the entire septic tank. These public latrines are also dependent on the one desludging truck in Monrovia.

Much as Liberia Water and Sewerage cooperation is chlorinating water distributed to Clara Town (one of the Oxfam programme slum areas), leakages observed and changes in pressure pose a greater risk from recontamination. The water mining sites are being upgraded but there is still potential for post-collection contamination. The whole urban water system needs a major overhaul, which is way beyond anything Oxfam, can do.

Garbage is a major concern in the urban slum areas especially as there is no safe final dumping place. At the moment all the waste is being moved from site to the river or to the sea, a move that does not solve the problem. Although the team was concerned, they were also able to appreciate the complexities of solving this problem.

Recommendations

PUBLIC HEALTH PROMOTION

- Explore ways of providing handwashing facilities (with improved water quality and provision of soap) at slum latrines with support from janitors. This point is already in the project work plan and the team is committed to rehabilitating or building handwashing facilities.
- Radio messages should be explored, as there are so many radios in the slum area – songs and jingles could be used sung in Liberian English using for example children. The team has experience in this area from the cholera response and are already working on adapting these to the current situation.
- Remove the message that Lipton's tea can be used for rehydration in cases of diarrhoea – tea is a diuretic
- It would be a good idea if the team asked where people had heard about both chlorination and SSS – it could be noted on the monitoring form and would give an idea about the effectiveness of the community motivators
- Focus groups should not be confused with village meetings – one or other should be used at one time. People should not be turned away from a focus group unless there is a large crowd. It would have been better to use pictures of the different latrine designs and to get a technician to talk through the advantages and disadvantages of each design
- The PHAST methodology for the current programme in semi-rural areas should be modified (as agreed with the team). This can be done by shortening the time between community meetings without diluting the participation aspect. An example of this would be in Garzah where a village meeting on latrine design with the technicians could be held followed by a pocket voting system. This discussion should be a meeting rather than a focus group as all the community members should participate. Separate meetings with children could be facilitated if the community is agreeable to having a separate child-friendly latrine. The old, chronically ill and disabled should also be considered
- The PHAST method for the urban slums is more problematic – there is no cohesive community and people do not have the time for lengthy meetings. Although some of the participatory methods can be used, I would be careful about calling it PHAST. It is also difficult when people are not able to make many choices regarding types of latrines or where water points can be sited. The team needs to be more realistic when talking about participation of the community. The reference group is a good start but should be representative of all community groups – roles and responsibilities should be discussed
- Reduce the number of community motivators and link them to the reference groups or water management committees – make sure roles and responsibilities, work plans and TOR are understood by all parties
- Consider using other methods such as Child-to-Child with schools, playgroups and children's groups
- Delete the question on boiling water on the monitoring form
- The team should be encouraged to do more observation and sharing of qualitative data, not just as upward monitoring
- Although ECHO does not fund preparedness, there are opportunities to train the reference groups in responding to cholera outbreaks as discussed with the

chairperson for the reference group in WestPoint. Oxfam has cholera guidelines that could be used for this training

- There has been so much investment in staff training: what is required now is mentoring and on-the-job training. The team also needs to try out more PRA methods so that they become part of an every day toolkit
- Capacity building (on the job mentoring) of the coordinators and team leaders by an outside adviser who **must** be conversant with Oxfam public health, HIV mainstreaming and PHAST. This person should build on existing skills within the team and assist with areas identified by the team[3]
- HIV/AIDS should be mainstreamed rather than having awareness programmes and TBA training that require more than just a few sessions and are actually labour intensive

WATSAN

- Consider use of alternative toilet designs like compost latrines where possible and where space can be found to minimise need for desludging and investigate possibilities of using human excreta from septic and latrines for generating income
- Review or look at alternative technologies for sanitation such as composting latrines as well as standards
- Concentrate on water and sanitation with less emphasis on drainage
- Increase the number of technicians for the remaining project period in order that water and sanitation interventions can be implemented concurrently
- Consider leaving garbage disposal until the new project is implemented when the whole garbage disposal system should be explored – community to end site
- Discuss garbage disposal with other stakeholders for example UNDP
- Discuss desludging with government and other stakeholders in order to see the system as a whole process and not just a problem for the two slum areas If the use of public latrines is to be maintained and sustained, the desludging system needs to be considered in totality. This may not only require looking at improving the water system (by for example installing hand pumps to raise water to overhead tanks) to flush the toilets but also linking it to the desludging truck and where the sludge is finally deposited.
- Explore possibilities for fee-paying composting family latrines in the slum areas run by women's groups
- The team needs to be realistic as to what is both feasible and appropriate for latrine designs in semi-rural communities
- Lobby government to take responsibility for facilities in slum areas – latrine maintenance and water systems but based on a through analysis and advocacy plan
- Explore alternatives for safe household water for example water filters

- GENERAL
- Involve logistics and finance in public health programming – as suggested by the staff

[3] The Darfur capacity-building initiative could be a model

    - Link the urban programme to the wider Liberia programme so that training and planning workshops can be factored in to the programme and not seen as a hindrance to implementation
    - Country Programme Advisers should try to coordinate visits and advise to teams in order not to overburden staff and managers
    - Some of the public health indicators need to be adjusted to reflect the reality of the programme
    - It is strongly recommended that Oxfam continue both the rural returnee and the urban slum programmes in order to discourage rural-urban shift and to support returnees in livelihoods
- Although it is appreciated that Oxfam has already started discussions in Garzah and other similar communities, the intervention should be as low key as possible in order to concentrate on finishing the work in the two slum areas
- In the new programme, factor in the possibility for a cholera outbreak (include under Assumptions on the LogFrame). As a lead watsan agency and given the low capacity of the government at present, Oxfam would have a moral obligation to respond
- As the team suggested, if livelihoods are linked to public health then there is a greater chance that community motivators as part of women's groups or other CBOs will continue working. We need to be careful that these people are not seen as paid health promoters but as volunteers who happen to also be part of an income-generating activity
- Livelihoods interventions in future programmes in slum areas should have a public health aspect to address the environmental health issues. This not just be limited to hygiene promotion as messages without the resources will not lead to behaviour change[4]
- The new programme should be limited to high-density cholera-prone areas where we are most likely to have better measurable outcomes
- Explore possibilities for separating excreta and general refuse for uses such as recycling or biogas – the livelihoods adviser should explore ways to use the end product from composting latrines to generate income

[4] This assumption is based on several behaviour change models and extensive literature

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