

Russian/Country WASH Thematic Funds: Ebola Viral Disease
Response

Sierra Leone

WASH Thematic Report

15 March 2016 – 15 March 2017



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Acronyms

CLTS	Community Led Total Sanitation
DHMT	District Health Management Team
EVD	Ebola virus disease
GoSL	Government of Sierra Leone
IPC	Infection Prevention and Control
JMP	Joint Monitoring Programme
MDGs	Millennium Development Goals
MoWR	Ministry of Water Resources
MOU	Memorandum of Understanding
ODF	Open Defecation Free
PHU	Peripheral Health Unit
PRP	President's Recovery Priorities
SDGs	Sustainable Development Goals
SSHE	School Sanitation, Health Education
WASH	Water, Sanitation and Hygiene

Summary Table

UNICEF REPORT

SUPPORTED COUNTRY

ASSISTED PROGRAMME

GRANT NUMBER

FUNDED AMOUNT

PROGRAMMABLE AMOUNT

UTILISED

BALANCE

REPORTING PERIOD

DATE PREPARED

GRANT VALIDITY

UNICEF CONTACTS

Thematic Water, Sanitation and Hygiene (WASH) Progress Report

Sierra Leone

Water Supply, Sanitation and Hygiene Promotion

SC149903

US\$ 623,053

US\$ 623,053

US\$ 563,501

US\$ 59,552

15 March 2016 – 15 March 2017

14 March 2017

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Executive Summary

This is a progress report submitted for the thematic Water, Sanitation and Hygiene (WASH) 2014-2017 global funding supporting outcome 3: water, sanitation and hygiene interventions covering the period from 15 March 2016 to 15 March 2017. The total funding allocation is US\$ 623,053 out of which a total US\$ 563,501.02¹, leaving a balance of US\$ 59,552.

The overall goal of the UNICEF WASH programme is to support children's right to survival, development and education. The WASH programme is also geared towards providing support to national programmes of the Government of Sierra Leone (GoSL) which promote improved hygiene practices and increase equitable and sustainable access to - and use of - safe water and basic sanitation services.

This Global Thematic funding for UNICEF Sierra Leone was intended to support two main Ebola virus disease (EVD) outbreak intervention areas: i) WASH sector coordination to the Ebola response, and ii) provision of a comprehensive WASH package to Ebola care centres/non-EVD health care facilities and schools in all high transmission districts in Sierra Leone. However, given the declaration of the end of the main EVD outbreak in November 2015, and in consultation with the Government, the funding has been used to support interventions to improve access to WASH services under the President's Recovery Priorities (PRP) recovery programme (10 – 24 months post EVD). This support has focused specifically on the rehabilitation/construction of community water points and the improvement of WASH facilities in health care facilities and schools. During the reporting period, the programme further strengthened the institutionalization of WASH sector coordination (transformation of WASH EVD coordination to the national WASH sector coordination platform), facilitated the rehabilitation of eight communities water points and provided comprehensive WASH services in eight schools and five peripheral health care facilities in Kambia, Bombali and Tonkolili districts, benefiting a total of 34,529 people, out of whom 1,600 school children benefitted from WASH project. The WASH sector coordination platform has been instrumental in influencing the prioritization of the PRP interventions and ensured that equity and optimal coverage are taken into account.

Although the (2015) Joint Monitoring Programme (JMP) data showed some marginal improvements, the overall need for WASH services in the country remains largely unmet: only 63 per cent of the population has access to safe water sources while 13 per cent has access to improved sanitation facilities with 24 per cent still practising open defecation. There is a marked disparity between urban and rural areas, with the latter having lower coverage. UNICEF will continue to require additional support to contribute to the reduction of child deaths and enhance children survival in Sierra Leone through the provision of sustainable WASH services.

Overview of Situation and Context

Sierra Leone is progressively recovering from a devastating EVD outbreak, which negatively impacted on gains made in respect of the previous programme. The EVD outbreak led to the discontinuation of regular rural WASH services, which in turn led some communities that had previously been declared open defecation free (ODF) to relapse to open defecation. The outbreak worsened WASH services in schools, as some schools were used as EVD holding centres, and necessitated improved WASH facilities in health care facilities to meet the minimum requirement for infection prevention and control (IPC). Various water supply sustainability mechanisms that had been put in place in communities became dysfunctional. Specific activities like household water treatment, which had been sanctioned by the government, stalled, as many households were provided with drinking water through water bowzers.

Sierra Leone is among the countries that did not meet the Millennium Development Goals' (MDGs) targets, particularly MDG 7 on ensuring sustainable access to safe drinking water and basic sanitation. Sierra Leone had set targets of 74 per cent of the population with access to improved water sources and 66 per cent of

¹ The total expenditure includes indirect cost of US\$ 35,441.95 (6.7117%)

the population with access to sanitation. However, the country only managed to reach 63 per cent and 13 per cent for water and sanitation respectively (JMP 2015). For Sierra Leone to now meet Sustainable Development Goal (SDG) 6 on ensuring access to water and sanitation for its rural population, 3.1 million people (based on 3,133 water points per year times 250 people per water point) must gain access to safe water points while 5.6 million people must have access to improved sanitation (translating into the construction of 280,179 improved latrines per year) by 2030.

Large inequalities exist between urban and rural communities with regard to current access to safe water sources and sanitation. According to 2015 national population data, Sierra Leone is home to an estimated 7,075,641 people, of whom 1,050,301 live in urban areas (Western area urban). The 2015 JMP data shows that for people living in urban and rural communities, safe water sources are available to 85 per cent and 48 per cent respectively. For sanitation coverage, the figures are 23 per cent (urban) and 7 per cent (rural). This highlights the greater need for WASH services in rural areas. The low sanitation coverage, sector partners' concentration in specific areas, paltry investment in sanitation services with limited donors support thinly spread in the country are all contributing to the current WASH situation in the country.

Lack of access to WASH services contributes significantly to poor child survival and development, and the majority of vulnerable children live in constantly challenging environmental contexts. In Sierra Leone, vulnerable populations include EVD outbreak-related orphans, and poor families in rural and urban slum areas in Freetown and other provincial cities or major towns. According to the 2015 'A Promise Renewed Report', Sierra Leone remains one of the five countries with the highest under-five mortality rates in the world. Malaria, and respiratory and diarrheal diseases are among the leading causes of death for the country's under-five children². Undernutrition is also a serious problem in Sierra Leone: over 12 per cent of children under-five are underweight and 29 per cent are stunted³. Malnutrition contributes directly or indirectly to almost half of the underlying causes of child deaths. Malnutrition and infectious diseases are closely linked to the water and sanitation situation in Sierra Leone and leaving children to continue living in this setting is likely to sustain underdevelopment.

Sierra Leone still struggles with numerous institutional and governance issues, which are impeding effective, efficient and transparent implementation of WASH services. Based on key pillars for sustainable WASH programme, such as enabling WASH environment; quality assurance; access to sustainable services, infrastructures and demand for services have been identified but still need to be addressed. Incremental progress has been made, but the following challenges still exist under key determinants of each pillar mentioned above:

- social norms (limited knowledge on social norms drivers);
- policies/strategies (inadequate/incomplete policy guidelines/tariff regulations for main government water utilities)
- weak sector regulations, budget (slow progress on honouring committed budgetary allocations/accountability);
- management/coordination (issues of fragmentation/lack of consolidation, clarity of roles, ownership/accountability, decentralization and monitoring issues);
- quality (inadequate and partial implementation of national standards / guidelines, strategies); and
- availability of products and services (limited access to spare parts, hand pumps, technical skills for construction).

The Programme Objectives

Within the context of early recovery, programme activities primarily comprise provision of WASH promotion for communities, peripheral health units (PHUs) and primary schools, building upon existing EVD response WASH coordination and interventions. The programme is directly and fully aligned to key initiatives of the PRP, which is focusing on increased access to basic WASH in public institutions and the most affected EVD areas.

² UN Inter-agency Group for Child Mortality Estimation (2015)

³National Nutrition Survey 2014

The expected **impact** of this programme is to contribute to the reduction of morbidity and mortality rates associated with incidence of water and excreta-related diseases, as well as to support “Staying at Zero Ebola cases”.

The expected **outcome** of this programme is that the target populations in the most affected EVD districts have access to quality WASH facilities in communities, PHUs and schools in their communities’ catchment areas.

The thematic funding initially focused on the following three main interventions:

- Overall coordination of the WASH partners response in collaboration with the ministries related to Water Resource/Sanitation/Hygiene and under the leadership of the health sector (inter and intra WASH sectoral coordination to the Ebola response)
- Epidemic transmission control for containment in quarantine sites, treatment centres, referral health centres and posts, affected households (WASH in health support to or in coordination with health structures)
- Ebola prevention and risk reduction in affected and at risk areas (communities, health care facilities and schools)

New programme intervention areas under the PRP:

UNICEF WASH continued implementing the following specific planned activities under the PRP based on the outstanding balances (more could have been done with additional funding):

- Supporting national WASH sector coordination platform and ensuring that district level coordination mechanisms are functional.
- Provision of WASH services to five non-Ebola health care facilities with the full “recovery” WASH package, with an estimated catchment population of 35,000 people.
- Support community sanitation through the community led total sanitation (CLTS) approach, benefiting 18,500 people
- Rehabilitate/construct eight water points in the communities, benefiting 6,929 people
- Provision of a comprehensive WASH package to eight primary schools, benefiting an estimated 1,600 children
- Conduct monthly and quarterly monitoring follow ups with government WASH line ministries’ counter parts

Results in the outcome area

WASH Sector Coordination

UNICEF, in collaboration with the other WASH sector partners, continued to support the strengthening of the national WASH sector coordination platform, which comes out of the earlier WASH Ebola coordination body set-up during EVD outbreak. The sector coordination platform has continued to provide guidance to all sector partners on common approaches and standards. Through the sector coordination mechanisms, UNICEF supported the WASH line ministries in conducting a nationwide WASH baseline survey which was intended to provide the current status of WASH services coverage as well as the baseline data for sustainable development goals targets. The government is also using the coordination forum to map out critical WASH gaps and vulnerabilities, to guide the targeting of future investments. WASH sector partners are using the coordination forum for information sharing, particularly the critical information on who is doing what, where when and how, something that has significantly reduced duplications and gaps. Specific implementation protocols such as WASH in health standards and water borehole drilling guidelines have been developed and shared with partners to improve quality and harmonization of technical designs.

The coordination meetings continue to be held on monthly basis and are co-chaired by the Ministries of Water Resources and Health and Sanitation, enhancing ownership and a sense of responsibility. The national coordination platform has five functional pillars or working groups, namely: humanitarian; rural WASH; urban WASH; sector budget; and donors. It has played a key role in the prioritization and planning of WASH

interventions under the PRP and ensured that equity and optimal coverage were taken into account. Sector coordination has significantly improved the quality of WASH interventions and supported the development and finalization of the WASH sector monitoring framework. Whereas there is significant improvement in national stewardship of the coordination platform, the institutional capacity in terms of systems, the available personnel and their skill mix are still a challenge.

WASH in Non-Ebola Care Centres

The thematic funding supplemented other ongoing WASH-in-health interventions, specifically in PHUs where most birth deliveries are being conducted, to promote IPC particularly during child birth. The programme supported the provision of WASH services in five health care facilities⁴ with a total catchment population of 35,000 people. Investments at the PHU level were prioritized by the Government to improve health workers' sense of safety and the patients'/communities' confidence in the health facilities' quality and safety, which had been eroded by EVD outbreak. During the EVD outbreak, over 200 health care workers were infected and died due to poor IPC processes within the health care facilities. Among the goals of the PRP is the restoration of essential health services and ensuring that they are safe and reliable.

In collaboration with the Ministry of Health and Sanitation and other sector partners, UNICEF facilitated a nationwide review of the status of WASH services in non EVD health care centres. Out of the total 1,064 health care facilities assessed, half do not meet the minimum standards and guidelines for WASH services in health care facilities, i.e., running water in all utility rooms, pour flush toilets and waste pits/incinerators while 18 per cent do not have WASH facilities. The five PHUs supported under this grant contributed to the PRP priority of ensuring zero cases of health care-associated EVD. All the five health care facilities were provided with a safe, year-round motorized water system with sanitation facilities. The programme also trained a total of ten persons from health facility management committees to support minor operation and maintenance of installed WASH facilities, specifically the solar power maintenance. A block of latrines consisting of four cubicles (one each for staff, patients (males/female) and people with disabilities) were constructed.

WASH in EVD-Affected Communities

Thematic funding was used to increase access to safe water in the most affected communities. The specific activities included improving sanitation practices in eight targeted communities in Kambia district, which were at the epicentre of the EVD outbreak. Through a CLTS approach, the programme reached 18,500 people who are currently living in ODF communities. A total of 16 natural leaders were trained during the implementation process and they were instrumental in facilitating the conversion of the communities from open defecation to ODF communities. The programme used hand washing promotion campaigns to influence behaviour change, which resulted in the construction of a total of 2,642 household latrines with attached hand washing facilities. The programme also supported the training of eight WASH committees (72 people), something which has remained instrumental. The eight communities have remained ODF and have created demand from other communities. UNICEF, with funding from other sources, is currently implementing CLTS in an additional 30 communities in the same neighbourhood. A number of villages which have shown interest in improving their open defecation status are still unsupported due to inadequate funds. The programme continues with post-ODF monitoring in collaboration with WASH committees to ensure that there is no relapse to open defecation status.

Community Water Supply

As a motivation to the ODF communities, which lacked safe water sources, the programme constructed/rehabilitated eight water points (one in each community) to ensure access to potable water. An estimated 6,929 people directly benefited from these safe water sources. To ensure functionality of the safe water sources, the programme established and trained eight water committees, 16 caretakers and 16 hand pump mechanics. The trainings covered management of water points and minor maintenance of hand pumps

⁴ Tonkolili district (Komrabai, Macrogba and Magbasha Bana PHUs) and Bombali district (Matota and Mabonkine PHUs)

and operations. These resource persons were identified by their respective communities to support the management and functionality of the eight water points, which have been improved. This group of people have been linked with village development committees to ensure accountability and ownership.

Based on previous experiences, UNICEF in collaboration with the government is continuing to restore community-based operation and maintenance mechanisms, which were adversely affected by the EVD outbreak. The programme is supporting the various communities to restore the community-based financing mechanism (village saving schemes), particularly for paying for minor repairs and routine maintenance. The Ministry of Water Resources in collaboration with district councils, with support from UNICEF, continues to promote the interest of local traders in establishing hand pump spare parts businesses, specifically incorporating hand pump spares into local motor bikes spare parts. The programme is also promoting local procurement of hand pumps and spare parts. This approach has greatly contributed to the availability of hand pumps and spare parts in Freetown. The programme will continue lobbying the government to influence the private sector, particularly local entrepreneurs dealing with hand pumps to cascade the hand pump spare parts business at the district level.

WASH in Schools

During the reporting period, the construction/rehabilitation of child friendly WASH facilities were undertaken in eight schools serving a total of 1,600 children. All the targeted schools are within the same communities where community sanitation and WASH in health activities were implemented. All the eight primary schools were provided with a comprehensive school WASH package which included child friendly WASH facilities (infrastructure), school sanitation, and health education (SSHE)/school led total sanitation. The school health clubs disseminate behaviour change messages including the promotion of proper use of sanitation facilities through their peers. The infrastructure work included hand dug wells and the construction of 16 blocks of latrines with four cubicles to cater for boys and girls separately, while the SSHE aspect focused on children's hygiene behaviours. The programme supported the formation and establishment of school health clubs and school management committees in all eight schools. A total of 96 school health club members and 16 teacher focal points were trained and they continue to promote safe hygiene practices through peers. A further eight school management committees (72 people) were trained and are responsible for ensuring the functionality of the WASH infrastructure through community-based operation and maintenance mechanisms.

Financial Analysis

As shown in the financial table below, all funds have been utilized. All the outputs agreed on with the government were accomplished. Summarized in the table below is the financial analysis in terms of the budgets and the expenditures.

Financial Expenditure Table

Budget Line	(a) Thematic Funds received (USD)	(b) Actuals spent (USD)	(c) Unspent (USD)	(d)=(a-c) Total Funds utilized (USD)	(e)=(d/a) Proportion Utilised (%)
Coordination	42,763	42,763	0	42,763	100%
Non-Ebola care Facilities	111,244	81,468	29,776	81,468	73.2%
WASH in Communities	249,323	219,547	29,776	219,547	88%
WASH in Schools	114,933	114,933	0	114,933	100%
Monitoring and evaluation	69,349	69,349	0	69,349	100%
Programme support	35,441	35,441	0	35,441	100%
	623,053	563,501	59,552	563,501	90%

Future Work Plan

Thematic funding from Russia went a long way in improving WASH sector coordination, increasing access to safe water sources in communities and in public institutions (health care facilities and schools) and the outstanding balances will be used to support the sustainability of the already implemented activities. However, UNICEF will still require additional funding support to meet the outstanding gaps in WASH services in the following areas:

- Continue supporting the government to provide quality leadership in coordination as well as build the national systems within the government and other WASH sector partners and strengthen the linkages between humanitarian and development programming.
- Provision of WASH services to additional 210 health care facilities to support IPC.
- Support the scaling up of community sanitation in 150 unserved communities to achieve ODF status and continue with post-ODF monitoring in ODF communities to sustain behaviour change.
- Provision of additional 150 safe water sources in the unserved communities and ensure that SDG indicators for basic/safe managed water supply are met.
- Scaling up WASH services in an additional 315 schools to ensure that they are child friendly with emphasis on the promotion of menstrual hygiene management for adolescent girls.

Expression of Thanks

The GoSL and UNICEF Sierra Leone recognize the commitment of the Russian people to the WASH movement in Sierra Leone. The communities, the government and, most importantly, the children are grateful for the support given to further progress on WASH education issues in Sierra Leone. From the whole team at UNICEF Sierra Leone, thank you very much.

Annexes

Annex 1. Fund Utilisation Report



Donor Statement
by Activity (uncertified)

Annex 2. Human Interest Story



In Sierra Leone,
clean water returns