Liberia, West Africa is emerging relatively successfully from the devastation of years of violent and brutal civil war and is reasonably on track to meet the goals of the countries poverty reduction strategy (PRS) finalised in mid 2008. The Water, Sanitation and Health (WASH) PRS goals are largely being addressed through International Non Governmental Organisation (INGO) support and an effective means of collaboration has emerged in the form of an INGO WASH Consortium comprised of five key agencies intervening in the WASH sector in Liberia. This paper presents a practical case study of the Liberian WASH Consortiums strategy, structure, funding sources, key achievements and lessons learnt during the first year of collaboration. The Liberian WASH Consortium is being cited by key donors and relevant stakeholders as an innovative and effective means of meeting the basic humanitarian water and sanitation needs in Liberia as well as strongly supporting the transition from emergency relief to sustainable development.

Introduction
Five International Non Governmental Organisations have collaborated since October 2006 in the development and evolution of the Liberia WASH Consortium. The concept of a consortium, aimed at supporting the Government of Liberia (GoL) in meeting the PRS WASH goals and comprised of key INGO’s intervening in the WASH sector in Liberia was initiated by the British Department for International Development (DFID) following a visit to urban slums in Monrovia, the capital of Liberia, by the Secretary of State in August 2006. DFID encouraged working in a consortium model in order to add value to the existing programming models in the WASH sector and to reduce internal administrative burdens at local, regional and head quarter’s divisions. The Consortium initially developed a proposal for DFID detailing a consortium model, WASH Interventions and targeted geographical areas.

The context
After fourteen years of violent conflict in Liberia almost all infrastructure was either destroyed, or had fallen into severe disrepair through neglect, theft or vandalism. Since the conflict ended with the signing of a Peace Accord in Accra in 2003, relative calm bolstered by the presence of around fifteen thousand UN peacekeepers, has prevailed in Liberia. Humanitarian interventions were made during the conflict but achieved little lasting impact. For over a decade the population of Liberia lived in the most appalling conditions. It is estimated that around 200,000 were killed and another 250,000 to 350,000 were forced to leave their homes and seek refuge in camps inside Liberia or flee to other countries. Access to basic services was virtually non-existent, and people were deprived of their most basic human needs and rights. Since the end of hostilities the international community has implemented a major humanitarian programme to help stabilise the country and bring much needed emergency provision of essential facilities and restoration of basic social services in both urban and rural communities.
Who is the Consortium
The Liberian Consortium is comprised of Tearfund, Oxfam Great Britain (GB), Concern Worldwide, Solidarites and Action Contre la Faim, all INGO’s operating in the WASH Sector in Liberia. Key stakeholders in the consortium in addition to the five core INGO’s are the Government of Liberia, UNICEF and Donor agencies – DFID, European Commission for Humanitarian Aid (ECHO), Irish Aid and the World Bank.

Consortium strategy
Initially the consortium in 2007 jointly developed a 5 year strategy that was broken into two phases, the first phase was a three year strategy which focused on Direct service provision combined with inputs for sustainability and Institutional Capacity Building followed by a second phase that would explore the feasibility of an urban water network in the Clara Town urban slum settlement of Monrovia.

1. Direct service provision combined with inputs for sustainability: Humanitarian projects in accordance with the PRS aimed at increasing access of both rural and urban communities to safe drinking water, adequate sanitation and improved basic hygiene practices, as well as building the capacity of communities and identified local actors to support the management and maintenance of WASH activities and facilities at the local level.

2. Institutional capacity building: A project to support the Ministry of Health to revitalise the national environmental health inspection system by providing resources to rebuild the County Health Teams in 15 counties in terms of trained staff, logistical means, and office equipment.

The overall goal is to improve the health of Liberians by supporting the Government of Liberia in the transition from relief to development.

Strategy Review 2008
In July 2008, the consortium conducted a strategy review, involving members, Government and donors. It was felt that a review was needed to address issues that had emerged during the first year of implementation and also to make sure the programme strategy was harmonised with the final PRS and clearly laid out, so as to limit complexities resulting from different proposals to multiple donors. Information from the strategy review was fed into the creation of a strategy document. Successes and challenges/constraints/lessons of the first year were identified, and the original strategy was updated. Further annual strategy review sessions are planned.

Consortium structure
The consortium is managed through a board made up of the Country Directors from the five member INGO’s (INGO Board). The board is chaired by the Country Director of Oxfam GB, which is the agency that acts as the head contractor for consortium donors. A small Consortium Coordination Team (CCT) reports to the INGO board and is supported by Oxfam GB in terms of logistics, finance and human resources. The CCT is made up of a Programme Coordinator and a Finance/Administration Officer, an Advocacy and Communications manager and a WASH and Monitoring & Evaluation technical advisor for the programme. The following diagram shows the organisation of the CCT in relation to Oxfam GB and the INGO Board.

In addition to this internal management structure, the consortium has also established an Executive Board and an Operations Board, to ensure proper programme, technical and policy input from, and better coordination with its partnering stakeholders.
Why a consortium
The Consortium model provides opportunity for significant added value and benefits all the stakeholders involved in a variety of ways. For the WASH sector there is better coordination amongst key agencies and enhanced opportunity for advocacy, in 2008 the Global Handwashing Day and World Toilet Day celebrations in Liberia gained good media attention which would not have happened without a collective approach. For the government the consortium model provides a partnership approach well supported with systems and complementary service delivery, again mitigating against poor coordination. Programmatically a large geographical coverage is possible with synchronized humanitarian action for both short term impact and long term sustainability. For donors administrative burden is reduced because the funding goes through a single agency and instead of having to administer 5 separate proposals and reports only one proposal and report has to be adminstered. For the member agencies prolific opportunities exist for shared planning, resources, tools, reviews and development.

Funding
In total the Consortium project has an approximate budget of $ 19 million for the entire strategy; this figure is slightly variable as individual member agencies occasionally source bilateral funding independent of the Consortium pool funding. To date funding has been sourced as follows: DfID $ 7 million, ECHO $ 4.5 million, Irish Aid $ 1.6 million and World Bank $ 276 thousand. Funding is sourced collectively and then allocated amongst the member agencies in terms of priorities and needs. This is an area which could produce potential conflict and it is very important that the consortium team has a good and conducive working spirit.
which facilitates funds being allocated amicably and from a strategic perspective as opposed to Country Directors looking out for their agencies interests.

| Figure 4. Public tapstand Monrovia – Concern Worldwide | Figure 5. Afridev spare parts supplier ACF | Figure 6. County Health Team transport support – Oxfam |

**Key achievements 2007 -2008**

- Established programme coordination team, board structures and programme working groups.
- Increased funding: Initial funding of DfID complemented by funds from World Bank, then large tranches from ECHO and Irish Aid.
- Strengthened cordial working relations with Government line ministries and the signing of an umbrella MOU with GoL.
- Extensive support to the GoL in the development of the Government WASH Policy and technical guidelines.
- Improved coordination facilitated of WASH activities between central and county level.
- Established and strengthened community and government structures and systems for sustainability of WASH activities and facilities.
- Involved and supported local NGO’s and contractors in implementation of WASH work.
- Increased access within targeted population to water and sanitation by 23 and 3% respectively.

**Key lessons learnt**

**Need for a Common Strategy** – a harmonised strategy with overall goals and objectives plus details of activities and outputs is essential in order to have a common reference point for all members, donors and stakeholders. This includes a common understanding of baseline data – what it is, the source and methodology for collecting it, a common logical framework, including common point of reference for targets and indicators, a common understanding of how individual members’ activities will contribute to the common results, common technical standards and a common framework and understanding of how programme is to be monitored and evaluated.

**Need for Stakeholder / Partner Involvement** - Key partners and stakeholders should be involved in programme design and development, and throughout implementation – particularly to be in line with national policies and strategies (i.e. PRS). There should be consultation on baseline data, consultation on strategy – how does it fit with other stakeholder strategies and with national strategies? – does it meet needs as understood by partners/stakeholders? Consultation on indicators, methodologies and technical standards – are they in line with national guidelines and best practice? Finally and most importantly a shared understanding of how programme is to be monitored and evaluated.

**Need for Clear Operational Arrangements** - Clear and detailed framework for how members are to work together internally and how the consortium is to work externally with donors, Government, etc. Recommended documentation should exist of the role of lead agency (head contractor), decision making parameters (i.e. consensus based on common strategy), reporting lines and guidance for the central coordination team and agreement on standard practice for procurement, exchange rates, codes of conduct, etc., harmonised programme information and reporting formats and if possible work with multiple donors and stakeholders for streamlined, consolidated reporting.
**How to share learning** - It is important to share successes and learning points between members and with others, both formally and informally through board meetings & working groups, an annual strategy review, creating opportunities for field level staff to share approaches (i.e. through peer reviews), bi-lateral sharing between partners – documented for others and facilitating sharing lessons learnt with other stakeholders.

**Time Involvement** - Working as a consortium involves a large time commitment from the members. It is essential to take enough time for consultation, consensus, and harmonisation to reach unity in the programme.

**Flexibility** - Members need to be flexible in order to adjust individual approaches, procedures, budgets, strategies, and plans to a consortium programme. The key is to agree on what is essential to have in common and what can be varied.

**Conclusion**
The nature of emergency interventions and the pressure, or lack of time available would make working as a consortium too challenging in an emergency environment. However as a methodology for transitioning the gap from relief to development, the consortium model although time consuming and hard work is worth considering and recommended as a means of intervention.

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**Note/s**
Information for this paper is sourced in majority from consortium documentation produced collectively by the Liberia WASH Consortium.

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