



UNDERSTANDING THE WASH RESPONSE TO COVID-19 IN SUB- SAHARAN AFRICA

LIBERIA CASE STUDY

October 2021

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ACRONYMS AND ABBREVIATIONS

CBE	Community-Based Enterprises
CEO	Chief Executive Officer
COVAX	The vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator led by the WHO
COVID	Coronavirus Disease 2019
ECOC	Executive Committee on Coronavirus
EPA	Environmental Protection Agency
GoL	Government of Liberia
HCW	Healthcare Worker
IMC	International Medical Corps
IMS	Incident Management System
INGO	International Non-Governmental Organizations
IOM	International Organization for Migration
JMP	Joint Monitoring Programme
KII	Key Informant Interviews
LWSC	Liberia Water and Sewer Corporation
MOH	Ministry of Health
MSF	Médecins Sans Frontières
NGO	Non-Governmental Organizations
NPHIL	National Public Health Institute of Liberia
NWASHC	National WASH Commission
RFI	Radio France Internationale
SME	Small and Medium Enterprises
SPACOC	Special Presidential Advisory Committee on COVID-19
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WALIS	Water for Africa through Leadership and Institutional Support
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

SUMMARY

The COVID-19 pandemic is an unprecedented event in the present age that has raised questions about the national emergency Water, Sanitation, and Hygiene (WASH) response in Africa. In February 2020, the United States Agency for International Development (USAID) tasked the Water for Africa through Leadership and Institutional Support (WALIS) Program to understand how coordination, finance, monitoring, and organizational capacity influenced the WASH response to the COVID-19 pandemic. The study is meant to provide valuable information on the critical WASH responses that African country leaders have undertaken during the COVID-19 pandemic up to July 2021; how those decisions were reached; the degree to which evidence informed those decisions – or not; and what lessons can be drawn to inform a better response to future crises and to build back better.

Three broad research questions were used to guide the study. What “official acts” were effectively employed by governments and utilities to respond to the COVID-19 crisis? What other measures have governments, utilities, and other African WASH organizations used to respond to the COVID-19 crisis? And, why were these official acts and other measures effective or perceived to be effective in the response to the COVID-19 crisis and how could they be leveraged to support a better response to future crises and to build back better? As the study progressed, more detailed and nuanced questions were developed which further framed the study team’s analysis. These new questions were born out of not only the changing pandemic, but also the selection of target countries to further focus the study.

Starting with a subset of USAID’s high-priority WASH and strategy-aligned countries in sub-Saharan Africa, the study team conducted a literature review, a survey of WASH stakeholders in eight countries, and key informant interviews (KIIs) and a more focused literature review in three of the eight countries surveyed. The purpose of the interviews was to gather greater depth of qualitative information, triangulate information on the WASH response gathered from the literature review and survey, and understand the experience and opinions of the different stakeholders on the effectiveness of the response. The countries targeted for in-depth interviews and analysis for which individual case studies were developed were Liberia, Madagascar, and Malawi.

Having gone through a major and deadly epidemic just 7 years earlier, the Government of Liberia was somewhat prepared to manage the organization and coordination aspects of the response to the COVID-19 pandemic. As far as the WASH response to the pandemic goes, however, stakeholders felt that the government focused almost solely on the curative side of the response. Preventative WASH measures were not prioritized and very little Government of Liberia funding was allocated to WASH. This resulted in the Government relying on international NGOs and donors to continue implementing current WASH activities in the country, or quickly reprogram funds or refocus geographic priorities to support the WASH response to the pandemic. The lack of up-to-date WASH data limited the WASH Commission’s ability to plan, fund, and implement programming to address the pandemic.

Key recommendations included elevating the National WASH Commission into its own ministry to consolidate WASH programming and prioritize government WASH funding; better using the WASH Pillar of the Incident Management System to fully harmonize WASH programming by all partners in the country; ensuring that the National WASH Commission and other government entities responsible for WASH regularly collect and share relevant data; and develop a capacity development program for crisis response.

INTRODUCTION

The COVID-19 pandemic is an unprecedented event in the present age that has raised questions about the national emergency water, sanitation, and hygiene (WASH) response in Africa. In February 2020, the United States Agency for International Development (USAID) tasked the Water for Africa through Leadership and Institutional Support (WALIS) Program to understand how coordination, finance, monitoring, and organizational capacity influenced the WASH response to the COVID-19 pandemic. The study is meant to provide valuable information on the critical WASH responses that African country leaders have undertaken during the COVID-19 pandemic up to July 2021; how those decisions were reached; the degree to which evidence informed those decisions – or not; and what lessons can be drawn to inform a better response to future crises and to build back better.

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RESEARCH LIMITATIONS

The study team encountered limitations associated with conducting research during a pandemic, while case study countries were faced with or preparing for future COVID-19 outbreaks and waves. “Global health emergencies by their nature are challenging environments in which to conduct research. They involve disruption and great health need, among multiple urgent needs, and may often be accompanied

by time pressure to act, competing lines of accountability, uncertainty, and distress.”¹ Acknowledging the specific context, the study team identified risks and mitigation strategies to adapt to changes as the pandemic evolved. Under these circumstances, the study’s limitations include:

- **An evolving situation:** The study captures the changes in the WASH response from the start of the pandemic to August 2021, however, the response can change rapidly depending on various factors such as case numbers and politics. Furthermore, the COVID-19 pandemic is still occurring at the time of the writing of this report.
- **Availability of key informants:** The number of interviews was lower than planned. It is with great understanding that the study team acknowledged the WASH sector’s urgent priorities responding to both the health and economic impact of the COVID-19 pandemic. The team is appreciative of the stakeholders who were able to participate in interviews.
- **Availability of resources online:** COVID-19 resources on WASH measures and decision-making were not systematically available online. Resources were sometimes shared by key informants or available on social media, but data gaps remained.
- **Opinion-based questions:** The survey and interviews asked participants to share their opinions on the effectiveness of the WASH response. The effectiveness of the WASH response sometimes varied depending on the stakeholder group and individuals.
- **Remote interviews:** Although remote interviews were the only option with lock-down measures in many countries and allowed for various advantages such as flexibility of schedule, they also have disadvantages in comparison to face-to-face interviews, such as less commitment (e.g., no-shows) and disrupted communication due to internet connection issues.
- **Disputed facts:** Dates and statistics often changed depending on sources.

COVID-19 RESPONSE

On March 16, 2020, Liberia detected the first case of COVID-19. Before the first case, the President of the Republic of Liberia, George Weah, set up the Special Presidential Advisory Committee on COVID-19 (SPACOC) and enhanced screening, handwashing, and quarantine measures at the airport. Following the report of the first case of COVID-19, President Weah activated the Incident Management System (IMS). The IMS is led by the Minister of Health (the Incident Manager) and the Director-General of the National Public Health Institute of Liberia (the Assistant Manager). It was established during the Ebola Crisis and re-instituted for COVID-19 and includes 19 sectoral pillars led by government ministries. These pillars look at different aspects of the response, and include, but are not limited to, the WASH pillar, the Tracing Pillar, the Pool of Entry Pillar, and the Logistics Pillar. Above the IMS is the National Response Coordinator, the functional head of the SPACOC.

On March 22, 2020. The Minister of Health and Social Welfare declared a national health emergency based on Liberia's Public Health Law (enacted following the Ebola epidemic) with stay-at-home orders

¹ Nuffield Council on Bioethics. 2020. Research in Global Health Emergencies: Ethical Issues. [Link](#).

and travel restrictions on international arrivals and domestic movements.² One day later, the airport closed, and on April 4, the government reported the first COVID-19 death.

On April 7, 2020, President George Weah made changes to the coordination of the COVID-19 response and appointed a National Response Coordinator, Mary Broh, to the Executive Committee on Coronavirus (ECOC). He also appointed a National Compliance Manager, Finda Bundoo, to monitor finances. These decisions were based on recommendations from the World Health Organization, as cases were increasing and based on a consultative meeting between SPACOC and partners. They discussed the need to "move away from the current system of advisory and consultative meetings to operational and community-oriented outreach."³

On April 8, 2020, President George Weah declared a three-week national state of emergency to enforce the health protocols.⁴ The Legislature approved the declaration on April 17, 2020, and published the state of emergency into handbills on April 21, 2020.⁵ On June 22, 2020, President George Weah extended the state of emergency by 30 days, stating "that despite the measures that have been put in place to curtail the spread of the Coronavirus disease in the country, including the compulsory wearing of facemasks, handwashing and social distancing, cases, and deaths from the disease continue to rise".⁵

On July 15, 2020, the IMS undertook a comprehensive review of the response activities to address Liberians' health needs and livelihoods.⁶ "The virtual conference reviewed the ongoing response, identified multisectoral solutions and broad partnerships to effectively respond and control the spread of COVID-19 as well as developed an Action Plan for the next six months."

The state of emergency expired on July 22, 2020. Liberia faced two more COVID-19 waves from November 2020-January 2021 and May-July 2021. The government did not declare new states of emergency for the successive waves. On March 5, 2021, Liberia received its first shipment of vaccines through the COVAX program. As of September 7, 2021, Liberia had 5727 cases, 245 deaths.⁷ The third wave was particularly deadly, with a record 72 deaths (29% of total deaths) reported on August 3, 2021.

According to Afrobarometer, the Liberian public believed that the government had effectively responded to the COVID-19 pandemic with its quick actions to set up the response, management structures, daily press briefings, and releases⁸. However, the Government of Liberia did face various criticism for its COVID-19 response including, but not limited to testing capabilities and the economic stimulus no reaching the most vulnerable and distributed unfairly.

² WHO, 2021. How reinforced community health structures and capitalizing on lessons learned from the Ebola virus epidemic of 2014–16 helped the country respond to the challenge of its second major disease outbreak in five years. [Link](#).

³ Executive Mansion. 2020. President WEAH appoints Mary Borh to Coordinate Coronavirus Response. [Link](#).

⁴ Measures included: the closure of all schools, night clubs, cinemas, beaches, spas, mosques and churches; banning of all street selling and gatherings of more than 10 people; limits on admittance to banks and restaurants to five (5) customers to ensure they are kept six feet apart; social distancing measures were also instituted at health facilities and pharmacies (which remain open); public transportation, shopping centers/grocery stores and outdoor market places; and mandatory washing of hands with soap and clean water at all public and private establishments.

⁵ Executive Mansion. 2020. Pres. Weah extends state of emergency by proclamation. [Link](#).

⁶ WHO. 2020. Liberia: health donors conference. [Link](#).

⁷ Our World in Data. 2021. [Link](#).

⁸ Afrobarometer. 2021. AD420: Liberians laud government's COVID-19 response but claim unfair distribution of relief assistance. [Link](#).



Situation Report #02: #COVID-19: 2nd case (a close contact to the index case) confirmed. Two patients are alive, clinically stable and in isolation; 127 contacts (23 high risk, 104 low risk). For details, click [👉👉👉 nationalphil.org/wp-content/upl...](#)



Figure 1: National Public Health Institute of Liberia (NPHIL) announced the first case of COVID-19.⁹



Figure 2: On August 13, 2020, The WHO donated 21 pieces of oxygen concentrators to the Ministry of Health.¹⁰



Figure 3: On March 7, 2021 Liberia received syringes and safety boxes from the COVAX program to prepare for the vaccination rollout.¹¹



Figure 4: On January 12, 2021 NPHIL receives medical supplies to support Liberia's fight against Lassa fever from the Chinese government, and iterates the importance of continuing to fight all diseases present in the country.¹²

⁹ NPHIL (@NPHIL6). 2020. Twitter. March 18, 2020. 10:25 A.M. [Link](#).

¹⁰ WHO Liberia (@WHOLiberia). 2020. Twitter. August 13, 2020. 6:31 P.M. [Link](#).

¹¹ UNICEF Liberia (@UNICEF_Liberia). 2021. Twitter. March 7, 2021. [Link](#).

¹² NPHIL (@NPHIL6). 2021. Twitter. March 7, 2021. [Link](#).

WASH RESPONSE TO COVID-19

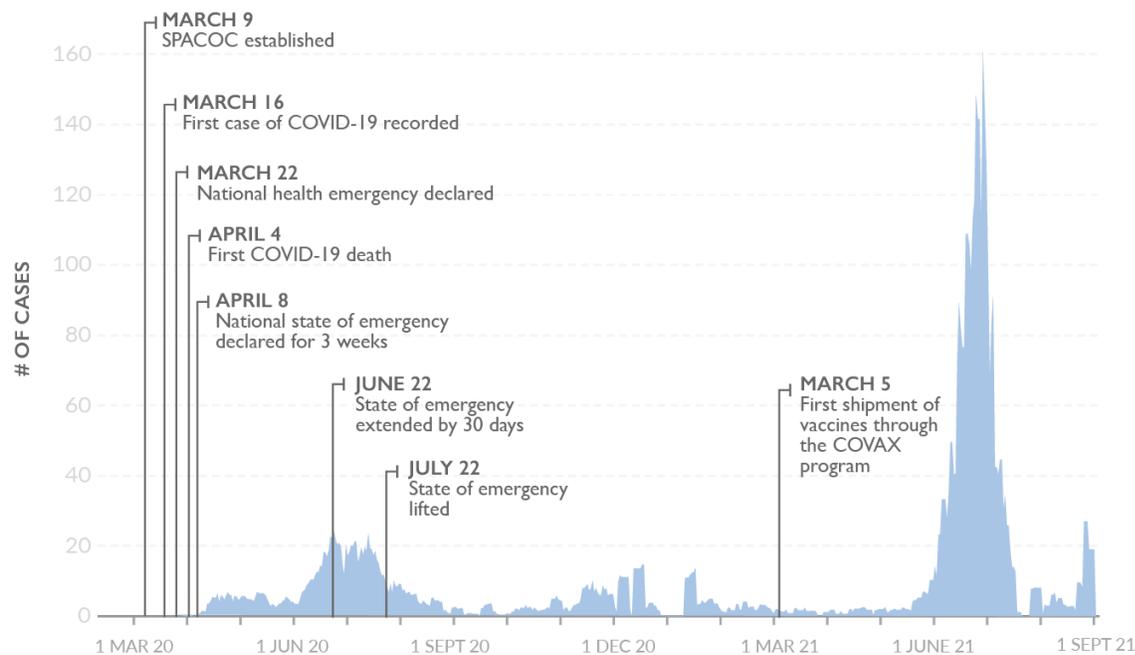


Figure 5: Timeline of COVID-19 cases and key dates

The WASH response was coordinated through the IMS WASH Pillar, headed by the CEO and Commissioner of the National WASH Commission, and prioritized the regions and cities where COVID-19 transmission was high, specifically in the capital of Monrovia and the second city of Buchanan and their surroundings. The WASH Pillar developed two response plans for the May-October 2020 period and the July-December 2021 period. The response focused on promoting and enforcing preventative measures, most notably handwashing. WASH Pillar leaders planned monitoring and enforcement activities, behavior change communication activities, and construction and rehabilitation of water points and handwashing stations, but they were unable to conduct government-led programs due to the lack of budget.

The following section includes an overview of WASH policies and measures implemented thus far in the pandemic and how they were coordinated, financed, monitored, and implemented. The sections below provide a description of what happened during the pandemic, what changed compared to pre-covid, and what lessons could improve future COVID-19 waves, epidemics, and other emergencies. The statements in the following sections were communicated by multiple key informants, and when possible, verified through the literature review. To improve the readability of the document and to maintain the anonymity of key informants, the study team only included referencing for quotes (type of organization only) or statements linked to a key source. Key limitations of this case study include not having access to the national COVID-19 response plan or the WASH plan, the limited information available on social media, and the inability to interview the Ministry of Health (MoH) which would have provided a more

balanced overview of the conflict between the WASH pillar and the MoH. Furthermore, many of the dates and statistics are disputed and difficult to confirm with secondary sources.

POLICY AND MEASURES

The IMS WASH Pillar is led by the CEO of the National WASH Commission, Ambassador Bobby Whitfield, and focused on COVID-19 preparedness, specifically preventative measures like handwashing and access to clean water.¹³ The National WASH commission is the principal government entity responsible for all WASH coordination, activities, and regulations across the country. It was established by the Legislature in 2017 and officially opened in 2018 with the appointment of the first Commissioner (politically appointed).

The WASH Pillar brought together the WASH sector to coordinate all partners' activities and report to the IMS and SPACOC. The WASH Pillar was comprised of different government ministries, agencies, and commissions, in addition to NGOs, utility providers, and donors. Government entities included Ministry of Public Works' Department of Communities (rural water), the Environmental Protection Agency (EPA), municipal authorities (specifically in Montserrado and Grand Bassa counties), Ministry of Education, County Health Teams, National Public Health Institute, and Liberia Water and Sewer Corporation (LWSC). NGO and donor partners included UNICEF, Action Against Hunger, Oxfam, UNDP, World Bank, USAID, African Development Bank, and many others. The Pillar was responsible for ensuring the enforcement of handwashing and hygiene in public spaces, vigorous enforcement of health protocols, and routine monitoring and inspection. The Pillar held weekly meetings every Monday, with technical team meetings on Wednesdays. Ambassador Whitfield would report on WASH Pillar work to the SPACOC during their weekly meetings.

The WASH Pillar roles and responsibilities include:

- Organize weekly coordination meetings to discuss current and planned activities
- Collect recommendations and best practices in the WASH Sector COVID-19 response
- Gather and share learning and data to inform the national response
- Report up to the SPACOC on the WASH response
- Identify hotspots and make recommendations to partners on where to concentrate their activities
- Identify challenges in human and financial resources and brainstorm ways to mitigate these challenges
- Mobilize resources among and for WASH pillar partners
- Act as the WASH regulatory body; enforce hygiene measures like handwashing in public places

During one of their first WASH Pillar meetings, the Pillar developed a WASH response plan on fighting COVID-19. The WASH response plan included activities focused on hand hygiene and behavior change communications and had a budget of \$5.7 million.¹⁴ The Pillar submitted the plan to the IMS; however, once the WASH Pillar leaders understood the IMS would not prioritize WASH activities, they started

¹³ National WASH Commission website. 2021. [Link](#).

¹⁴ WASH Pillar. 2020. Implementation plan for WASH Pillar COVID-19 Response in Liberia. May-October 2020.

presenting the WASH budget to donors and other WASH partners in the country. They understood that they would need private sector and donor funding.

A second response plan was developed for the third wave for the July-December 2021 period.¹⁵ The plan's budget was \$561,000 and included very similar activities to the first plan minus front-line workers' capacity building.

Pillar members also created a rudimentary database of the WASH and COVID-19 activities being implemented across the country.



Figure 6: International Organization for Migration (IOM) sponsored the installation of WASH facilities at 15 priority Points of Entry.¹⁶



Figure 7: On February 26, 2020, OXFAM donated 700 handwashing buckets and soap to the IMS to prepare for COVID-19.¹⁷



Figure 8: The WASH Commissioner advocated for WASH as a key component to preventing the spread of COVID-19.¹⁸

¹⁵ WASH Pillar/ 2021. Implementation Plan for WASH Pillar COVID-19 Response in Liberia. July-December 2021.

¹⁶ IOM Liberia (@IOMLiberia). 2020. Twitter. July 30, 2020. 3:49 P.M. [Link](#).

¹⁷ NPHIL (@NPHIL6). 2020. Twitter. February 26, 2020. 2:13 P.M. [Link](#).

¹⁸ Bobby Whitfield (@BobbyWhitfield14). 2020. Twitter. June 8, 2020. 11:20 P.M. [Link](#).

COORDINATION

The IMS WASH Pillar, led by the WASH Commission, effectively coordinated the WASH response, but the development community implemented almost all of the WASH programs in the country. The WASH response plans included coordination as an objective, budgeting for national and sub-national meetings. The following section covers WASH pillar leadership and coordination with WASH partners, the IMS and the other pillars, and Community Based Enterprises.

- **Special President’s Commission on COVID-19 (SPACOC):** Established by President Weah in early March 2020, before the first case of COVID was identified in Liberia.
- **Incident Management System (IMS):** Established during the Ebola Crisis and re-instituted for COVID-19. Made up of 19 functional pillars led by government ministries
- **Ministry of Health (MoH):** Minister of Health served as the Incident Manager, or head of the IMS
- **National Public Health Institute of Liberia (NPHIL):** Established following the Ebola Virus Disease epidemic, the NPHIL puts out daily situation reports during the COVID pandemic
- **Ministry of Public Works (MPW):** National WASH Commission falls under this ministry
- **National Water, Sanitation and Hygiene Commission (NWASHC):** functional since 2018, the National WASH Commission coordinates all WASH functions in Liberia.
- **Liberia Water and Sewer Corporation (LWSC):** A public utility responsible for providing safe drinking water and sewerage services to all of Liberia.
- **Implementing partners:** Catholic Relief Services, WaterAid, City Alliance, UNICEF, UNDP, Welthungerhilfe, Cities Alliance, Action Against Hunger, etc.

Figure 9: List of key stakeholders in Liberia's WASH response to the COVID-19 pandemic.

WASH Pillar Leadership

Government officials in the WASH Pillar described coordination as successful. NGOs and other members were responsive to the leadership and made financial and programming commitments to support the Pillar’s response plan. The leaders held regular technical and planning meetings where members shared their current and planned WASH activities with each other. Key informants noted that the head of the WASH Pillar was responsive and shared information from the top levels down to the WASH Pillar. It was also noted that WASH Pillar leaders made sure to involve civil society in its monitoring and inspection activities.

However, an implementing partner also noted that due to an underfunded WASH sector, the government coordination structures were not as effective as they could be. They lack basic materials as well as motivation to do their jobs effectively.

“When you’ve got community after community who don’t have access to water, you have marketplaces, public places don’t have access to any washing facilities. And when you factor that in a budget and present it, it’s almost like they see it as, oh, this is too much, but you keep telling people to wash your hands, wear their mask, keep the distance. How do you tell people to wash your hands if they have to choose between drinking and washing hands? And, in most cases, they don’t even have access to safe drinking water. So it makes it very, very difficult.”

- National WASH Commission Official

WASH Partner Coordination

WASH partner coordination was complex in part due to funding, power dynamics, and politics. Coordination between the Government of Liberia and significant donors and development partners was excellent, as one implementing partner noted, because the government looks up to these entities. But

for the smaller and less influential partners, coordination was more complex. The key informant explained that the government is less focused on promoting cooperation with these smaller partners because the impact and funding potential are smaller than large donors and NGOs.

Another key informant noted that the international and national non-governmental organizations in the WASH sector can be difficult to coordinate with because they all value their autonomy and relative places of power within the development structure in the country. And as the WASH structure in the government is weak, it adds another challenge to controlling coordination. Finally, they noted that competing priorities and interests among NGOs and the UN system organizations also hindered coordination.

While government officials noted the WASH Pillar had excellent communications and logistical coordination, there was a lack of coordination as far as implementation. One key informant noted that, during the Ebola crisis, donors and partners could see their funds mobilized in activities in the streets and villages and towns, but during this pandemic, that kind of coordination is not visible. The WASH Pillar is seen as more political than a technical committee. Another key informant agreed, saying that the WASH Pillar, while useful to make plans and share materials about the WASH response, should have been more focused on organizing and implementing a response, as well as actually coordinating the activities of Pillar members so that they complemented one another. They said that, while the coordination was useful at the beginning of the pandemic, as time went on it turned out to just be meetings and bureaucracy.

IMS and Pillar Coordination

One key informant noted that the organizational structure of the IMS was strong and ensured that the COVID-19 response was focused and effective. The government was able to collect and share information rapidly and transparently, which allowed partners and other implementers to intervene quickly and efficiently. If the IMS as a coordinating mechanism had not been in place, it would have been difficult to create and implement policies to mitigate the effects of the pandemic.

However, multiple key informants expressed that much of the IMS funding was allocated to curative and other health-related functions because the Minister of Health was the leader of the IMS. Officials from the WASH Commission expressed frustration to the head of the WASH Pillar that the IMS did not prioritize water availability and hygiene in their planning. This is potentially due to a lack of understanding on WASH and health, with one key informant noting that policymakers don't understand that Liberia is a water-surplus country, but the quality of the water is not good. One participant explicitly said, "The WASH Pillar, which is one of the main forces against COVID-19, was totally marginalized." The 19 pillars of the IMS were competing for a small amount of funding allocated by the Legislature, which negatively affected coordination among the pillars.

Furthermore, a few key informants noted that other technical pillars funded or implemented WASH-related activities without notifying the WASH Pillar leadership, making it difficult to monitor and report on WASH activities. This is also reflected in the general structure of the Government of Liberia's WASH structure. There is no "Ministry of Water" so WASH activities are implemented across the different ministries. For example, the Ministry of Education funded the procurement and delivery of health kits, including handwashing stations, soap, and behavior change guides to more than 6400 public

and private schools across the country.¹⁹ A USAID partner key informant also noted that the government made direct requests to implementing partners without going through the WASH commission. They provided the example of receiving a direct request from a non-WASH entity in the government to install handwashing stations in the international airport.

The lack of coordination between health and WASH officials in the IMS trickled down to the community level. One key informant described seeing hospitals with ventilators but without running water or functioning toilets.

To overcome these challenges, one recommendation was to fully empower the WASH Commission as a technical entity of the government, and give it a stronger mandate than it currently has. Multiple key informants noted that if the Commission had the financial resources and political clout, they would be more effective in advocating for the funding to pay for and implement preventative measures for COVID-19.

Service Provider Coordination

It appears that the WASH pillar did not coordinate with service providers effectively. According to the survey, utilities were not part of the decision-making process to inform the WASH response.²⁰ Furthermore, one key informant who headed up the coalition of sanitation focused on community-based enterprises noted that the national government did not include them in coordination efforts. There was no effort to establish partnerships to address sanitation issues around COVID-19.

Future Emergencies

After discussing coordination during the pandemic, key informants were asked to reflect on what worked and what could be improved for future emergencies. The next table provides a summary of these reflections categorized by country.

<p>What worked?</p> <ul style="list-style-type: none">• Regular meetings and information sharing among WASH Pillar members• Emergency management structure was established early and had full support from the highest levels of the Government (President Weah)• Experience with previous emergencies (Ebola)
<p>How to improve a future emergency response?</p> <ul style="list-style-type: none">• Increase trust and coordination among IMS and other pillars• Improve coordination between Ministry of Health (head of IMS) and WASH Pillar• Improve planning and implementation of water and sanitation activities by WASH Pillar• Improve Government of Liberia coordination with donor/partner activities

¹⁹ Liberia Ministry of Education Facebook page. [Link](#)

²⁰ WALIS survey on the national COVID-19 response (2021).

FINANCES

The WASH Commission is responsible for investment in the WASH sector in Liberia.²¹ The WASH response plans of May-October 2020 and July-December 2021 had budgets of \$5.7 million and \$561,000, respectively. However, the funding gap was 93% for the first plan, and 100% for the second plan. The funding for the WASH response primarily came from Technical and Financial Partners that received emergency funding or adapted their current programs. Almost no funding from the IMS was allocated to the WASH Pillar for activities. The WASH sector in Liberia is primarily funded by international donors and partners, and the COVID-19 WASH response was no different. The following section covers the national budget, WASH partner funding, and utility funding.

National Budget Funding

Overall, very few government resources were allocated for WASH, behavior change communication, and other preventative activities. The IMS planning and budget focused almost solely on curative measures and case management, including funding for oxygen, hospital supplies, and hotel rooms for quarantine. The WASH Pillar, led by the Commissioner of the National WASH Commission, presented a budget of approximately \$5.7 million to the IMS on WASH activities. But the total IMS budget request was initially \$7 million, and did not include the WASH activity budget numbers. Liberian President Weah asked the IMS to alter the budget, because more funding could be made available. Following this change, WASH funding was still not prioritized.

A \$23 million stimulus package was proposed by the President and approved by the Legislature in April 2020, but much of that money was dedicated to food distribution and economic support to the public. About one million was allocated to the LWSC for free access to piped water for 60 days to ensure that running water was not turned off.²² The government did not provide any financial support to smaller community-based enterprises engaged in hygiene and sanitation activities. Many of these enterprises are fee-based, and because some customers could not pay these fees during the pandemic, some of these small companies were forced to close.

According to a key informant, just recently, another \$2 million was made available for the COVID-19 response, and \$1.5 million of that was dedicated to IMS activities and only about \$40,000 was made available for WASH activities. Because of this lack of funding, the WASH Commission was unable to fulfill its goal of monitoring and enforcement of basic hygiene practices related to COVID-19.

“The IMS felt that, if they added the proposed WASH budget to their total budget [being presented to partners and donors], the large number would scare partners away.”

- GoL official

WASH Partner Funding

Non-governmental members of the WASH pillar had money to commit to the WASH response, but they requested that the government match these commitments with similar or in-kind support. However, the government was not willing or able to provide this kind of financial support. Consequently, NGOs and other partners were reluctant to provide funding and focused on providing supplies or other in-kind donations.

²¹ National WASH Commission Act of 2012

²² <https://www.rfi.fr/en/africa/20200419-liberia-imposes-60-days-state-of-emergency-to-contain-coronavirus-george-weah-covid-19-lockdown>

With limited direct funding from the Government of Liberia, WASH Pillar leaders resorted to coordinating with implementing partners with current COVID-19 activities and advise them on where and how to intervene. One key informant explained that, even before the COVID-19 pandemic, almost all of the WASH funding in the government was provided by development actors, so this was not surprising. The WASH Commission itself is in part funded by development partners through direct technical assistance or grants and/or donations. Some of the funding allocated to support the WASH Commission included USAID through other USAID-funded activities like the Liberia Economic Policy Dialogue Activity.

UNICEF funded much of the work of the WASH Pillar through donations of generators to keep the lights and computers on during regular power outages, and other materials. Other funding came from USAID through Catholic Relief Services. The WASH Pillar also worked very closely with the International Organization for Migration (IOM) to install handwashing facilities at land borders. The NGO WaterAid also provided some funding for handwashing stations in health centers, isolation centers, and at the international airport in Monrovia. Other projects/NGOs reported continuing or scaling up the scope or location of their current WASH activities, as they were relevant to the COVID fight in the country. This included messaging and training on handwashing, hygiene, social distancing, and other preventative measures, coupled with WASH provisioning like handwashing stations, soap and other materials to affected communities, often in collaboration with country health teams. One key informant from an NGO associated with the United Nations noted that, because much of the work his organization was implementing in the country was already focused on hygiene and sanitation, they did not have to reprogram funds or make many changes to their current programming.

As far as how much funding was allocated for WASH activities by WASH pillar partners, the lead of the WASH Pillar was not able to provide that information. They mentioned that approximately \$1 million was given to the WASH pillar through Catholic Relief Services for handwashing stations, and UNICEF contributed about \$100,000 for WASH related materials.

One reason for this lack of information is that not all WASH interventions went through the WASH Pillar. Local international organizations were awarded grants from out of the country, and did not pass along that information through the WASH Pillar, which made it difficult to properly document how WASH activities were funded and who was funding them. Government officials at the WASH commission were frustrated that some partners did not go through the WASH Pillar or the WASH Commission when conducting activities, specifically on handwashing stations. As a consequence, that infrastructure was not regulated and may not be sustainable.

“I think we are not resourcing COVID-19 priorities equally across the board, and I think that where we are making a mistake as a nation.”

- High level GoL official

Because of the lack of government-sponsored funding, many key informants noted that the funding process for the WASH sector was very ineffective during the COVID-19 response. The WASH Pillar could not even convince the government to fund a program designed to track WASH activities in the country. Multiple key informants noted that direct access to government funding for the WASH sector was imperative to respond to COVID-19 effectively. However, just like before the pandemic, almost all WASH program funding for the country came from the international development community.

One key informant noted that, until there is a stand-alone ministry devoted to water and sanitation, the sector will continue to be under-funded, under-appreciated, and marginalized. Another key informant noted that, even with a dedicated Ministry of Water, any future WASH funding should be more decentralized, with monitoring and evaluation delegated to county and district level WASH staff. Another noted that the WASH sector needed more advocacy and awareness among policymakers on the need to increase WASH funding and services. They recommended having WASH champions at the legislative level to generate more funding and service provision in the sector, however one key informant mentioned that international NGOs have been lobbying the legislature for more WASH funding since 2010, with very little action from lawmakers.

Utility Services Funding

Most funding from the Government of Liberia's first stimulus package in April 2020 dedicated to WASH went to service delivery. One million U.S. dollars was provided to the Liberia Water and Sewer Corporation for the continuation of running water services for customers for sixty days. Part of the funding was also for fuel and electricity services to ensure that the water purification systems functioned properly. Despite this government support, the LWSC put out a fundraising call to business partners and experienced employee strikes due to lack of payment of salaries. It was noted by some key informants that there were allegations of fraud and/or corruption within this State-owned enterprise, specifically due to a lack of checks and balances.

Future Emergencies

After discussing financing during the pandemic, key informants were asked to reflect on what worked and what could be improved for future emergencies. The next table provides a summary of these reflections categorized by country.

<p>What worked?</p> <ul style="list-style-type: none"> • International Non-Government Organizations (INGO) and donor partners were able to reprogram funds or refocus geographically to respond to the most impacted communities, mostly around the two largest cities in Liberia
<p>How to improve a future emergency response?</p> <ul style="list-style-type: none"> • Increase transparency on government funding allocation with the IMS. • Increase transparency about partner/donor funding in the WASH sector. • Prioritize government funding for WASH activities to prevent the spread of viruses like COVID-19 (e.g., handwashing stations, hygiene campaigns).

MONITORING

The two WASH response plans included a monitoring plan with indicators and targets, but no professional or official monitoring system for WASH seems to have been established during the pandemic, primarily due to a lack of funding. The only WASH data to inform decision-making is from the Joint Monitoring Programme (JMP), but it is outdated. The WASH Pillar did use case management data such as case numbers, hot spots, and community transmission rates to make decisions about where to

focus their efforts. The next section covers in more detail the WASH and COVID-19 data used thus far during the pandemic, and capturing lessons learned from Ebola.

WASH Data

According to one key informant, the Government of Liberia, namely the National WASH Commission, is supposed to conduct a Joint Sector Review²³, which includes gathering information and data on handwashing, water points, and sanitation points across the country. However, since 2018, the government has not conducted a Joint Sector Review, which means it does not have basic baseline data on access to water, sanitation, and hygiene.²⁴ While there are plans to conduct a Joint Sector Review this year (funded by UNICEF), it has not yet been undertaken.

One government key informant felt that the lack of baseline data on awareness of basic hygiene and sanitation practices and services hindered their opportunity to convince the government to fund these types of awareness activities. And without funding, they couldn't afford to assess these communities, especially in rural and hard to reach areas of the country.

An implementing partner key informant noted that data and knowledge sharing is challenging because the WASH sector is spread across multiple government entities (Ministry of Public Works, Ministry of Health, Ministry of Education, municipal water services, etc.). They noted that, during the Ebola response, the WASH secretariat²⁵ at the time was supported by donors, and effectively collected, analyzed, and shared data. But currently, it is difficult for partners and donors to obtain data from the multiple government entities who collect it.

The only WASH data available to inform decision-making is the JMP data produced by WHO and UNICEF. The last data for water and sanitation was from the Household Income and Expenditure Survey 2016-2017, and the only survey including hygiene was the Demographic and Health Survey dating back to 2013.²⁶ The Commission was reluctant to use this outdated JMP data to justify programming decisions; however, they did use it to justify the need for more handwashing infrastructure and behavior change communications.

The WASH Commission included a mechanism and technical staff to monitor handwashing data in the COVID-19 response plan and budget, but there has been little to no funding to collect and return data. One activity that was undertaken was a series of assessments of observation centers, treatment units, ports of entry, prisons, and other public spaces. The data from these assessments were used to plan and implement interventions in those spaces. UNICEF also worked with County Health Teams to conduct assessments to identify gaps in designated health care facilities in Montserrado and Margibi counties, to inform the response.

"If we are not acting on the right data and we are just acting out of assumptions, we will not be able to measure to what extent our response is having an impact on the society."- WASH Commission official

²³ A national comprehensive review of all activities in the WASH sector.

²⁴ NWASHC. 2018. GoL Hold 4th WASH joint sector review. [Link](#).

²⁵ UNICEF Liberia, 2017. National Water Sanitation and Hygiene Secretariat Report. [Link](#).

²⁶ JMP. 2021. Liberia country file. [Link](#).

COVID-19 Data

In terms of COVID-19 data, the WASH Pillar used case management data from the NPHIL to inform decisions on where to prioritize efforts. This data included case numbers, hot spots, and community transmission rates.

Learning from Ebola

Liberia was able to learn many lessons from Ebola. One key informant noted, "We didn't need to reinvent the wheel, we didn't need to start from zero. We went straight to the Ebola file and brought responses that were being utilized with the Ebola response [...] So, yes, Ebola helped a lot in more leadership. The progress that would be in the national response to COVID-19."

One example of a lesson learned from the Ebola epidemic, according to one government key informant, was that public communications campaigns were not enough to convince the public to wash their hands. Rather, the WASH Commission needed inspectors/monitors in the field to ensure that communities had the appropriate materials and infrastructure in public places. However, due to a lack of funding for monitoring, the WASH Commission was not able to send inspectors to the field or pay for resources (e.g., cars, gas, etc.).

Future Emergencies

After discussing monitoring during the pandemic, key informants were asked to reflect on what worked and what could be improved for future emergencies. The next table provides a summary of these reflections categorized by country.

What worked?
<ul style="list-style-type: none">• COVID-19 case data was used and shared so that partners could geographically target their activities in hotspots around the country• Joint Monitoring Programme data was available and shared
What could be improved?
<ul style="list-style-type: none">• Update WASH data to improve decision-making• Ensure the Joint Sector Review is completed

ORGANIZATIONAL CAPACITY

As COVID-19 was a new disease, there was a general lack of knowledge or understanding on protective measures. The WASH Pillar effectively shared knowledge and expertise to the IMS and other stakeholders as it was learned. While there was a lack of coordinated capacity development during the pandemic, key informants felt that Health workers and WASH technicians executed their duties well in part due to their experience with the Ebola epidemic. The following section provides more detail on the capacity of health workers and WASH technicians, as well as COVID-19 trainings.

Health Workers

Liberia's experience with the Ebola epidemic in 2014-2015 meant health workers were well trained in hygiene and case management, and the training structures were in place for COVID-19. The initially delayed response to Ebola contributed to the steep incidence of cases, infections among health care

workers, and a collapse of the health care system. To strengthen local capacity and combat disease transmission, various healthcare worker (HCW) trainings, including the Ebola treatment unit training, safe & quality services training, and rapid response team, were developed and implemented between 2014 and 2017²⁷. The Ebola healthcare worker training was conducted by seven organizations in Liberia- Ministry of Health in collaboration with WHO (WHO/MOH), IOM, Médecins Sans Frontières (MSF) Belgium, United States of America Department of Defense , International Medical Corps (IMC), ASPEN Medical and Samaritan's Purse.

The WASH response plan for the May-October 2020 period includes building the capacity of front-line workers on WASH and waste management. However, it is not known if these activities were funded and implemented. The capacity building activities were:

- Identify and select appropriate tools for responders and recruit trainers to rollout lessons.
- Orientation pillar frontliners on the danger, safety and prevention methods of COVID 19.
- Rollout training to pillar frontliners on the danger, safety and prevention methods of COVID-19.
- Conduct training on healthcare waste management.
- Training for water quality focal persons at county level.
- Training of 250 Community-Based Enterprises (CBE) and Small and Medium Enterprises (SME) on the safety collection, transportation and disposal of waste.
- Additional training on WASH Monitoring, inspections and documentation.
- Conduct routine refresher training of Hygienist at COVID-19 Specimen collection centers and Treatment Units.
- Routine Training of selected frontline staff of SME and CBEs waste collection companies in the collection and disposal of waste.
- Conduct refresher and detailed training targeting 2,500 social mobilizers & communicators including township focal persons on the application of COVID-19 prevention protocols.
- Routine Training of water point caretakers on chlorination.

“One of the things that happened is that when you have more trained WASH technicians, it reduces government budget on curative measures in the health sector, because they will be driving the preventive side of the health program that our government is looking at now funding curatively. And of course, you will see that the number would drop, the number of patients that go to hospital for waterborne diseases will drop.”

-NGO Chief of Party

While urban and rural health care workers have been well trained following Ebola, there is still a lack of doctors in the country (about 1 for every 10,000 patients in Liberia). It has been difficult for health centers and clinics to continue providing services to the public during the pandemic. Health practitioners are often not paid on time, and doctors once threatened to close hospitals during the pandemic due to their perceived lack of support.

²⁷ Bemah, et al. 2019. Strengthening healthcare workforce capacity during and post Ebola outbreaks in Liberia: an innovative and effective approach to epidemic preparedness and response. The Pan African Medical Journal, 33 (Suppl 2): 9. [Link](#).

WASH Technicians

Most key informants noted that there was a general lack of well-trained technical WASH specialists in the country, and that most of those who are experts work in the private sector because of the lack of government funding. As the WASH sector has historically been underfunded, fully-trained WASH technical staff are lacking in the public sector. One government official estimated that in the 15 counties and national government entities, there are not many more than 200 WASH employees total, and not all of those are WASH technical specialists. Another key informant noted that, because the WASH Commission is staffed by many political appointees who often do not have WASH technical experience, the WASH Commission cannot be an effective government WASH monitoring entity. This informant recommended building the technical capacity of WASH Commission staff at both the national and county levels.

"[The public] doesn't see WASH workers as significant as people doing health care service deliver, or pharmacists. In my mind, WASH is a preventative measure to health care, but the perception about WASH in the public is that they are not important."

An official from the WASH Commission noted that WASH technicians were well trained. However, it has been difficult for the WASH Commission to engage in-person with local and provincial WASH technicians due to logistics and the lack of funding. In addition, when funding does not come through, it can be difficult to pay staff, which leads to a retention problem in the WASH sector. More time and financial resources were spent on cars, monitors and mass media campaigns, than on WASH technicians. The small number of WASH technicians meant that basic monitoring and awareness campaigns took longer, and cost the government more money.

One key informant noted the need for more external financial support for capacity development of government actors in the WASH sector.

COVID-19 Training

In terms of training, government officials could not recall any specific COVID-19-related trainings for WASH professionals.

One key informant recommended routine coordination of trainings and other capacity development activities, specifically for crisis response. These activities were done during the Ebola crisis and were seen as effective. However, it seems the country was not able to provide these types of activities for COVID-19 as the pandemic came upon the country quickly, and there were many unknowns on COVID-19 transmission routes.

Future Emergencies

After discussing organizational capacity during the pandemic, key informants were asked to reflect on what worked and what could be improved for future emergencies. The next table provides a summary of these reflections categorized by country.

What worked?

- Health workers were well trained in infection prevention and control following the Ebola Virus Disease epidemic

How to improve a future emergency response?

- Increase training for WASH technicians on infection prevention and control, crisis response, and technical aspects of their jobs.
- Increase funding for training of all essential workers.
- Increase the number of WASH technicians in the country during non-emergency periods.
- Build the technical capacity of the National WASH Commission

CONCLUSION

Having gone through a major and deadly epidemic just 7 years earlier, the Government of Liberia was somewhat prepared to manage the organization and coordination aspects of the response to the COVID-19 pandemic. The national government response structure was put in place early in the pandemic, before March 1, and preventative measures at international entry points, including the airport, were instituted weeks before the first case was identified in Liberia. This aligns with WALIS survey data, where 75% of key informants said that past experience with public health crises had a very strong influence on the national WASH response to the pandemic.

As far as the WASH response to the pandemic goes, however, stakeholders felt that the government focused almost solely on the curative side of the response, monitoring cases and providing health centers with expensive equipment like ventilators. Preventative WASH measures like building handwashing stations, ensuring communities had clean water and soap, and educating the public about the importance of handwashing were not prioritized. According to every key informant, very little Government of Liberia funding was allocated to the WASH Pillar for programmatic use, and the Government had to rely on international NGOs and donors to continue implementing current WASH activities in the country, or quickly reprogram funds or refocus geographic priorities to support the WASH response to the pandemic. Key informants also mentioned that while the National WASH Commission, as the de facto leaders of the IMS WASH Pillar, effectively organized meetings to bring WASH stakeholders together, they did not use these meetings to focus on how the stakeholders could best layer, sequence, and integrate their COVID-19 WASH activities to have a bigger impact on mitigating the pandemic.

In addition, most key informants noted that the lack of up-to-date WASH data had a negative effect on decision-making. While COVID-19 case statistics were useful for focusing geographically, the lack of current data on clean public water points, handwashing uptake, and sanitation facilities limited specifically the WASH Commission's ability to plan, fund, and implement programming to address the pandemic.

Key recommendations included elevating the National WASH Commission into its own ministry to consolidate WASH programming and prioritize government WASH funding; better using the WASH Pillar of the Incident Management System to fully harmonize WASH programming by all partners in the country; ensuring that the National WASH Commission and other government entities responsible for WASH regularly collect and share relevant data; and develop a capacity development program for crisis response.

REFERENCES

The study team used various sources to develop the case study. The details of the sources are found in the footnotes throughout the case study. Below is an overview of the resources categorized by type (documents, websites, key informants, social media and newspapers).

Government Documents

- Republic of Liberia. 2012. National Water, Sanitation and Hygiene Commission Act. [Link](#).
- WASH Pillar. 2020. Implementation Plan for the WASH Pillar COVID-19 Response in Liberia. May-October 2020.
- WASH Pillar. 2020. Implementation Plan for the WASH Pillar COVID-19 Response in Liberia. July-December 2021.
- United Nations Liberia. 2020. COVID-19 Socio-Economic Response and Recovery Plan. [Link](#).
- National Public Health Institute of Liberia. 2020 and 2021 (multiple). Liberia COVID-19 Daily Situation Reports. [Link](#).
- Liberia Ministry of Education. 2020. Liberia COVID-19 Education Emergency Response Plan. [Link](#)
- Executive Mansion. 2020. Government News Releases. [Link](#).

Development Partner Documents

- UNICEF Liberia. 2020. COVID-19 Situation Reports (June 15 and July 31 2020).
- United Nations. 2020. Virtual Meeting of the National Focal Points of African LDCs on Response to COVID-19 and Way Forward, Liberia Response to COVID-19.
- WALIS. 2021. Survey on the national COVID-19 response.
- WHO. 2021. How reinforced community health structures and capitalizing on lessons learned from the Ebola virus epidemic of 2014–16 helped the country respond to the challenge of its second major disease outbreak in five years. [Link](#).
- UNDP Liberia. 2020. Support to the National Response to Contain the Impact of COVID-19.

Websites

- Presidency of Liberia: [Link](#).
- National Public Health Institute of Liberia: [Link](#).
- Liberia National WASH Commission: [Link](#).
- World Health Organization: [Link](#).
- AfroBarometer: [Link](#).

Key informants

- [National WASH Commission](#) (multiple)
- USAID [Liberia Economic Policy Dialogue](#) (LEPDA) activity
- [Cities Alliance](#)
- [Welthungerhilfe](#)
- [Concern Worldwide](#)
- National Association of Primary Waste (Liberia)

- [Liberia Youth WASH Coalition](#)

Social Media

Twitter

- National Public Health Institute of Liberia (@NPHIL6)
- Bobby Whitfield (@BobbyWhitfield4)
- George Weah (@GeorgeWeahOff)

Facebook

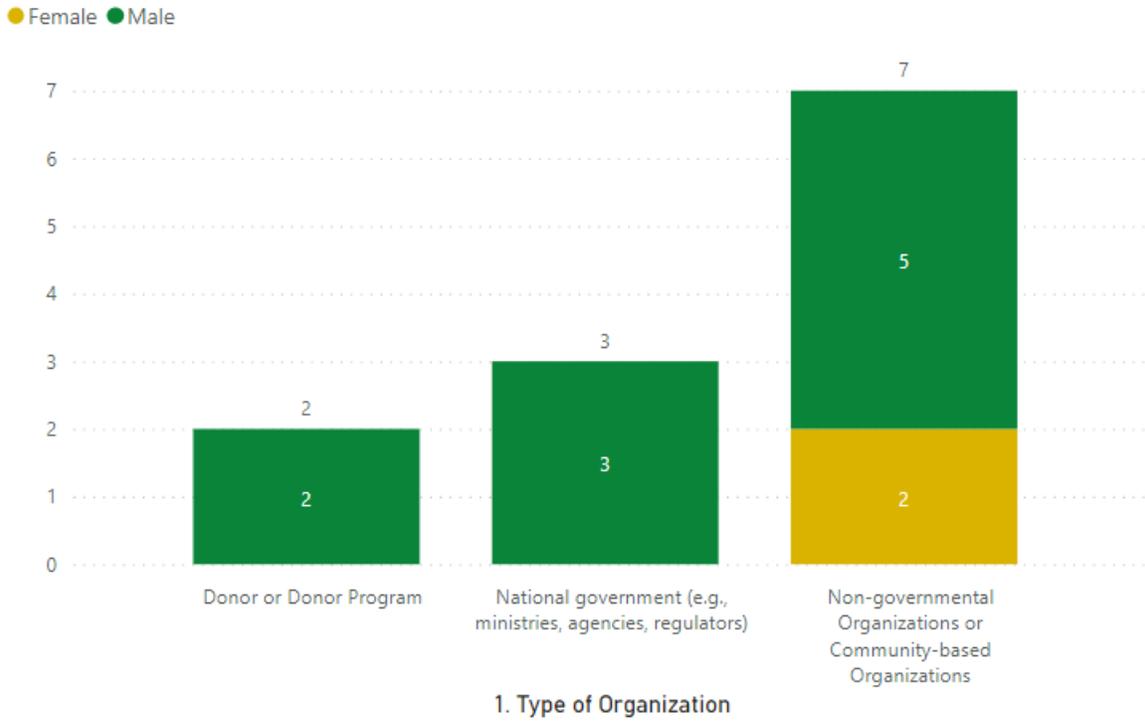
- Ministry of Education (@LiberiaMOE)
- National WASH Commission (@NWASHC)
- National Public Health Institute of Liberia (@nphil6)
- Ministry of Health (@moh.gov.lr)

Newspapers

- RFI Africa: [Link](#).
- Liberian Observer: [Link](#).

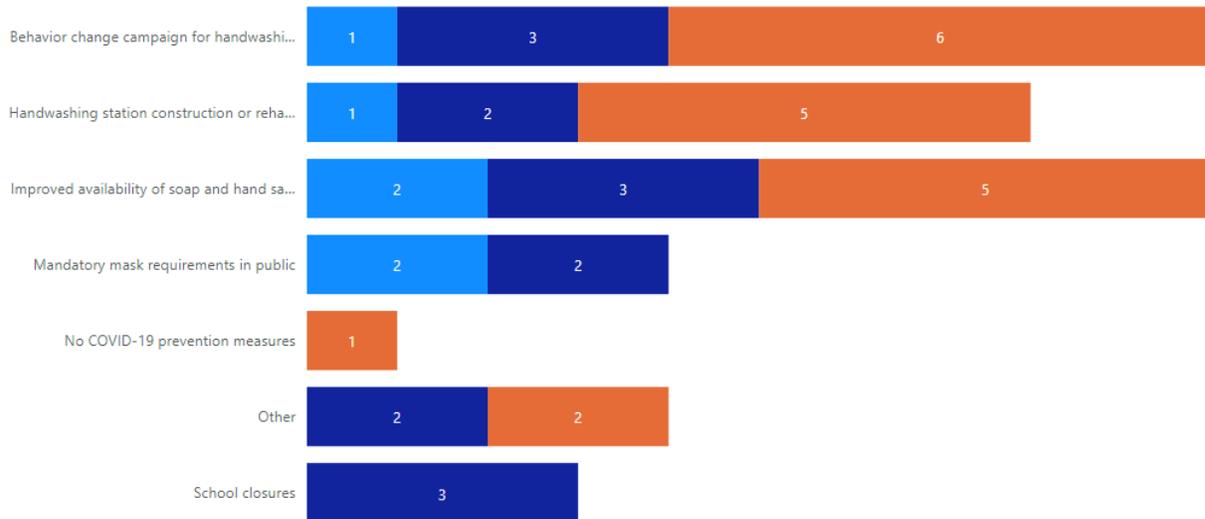
ANNEX I: SURVEY RESULTS

More details on the methodology for the survey are located in the USAID technical report, “Understanding the WASH Response to COVID-19 in sub-Saharan Africa”. The most significant conclusions from the survey were included in this case study. It is important to note the limitations of the survey, including the number of respondents (12) and the higher number of respondents from NGOs and CBOs than government entities.



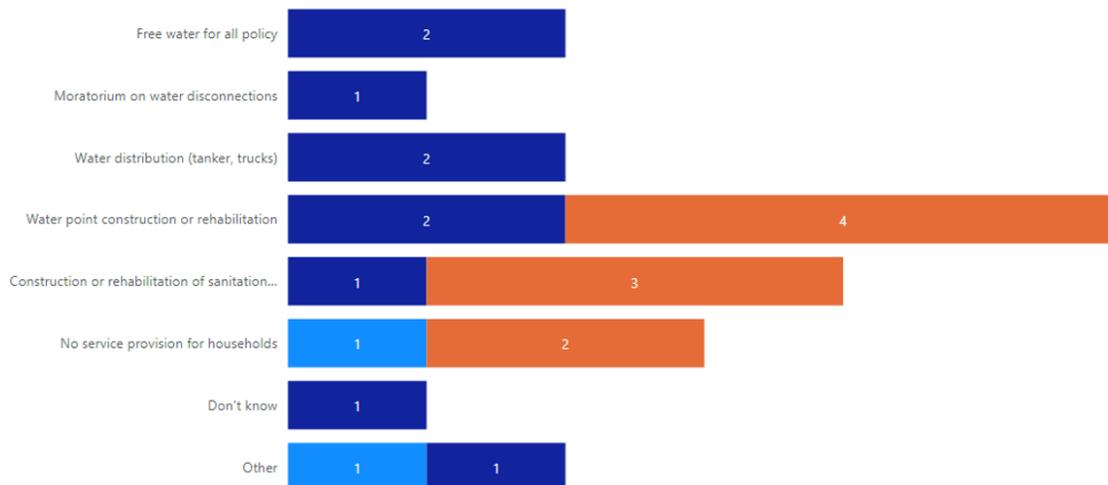
4. Which of the following measures has your government/ organization implemented thus far in response to the COVID-19 pandemic? Choose all that apply

Type of respondent ● Donor or Donor Program ● National government (e.g., ministries, agencies, regulators) ● Non-governmental Organizations or Community-b...



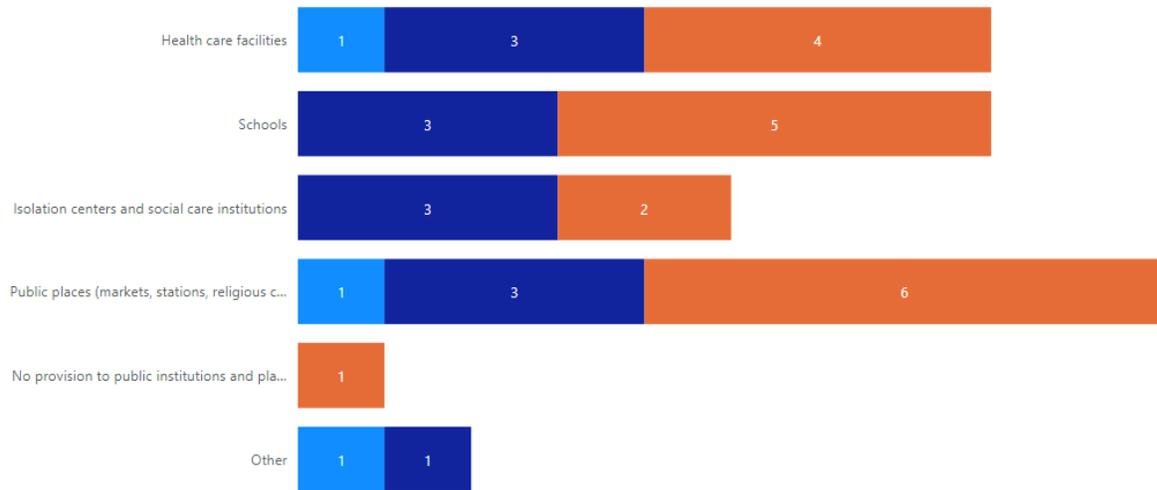
5. Which of the following measures has your government/ organization implemented thus far to ensure the continuous provision of water and sanitation services to all? Choose all that apply

Type of respondent ● Donor or Donor Program ● National government (e.g., ministries, agencies, regulators) ● Non-governmental Organizations or Community-b...



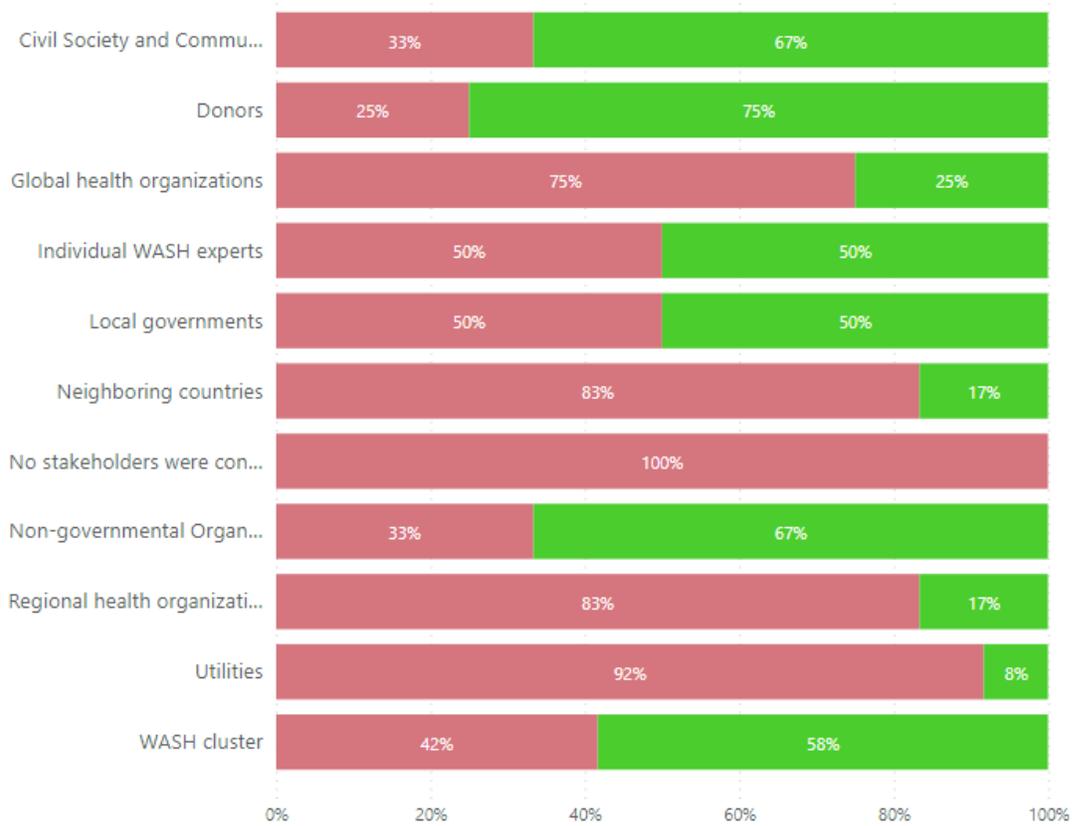
6. To which public institutions and places has your government / organization provided WASH services to prevent the spread of COVID-19? Choose all that apply.

Type of respondent ● Donor or Donor Program ● National government (e.g., ministries, agencies, regulators) ● Non-governmental Organizations or Community-b...



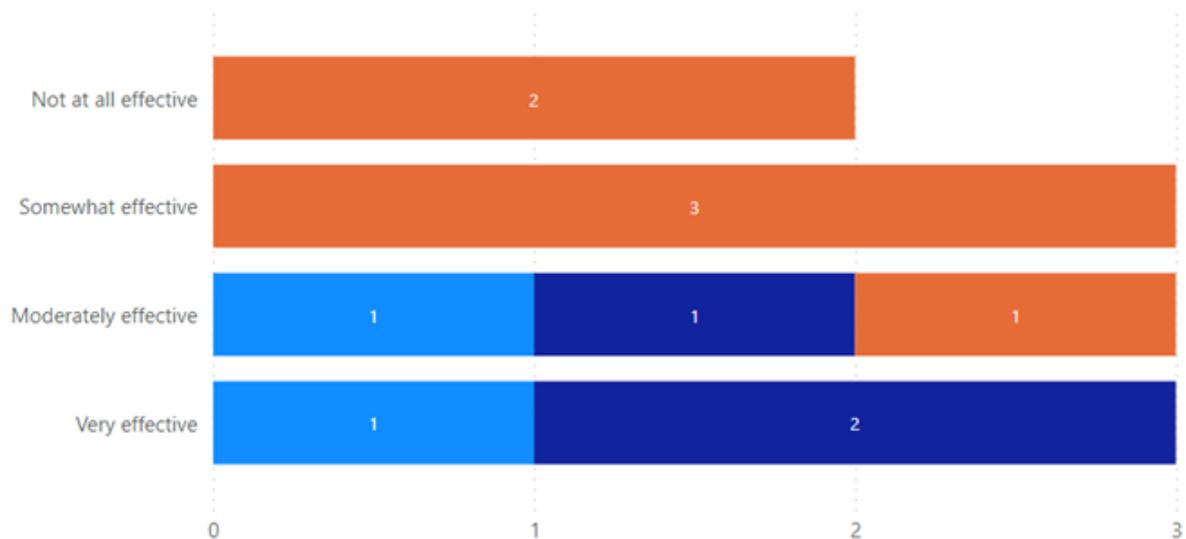
Were these stakeholders a part of the decision-making process to inform the national WASH response to the COVID-19 pandemic? Choose all that apply.

● No ● Yes

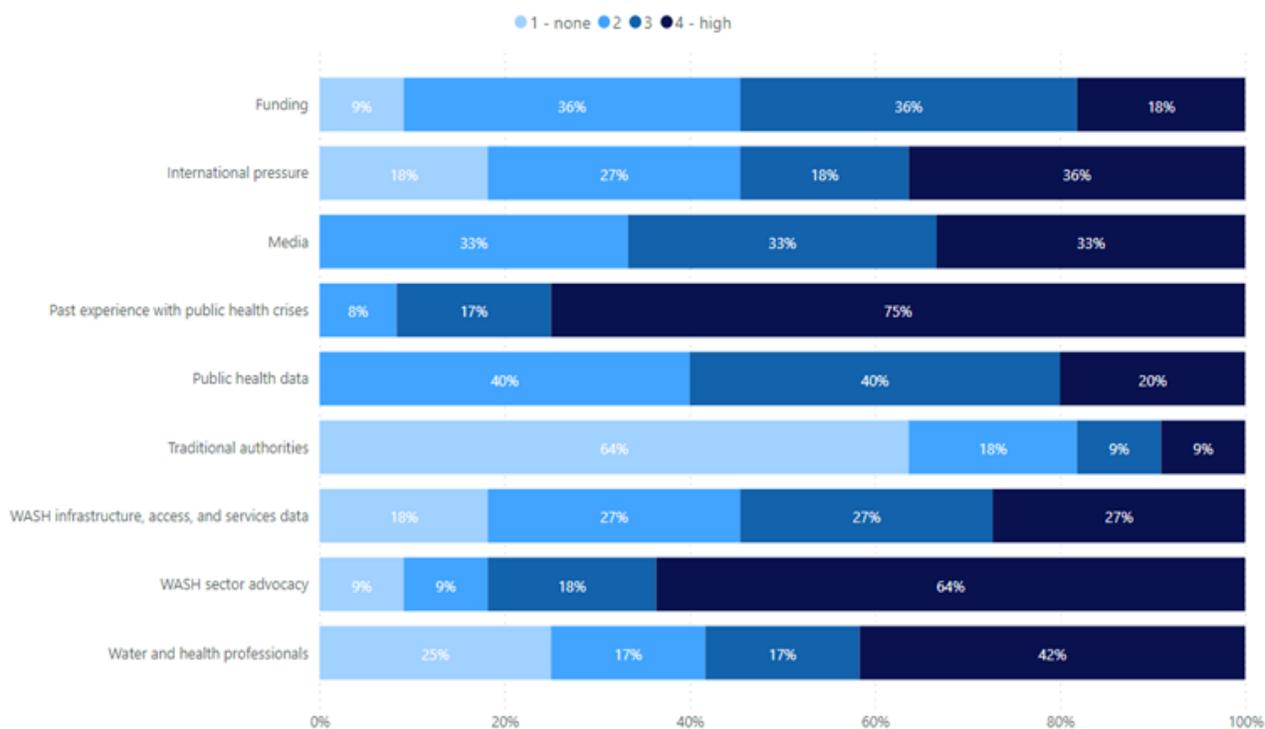


From your perspective, how effective was the decision-making process?

● Donor or Donor Program ● National government (e.g., ministries, agencies, re... ● Non-governmental Organiza...



To what extent did the following factors influence the WASH response?



From your perspective, how prepared were these stakeholders for a WASH response to the COVID-19 pandemic?

