



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

MADAGASCAR CASE STUDY

October 2021

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## ACRONYMS AND ABBREVIATIONS

5W	Monitoring system: Who does What, Where, When and for Whom
BNGRC	National Office for Disaster Risk Management
CCO	Operation Control Center
CNLEM	National Committee to Fight against Major Epidemics
COVAX	The vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator led by the WHO
COVID	Coronavirus Disease 2019
CRS	Catholic Relief Service
CTC	COVID Treatment Centers
CUA	Urban Commune of Antananarivo
DEAH	Department of Water, Sanitation, and Hygiene for municipalities
DREAH	Regional Department of Water, Sanitation, and Hygiene
GIS	Geographic Information System
GIZ	German development agency
IPC	Infection Prevention and Control
ITC	Information and Communications Technology
KII	Key Informant Interviews
MEAH	Ministry of WASH
NGO	Non-Governmental Organization
PMDU	the COVID-19 emergency response plan
RFI	Radio France Internationale
SESAM	WASH monitoring system
SWOT	Strengths, Weaknesses, Opportunities, and Threats
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USD	United States Dollar
WALIS	Water for Africa through Leadership and Institutional Support
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
WSSCC	Water Supply and Sanitation Collaborative Council
WSUP	Water and Sanitation for the Urban Poor



## 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.

Overall, Madagascar’s national government response was put in place rapidly, and progressed into a multi-sectorial approach including the WASH sector. Non-government WASH stakeholders felt that the response was disconnected to the national response, but that they did their best to respond to the emergency with available resources. The pandemic brought the sector closer together with a sense of solidarity, potentially improving WASH coordination in the future.

Key steps to improve emergency preparedness include improving coordination at the national level, developing a financial mechanism to ensure rapid access to funding, advocating for WASH funding to the government, strengthening the national WASH monitoring system (SESAM), and developing a capacity development program to ensure all the resources are available for the next emergency. To develop these next steps further, we recommend conducting an evaluation of the WASH response once the pandemic is under control and stakeholders have had more time to reflect.

## 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.”<sup>1</sup> 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 20, 2020, Madagascar detected the first cases of COVID-19.<sup>2</sup> Before the first cases, the government of Madagascar developed the National Contingency Plan for the Preparation and Response to the Epidemic of the Acute Respiratory Illness caused by the New Coronavirus COVID-19.<sup>3</sup> The plan identified priority measures according to three potential scenarios based on the spread of the virus across the country.

On March 21, 2020, the government declared a state of health emergency for 15 days<sup>4</sup> and put in place various protective measures.<sup>5</sup> On March 23, 2020, the government established an Operation Control

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

<sup>2</sup> Government of Madagascar, 2020. Speech Se Andry Rajoelina President of the Republic of Madagascar 20 March 2020. [Link](#).

<sup>3</sup> Government of Madagascar, 2020. Multi-Sectorial Emergency Plan Madagascar. [Link](#). WASH cluster, 2020. COVID-19 Response Plan. [Link](#).

<sup>4</sup> Government of Madagascar, 2020. Decree N 2020-359 of March 21 2020. [Link](#).

<sup>5</sup> Government of Madagascar. 2020. Speech Se Andry Rajoelina President of the Republic of Madagascar 22 March 2020. [Link](#). Returning passengers from international flights were told to quarantine and were tested, while events were cancelled and schools were closed. A day later, on March 22, 2020, more measures were put in place including lockdowns for the regions of Analamanga and Toamasina, port of entries where cases were detected. The lockdown included closing public transport, restricting opening hours for shops and markets, and enforcing a curfew.

Center (CCO) led by the Ministry of Interior and the Ministry of Public Health.<sup>6</sup> Despite these measures, Madagascar recorded a rise in cases<sup>7</sup>, and on April 4, 2020, the state of emergency was extended for 15 more days.<sup>8</sup> Subsequently, a new decree to extend the state of emergency occurred every 15 days, with the last decree for the first wave signed on October 3, 2020.

To respond to the first wave, the government acknowledged the need to reinforce the National Contingency Plan and published the Multi-Sectorial Emergency Plan on July 1, 2020.<sup>9</sup> The plan identifies the CCO as the coordinating body for the COVID-19 response and delegates responsibilities to the different ministries. Each ministry is responsible for following the guidelines and coordinating activities to ensure the implementation of measures. While each ministry coordinated its own response, key developments in the national response included increasing testing capacities, purchasing and manufacturing materials and equipment, putting in place Covid Treatment Centers, and providing food aid and financial support to vulnerable households through the Social Emergency Plan.<sup>10</sup> In the meantime, there were growing concerns of the drought in the South Region.<sup>11</sup>

The first wave ended in October 2020. However, the number of COVID-19 cases started to rise again in March 2021. With this second wave, a new state of health emergency was declared on April 3, 2021 for 15 days.<sup>11</sup> The state of health emergency ended on September 3, 2021.<sup>12</sup> The Ministry of Public Health released a National Response Plan to COVID-19 2<sup>nd</sup> Wave and Beyond on April 26, 2021.<sup>13</sup> The plan is based on a strengths, weaknesses, opportunities, and threats (SWOT) analysis of the first wave and remains flexible to adapt to the evolution of the COVID-19 situation.

While the Government of Madagascar was quick to develop their National Contingency Plan, the government faced various criticism including the promotion of COVID-Organics (a traditional herbal treatment)<sup>14</sup>, replacing the Minister of Public Health amid the first wave<sup>15</sup>, a lack of transparency with funding, and delays with joining the COVAX program.

On May 8, 2021, Madagascar received its first shipment of COVID-19 vaccines through the COVAX program.<sup>16</sup> As of September 9, 2021, there have been 42,884 cases and 957 deaths confirmed in the country.<sup>17</sup>

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<sup>6</sup> Government of Madagascar. 2020. Press release: Official opening of the Operation Control Center COVID-19. [Link](#).

<sup>7</sup> Our World Data. 2021. Daily new confirmed COVID-19 cases per million people. [Link](#).

<sup>8</sup> Government of Madagascar. 2020. Webpage on decrees. [Link](#).

<sup>9</sup> Government of Madagascar. 2020. Multi-Sectorial Emergency Plan Madagascar. [Link](#).

<sup>10</sup> Government of Madagascar (@PresidenceMada). 2020. Twitter page. [Link](#).

<sup>11</sup> As cases decreased, and the state of health emergency was lifted mid-October, there were growing concerns of the drought and malnutrition in the South Region. The persistent droughts and the economic impact of the pandemic worsened the humanitarian crisis. According to the World Food Program, 1.5 million people in the South Region required emergency food aid, just over half the region's population. The government has yet to declare a state of emergency.

<sup>12</sup> Government of Madagascar. 2020. Webpage on decrees. [Link](#).

<sup>13</sup> Ministry of Public Health, 2021. National Response Plan to Covid-19 2<sup>nd</sup> Wave and Beyond.

<sup>14</sup> Rajoelina, Andry (@SE\_/Rajoelina). 2021. Twitter. [Link 1](#), [Link 2](#).

<sup>15</sup> Personal communication by key informants. A journalist shared the letter on their twitter account. [Link](#).

<sup>16</sup> UNICEF, 2021. Joint press release. May 8, 2021. [Link](#).

<sup>17</sup> Our World in Data. 2021. [Link](#).



Figure 1: On April 20, 2020, the government officially promoted COVID-Organics as a traditional treatment and preventative measure for COVID-19.<sup>18</sup>



Figure 2: On March 22, 2020, the president organized a meeting with key ministries to declare a state of health emergency for the whole country.<sup>19</sup>



Figure 3: On March 23, 2020, the president Andry Rajoelina visited the CCO base and viewed the new equipment to respond to the pandemic.<sup>20</sup>



Figure 4: COVID-19 testing focused on passengers returning to Madagascar from abroad (March 31, 2020).<sup>21</sup>

<sup>18</sup> Government of Madagascar (@PresidenceMadagascar). 2020. Twitter. April 20, 2020, 10:14 PM. [Link](#).  
<sup>19</sup> Government of Madagascar (@PresidenceMadagascar). 2020. Twitter. March 22, 2020, 7:49 A.M. [Link](#).  
<sup>20</sup> Rajoelina, Andry (@SE\_/Rajoelina). 2020. Twitter. March 23, 2020, 4:02 PM. [Link](#).  
<sup>21</sup> Government of Madagascar. 2020. Press Release. Launching Massive COVID-19 Testing. [Link](#).

## WASH RESPONSE TO COVID-19

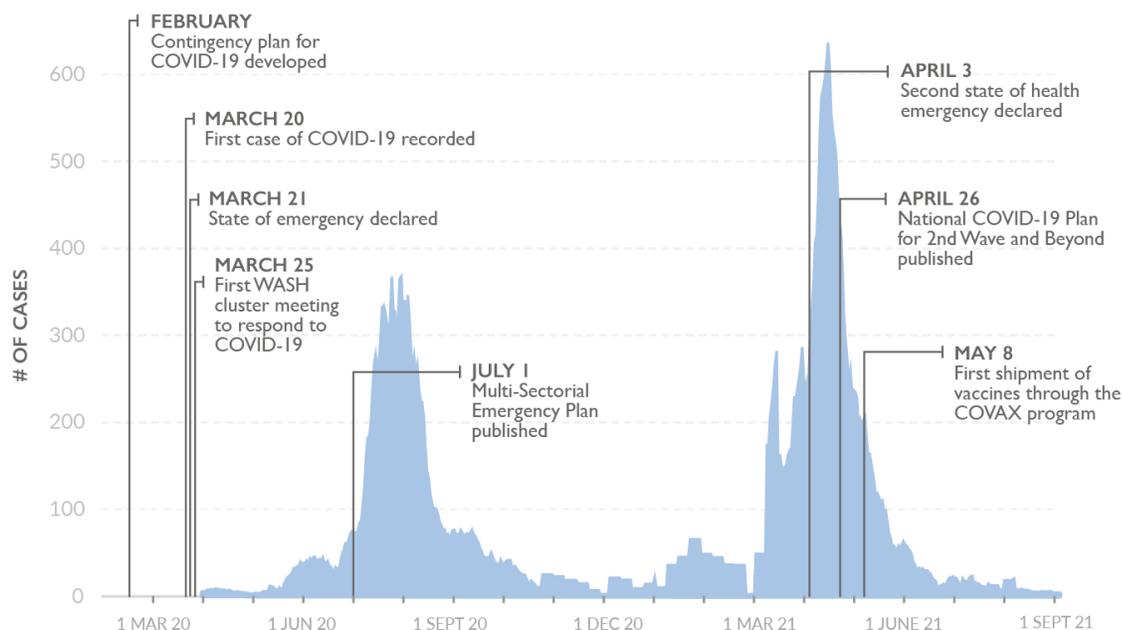


Figure 5: Timeline of COVID-19 cases and key dates

The WASH response was coordinated through the WASH Cluster, and focused on the regions and cities where COVID-19 transmission was high such as Analamanga, Menabe, Tana, and Tamatave.<sup>22</sup> The response focused on Infection Prevention and Control (IPC) measures for healthcare facilities, the provision of WASH services, and hygiene in communities (e.g., hygiene awareness campaigns, handwashing stations with soap for households and public spaces, and handwashing demonstrations).

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 (organization name only) or statements linked to a key source. A key limitation of the case study is the inability to interview all key stakeholders. The CCO, the Regional Department of Water, Sanitation, and Hygiene (DREAHs), and the department responsible for monitoring and finance of the ministry of WASH (MEAH) were not interviewed. The study team was able to collect additional data through resources shared by key informants and social media where key stakeholders have been active.

<sup>22</sup> WASH Cluster. 2020. COVID-19 Response Plan. [Link](#).

## POLICY AND MEASURES

Although the MEAH was not included in the first meeting to declare the state of emergency, and the contingency plan did not cover WASH to the extent required<sup>23</sup>, WASH stakeholders responded to the COVID-19 related needs in the areas where they implemented. Examples of early activities included:

- The MEAH supported the CCO regarding the disinfection of public spaces, distribution of hygiene kits and hygiene awareness.
- JIRAMA announced that water bills for March could be delayed, based on the President’s declaration on the Social Emergency Plan.<sup>24</sup>
- The Red Cross, which has 9000 volunteers across the country ready to support a WASH response, provided training to staff, distributed WASH kits to 2500 households, disinfected stations, etc.
- Urban Commune of Antananarivo (CUA), MEAH, and UNICEF led disinfection activities in public places and taxis.
- Catholic Relief Service (CRS) initially focused on training staff, posters distribution, handwashing demonstrations while distributing food aid, and made plans to purchase soap.
- Water and Sanitation for the Urban Poor (WSUP) supported JIRAMA to avoid interruptions to water services and strengthen awareness campaigns.
- WaterAid focused on handwashing materials and hygiene awareness.
- United Nations Children's Fund (UNICEF) and RANO WASH supported the MEAH and DREAHs with information and communications technology (ICT) equipment and internet subscriptions to support remote work. They also developed the monitoring capacity of MEAH on 5W.

On March 25, 2020, the WASH cluster, led by MEAH and UNICEF, held its first virtual meeting to provide updates on the COVID-19 situation and discuss coordination. The meeting included sharing information on current activities undertaken by partners, organizing a material inventory, discussing 5W (the monitoring system), and discussing key next steps to coordinate a WASH response to the pandemic.<sup>25</sup> As of March 31, 2020, the first version of the WASH response plan was developed. A second version was published on April 20, 2020. The following table provides an overview of key strategies identified in the WASH response plan.

<i>Objective: Improve access to water, sanitation and hygiene for households, institutions, and public spaces, as well as protect women from gender-based violence during lockdowns, to reduce morbidity and mortality caused by COVID-19, and improve the social response to the epidemic (particularly in the first three months).</i>	
Coordination	<ul style="list-style-type: none"> <li>• Effective coordination of all partners at the national and regional levels through the WASH Cluster and regional sub-clusters.</li> <li>• Management, oversight, and monitoring and evaluation of emergency response activities.</li> </ul>

<sup>23</sup> WASH Cluster, 2020. COVID-19 Response Plan. [Link](#).

<sup>24</sup> JIRAMA (@JiramaOfficiel). 2020. Twitter. March 25, 2020, 7:58 PM. [Link](#).

<sup>25</sup> WASH, Cluster, 2020. E-WASH Meeting Notes March 25, 2020.

	<ul style="list-style-type: none"> <li>• Data management with indicators, geographic information system (GIS), etc.</li> </ul>
COVID-19 patients	<ul style="list-style-type: none"> <li>• Ensure infection prevention and control measures in the 9 healthcare centers treating patients or monitoring suspect cases (e.g., access to water, handwashing, soap, latrines, showers, medical waste management system etc.)</li> </ul>
Continued and increased WASH services	<ul style="list-style-type: none"> <li>• Increase water services to neighborhoods not serviced by JIRAMA.</li> <li>• Support private operators to increase water distribution (e.g., infrastructure rehabilitation, water treatment products, etc.)</li> <li>• Ensure waste management in urban centers</li> <li>• Strengthen capacity of local hygiene and sanitation service providers.</li> </ul>
Community response	<ul style="list-style-type: none"> <li>• Disinfect and provide water and soap to public spaces (schools, healthcare centers, markets, etc.).</li> <li>• Intensify waste management activities.</li> <li>• Establish mass media campaigns for handwashing with soap.</li> <li>• Provide necessary material and equipment to communities when necessary.</li> </ul>

Figure 6: Overview of the objective and key strategies of the WASH Covid-19 response plan.<sup>26</sup>

In July 2020, the national government published the COVID-19 emergency response plan (PMDU) which officially stated that the MEAH was responsible for coordinating the WASH response, in coordination with the 22 DREAH.<sup>27</sup> The PMDU identified handwashing with soap as one of the most efficient measures to prevent the spread of COVID-19, and also recognized the low coverage of handwashing stations in households and healthcare centers.<sup>28</sup> In terms of the national decision-making process for these measures, stakeholders rated the effectiveness of the process as “moderate”.<sup>29</sup> Perspective on effectiveness varies between organizations and individuals.

WASH stakeholders adapted their plans and resources to follow the government guidelines and respond to the needs identified at the local level. JIRAMA, for example, announced in June that they improved their billing system to prevent customers from needing to do long commutes and wait in lines.<sup>30</sup>

Similar measures were implemented during the second wave, with decreased engagement as case numbers were lower.

<sup>26</sup> WASH Cluster, 2020. COVID-19 Response Plan. [Link](#).  
<sup>27</sup> Government of Madagascar, 2020. Multi-Sectorial Emergency Plan Madagascar. [Link](#).  
<sup>28</sup> Key WASH activities identified by the national government in the PMDU included: Continue behavior change campaign for handwashing and masks, handwashing (with soap) or disinfectant stations installed in public places, disinfect schools and install handwashing stations, disinfection of administrative offices and containment sites, continued water, sanitation, and hygiene services, mass awareness campaign, provision of mobile toilets, provision of water trucks and plastic water containers to improve water distribution, ensure permanent hygiene services in public places, maintain water supply for rural areas by supporting private entrepreneurs.  
<sup>29</sup> WALIS survey on the national COVID-19 response (2021). Note: Perspective on effectiveness varies between organizations and individuals.  
<sup>30</sup> JIRAMA (@jiramaOfficiel). 2020. Twitter. March 25, 2020, 10:41 PM. [Link](#).



Figure 7: On April 10, 2020 the MEAH distributed supplies to staff including soap.<sup>31</sup>



Figure 8: On March 31, 2021, The DREAH Diana disinfected parts of the city of Antsiranana.<sup>32</sup>



Figure 9: On April 6, 2021 the MEAH provided soap to the COVID Treatment Centers (CTC).<sup>33</sup>

## COORDINATION

The WASH response was effectively coordinated by the WASH cluster, but appeared to operate in parallel to the national and health response, despite efforts to ensure collaboration. The WASH cluster was the main coordinating body for the WASH response led by the MEAH, supported by UNICEF, and includes all sector stakeholders (e.g., MEAH, Action Contre la Faim (ACF), RANO WASH, Medair, GRET, WaterAid, CRS, Croix Rouge Malgache, WSUP, Helvetas, ADRA, USAID, JICA, UNDP, WHO etc.). The cluster also includes other ministries such as the Ministry of Public Health and the Ministry of National Education. The cluster organized weekly meetings, increased the number of active partners (e.g., other ministries, emergency organizations), and created working groups (e.g., Communications, IPC, monitoring).

As of July 1, 2020, the MEAH was officially responsible for coordinating the WASH component of the Multisectoral Emergency Plan. The MEAH continued to coordinate the WASH response through the

<sup>31</sup> MEAH (@meahmadagascar). 2020. Facebook. April 10, 2020. [Link](#).

<sup>32</sup> MEAH (@meahmadagascar). 2020. Facebook. March 31, 2020. [Link](#).

<sup>33</sup> MEAH (@meahmadagascar). 2020. Facebook. April 6, 2021. [Link](#).

WASH Cluster. At each meeting, the MEAH would lead introductions and present the new government measures. The DREAHs would then present updates on their WASH interventions and their needs.

Stakeholders agreed that the WASH Cluster was effective at coordinating the WASH response. A key informant from USAID stated “The WASH cluster was activated so quickly. In a very short span of time, we went from having no real emergency coordination to having a very active coordination platform that incorporated the traditional WASH donors and stakeholders”, while a key informant representing RANO WASH stated “The WASH cluster had good success due to the collective engagement of all the members” also noting “...there was a real cohesion and a real working relationship in a context where the institutional relation between the authorities and the actors on the ground was not necessarily easy”.

- **Operation Control Center (CCO):** The Coordinating body for the national COVID-19 response led by the Ministry of Interior and the Ministry of Public Health.
- **Ministry of Water, Sanitation, and Hygiene (MEAH):** Ministry responsible for coordinating the WASH response, and lead of the WASH Cluster.
- **Regional Departments of Water, Sanitation, and Hygiene (DREAH):** Departments responsible for coordinating and implementing WASH activities at the regional level.
- **Ministry of Public Health:** The department of environmental health services, within the ministry, responsible for IPC measures in the CTCs.
- **The WASH Cluster:** A partnership of organizations that aims to improve coordination in the WASH sector.
- **JIRAMA:** National water and electricity company.
- **UNICEF:** UN agency that leads the WASH Cluster and is a key funder of the WASH response.
- **Implementing partners:** ACF, RANO WASH consortium, Medair, GRET, WaterAid, CRS, Croix Rouge Malgache, WSUP, Helvetas, ADRA, USAID, JICA, UNDP, WHO, etc.

Figure 10: List of key stakeholders in Madagascar’s WASH response to the COVID-19 pandemic.

## Coordination of the National Response

At the national level, the administration put in place the CCO to coordinate the COVID-19 response. The president of the CCO was the Minister of Interior and Decentralization, and the vice-president was the Minister of Public Health.<sup>34</sup> Coordination of the CCO was led by the General Director of the National Office for Disaster Risk Management (BNGRC). The MEAH collaborated with the CCO, and was responsible for obtaining authorizations from the CCO to implement WASH measures. The exact mechanism to obtain these authorizations is unclear, as is the role of the CCO after the first wave. Many key informants stated that the CCO did not exist during the second wave, which explains why the latest statistic on COVID-19 cases on the CCO website was updated on October 4, 2020.<sup>35</sup>

Various stakeholders highlighted the politicized response of the national government through the creation of the CCO. One key informant questioned if the emergency response was truly conducted as outlined in key emergency policies, such as those of the BNGRC. Two news articles shared this opinion,

<sup>34</sup> Government of Madagascar, 2020. Multi-Sectorial Emergency Plan Madagascar. [Link](#).

<sup>35</sup> CCO COVID-19. 2020. CCO Website. [Link](#).

one stating, “It is classic in Madagascar to invent a new structure to bypass a failure, instead of authorities assuming their responsibilities”<sup>36</sup>, while the other quoted a report from civil society “The majority of the roles and responsibilities of these structures [CCO] are still unclear today, without any legal or regulatory text having been drafted. [...] however, structures planned for this kind of crisis were already in existence before the epidemic, such as the National Coordination Committee against Major Epidemics.”<sup>37</sup> In fact, the Ministry of Public Health updated the National Contingency Plan for Preparation and Response to Major Pandemics and Epidemics in 2018.<sup>38</sup> However, one key informant suggested that the Ministry of Interior needed to lead the CCO, as BNGRC does not have staff or offices in every region. Although there were many questions about the purpose of the CCO, several key informants also questioned the CCO’s capacity to manage an emergency response, including one key informant that mentioned the poor time management and technical problems for CCO meetings. Another informant noted that without Terms of Reference, it is difficult to comment on the effectiveness of the CCO.

It is also interesting to note that the initial ministries identified in the first declaration of the state of health emergency were the Ministry of National Defense, the Ministry of Interior and Decentralization, the Ministry of Public Security, the Ministry of Public Health, the Ministry of Postal Services, Telecommunications and Numerical Development, and the Ministry of Communication and Culture.<sup>39</sup> The following declaration, on April 4, 2020, which extended the state of health emergency, more broadly identified all members of government responsible for the execution of the decree as appropriate.<sup>40</sup> A possible explanation for not including the MEAH in the initial declaration may be the frequent changes of ministries under which WASH has operated. WASH has switched from being part of the Ministry of Water, Energy and Hydrocarbon to its own Ministry (MEAH) several times. It was only on January 29, 2020 that the MEAH was re-established with a new minister, Madame Voahary Rakotovelomanantsoa.<sup>41</sup> It is also interesting to note that the WASH Cluster is the only cluster represented on the CCO’s website suggesting active coordination between the CCO and MEAH.

### Coordination of Ministries

The Ministry of Public Health and the Ministry of National Education were active partners of the WASH cluster. Their participation in the cluster improved the coordination between ministries. The Environmental Health Service department of the Ministry of Public Health noted that even though they were partners of the cluster prior to the pandemic, they only became active partners during the pandemic. Their involvement in the WASH cluster focused on ensuring IPC measures for COVID Treatment Centers (CTC). The WASH cluster also established working groups, including the IPC working group, which improved coordination and knowledge sharing between the MEAH and the Ministry of Public Health.

According to the PMDU, other sectors should have established similar clusters to coordinate their response, however, it appears that other ministries such as the Ministry of Public Health, did not have an

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<sup>36</sup> RFI. 2020. News article. Madagascar : un rapport épinglé de nombreux problèmes dans la gestion des fonds Covid-19. [Link](#).

<sup>37</sup> Madagascar Tribune. 2020. News article. La désorganisation de l’État dans la gestion du Covid 19. [Link](#). Quotes translated from French to English.

<sup>38</sup> Ministry of Public Health (@minsapn). 2018. Facebook. October 18, 2018. [Link](#).

<sup>39</sup> Government of Madagascar. 2020. Decree N 2020-359 of March 21, 2020. [Link](#).

<sup>40</sup> Government of Madagascar. 2020. Decree N 2020-370 of April 4, 2020. [Link](#).

<sup>41</sup> Ran’Eau. 2020. Newsletter. La Newsletter de l’ONG Ran’Eau Malagasy. [Link](#).

effective cluster in comparison to the WASH sector despite having more resources. It does not seem like WASH stakeholders participated in coordination meetings led by the Ministry of Public Health. In fact, many stakeholders did not know how the Ministry of Public Health coordinated their response. A key informant from the Ministry of Public Health stated that a National Committee to Fight against Major Epidemics (CNLEM) existed, and the objective of the committee was to coordinate all activities to fight COVID-19.

### **Coordination with Regions and Communes**

Coordination with regions occurred primarily through the WASH cluster and the regional CCOs. In terms of the WASH cluster, the DREAH are active members. They share their needs and results at the weekly cluster meetings, after which the cluster members discuss how to meet these needs based on their capacity. Furthermore, in some instances such as Antananarivo and Tamatave, where cases were high, the cluster created a sub-group which included the Department of Water, Sanitation, and Hygiene (DEAH) of the CUA, as well as the different mayors of close-by communes.

Other than WASH cluster sub-groups, the CCO put in place regional CCOs in regions that had outbreaks to improve coordination. The regional CCOs include the directors of the DREAHs. They organized weekly meetings to discuss updates and needs. Furthermore, at the regional level, regional coordination structures for WASH activities became regional clusters.

It is interesting to note that the regions and communes seem relatively autonomous. The CUA, for example explained that they followed the national guidelines provided by the CCO, and coordinated activities responding to the local needs through the WASH cluster.

### **Coordination with Service Providers**

JIRAMA, the national company for water and electricity, is part of the WASH cluster. Through the cluster, JIRAMA, DEAH Antananarivo, and UNICEF coordinated their effort to provide affordable water in the underserved Fokontanys (neighborhoods) of Antananarivo. This included installing water standpipes and using water trucks, with UNICEF subsidizing a portion of the water tariff known as “social tariff”.

### **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 table on the next page provides a summary of these reflections categorized by country.

Overall, stakeholders thought coordination was effective with the informant from DEAH Antananarivo stating “I think it was well coordinated, because we obtained good results” and the MEAH key informant stating “The coordination with regional CCOs and the DREAH functioned well. We received data every week”. The Ministry of Public Health also mentioned that “[The working groups] allow exchanges, coordination, and planning [...] I believe this is the best practice for Madagascar. Not only for the health sector, but also for the education sector, and other public institutions”.

#### What worked?

- The WASH Cluster
- Regional CCOs
- The working groups (e.g., IPC WASH, communication, monitoring)
- Virtual meetings (gain time)
- Experience with previous emergencies

#### How to improve a future emergency response?

- Improve knowledge sharing platforms to ensure timely communication to avoid duplication.
- Improve monitoring data to inform coordination.
- Improve coordination between MEAH and the Ministry of Public Health.
- Improve coordination with the *fokontanys* (neighborhoods).
- Improve coordination of the national response (e.g., On-the-job training for CCO)
- Increase relations between MEAH and financial partners (MEAH is often ignored).
- Improve coordination with isolated regions.

## FINANCES

The funding for the WASH response primarily came from Technical and Financial Partners (e.g., UNICEF) that received emergency funding or adapted their current programs. It seems that the national government received funding to respond to the COVID-19 pandemic; however, that funding did not flow to the MEAH or the members of the WASH cluster. It is important to note that the data available on finances did not allow the study team to clearly understand financial flows during the pandemic. Some stakeholders mentioned it was a sensitive topic, while others acknowledged they were not implicated in the financial aspect of the response. The Environmental Health Service Department, for example, said “we weren’t really implicated in the planning and budget of all of this, because we were so implicated in the fight against COVID-19”, while the key informant from the MEAH stated “I’m not well placed to answer these questions”.

### National Budget and Funding

The national budget for the PMDU had a total budget of 826 million USD, including 77 million USD for health and 12 million USD for WASH. The budget was to be funded by internal sources (45%), financial

#### World Bank:

- \$100 million (87 million grant/13 million loan focused on capacity development)
- \$30 million (\$20 million to *Projet d’Amelioration des Resultats de Nutrition* and \$10 million to *Projet Filets Sociaux de Securite (FSS)*)
- \$50 million (CATDDO focused on emergency risk management)

#### IMF:

- \$337.9 million *Facilite de Credit Rapide (FCR)*
- \$18 million IMF Catastrophe Containment Relief Trust (CCRT)

African Development Bank: \$41 million

Agence Francaise de Developpement (AFD): \$11 million to CATDDO

Figure 11: Examples of funding for COVID-19

partners (15%), the national bank (7%), and the Fihariana Program (1%) – leaving a 31% financial gap of 256 million USD.

In terms of financial partners, Figure 11 provides examples of key funding for COVID-19.<sup>42</sup>

## WASH Funding

According to various key informants, funding received at the national level never trickled down to the MEAH or the WASH implementing partners. The WASH response was primarily funded by implementing partners requesting additional funding or adapting their current programs to respond to the COVID-19 pandemic. Before the pandemic, the MEAH, DREAHs, and DEAHs would not fund implementing partners but conduct studies, communicate their needs and provide authorizations to partners. To illustrate this process, the DEAH Antananarivo noted “The epidemics in Madagascar are seasonal, so all year we prepare for eventual epidemics (plague, rabies). We do a lot to prevent these epidemics, but its finances that will dictate our effectiveness. We call on partners to allow us to implement our programs to prevent epidemics”.

As of March 31, 2020, the WASH response plan had a budget of 2,88 million USD, with 621,500 USD available from UNICEF (554 000 USD) and the World Health Organization (67,500 USD).<sup>43</sup> There was a 78% financial gap. As of April 20, 2020 the WASH response plan had a budget of 59,65 million USD, including 24,39 million USD for the three priority regions depending on the scenario (Analamanga, Atsiranana, and Haute Matsiatra).<sup>44</sup> The funding available was now 1 million USD with funding from the WHO, UNICEF and WSSCC/FAA. A key informant from USAID described the funding for the WASH response as follows: “The WASH response was really an exercise in passing a hat around and seeing who could contribute.”

Although funding was a challenge, the key informant from RANO WASH highlighted other key challenges in finances, including capacity to release funds, accountability, project management, and a culture of responding to emergencies. The heavy administrative procedures are not efficient, particularly when responding to an emergency. The individual stated that even if the MEAH had an increased budget, the MEAH does not necessarily have the capacity (processes, IT systems, etc.) to manage these funds.

## WASH and Health Funding

While the WASH sector faced challenges with funding, it seems that the Department of Environmental Health services of the Ministry of Public Health had enough funding to provide all the materials required for the CTCs during the first wave. During the second wave, they were able to identify the needs for the CTCs and make requests to financial partners. An example of a financial partner included the World Bank, which funded medical waste management for CTCs through a nutritional resilience project. The department also had support from GIZ and UNICEF for materials and equipment.<sup>45</sup>

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<sup>42</sup> Information found on the official website of the donor and bank: [Link 1](#); [Link 2](#); [Link 3](#); [Link 4](#). The purpose of the table is to show that there was funding for the national COVID-19 Response, but WASH stakeholders did not see these funds trickle down to the WASH sector.

<sup>43</sup> WASH Cluster, 2020. COVID-19 Response Plan (Version 1).

<sup>44</sup> WASH Cluster, 2020. COVID-19 Response Plan (Version 2).

<sup>45</sup> Personal Communication: Ministry of Public Health



Figure 12: An example of a partnership between government and implementing partners: WaterAid provided CUA with handwashing stations with pedals (February 17, 2021).<sup>46</sup>

### 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.

It is unclear if there was enough funding to implement the WASH response plan. Some key informants believed there was not enough funding stating “There were not sufficient funds to put in place water, sanitation and hygiene measures for COVID-19” and “Financing is a recurrent problem, even in normal times. There’s a real problem with transparency and clarity on resource allocation”. However, not all stakeholders agreed, including the DEAH Antananarivo which stated that “As of now, there hasn’t been a financial problem. Certain needs were not met on time”.

<p>What worked?</p> <p>No key informant provided examples of what worked in terms of finances.</p>
<p>How to improve a future emergency response?</p> <ul style="list-style-type: none"> <li>• Include WASH as a budget line in the Ministry of Public Health budget for CTCs but also healthcare centers.</li> <li>• Increase transparency (e.g., money going from CCO to MEAH).</li> <li>• Improve donor preparedness to release funds for emergencies.</li> <li>• Improve political will at national level to increase WASH funding.</li> <li>• Advocate to donors for funding on preparedness.</li> <li>• Establish an emergency fund that can be easily accessed when there is an emergency.</li> </ul>

### MONITORING

The WASH cluster monitored activities through the 5W effectively, but the pandemic highlighted the need for an improved national WASH monitoring system. The WASH data used during the pandemic

<sup>46</sup> CUA (@cuaofficial). 2021. Facebook. February 17, 2021. [Link](#).

includes MEAH’s national monitoring system, the 5W system set up in the WASH cluster, and rapid evaluations. However, the most influential data was not WASH data but rather data on COVID-19 cases and population density and vulnerability. As was mentioned by the Ministry of Public Health “We gave priority to the places where there was a high transmission of COVID.”, while RANOWASH said “the response was more based on population density and high-risk zones”.

## National Monitoring System

SESAM (Suivi Eau et Assainissement à Madagascar) is the national WASH monitoring system.<sup>47</sup> It does not seem to have been used by many stakeholders as it is not fully functional. It is managed by the department of Information System and Monitoring Evaluation of the MEAH. The other departments, such as the department of sanitation and hygiene, or the department of water supply, work closely with this department to obtain and provide data. There are plans for upgrades, specifically through the RANO WASH program, which would include an emergency component. According to RANO WASH, the pandemic helped to advocate to improve SESAM.

## 5W

The WASH data used during the pandemic was collected through the 5W WASH cluster system (Who does What, Where, When and for Whom). This data was used to coordinate, keep track of activities and evaluate progress. The 5W monitoring system consists of an excel spreadsheet with indicators that partners had to fill out on a weekly basis and submit to the Monitoring Working Group. The group would then share updates at the weekly WASH cluster meetings. The 5W data was also transferred to the CCO, but there were doubts on whether they used the data.

Stakeholders agree that the 5W system worked efficiently, with a key informant from USAID stating “The WASH cluster created a shadow structure in a matter of weeks that did a lot of the things that SESAM was supposed to do. Everything about the cluster was efficient, fast and transparent.” However, the DEAH Antananarivo did mention that there were sometimes delays in the submission of 5W forms which meant they made request for certain activities that had already occurred.

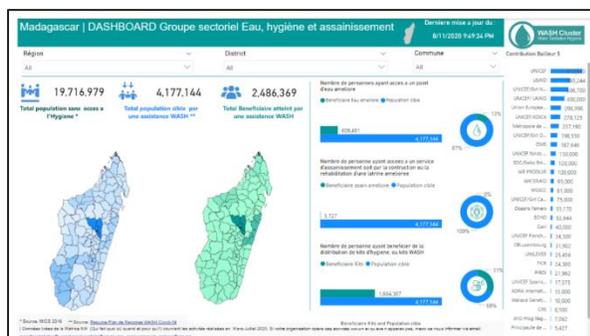


Figure 13: The 5W Dashboard.<sup>48</sup>

## Rapid Evaluations

Rapid evaluations are important in emergencies, however, certain stakeholders faced challenges conducting these evaluations highlighting lack of staff. The WASH cluster was able to conduct three

<sup>47</sup> MEAH. 2021. SESAM webpage. [Link](#).

<sup>48</sup> WASH Cluster. 2020. 5W Dashboard. [Link](#).

rapid evaluations on the wash situation in the CTCs, which provided an insight on the WASH needs to ensure IPC measures in CTCs. The Ministry of Public Health noted that this data was valuable to complete their list of the needs for CTCs. UNICEF also conducted two rapid evaluations in Social Centers used to house homeless people during lockdown.



Figure 14: Photos from the evaluation report highlighting the need to increase cleaning services to ensure the cleanliness of latrines.<sup>49</sup>

### WASH and Health Data

The data on WASH in healthcare facilities is limited.<sup>50</sup> The Ministry of Public Health mentioned that they are currently putting in place a database for WASH in Healthcare facilities as the data is incomplete and mentioned “the quality of the data is not there, but we are working to put in place this system”. The database has been delayed due to the pandemic, and currently, there is no external support. The Environmental Health Service department has a monitoring and evaluation unit that includes a technician responsible for the databases. There are about 3000 public healthcare centers, including 2710 basic healthcare centers – the department does not have data on all these centers.

#### **Did knowledge from previous emergencies support the COVID-19 response?**

There was a mix of responses. While some stakeholders believed that stakeholders were used to responding to emergencies, others disagreed stating “There was a lack of experience [National response], which is surprising considering the country faces annual cyclones, floods, and there were plague and rabies epidemics”.

One challenge with learning from past emergencies is that certain WASH structures or responsibilities are relatively new. For example, the DEAH Antananarivo did not exist during the plague epidemic of 2018. The Ministry of Public Health noted that the department was not that implicated in the plague epidemic. They put in place incinerators, but they didn’t have the full environmental health role.

Nonetheless the Ministry of Public Health did mention that WASH needs identified during the Plague epidemic helped identify and prepare for the WASH needs to for COVID-19.

<sup>49</sup> WASH Cluster. 2021. Rapid Evaluation: CTC Alarobia and CTC Ankorondrano, Tananarive (April 28, 2021).

<sup>50</sup> JMP. 2021. Healthcare facility data: Madagascar. [Link](#).

## 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.

Overall, DREAHs and DEAHs were able to use data to illustrate their needs to the WASH cluster. However, these needs were often based on low-quality data and/or hypotheses to overcome data gaps. The data used at the DEAH Antananarivo was only available on paper, and the national WASH monitoring system SESAM is not entirely functional. The DEAH stated that “This slowed down decision-making, needs evaluations, and monitoring activities”.

<p>What worked?</p> <ul style="list-style-type: none"><li>• WASH Cluster 5Ws</li><li>• Rapid evaluations</li></ul>
<p>How to improve a future emergency response?</p> <ul style="list-style-type: none"><li>• Increase resources to conduct evaluations (e.g., staff, financing) including for far-away regions.</li><li>• Update national database SESAM.</li><li>• Improve capacity of partners to provide their data to the DREAHs.</li><li>• Create technical units in rural areas to increase data collection.</li><li>• Formalize the WASH Cluster’s monitoring system (5W).</li><li>• Improve government health data (e.g., cases, hotspots).</li></ul>

## ORGANIZATIONAL CAPACITY

The WASH stakeholders were motivated and collaborated effectively to implement the WASH response. Although there were challenges with limited staff to ensure IPC measures in CTCs, many stakeholders had previous experience responding to emergencies (e.g., plague, cyclones, etc.), which made them more prepared to respond to the COVID-19 pandemic.

Some key informants stated that capacity development activities were conducted by implementing partners in an ad-hoc manner, while others stated that DREAHs communicated that capacity needs to the cluster that then organized capacity development activities. Capacity activities seem to have focused on community agents and hygiene agents managing CTCs.

Various key informants mentioned that the WASH sector had the competencies to respond to the pandemic, often referring to the country’s regular emergencies. However, not everyone agreed on how competent and equipped the sector was.

### Infection Prevention and Control Training Program (1 day)

- Session 1: Overview of COVID-19
- Session 2: WASH for the prevention and control of infections in the Covid treatment centers
- Session 3: Hygiene and protection
- Session 4: Chlorination
- Session 5: Cleaning procedures for treatment centers
- Session 6: Community response

Figure 15: Example of a COVID-19 training program.

## Community Agents

The sector seemed competent and prepared to design and implement hygiene awareness campaigns. Key informants mentioned that community agents and influential local actors (e.g., churches, neighborhood associations, scouts) were trained to create awareness on hygiene practices. They also mentioned the need to ensure there were trained community agents or focal points in each neighborhood to respond to future emergencies more quickly.

## Hygiene Agents for CTCs

The Ministry of Public Health identified the lack of trained professionals to manage the CTCs as a key challenge. There was no staff, or infrastructure, particularly for WASH IPC, and medical waste. They said, “We had an important surcharge of work as our first mission. Usually, the role of ministries is to coordinate and put in place norms and directives, and to train and support. But this time, we worked on the field.” The ministry overcame this challenge by recruiting partners and training professionals and volunteers to manage these new centers. They said, “There was not enough staff dedicated to manage the CTCs, it was a real problem. We mobilized the different partners of the Ministry of Public Health, such as the Red Cross, UNICEF and *Medicin du monde* to provide staff, particularly hygiene agents for the CTCs.” The training was a one-day training (see Figure 15) and adapted from a similar training provided during the Plague epidemic.

## DREAH and DEAH

The MEAH highlighted that a key capacity challenge was the lack of staff in the DREAH. They gave the example of the Melaky region who only has 4 staff. USAID also mentioned, “The DREAH operate on an almost no resources. They have very, very little budgets. They have very few people and very little equipment.” To overcome the staff shortage, the MEAH worked with other departments such as soldiers from the Ministry of Defense, scouts, teachers, and managers of train stations to disinfect public spaces. In Antananarivo, they worked with firefighters to implement certain measures.

The DEAH Antananarivo, supported by various stakeholders, also identified some internal capacity gaps after conducting a capacity evaluation.

## 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 table on the next page provides a summary of these reflections categorized by country.

Overall, there seemed to be cohesion and motivation among the WASH stakeholders, with one key informant stating “Human capacity is the one thing that we had. Everybody from the national level to the regional levels did what they could to manage the response.”

#### What worked?

- Competencies gained from previous emergencies (e.g., disinfection)
- Regions have emergency teams (particularly the regions that have faced cyclones).
- Adapting training materials from previous epidemics.

#### How to improve a future emergency response?

- Conduct a detailed evaluation of the COVID-19 Response.
- Increase human resources for data collection during emergencies.
- Formalize and train community agents on WASH in emergencies.
- Increase staff and resources for the DREAH (transport, communication equipment).
- Ensure emergency staff availability for future emergencies.
- Review remote training options for pandemics.
- Advocate for more funding for capacity development.
- Develop a capacity development program to prepare the country for emergencies.
- Provide on-the job training for CCO.
- Increase capacity of donors in emergencies to release fund rapidly (e.g., learn from their own emergency departments).
- Learn and incorporate lessons from other countries.

## CONCLUSION

Overall, Madagascar’s national government response was put in place rapidly, and progressed into a multi-sectorial approach including the WASH sector. Non-government WASH stakeholders felt that the response was disconnected to the national response, but that they did their best to respond to the emergency with available resources. The pandemic brought the sector closer together with a sense of solidarity, potentially improving WASH coordination in the future.

All interviewed WASH stakeholders agreed that there were lessons learnt to improve the WASH responses for future COVID-19 waves or other emergencies. The interviews were aligned with the survey in which stakeholders rated overall preparedness for the response as somewhat-to-moderately prepared.<sup>51</sup>

Key steps to improve emergency preparedness include improving coordination at the national level, developing a financial mechanism to ensure rapid access to funding, advocating for WASH funding to the government, strengthening the national WASH monitoring system (SESAM), and developing a capacity development program to ensure all the resources are available for the next emergency. To develop these next steps further, we recommend conducting an evaluation of the WASH response once the pandemic is under control and stakeholders have had more time to reflect.

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<sup>51</sup> WALIS survey on the national COVID-19 response (2021).

## 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).

### Documents

- WASH Cluster. 2020. COVID-19 Response plan. [Link](#).
- Government of Madagascar. 2020. Multi-Sectorial Emergency Plan Madagascar. [Link](#).
- Ministry of Public Health. 2021. National Response Plan to Covid-19 2<sup>nd</sup> Wave and Beyond.
- WASH. Cluster, 2020. E-WASH Meeting Notes.
- WALIS. 2021. Survey on the national COVID-19 response.

### Websites

- Presidency of Madagascar: [Link](#).
- CCO COVID-19: [Link](#).
- Our World Data: [Link](#).
- Ran'Eau Malgasy: [Link](#).

### Key informants

- RANO WASH
- DEAH Tana
- Ministry of Public Health, Environmental Health Services department
- Ministry of Water, Sanitation and Hygiene, Sanitation and Hygiene department
- UNICEF (x2)
- USAID
- WaterAid

### Social Media

#### Twitter

- Government of Madagascar (@PresidenceMadagascar)
- Rajoelina, Andry (@SE\_/Rajoelina)
- JIRAMA (@JiramaOfficiel)
- UNICEF Madagascar (@UNICEFMada)
- WHO Madagascar (@OMSMadagascar)

#### Facebook

- MEAH (@meahmadagascar)
- Ministry of Public Health (@minsap)
- Commune Urbaine Antananarivo (@cuaofficiel)
- BNGRC (@BNGRCMID)
- CCO (@madavscovid19.mg)
- Centre de Traitement COVID-19 (@CTC19Madagascar)

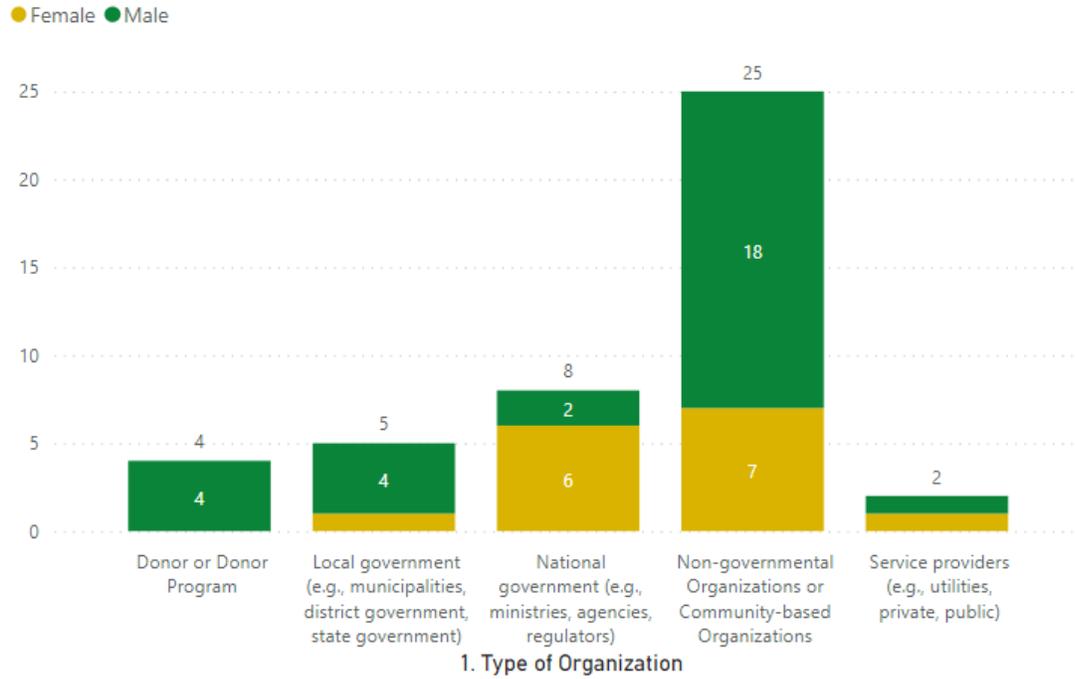
- NGO Ran'Eau (@raneaumadagascar)
- Air Madagascar (@air.madagascar.official)

#### Newspapers

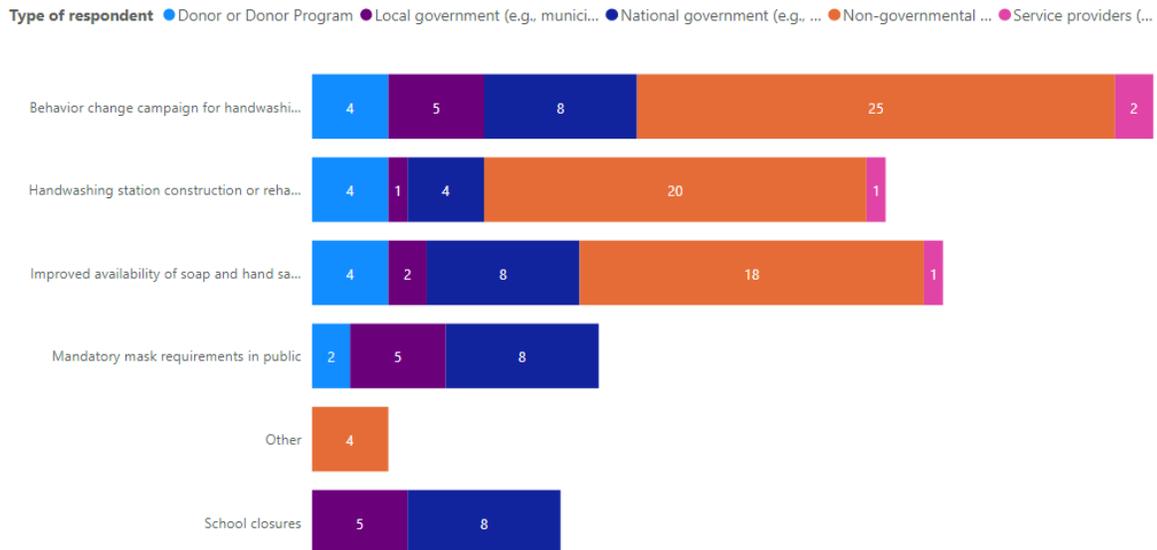
- Madagascar Tribune: [Link](#).
- Radio France Internationale (RFI): [Link](#).
- Le Monde: [Link](#).

# 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 (44) and the higher number of respondents from NGOs and CBOs than government entities.

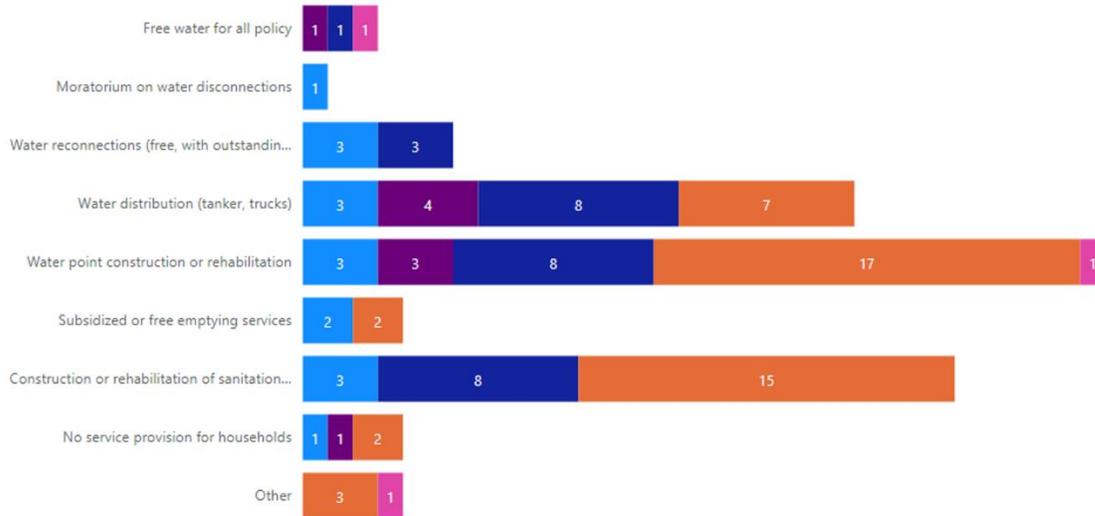


4. Which of the following measures has your government/ organization implemented thus far in response to the COVID-19 pandemic? Choose all that apply



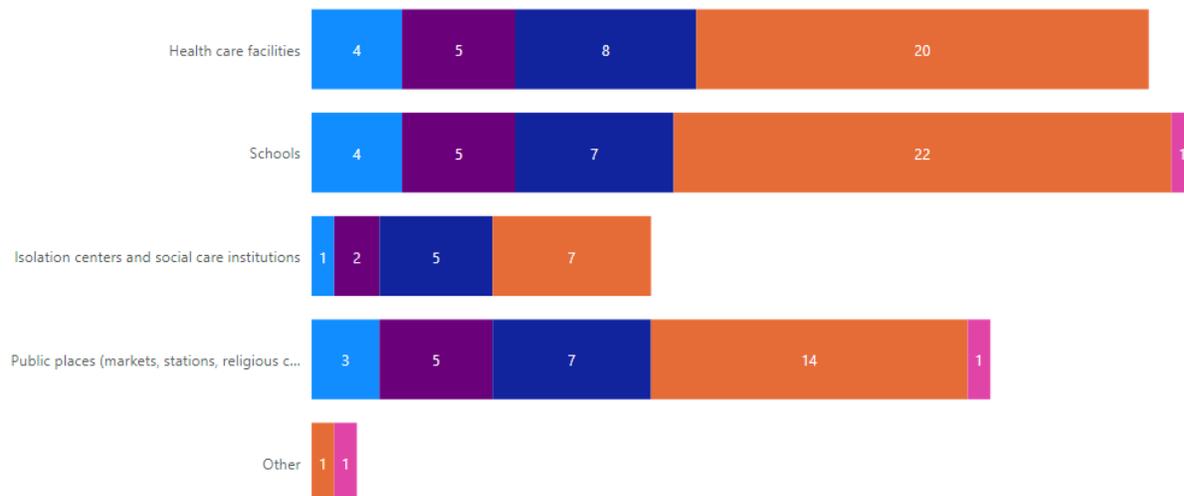
5. Which of the following measures has your government/ organization implemented thus far to ensure the continuous provision of water and sanitation services to all? Choose all that apply

Type of respondent ● Donor or Donor Program ● Local government (e.g., municipi... ● National government (e.g., ... ● Non-governmental ... ● Service providers (...)



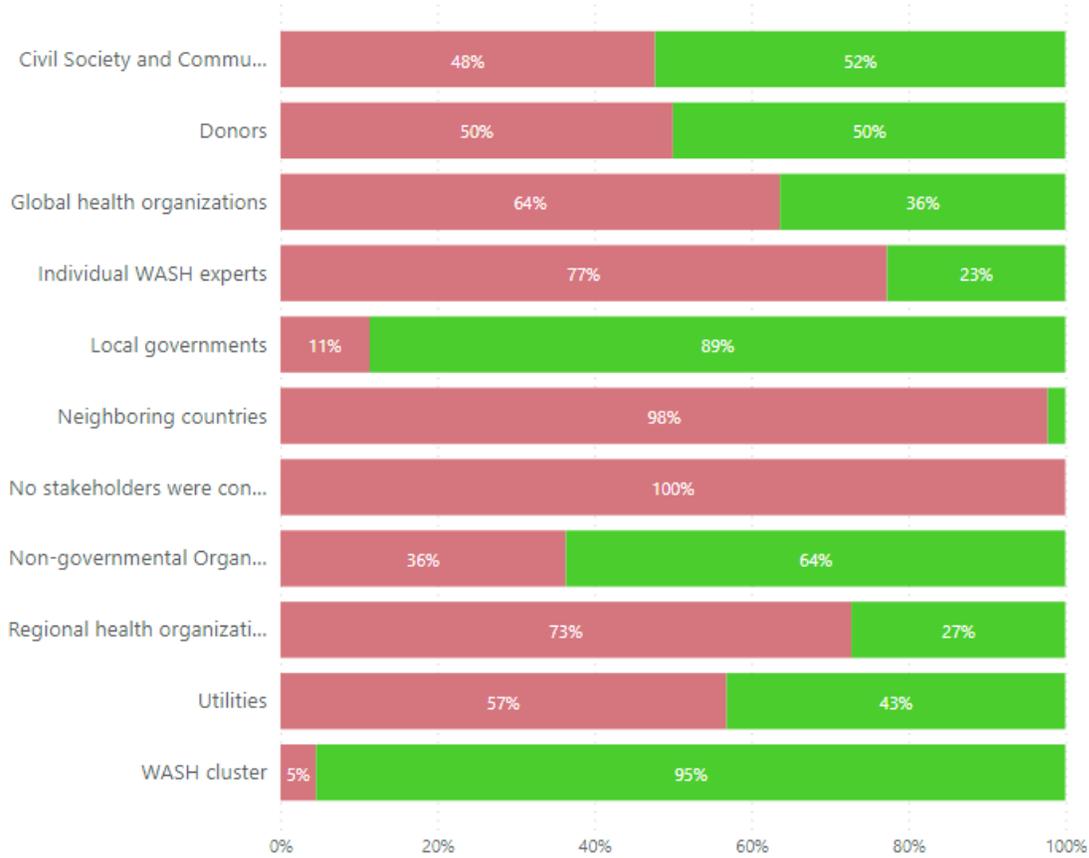
6. To which public institutions and places has your government / organization provided WASH services to prevent the spread of COVID-19? Choose all that apply.

Type of respondent ● Donor or Donor Program ● Local government (e.g., municipi... ● National government (e.g., ... ● Non-governmental ... ● Service providers (...)



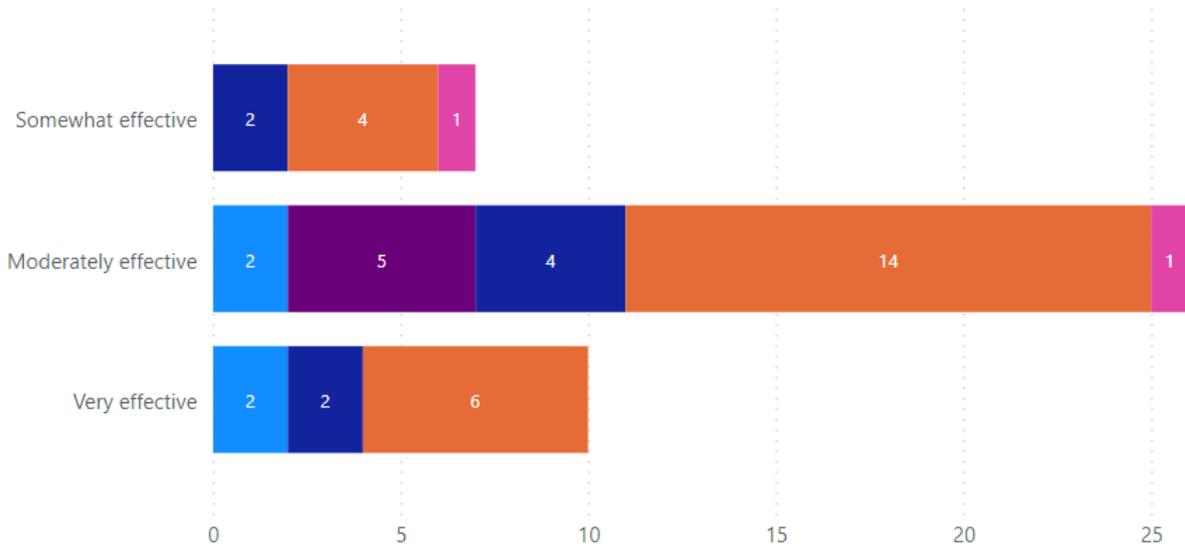
Were these stakeholders a part of the decision-making process to inform the national WASH response to the COVID-19 pandemic? Choose all that apply.

● No ● Yes

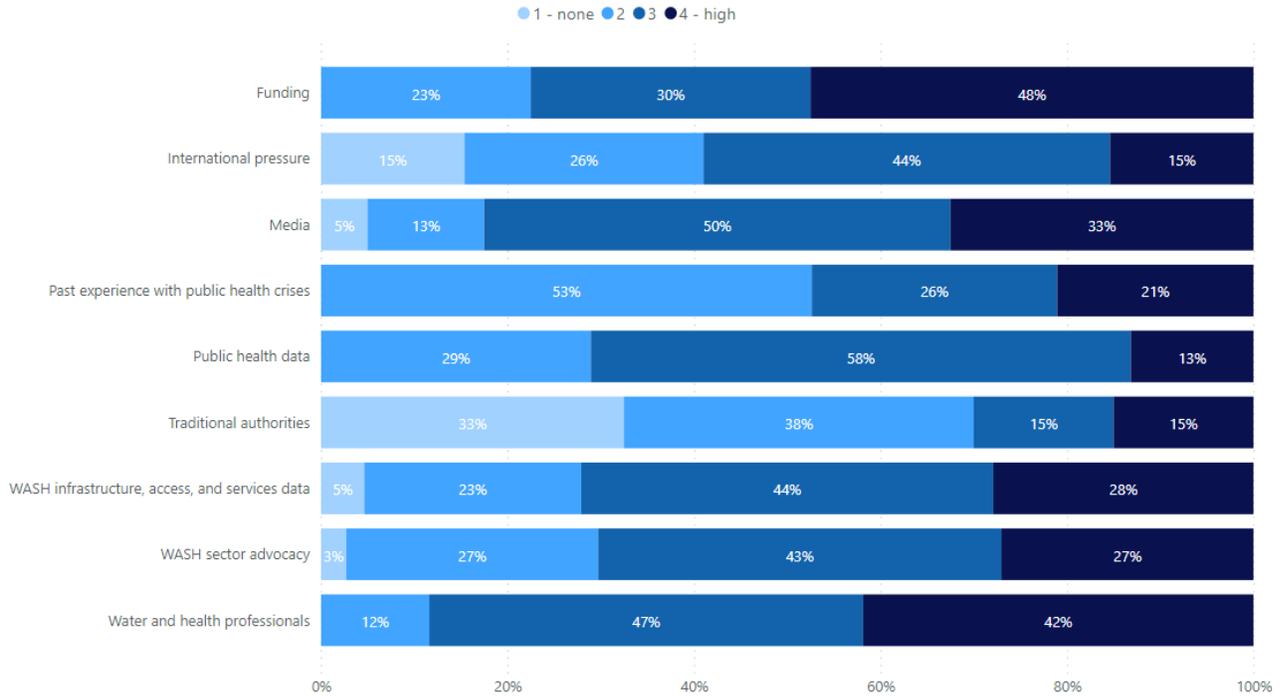


From your perspective, how effective was the decision-making process?

● Donor or Donor Program ● Local government (... ● National govern... ● Non-governme... ● Service provider...



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?

