



Accelerating COVID-19 related ‘best practice’ in the urban motorcycle taxi sector in Sub-Saharan Africa

Country Report: Liberia

COVID-19 Response & Recovery Transport Research Fund

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Abstract	
<p>The outbreak of the COVID-19 epidemic and the various measures put in place to mitigate its spread had a considerable impact on the urban transport sector.</p> <p>This report presents and assesses the findings of approximately 120 motorcycle and motor-tricycle taxi operators and approximately 15 key stakeholder interviews conducted in the cities of Monrovia and Ganta, Liberia. The main purpose of the report is to provide evidence-based inputs to policy formulation.</p>	
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ACRONYMS

CBL	Central Bank of Liberia
COHFSD	COVID-19 Household Food Support Program
COVID-19	Coronavirus Disease
ECOWAS	Economic Community of West African States
EU	European Union
EVD	Ebola Virus Disease
FRTUL	Federal Transport Union of Liberia
GoL	Government of Liberia
HVT	High Volume Transport Applied Research Programme
IMC	IMC Worldwide Ltd
IMF	International Monetary Fund
LEU	Liberia Economic Update
LISGIS	Liberia Institute for Statistics and Geo-Information Services
L\$	Liberian Dollar
LIC	Low-income country
LMTU	Liberia Motor-taxi Union
MRTU	Mano River Transport Union
MCT	Motorcycle Taxi
MIC	Middle-income country
MOH	Ministry of Health
MTT	Motor-tricycle Taxi
NTA	National Transport Authority
OMEHPRO	Organization for Mental Health Promotion
PPE	Personal Protective Equipment
SPACOC	Special Presidential Advisory Committee on Coronavirus
UCDTU	United Congress Driver Transport Union



EXECUTIVE SUMMARY

This country report details the findings of a study on the impact of the COVID-19 outbreak on the urban and peri-urban motorcycle/ tricycle taxi (MCT/ MTT) sector in Liberia. Urban motorcycle/ tricycle taxi operators in Liberia provide essential transport services.

The report highlights the restrictions and mechanisms put in place to mitigate the spread of COVID-19 relevant to this sector and explores motorcycle/ tricycle taxi operators' perceptions of the acceptability of these restrictions, as well as the extent to which they feel their sector has adopted and adhered to them.

For this report, primary data was collected in two cities: Paynesville (on the outskirts of Monrovia) and Ganta City, a city in the interior close to the border with Guinea. Both quantitative and qualitative approaches were utilised. Fifteen key informants (KIs)/ stakeholders in the transport sector were interviewed and a survey questionnaire was conducted with 120 motorcycle taxi and motor-tricycle taxi operators.

Country findings were presented to and discussed among the key stakeholders in a series of (online) workshops. The results of this report – together with similar research activities in five other Sub-Saharan African countries – have been used for an aggregated report and policy brief on the impact of the COVID-19 outbreak on the urban motorcycle/ tricycle taxi sector in Sub-Saharan Africa.

Key facts

- In the first 12 months of the COVID-19 epidemic in Liberia, just over 2,000 positive COVID-19 cases were recorded, with just over 85 deaths;
- The Government responded with a series of measures, which included physical distancing, restrictions on non-essential travel, and a 21-day lockdown;
- Public transport providers were forced to limit passenger numbers, to comply with physical distancing regulations, and were required to wear facemasks.

Key findings

- The stringent enforcement of lockdown restrictions and stay-at-home orders prompted motorcycle-taxi operators to increase passenger fares;
- Social and technological innovations made by MCT operators were limited, and as per advised by the Ministry of Health (MoH) to follow universal health protocols such as physical-distancing, wearing of face-masks, using hand sanitisers, and limiting the number of passengers per journey;
- The refusal of some MCT operators to wear helmets as a safety precaution was predominantly based on the widespread perception of passengers that MCT drivers who are wearing a helmet are out of town MCT operators, concealing their identity because they are up to no good;
- Stakeholders generally expressed the belief that motorcycle taxis are the least likely to transmit COVID-19, from all the various public transport means;
- The adherence of the MCT operators to the restrictions was more stringent in the primary city (Monrovia/ Paynesville) than in the secondary city (Ganta).

Key recommendations

- Enforcement of the restrictions on transport services was mostly done by the police traffic enforcers, particularly in the primary city, while peer pressure from fellow MCT operators and self-compliance were more prominent in the secondary city. This suggests that a tailor-made approach, rather than a 'one-size-fits all' approach would be the most effective in achieving compliance with restrictions;
- Limiting the number of passengers, wearing face-masks and washing hands or using hand sanitisers were the most common social/ technological measures used by the MCT operators. With emergency economic support for the MCT/ MTT operators, more of them would have been able to adhere to the measures and for a longer period;



- MCT operators in both cities placed their trust in the Ministry of Health/ health authorities regarding COVID-19 restrictions and measures. Further opportunities for cooperation between the MCT/ MTT unions and the MoH can and should therefore be explored.



1. Introduction

In the last 25 years or so, motorcycle taxis (MCTs) – and more recently motor-tricycle taxis (MTTs) – have fundamentally changed mobility and access in urban Sub-Saharan Africa, providing rapid and door-to-door transport, supporting livelihood activities, and facilitating access to essential services, such as health, markets and education. In many African cities, motorcycle taxis – often referred to as *Okadas* in West Africa or *Boda-Bodas* in East Africa – are responsible for the majority of transport movements of both people and goods and provide hundreds of thousands of jobs to low-skilled and/or marginalised youth.

During the recent COVID-19 epidemic, urban motorcycle/ tricycle taxi operators provided essential services, including to key health-workers, but also experienced risks of contracting the virus and spreading it, due to their close and multiple interactions with customers. Understanding the impact of COVID-19 – and of the measures taken to mitigate the spread of the virus – on this widespread intermediate form of transport is crucial for planning, managing and operating urban transport services, so that essential services remain accessible for urban dwellers during periods of lockdown or curfews.

While MCT operators have in many cases shown ingenuity and an ability to adapt and innovate when responding to different (health) challenges, policy-makers and regulators often remain somewhat unwilling to engage with (or are even hostile to) the – often informal – motorcycle taxi sector. Furthermore, because of the intermediate and informal nature of the motorcycle taxi sector, policymakers, urban planners and transport regulators tend to overlook its role and potential (as a force for good/ support but equally as a factor in further spreading COVID-19) or are not sure how to engage with the sector and its representatives. Prior to the COVID-19 pandemic, many of the measures taken by African cities to curb or even completely ban motorcycle taxi riding ignored the essential services they deliver and seem to be mainly a response to the rising number of traffic accidents involving or caused by motorcycle taxi riders. The rapid spread of urban motorcycle taxis does pose a series of challenges. Bringing motorcycle taxi operators/ unions and key stakeholders in urban (health) planning and transport together will be essential for the future sustainable socio-economic and environmental development of SSA's cities.

1.1 Project aims and objectives

The aim of the project *Accelerating COVID-19 related 'best practice' in the urban motorcycle taxi sector in Sub-Saharan Africa* is to improve understanding of the impact of the COVID-19 outbreak (including the measures and restrictions put in place to reduce its spread) on the urban motorcycle taxi sector in Sub-Saharan Africa (SSA), via case studies of three West African countries (Sierra Leone, Liberia and Ghana) and three East African countries (Uganda, Kenya and Tanzania). This report analyses and communicates the data and findings for Liberia.

Knowledge (including false/ ineffective 'knowledge') about how to reduce the chance of COVID-19 infection, through behaviour changes and/or social and technical innovations, may be shared spontaneously among individuals or small groups of riders. However there is limited opportunity to share best practices between motorcycle taxi operators in different cities or between different LICs (and lower MICs). This study's objective, therefore, was to share the findings, best practices, and any social and technological innovations developed/ adapted by motorcycle taxi operators to mitigate the impact of COVID-19. It was intended that by sharing them with urban motorcycle taxi operators and key stakeholders, including policymakers, this would allow for evidence-based rapid interventions. This was done via workshops, a sharing platform freely accessible to all relevant beneficiaries and key stakeholders, and one generic policy brief, together allowing for intra-city, inter-city and international peer-to-peer learning and knowledge exchange.

1.2 Transport challenges being addressed during and after COVID-19

Motorcycle taxis play a pivotal role in the provision of urban transport. However, relations and trust between the concerned authorities and motorcycle taxi operators/ unions can be strained at times, possibly affecting the effectiveness of COVID-19 measures and restrictions. This research established:

- If and how the COVID-19 pandemic has affected urban motorcycle taxi services in general;



- If motorcycle taxi operators or unions have been consulted in the COVID-19 measures taken, and what their level of compliance with these has been (including reasons for limited or non-compliance); and
- Social and technological measures and innovations motorcycle taxi operators have introduced to limit infection by or spread of COVID-19.

2. Methodology

2.1 Summary of approach

This project used a mixed-methods research approach, divided into three key activities or work-packages. The three work packages set out below allowed us to collect important data to answer the various research questions, to create opportunities for the key stakeholders and beneficiaries to discuss and access the findings in user-friendly formats, and to learn from peers across different countries and regions. The approach has high utility due to the multiple opportunities created for peer-to-peer and peer-to-stakeholder learning, as well as for knowledge exchange at an intra-city, inter-city, inter-national and virtual levels.

2.1.1 Work Package 1: Data collection

In each of the study's case countries, data were collected through key informant interviews and motorcycle taxi/ motor tricycle taxi operator surveys in two cities.

2.1.2 Work Package 2: Sharing of findings

Data findings, including responses and socio-technological innovations, were discussed in country-level Focus Group Discussions (FGDs) between the country researcher, key stakeholders, and representatives of the beneficiaries. Due to ongoing COVID-19 restrictions in the case-study countries, typically the number of participants in these FGDs had to be limited to comply with regulations.

2.1.3 Work Package 3: Feeding back findings from regional workshops

Findings from the country studies and FGDs were presented at a webinar on 16 April 2021. The webinar participants included the various country researchers and key stakeholders (from all six case-study countries) such as representatives of MCT unions; traffic police; representatives from ministries of health (and other relevant ministries); market board members; city council representatives; transport sector regulatory bodies; and urban planning departments. The key stakeholders were identified by the country researcher based on a country specific literature review at the start of the project. A website and online open-access sharing platform will be developed on which the study's findings will be shown, including short videos (of one to two minutes in duration) of MCT operators explaining COVID-19 related challenges they have experienced and how they have overcome these.

2.2 Detailed methodology

Data were collected through a mixture of semi-structured qualitative interviews and short surveys. The research objectives set out in the section above were operationalised in five open-ended qualitative questions that were asked to the key informants/ key stakeholders (see Appendix B for the stakeholder interview form). For each case study country approximately 15 key informants were interviewed (see Appendix A for a list of interviewed stakeholders). The questions asked were:

1. What have been the impacts/ effects of COVID-19 on urban transport in general and the motorcycle taxi (MCT) sector specifically?
2. If transport-related restrictions or a lockdown were introduced, what were the specifics of these, to what extent have motorcycle taxi unions and/or riders consulted in this, and to what extent have MCT riders complied with these?
3. Are there any social or technological innovations or adaptations MCT riders can take (or have taken) to reduce exposure and limit the spread of COVID-19?
4. Have experiences with and responses to previous outbreaks/ pandemics been used when addressing the current COVID-19 outbreak (for Sierra Leone and Liberia, think Ebola; for other countries, think for instance of tuberculosis, feared to be spread by using shared helmets)?



5. If motorcycle taxi transport, from all the modes of public transport (shared-car taxis, mini- and midibuses, etc.) poses the lowest risk of COVID transmission, do you think that motorcycle taxi transport should be promoted?

In addition, further survey questions were designed to provide more quantitative data on these five topics. While some of these survey questions were in a simple 'yes/no' format, others used a Likert scale or provided multiple answers to choose from. MCT/ MTT operators were surveyed in two cities in each of our six study countries, with a total of 60 surveys per country.¹ The full research instrument is included in Appendix C to this report. Since the MCT surveys were (largely) standardised across the 12 locations (two urban settings in six countries), this resulted in an aggregated 'bank' of about 360 surveys. As can happen when conducting surveys in large numbers, in a few cases one or more questions were not answered or correctly recorded. If, and when this happened, it is reflected in the graphs via the N number.

While 60 to 80 surveys can hardly be considered as sufficient for a meaningful quantitative analysis on its own, it is believed by the researchers that because of the way in which surveys were conducted (as described in the above paragraph), together with the key stakeholder interviews, that the data provides insight on par with what would be expected from a rapid appraisal method, for instance. The qualitative and quantitative data, plus the literature reviews, allowed for some level of triangulation to assess the validity of claims and findings.

3. Liberia context

This section provides a short overview of the first eight months of the COVID-19 epidemic in Liberia and how it impacted the country's transport sector.

3.1 COVID-19 in Liberia

The first COVID-19 case in Liberia – a local government official returning from abroad – was confirmed on 16th March 2020. The following day, 17th March 2020, close contacts of the first case also tested positive. On 20th March, a third positive case was confirmed, again someone who had returned from abroad. Following this third case, a 21-day lockdown in Montserrado and Margibi counties was imposed, and the Ministry of Health and Social Welfare declared a national health emergency on 22nd March 2020 (1). On 8th April 2020, President George Weah extended the reach of the lockdown, declaring a three-week nationwide lockdown. This included travel restrictions, curfews and the closure of non-essential businesses and institutions, such as schools, government offices, mosques and churches (2). Lockdowns were extended and at times enforced by police using force, when numbers of infections continued to increase (3).

Meanwhile, the continuous increase of positive cases in the country prompted the US and German embassies, together with the European Union, to organise a charter flight to evacuate its citizens. The Government of Liberia, alarmed by the quick evacuation of the foreign nationals, created the position of "National Response Coordinator for the Executive Committee on Coronavirus".

In the subsequent months, the pandemic took its toll, with a range of consequences: the special senatorial elections and a national referendum were both delayed (4) and the economy suffered significantly, resulting in a projected gross domestic product (GDP) contraction of 2.6% (5). The legislature approved a \$25 million USD stimulus package to provide food for vulnerable communities in collaboration with the World Food Programme, to provide loans to vulnerable traders, and to pay utility bills for some households, among other things (6). However, the COVID-19 National Steering Committee admitted that it had done a poor job in delivering relief packages, blaming bad roads and other factors (7).

According to the first Liberia Economic Update, the virus has hit Liberia with a human and economic impact that will be challenging for the country. Real GDP is expected to contract by 2.6% for the year 2020. At the moment, the percentage of people living below the poverty line stands at just over 55% (2019) but this could increase to nearly 70%. That is, more than half a million additional Liberians could slip below the poverty line.

¹ Due to miscommunication, the Liberia team conducted 60 MCT/ MTT surveys per city, resulting in 120 surveys in total rather than 60.



Without proper policy responses, or if these responses are delayed, there is a real chance – according to the authors of the Update – that economic growth could be further reduced.

According to the World Bank: *“Under the baseline scenario, a sharp rebound is expected with real GDP growth projected to rise to an average of 4.1% during 2021-22. However, under the downside scenario, real GDP is expected to recover more slowly, growing at an average rate of 3.7% in 2021-22”* (5). Whichever scenario will materialise, in the medium-term the country’s recovery will be determined by the extent to which: *“economic activity and the implementation of structural reforms designed to alleviate constraints on productivity growth and support economic diversification will take place, post-COVID-19”* (5).

Liberia was widely praised for how it responded to the threat posed by COVID-19. Drawing from its experience with the recent Ebola pandemic, the government acted swiftly with measures to prevent the spread of COVID-19. A key action included the creation of a Special Presidential Advisory Committee on Coronavirus (SPACOC) set up well ahead of the first recorded case in the country. Liberia was one of the first countries to start screening passengers for COVID-19 at airports (8).

Prevention and detection mechanisms were put in place to curb the spread of the virus, which included frequent hand washing with soap and water, promoting physical distancing, and contact tracing and testing.

Liberia experienced two civil wars (1989-1996 and 1999-2003) which brought the country to its knees. Recovery is still ongoing. As the World Bank explains, *“Large macro-economic imbalances, limited fiscal space, and low foreign-exchange reserves constrain the government’s options for addressing the COVID-19 crisis. Pervasive informality intensifies the economy’s exposure to shocks and complicates any potential policy response, while poor health indicators, weak public health systems, and high levels of food insecurity and malnutrition increase the population’s vulnerability to COVID-19”* (9). Furthermore: *“Reduced regional and international travel due to a combination of behavioral changes and preventive measures, including the closure of Roberts International Airport since 23rd March 2020, are directly affecting the transportation and hospitality industries, which account for about 20% of Liberia’s GDP. Reduced travel is having an adverse spillover effect on local supply chains, with negative implications for employment, income, and government revenue”* (9).

3.2 COVID-19 and urban transport measures

Most people in Liberia do not own conventional and/or intermediate modes of transport but use public transport services that are generally provided by individual private operators. Taxis, minibuses, pick-ups, and trucks provide public transport services between Monrovia and the counties. Recently, the NTA (operating conventional buses) has resumed operations to county capitals. Intracity transport in almost all of Liberia’s towns and cities is done by motorcycle taxi or motor-tricycle taxi, including the transportation of goods to markets and people to schools, work, and other social services. Increasingly, shorter inter-city transport can also take place by intermediate forms of transport.

In Monrovia, car taxis, motorcycle taxis, conventional buses and mini-buses provide public transport services to an estimated 1.5 million people. Taxis and buses just provide services along the main city routes towards the city centre (10). At the start of the motorcycle taxi boom, a JICA study found that taxis (shared) made up 53% of the transport services along the main route, walking 25%, buses and private cars 8% each, followed by motorcycle taxis 5% and trucks 2% (11). Now, the number of journeys made by motorcycle taxi or motor-tricycle taxi has increased exponentially.

Since the start of the COVID-19 pandemic, towns and cities have experienced a number of restrictions on public transport. These were put in place to limit transmission of the virus and to provide the safe passage of key workers during the emergency response. Some operators, and in particular many of the motorcycle taxi operators, defied the restrictions by the government, arguing that it would be extremely challenging to foresee in their livelihoods if following the capacity restrictions.

In response to the difficulties faced by the operators to sustain their livelihoods and in recognition of the crucial role the sector plays in transporting key workers and supplies specifically, and the population more generally, the Ministry of Transport and MCT Unions focused on making the sector more compliant and safer via awareness-raising, using radio announcements and dramatisations to spread health messages.



3.3 Motorcycle and motor-tricycle taxi sector

Motorcycle taxis first appeared in Liberia in the capital Monrovia and later spread to the main regional towns before spreading to rural areas. The early entrants to the new motorcycle taxi profession were ex-combatants from all armed factions who sought to make a living in the larger towns, although the pull of the motorcycle taxi profession broadened quickly after the immediate post-war period: drawing in new riders who were not ex-combatants, but who simply resorted to the profession due to a lack of other employment opportunities. In 2012, the number of young people working in Liberia as motorcycle taxi riders, or in an auxiliary capacity as mechanics, bike washers, fuel sellers, etc., was estimated at 500,000 (12). This number – if correct - may have increased further in recent years. In the last four to five years, there has also been an introduction and explosive growth of three-wheeler 'auto-rickshaws', known locally as 'Kekeh', stimulated by the prohibition of motorcycle taxis from operating on Monrovia's major arterial routes (13). The motor tricycle's rapid growth in popularity has been assisted by the fact that it is cheap, and it offers the passenger(s) some form of protection against the elements, as well as road traffic accidents (13).

4. Perspective of key stakeholders on COVID-19 and the motorcycle/ motor-tricycle taxi sector

This chapter discusses the data collected through interviews with the 15 key informants/ stakeholders. A full list of key stakeholders interviewed is presented in Appendix A; these included Ministry of Transport (MOT) representatives, traffic police representatives, health workers, federal transport union, tricycle motorcycle association, motorcycle taxi union representatives, market women, and others. The chapter is organised according to the five semi-structured questions that were asked to the key informants.

4.1 Impacts of COVID-19 on urban transport

Most informants noted that COVID-19 has negatively impacted the urban public transport sector. This was mainly attributed to reduced economic activity due to the partial lockdowns and curfew. Some sectors of the economy like hotels and restaurants; sports and recreational activities; and places of worship were initially closed completely, resulting in reduced demand for transport services. Furthermore, the government encouraged people to work from home whenever possible, reducing demand for transport services. This was observed by an MCT Union Leader:

"The frequency of ridership is significantly down, and no passengers are coming out due to the lockdown" – Motorcycle Taxi Union Leader.

The government's 21-day restriction and the imposition of a curfew led to a reduction in the number of motorcycle taxi passengers, directly affecting the livelihoods of the MCT operators. Union leaders indicated that this resulted in operators being left without any other choice than to stop operating on the less viable routes and/or passing on the costs to their customers. Due to a reduction in movements, market vendors were forced to close their small businesses. One of the union leaders confirmed this:

"Fewer rides and low income makes our family suffer because the government doesn't care at all [about] the drivers like us" – Motorcycle Taxi Union Leader.

Furthermore, the long-term closure of schools, hotels, restaurants, and other public and private businesses, had a devastating effect on socioeconomic activities and on demand for transport services.

4.2 Impact of transport-related measures and consultations with the sector

As early as April 2020, Liberia had already implemented several health measures, including bans on public gatherings, increased health screenings at ports, restrictions on ship berthing and crew access to the shore, reducing passengers on both public and private means of transport, physical distancing in public places, and lockdowns.

The extent to which the providers of intermediate modes of transport were informed on time, let alone consulted in the measures introduced, was limited:



“The lockdown pronouncement of the government was very swift and some of the MCT unions and drivers were not informed, thus’ drivers continue to drive” – Keh-Keh (motor-tricycle taxi) operator.

The lack of awareness-raising concerning the restrictions and lockdown resulted in some operators being caught unaware of the new policies. This was corroborated by one of the union leaders, who stated:

“There are some instances that lockdown restrictions were not observed especially in the village and off-road areas, due to lack of awareness” – Motorcycle Taxi Union Leader.

And as a Keh-Keh operator stated:

“The awareness of the drivers on the lockdown is limited and authorities did not come to us to inform us, but we heard the lockdown announcement through social media and radio stations” – Keh-Keh (motor-tricycle taxi) operator.

The Liberia Motorcycle Taxi Union (LMTU) was not officially informed by the government at the earlier stages, with the government mainly using social media and radio announcements to inform the public.

Demand for passenger transport decreased significantly, following the government imposed lockdowns and more generally, due to a fear of contracting and spreading the virus whenever using public modes of transport”. According to a representative from the Ministry of Transport:

“Motor-taxi operators were also refrained from accommodating more passengers, restraining the level of their interactions with passengers following orders of physical distancing and consistent wearing of face masks and handwashing with soap and sanitisers” – Ministry of Transport Representative.

Freight transport was reduced somewhat due to both supply and demand issues, although the need to keep essential services operating kept this reduction limited.

4.3 Social or technological adaptations made by motorcycle taxi operators

Like other sectors, the MCT sector generally adhered and abided to the social and technological measures that were introduced to contain the virus. According to a Ministry of Transport representative:

“There were various innovations or adaptations that the government of Liberia employed to reduce the exposure and limit the spread of COVID-19. Among those were: Travel Restrictions and Border Closures and the Declaration of National Health Emergency limiting the number of persons that could ride on public vehicles at any given time” – Ministry of Transport Representative.

Few if any additional social or technological adaptations were made by the MCT and MTT operators. The few measures that were taken were mainly limited to the provision of hand sanitisers, which were hung at the side of the vehicle to make them accessible to passengers, the consistent cleaning of their motorcycles/tricycles, and the use of the facial masks while en route. In some rare cases, some MCT and MTT operators installed physical barriers between the driver and passenger(s) to ensure that physical distancing was enforced.

4.4 Useful lessons from previous health crises

The government of Liberia took swift action to contain the spread of COVID-19, drawing on its experience with the 2014-15 Ebola Virus Disease (EVD) outbreak. Physical distancing, avoiding shaking hands, airport screening measures as COVID-19 cases started to be reported outside China, and hand-washing facilities appeared outside shops and offices as early as January 2020: *“The government very quickly drafted a COVID-19 response plan focusing on public health and containment measures, and programmes to counter the social and economic impacts of the pandemic were implemented. A stay-at-home order was introduced on 10th April, and the government launched a stimulus effort designed to mitigate the lockdown’s adverse effects on household welfare”* (9).

Key measures included: (i) the US\$25 million COVID-19 Household Food Support Program (COHFSP) implemented by the World Food Program, which provides food supplies to poor and vulnerable households; (ii) the provision of free electricity and water; (iii) the wholesale settlement of loans to market women and



petty traders; (iv) the suspension of pre-shipment inspections and import surcharges; and (v) the designation of at least US\$15 million in the FY2020/21 national budget to serve domestic arrears (9).

A Health workers' representative stated: *"At the outset, the spread of a dangerous disease requires a broad response that goes beyond medical provision. Treating Ebola predominantly as a health crisis meant that the surge capacity and emergency funding characteristic of a large-scale humanitarian crisis were not triggered. [On the other hand] COVID-19 is not just a medical emergency: it is also upending the socio-economic life of the countries in its path. Recognising this now will be essential to tackling its wider effects"* (14).

There can be little doubt that the recent West African Ebola outbreak, which was so devastating for Liberia, helped the country in mitigating the worst impacts of the COVID-19 outbreak.

4.5 Motorcycle taxis as a low-risk means of transport?

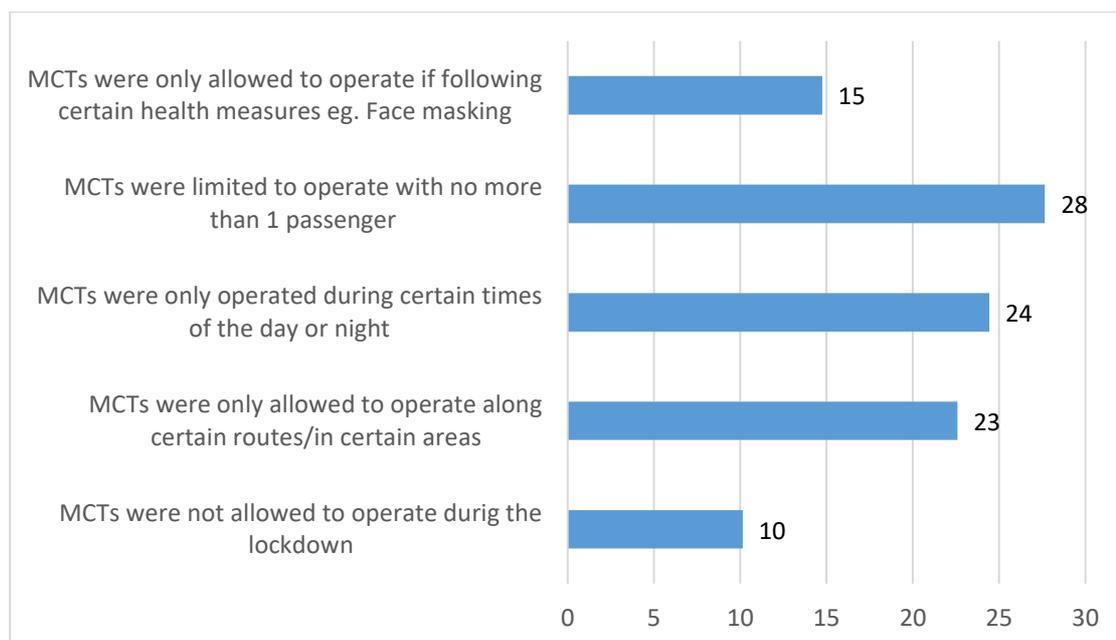
Whether or not motorcycle taxis pose a lower risk in COVID-19 transmission compared to conventional transport services was hotly debated in the focus group discussions. Most of the interviewed stakeholders stated that motorcycle taxis are likely to pose the lowest risk of COVID-19 transmission because they carry fewer passengers compared to conventional public transport services and because they are open and the air flows freely. Nevertheless, some informants expressed doubts, since only a few MCT operators adhere fully to the policies to mitigate the spread of the virus. Most of the drivers, it was stated, do not respect the regulations imposed by the government.

5. Motorcycle taxi survey findings

5.1 Findings

Below the findings of the motorcycle taxi/ motor tricycle surveys are presented. Approximately 120 surveys were conducted in two cities: Paynesville, on the outskirts of Monrovia, and Ganta, close to the Guinean border in the north of the country. The country researcher, when collecting the survey data, approached this exercise as more than a 'box-ticking' event and typically asked the respondents to explain their answers to get a better appreciation of why such an answer was given. This understanding proved to be useful for the interpretation of the data as well as for the workshops.

Figure 1: Restrictions introduced during lockdown



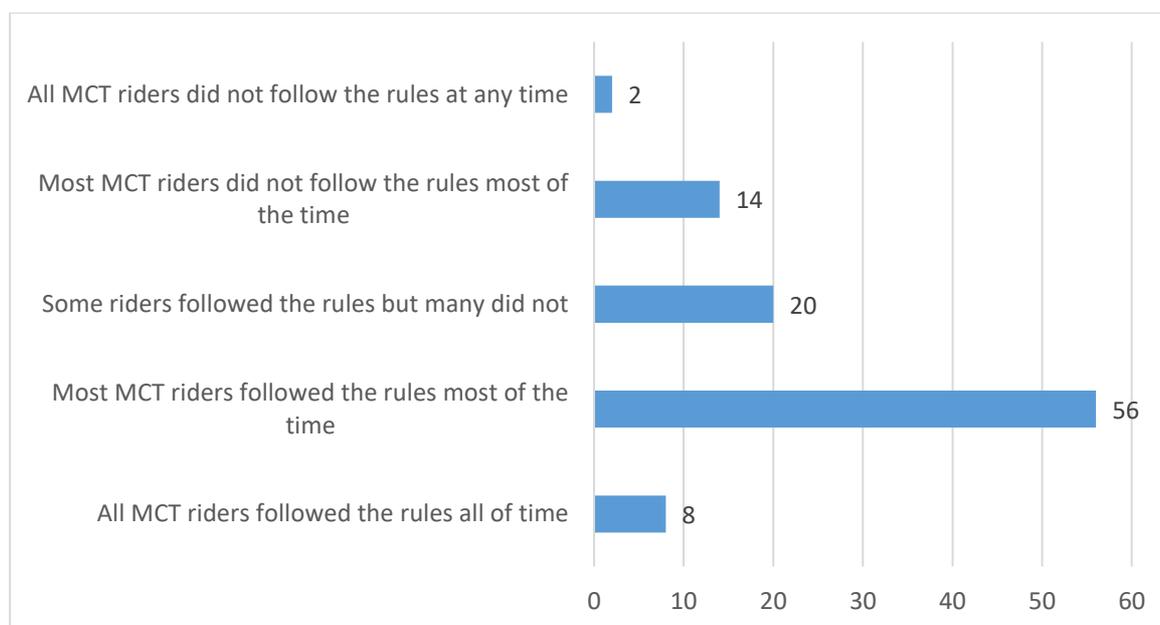
In Monrovia, including Paynesville, motorcycle taxi operators were not allowed to operate during the lockdown period. These restrictions were strictly implemented along some of the key routes, as a significant part indicated that these restrictions did not apply to all routes. Furthermore, others indicated that they were allowed to operate during certain times of the day or night. In Ganta City, according to MCT survey



respondents, motorcycle taxis were more widely allowed to operate as long as they followed the stipulated health measures, such as hand-washing, the wearing of face masks, and physical distancing whenever possible.

There is a notable difference between the implementation of restrictions during lockdown for MCT operators in the capital as compared to the secondary city of Ganta. In the capital, the implementation of restrictions was much more rigorous than in the secondary city. This may reflect several reasons, including the higher COVID-19 rates in the capital as well as wider availability of resources to monitor the regulation.

Figure 2: Extent of adherence to COVID-19 regulations



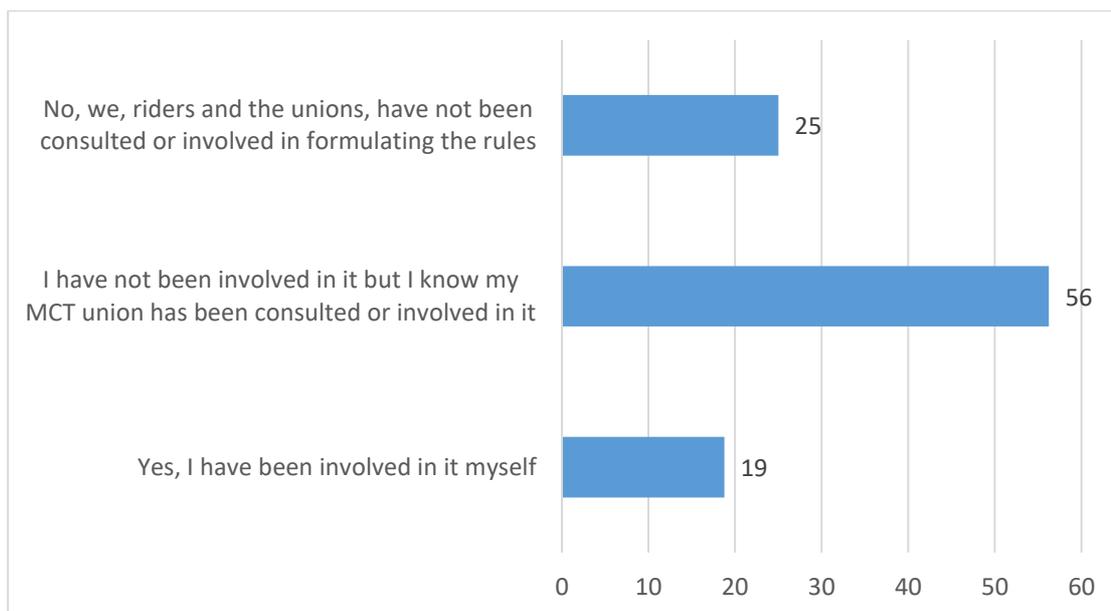
From Figure 2 it is clear that most MCT/ MTT operators indicated that their fellow operators adhered to the rules most of the time. However, we know from the key informant interviews that while compliance with the rules and regulations was high initially, this level reduced over time. In many if not most cases, it was due to hardship – that is, economic necessity – that operators were forced to venture out and make a living.

While the majority of motorcycle taxi operators in both cities indicated that they made fewer journeys (and in the case of Ganta, significantly fewer journeys) there is a remarkable difference, as for Paynesville about 20% of the operators indicated that the number of journeys, they made increased. With the monitoring of the travel restrictions on the key roads in Monrovia being quite rigorous, some MCT operators who were willing to ignore the general restrictions used the side roads to bypass check-points – something for which a motorcycle is quite suited to do – and thus did good business. This would have been much more difficult for Ganta, as it only has one or two main streets (where most economic activities are conducted).

According to the surveyed MCT operators, in both cities, the traffic police was most heavily involved in enforcing the restrictions. Interestingly, in Paynesville City, the MCT unions, through their wardens, were also quite heavily involved in enforcing the restrictions and monitoring their compliance during the COVID-19 pandemic. This seems to indicate that the MCT unions are better organised in the capital and have more influence over their members. Alternatively, secondary cities, like Ganta, often have closer links with their rural surroundings. Many of the motorcycle taxis operators entering Ganta daily may be based in the rural areas and would not therefore be members of the Ganta motorcycle taxi union.

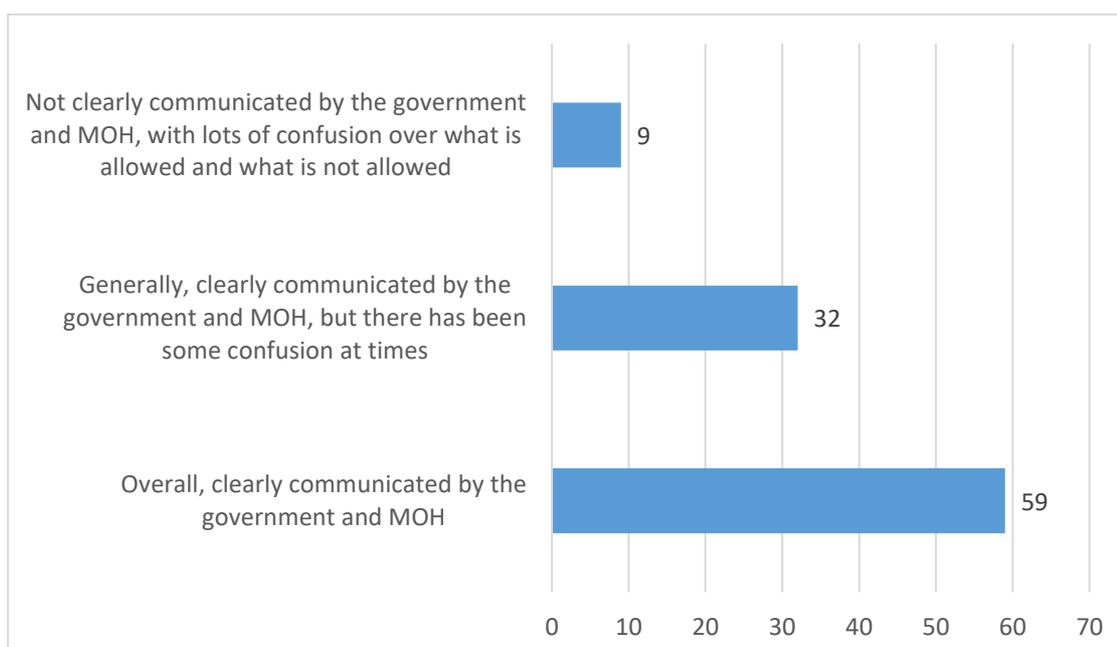


Figure 3: Level of consultation on COVID-19 regulations



While the rapid onset of the epidemic could have given the government an excuse to not reach out and consult with the sectors that were most likely to be affected by its COVID-19 restrictions, it is interesting to see (Figure 3) that in Liberia a fair amount of (rapid) consultation has taken place. While we cannot be sure without further research, it is possible that the need for consultation to achieve higher adherence and participation levels was informed by the country’s experience with the recent Ebola Virus Disease outbreak. Perhaps even more important than consultation in achieving high levels of adherence is communication. Again, the majority of surveyed MCT/ MTT operators indicated that the government and MoH had clearly communicated the rules and regulations (Figure 4). As we have heard from the key stakeholders, some confusion existed over the legality of journeys which commenced before the curfew cut-off point but were not yet completed when the curfew started.

Figure 4: Clarity of communication on COVID-19 regulations





6. Conclusion

The incidence rate of positive COVID-19 cases (per 100,000 of the population) in Liberia is not as high as compared to many of its neighbouring or regional countries. While this may be the result of testing capacity, the fact that neighbouring countries have higher incidence rates while having similar testing capacities and regimes in place may point to a more successful set of measures taken to curb the spread of COVID-19 in Liberia. Previous experiences with Ebola and an understanding of the importance of mobility in the spread of infectious diseases have likely played a role. But where the swift introduction of restrictions, such as travel restrictions, lockdowns, and “stay-at-home” rules likely had an advantageous impact on public health, it came at a socio-economic cost.

Specifically, public transport providers were forced to limit passenger numbers, comply with physical distancing regulations, and were required to wear facemasks. However, this study found that these regulations were more strictly monitored for a motorcycle taxi and tricycle operators in the primary city as compared to the secondary city during the COVID-19 pandemic.

The three-week nationwide lockdown, which encompassed curfews, travel restrictions, and the closure of non-essential businesses, government offices, schools, churches, mosques, bars, and beaches hugely affected the demand and supply of transport services. Where restrictions were enforced more rigorously, motorcycle taxi operators often responded by increasing passenger fares.

Social and technological innovations made by MCT operators were mainly limited to those advised by the Ministry of Health, following universally accepted health protocols such as physical distancing, wearing of face masks, using hand sanitisers, and limiting the number of passengers per route.

Again, Liberia's recent experience of dealing with the Ebola outbreak, and the lessons learned from this period, seem to have put it in a better position to combat COVID-19. Very early on, the Government of Liberia drafted a COVID-19 response plan that focused on public health and containment measures, and programmes to counter the social and economic impacts of the pandemic.

Stakeholders expressed the belief that motorcycle taxis have the least likelihood of transmitting COVID-19 of the various public transport means available in the country, as they carry fewer passengers compared to conventional public transport means and have an open airflow. Nevertheless, it was also noted that many of the MCT operators do not adhere to the policies put in place to mitigate the spread of the virus. Therefore, the inconsistencies of the levels of compliance with restrictions and measures by the MCT operators would undo any lower risks associated with this mode of transport.

The motorcycle and motor tricycle taxi operator surveys suggested that compliance with the rules and regulations was high. The fact that the sector was not forced to completely ban their activities, but was allowed to continue to operate, if adhering to the regulations and following COVID-19 measures, likely contributed to this higher level of compliance. Consultation of the sector and clear communication towards the sector probably further contributed to this.



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APPENDIX A: KEY STAKEHOLDERS INTERVIEWED

Representatives of the following organisations/ institutions were interviewed:

- COVID-19 Task-force, Contact tracing representative
- Federal Transport Union of Liberia (FRTUL) representative
- Liberia Transport Motor Taxi Union (LMTU), President
- Liberia Transport Motor Taxi Union (LMTU), Secretary-General
- Liberia Tricycle Motorcycle Association (LTMCA), President
- Liberia Tricycle Motorcycle Association (LTMCA), Secretary-General
- Ministry of Transport (MOT), Liberia, Director
- Ministry of Transport (MOT), Liberia, Assistant Director
- Ministry of Health (MOH), COVID-19- Contact tracer, Coordinator
- Mano River Transport Union (MRTU), Representative
- Organization for Mental Health Promotion (OMEHPRO), President
- Tricycle Drivers representative
- United Congress Driver Transport Union (UCDTU) representative
- Public Transport Driver representative



APPENDIX B: KEY STAKEHOLDER INTERVIEW QUESTIONS

Project Title: Accelerating Covid-19 related 'best practice' in the urban motorcycle taxi sector in sub-Saharan Africa

Introduction: This survey/interview is funded by UK Aid via the High Volume Transport Programme in order to better understand the impact of COVID-19 on the transport sector, and specifically the motorcycle taxi sector, in 6 African countries. Participation in the survey/interview is voluntary and there is no financial compensation available, but the researchers do hope that your responses will help to inform policy makers and practitioners to develop good and evidence-based interventions. Your answers will be anonymised, so we will not link your name to your answers and aggregated with other responses. However, we do ask you to provide your name and mobile number, in case we want to contact you again for further questions and/or to share with you the findings of our study.

Signature of interviewee

Interview number (to be linked to name and phone-number of interviewee, kept on a separate piece of paper)

Date:

Location:

Name of data collector:



COVID-Q1 What have been the impacts/effects of COVID-19 on urban transport in general and the motorcycle taxi (MCT) sector specifically?

COVID-Q2 If transport-related restrictions or a lockdown were introduced, what were these specifics of these, to what extent have motorcycle taxi unions and/or riders consulted in this and to what extent have MCT riders been in compliance with these?

COVID-Q3 Are there any social or technological innovations or adaptations MCT riders can take or have been taken to reduce exposure and limit the spread of COVID?

COVID-Q4 Have experiences with and responses to previous outbreaks/pandemics been used when addressing the current COVID outbreak (for Sierra Leone and Liberia, think Ebola, for other countries, think for instance tuberculosis, feared to be spread by using shared helmets)?

COVID-Q5 If motorcycle taxi transport, from all the modes of public transport (shared-car taxi, mini and midi-bus, etc.) poses the lowest risk of COVID transmission, do you think that motorcycle taxi transport should be promoted?



APPENDIX C: MOTORCYCLE/ TRICYCLE OPERATOR QUESTIONS

Project Title: Accelerating Covid-19 related 'best practice' in the urban motorcycle taxi sector in sub-Saharan Africa

Introduction: This survey/interview is funded by UK Aid via the High Volume Transport Programme in order to better understand the impact of COVID-19 on the transport sector, and specifically the motorcycle taxi sector, in 6 African countries. Participation in the survey/interview is voluntary and there is no financial compensation available, but the researchers do hope that your responses will help to inform policy makers and practitioners to develop good and evidence-based interventions. Your answers will be anonymised, so we will not link your name to your answers and aggregated with other responses. However, we do ask you to provide your name and mobile number, in case we want to contact you again for further questions and/or to share with you the findings of our study.

Signature of interviewee

Interview number (to be linked to name and phone-number of interviewee, kept on a separate piece of paper)

Date:

Location:

Name of data collector:

Member of motorcycle taxi union: YES/NO

Motorcycle taxi operator or motor-tricycle taxi operator:



COVID-Q1a The impact of COVID-19 on my job as a motorcycle taxi rider is/was:

1. Very large and mainly negative
2. Very large but mainly positive
3. Not very large, but negative
4. Not very large, but positive
5. No real impact, either positive or negative
6. Other and/or explain your answer above

COVID-Q1b During the COVID-19 the number of MCT journeys I made/make per week:

1. Increased a lot
2. Increased a little
3. Remained more or less the same
4. Decreased a bit
5. Decreased a lot
6. No journeys were made at all
7. Other and/or explain your answer above

	Pre-Covid normal day	Pre-Covid busy day	During Covid normal day	During Covid busy day	During Covid-lockdown normal day	During Covid-lockdown busy day
Number of journeys per day*						
Duration of total number of trips in time (hours per day)						
Duration of total number of trips in distance (kilometres per day)						

*For the interviewer: while exact number may be difficult to recall, key is to find out relative changes between the various column categories.

** For the interviewer: while the exact length in time or kms may be difficult to recall, key is to find out relative changes between the various column categories.

COVID-Q1c Please explain the reasons for the changes in the boxes in the above table.

COVID-Q2a What restrictions on MCT riding were introduced during the lock-down? (please tick all that apply)

1. MCTs were not allowed to operate during the lockdown
2. MCTs were only allowed to operate along certain routes/in certain areas
3. MCTs were only operated to operate during certain times of day or night
4. MCTs were limited to operate with no more than 1 passenger
5. MCTs were only allowed to operate if following certain health measures, such as



- 6. No restrictions were imposed on the operation of MCTs
- 7. Other and/or explain your answer above

COVID-Q2b Were the above restrictions

- 1. Overall, clearly communicated by the government and health department/ministry
- 2. Generally, clearly communicated by the government and health department/ministry, but there has been some confusion at times
- 3. Not clearly communicated by the government and health department/ministry, with lots of confusion over what is allowed and what is not allowed.
- 4. Other and/or explain your answer above

COVID-Q2c Do you trust the following institutions regarding COVID restrictions and measures taken?

	Always	Most of the times	Sometimes	Never	Do not know
The government					
The health department/ministry					
The police/army					
Motorcycle taxi unions					

COVID-Q2d Have motorcycle taxi unions and operators been consulted or involved in designing these rules?

- 1. Yes, I have been involved in it myself
- 2. I have not been involved in it but I know my MCT union has been consulted or involved in it.
- 3. No, we, riders and the unions, have not been consulted or involved in formulating the rules
- 4. Other and/or explain your answer above.....

COVID-Q2e Who enforced the above restrictions? (tick all that apply)

- 1. Traffic Police
- 2. Army
- 3. MCT unions (through MCT wardens, if in place)
- 4. Peer pressure from fellow MCT operators
- 5. Self-compliance
- 6. Other and/or explain your answer above.....

COVID-Q2f Compared to normal times, have those who enforced the above restrictions been?

- 1. Much more forceful (higher fines, confiscation of motorcycle, etc.)
- 2. As strict as in normal circumstances
- 3. More lenient and understanding (not giving fines for instance)
- 4. Other and/or explain your answer above

COVID-Q2g To what extent were the above restrictions followed by MCT operators?

- 1. All MCT riders followed the rules all of time
- 2. Most MCT riders followed the rules most of the time
- 3. Some riders followed the rules but many did not



4. Most MCT riders did not follow the rules most of the time
5. All MCT riders did not follow the rules at any time
6. Please provide examples of how rules were broken by MCT riders

COVID-Q2h Do you think that COVID is?

1. A real disease and the measures taken are necessary
2. A real disease but its dangers are exaggerated
3. Not a real disease
4. Other and/or explain your answer above.....

COVID-Q3a What social measures or innovations have you and other MCT riders taken to reduce exposure and limit the spread of COVID (tick all that apply)

1. Only take one passenger at a time
2. Try to face my passenger as little as possible
3. Wash hands or use hand-sanitizer between journeys
4. Only pick up passengers who are clearly socially distancing themselves
5. Only pick-up passengers who wear a facemask
6. Only drive people around who I know
7. Take drugs (pills, vitamin supplements, herbals, traditional medicine, etc.)
8. Other and/or explain your answer above:

COVID-Q3b What technological measures or innovations have you and other MCT riders taken to reduce exposure and limit the spread of COVID (tick all that apply)

1. Wear a facemask
2. Provide a disposal mask or hand-sanitizer for my passengers
3. Wash hands or use hand-sanitizer between journeys
4. Clean my motorcycle regularly with disinfections where passengers sit or hold on to.
5. Only pick up passengers if booked via a mobile phone call
6. Made a design adjustment for my motorcycle taxi
7. Other and/or explain your answer above:

COVID-Q4a Previous outbreaks of diseases/pandemics have affected my motorcycle taxi job

1. Yes, namely (name outbreak/disease)
2. No, not really

COVID-Q4b If answered yes to the above question, in what way have previous outbreaks prepared you:

.....

COVID - Q5a If you have gained new regular customers what are the reasons quoted for them switching to motorcycle taxis (tick all that apply):

1. Another mode of transport not available on my route
2. Frequency of other modes is reduced
3. Irregular service from other transport modes
4. Fear of Covid19 infection from using other modes of transport
5. Easier to socially distance from other passengers on motorcycle taxis



6. Other passengers not wearing masks and/or following government guidance

7. The journey now takes much longer on other transport modes

Other reasons (please specify)

